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To cite this article: Zeno C.S. Leung, Lilian S.C. Pun-Cheng & Amy P.Y. Ho (2019): So near and yet so far - socio-spatial factors affecting service accessibility, Asia Pacific Journal of Social Work and Development

To link to this article: <https://doi.org/10.1080/02185385.2019.1699852>



Published online: 02 Dec 2019.



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ARTICLE



So near and yet so far - socio-spatial factors affecting service accessibility

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ABSTRACT

Conventionally, social service planners conduct statistical analyses on service data for future planning. However, the limitations are their neglect of the spatial characteristics of these social data and their effects. All human activities have social and spatial dimensions. Social service provision is no exception. In this study, the authors suggest a socio-spatial framework in term of understanding service accessibility. A questionnaire survey was conducted and 491 participants, users and non-users, were interviewed. The results show that both spatial and social capital factors affect service accessibility. The study can help better service planning in densely-populated Asian metropolis like Hong Kong.

ARTICLE HISTORY

Received 30 September 2019
Accepted 27 November 2019

KEYWORDS

Service accessibility; social capital; spatial; poverty; Hong Kong

Introduction

Social planning is the application of problem-solving techniques, using data-driven methodologies to conceive, develop, coordinate and deliver human services (Sager, 2013). Systematic and comprehensive social planning is always important to ensure the accountable use of public monies and service improvement (Rossi, Lipsey, & Henry, 2018). It is also important for planners and policy makers to learn from the data and evidence with regard to current provision for the better future development of the respective policy areas.

Other than government agencies and policy makers, non-profit organisations and community groups also contribute to planning processes (Hardina, 2011). The latter is often termed 'community social planning' (Clague, 1993). In fact, community social planning is identified as one of common work approaches that community organisations do in order to solve problems identified at the community level (Rothman, 1996). Social planners and community workers gather information about community problems, analyse data and make logical decisions about which planning options are the most feasible or effective.

In Hong Kong, the provision and development of social welfare services¹ is under the administration of Social Welfare Department. Since 1999, the Department adopted

a two-tier planning mechanism entitled central and district welfare planning. It was recommended that a new planning mechanism should be established to enhance and collect a more comprehensive view than it had previously been obtained at the three levels, namely, district, central, and advisory committee levels (Social Welfare Advisory Committee, 2011). The full and interactive participation of welfare agencies and stakeholders in the community through more transparent and evidence-based processes was recommended. Although the Advisory Committee had spelt out the importance of community participation in service planning, there had not been much initiative suggested in these years by the authorities on how the welfare sector and different stakeholders could be involved.

Starting from 2009, the authors have been involved in the evaluation of a programme associated with a short-term food assistance service project in Hong Kong. Inspired by the unusual findings with regard to take-up rates in the service region, the authors suggest that, apart from service availability, that is the sufficient quantity of provision being provided, service accessibility is of equal if not more importance (Leung, Pun-Cheng & Ho, 2015).

In this article, the authors review the relevant literature and discussions in the area of social service planning, particularly at a community level. Special attention is paid to the concept of accessibility, one of the fundamental concerns from the users' point of view with regard to what good planning should constitute. It is argued that a socio-spatial framework in terms of understanding service accessibility is necessary in social service planning. The suggested conceptual framework has been applied to analyse the socio-spatial data collected with regard to the above-mentioned food assistance project, leading to an understanding of the concerns and difficulties affecting service accessibility, and hopefully better community service planning in the future.

Conceptual framework

Conventional approaches in service planning

Social service planning is generally agreed to be a process of evolution that aims to ensure people's betterment in society (Kahn, 1969). In the context of social welfare discussions, it can be considered as service planning (and evaluation) processes for the benefit of disadvantaged groups in the community, such as the poor or the elderly. There are different approaches to service planning, though the synoptic or rational planning method dominates (Netting, O'Connor, & Fauri, 2008). Three stages can generally be differentiated in a planning cycle, though there are also other categorisations (Julian & Lyons, 1992; Martin, 2008; York, 1982). These are the planning, implementation, and review and evaluation stages.

The planning stage often starts with problem identification and needs assessment. The nature and the extent of the social problems and the associated needs have to be identified and articulated. Questions such as 'How many are in need?' and 'What are their demographic characteristics?' are frequently asked. Planners also have to project development trends, both in terms of quantity and quality. These will be followed by determining service goals and objectives in view of related social values and choosing the appropriate programme alternatives. If there are already existing services meeting

community needs, planners have to compare the provision and any loopholes in order to identify any discrepancies, and to determine areas for improvement.

In the implementation stage, the focus will be on programme management concerns such as delivery strategies, resources and personnel involved. All these concerns will be aimed at actualising the chosen programme objectives. Data of programme inputs and outputs will be collected meanwhile for monitoring and evaluation purposes, such as transaction volumes and finance matters.

When it comes to the review and evaluation stage, planners care about programme outcomes and impact. The extent of change in terms of related social problems will be measured, such as changes on the part of the service users (e.g. quitting smoking), or changes in social conditions (e.g. reduced poverty rate). Evidence obtained will provide justification for the public monies spent, and also as reference points for future programme development.

Social planners often adopt statistical methods to help accomplish these tasks. Census data, for instance, is very commonly used. Statistical analyses of these data will yield the information needed for community needs assessment planning for example. Similarly, evaluators will statistically analyse service records to determine programme effectiveness.

Spatial considerations in service planning

Although statistical analyses often generate valuable information to help us understand various concerns, the limitations are their neglect of the spatial characteristics of these social data and their effects. Social problems and needs always have a spatial dimension (De Boyser, Dewilde, Dierckx, & Friedrichs, 2009; Vista & Murayama, 2011). Poverty and social exclusion, for example, are always spatially related. Studies show that there are certain areas of a country or neighbourhoods within a city in which economic and social deprivation is concentrated (Kasarda, 1993; Lee, 2000; Massey & Fischer, 2000). The problem of suicide also shows a similar pattern (Chang et al., 2011; Phillips, 2013). In a recent study, the suicide rate in the most-deprived districts in Hong Kong was found to be 2.3 times higher than that in the least-deprived ones (Hsu, Chang, Lee, & Yip, 2015).

It is obvious that addressing the spatial characteristics of related social data can help us understand community needs better, and can thus improve social service planning and provision (Harris & Hooper, 2004; Milligan & Fyfe, 2004). More spatially-concerned questions can be asked in the processes of social planning. These questions will bring social planners a new and additional perspective in terms of achieving their planning tasks. The authors suggest some possible questions that can be asked or addressed, as shown in Table 1.

Service accessibility

Among the various spatial concerns with regard to planning, service accessibility is considered a key issue that is worth further exploration. Accessibility ‘... helps us understand how the built environment and individual attributes affect people’s access to social opportunities important to their quality of life and well-being’ (Kwan, 2013, p. 1081). It is also a major concern in evaluating service operations, especially with respect to target groups who are less mobile or vulnerable when it comes to travelling

Table 1. Possible spatial concerns in social planning.

Stages & Key Issues	Conventional concerns	Possible spatial concern
<i>Planning</i>		
Needs assessment	How many in need? What are the demographic characteristics?	How are the need spread? Any group segregated? Clustered locations?
Project future trends	Need/problem trend in coming future	Movement of people in need and change of spread over time
Compare existing provisions	Whom served already? Service loophole?	Whom and where are served? Any loophole by locations or groups?
Choose programme alternatives	What possible alternatives exist? Which one being most suitable in terms of effectiveness and efficiency?	Do these alternatives match with geographical characteristics of the community?
<i>Implementation</i>		
Programme delivery strategies	What are the provision ratios? How many service points to set up?	Availability and accessibility- proximity of service points, travelling cost involved, etc.
Program outputs	What is the service volume? What are the take-up rates of the community and/or specific target	Take-up rates according to locations, any group/district excluded, etc. Any unequal distribution?
<i>Review & evaluation</i>		
Program outcomes	Perceptive, cognitive and/or behavioural changes of service users, and their extents	Spatial related outcomes (e.g. increased physical mobility, social exposure)
Extent of change in social problems concerned	Any statistical significant changes in social problems concerned	Spatial related impacts (e.g. reduced poverty rates/segregated areas)

Table 2. Profiles of survey participants.

Gender (n = 491)	No. of participants	Percentage
Female	343	69.9%
Male	148	30.1%
Age (n = 490)		
<40	95	19.4%
40-59	78	15.9%
60+	317	64.7%
Education attainment (n = 486)		
Primary or below	274	56.4%
Secondary	132	27.2%
Post-secondary and above	80	16.5%

(Belanger & Stone, 2008). It can be expected that the nearer the individual is to a service point the more accessible the service will be, and thus the better the service that is delivered. There are a huge range of theories and schools of thoughts regarding accessibility measures (Batty, 2009; Handy, 2005). For service planning, travelling/walking time, and the cost involved in overcoming rugged barrier are considered important measures, while attractions such as popularity and the social bonding associated with particular service sites might also offset the inadequacy of some measures.

There are examples in Hong Kong of negligence with regard to these spatial characteristics in public service provision, leading to a lack of accessibility. Branch closures of banks over a ten year period were found to have a significant negative impact on the elderly and on disabled persons, as they had great difficulties when it came to accessing other branches which were located far from their immediate neighbourhood (Consumer Council Hong Kong, 2007). Home-based support services for the elderly was another example in which transportation costs (time and money) were the major constraint experienced by the elderly and by therapists in terms of service delivery, resulting in

lengthy periods of waiting on the part of the people in need (Sau Po Center on Ageing, 2011). Food assistance services also have similar concerns. Despite the fact that many community and private corporate organisations participate in such initiatives by providing hot meals and donating food items, they are not located close to the points of need in the territory. Most of these service points are located near the city centre, while geographically-remote areas are relatively under-served (SIE Fund, 2015).

As we have said, service accessibility is not just a matter of geographical parameters. Accessing pre-school education (Shucksmith, Shucksmith, & Watt, 2006) and employment opportunities (Canduela, Lindsay, Raeside, & Graham, 2015) for example, were found to have association with people's spheres of sociability, or social capital. In the above-mentioned pilot study, service users obtaining food from a distant service point could not be explained only in terms of geographical accessibility. On the contrary, some sub-districts were found to have low take-up rates despite the fact there was a service point nearby. Non-spatial, contextual factors are often needed to explain the spatial uncertainty (Kwan, 2012). It is believed that there are 'social' reasons behind these 'irregularities'. Some individuals perhaps prefer to follow their peers' choice, others may prefer getting help from an NGO they particularly trust, etc. Service accessibility thus is a multidimensional construct. While the spatial dimensions are a major factor, social dimensions play an equally important part (Wang, Brown, & Mateo-Babiano, 2012).

Concerning the social dimension, social capital is proposed as a key factor that needs to be considered. As hinted by the pilot study, the concept seems suitable to a great extent for explaining why and how people know about the existence of food assistance services or not. While some may be informed through word of mouth, others might be ignorant if they are relatively socially isolated, and getting less information from friends, neighbours or the community.

Social capital is a multi-faceted and multi-dimensional concept that has been widely investigated since the 1980s (Halpern, 2005). This growing interest in social capital research is driven by a growing bodies of evidence that show its profound effect on people's quality of life, including economic development, poverty alleviation and social inclusion (Organisation for Economic Co-operation and Development [OECD], 2001). Social capital exists and are embedded in social relationships. It is the sum of resources, actual or virtual, that accrue to an individual or a group by virtue of possessing a durable network of more or less institutionalised relationships of mutual acquaintance and recognition (Bourdieu & Wacquant, 1992, p. 119).

At the individual level, social capital often refers to the ability of actors to secure resource and benefits (Portes, 1998). It constitutes an important asset that one can call upon, and can leverage to compensate for one's economic and/or social disadvantages, whenever needed (Woolcock & Narayan, 2000). It can enable individuals to gain access to information, power, and other types of resources (Adler & Kwon, 2002). Two types of personal social capital are considered in general (Chen, Stanton, Gong, Fang, & Li, 2009; Wang, Chen, Gong, & Jacques-Tiura, 2014). Bonding social capital include networks and relationships with family members, relatives, neighbours, friends, etc. They are often the major source of information, intra-group solidarity, mutual trust and help among members of the same group (Terrion, 2006). On the other hand, bridging social capital become more important to those people whose bonding in terms of social capital is small

or not resourceful, and who gain limited access to necessary information and resources from their immediate social networks. This is often the case among socially-disadvantaged groups. Bridging social capital are connections involving diverse social cleavages or heterogeneous relationships between different families, groups and communities, including religious organisations, community and civil society organisations (Putnam, 2000). These linkages are vital for accessing external assets and for information diffusion (Granovetter, 1973).

Service accessibility in Hong Kong

Hong Kong is a densely populated city. With an area of about 1000 km² is housed a population of 7 million, most of whom live in a congested environment. As over 90% of everyday commuting is by public transport or on foot, especially for lower socio-economic groups, indicators of service accessibility may usually be considered in terms of acceptable walking distance (e.g. 10–15 minutes or 400–800 metres) or travel cost by public transport (e.g. 15-minute bus trip). Therefore, walking facilities or public transport routes will be the real measure of geographical distance on a map. As shown in Figure 1, a service user going from A to B has a walking path (solid line) much longer than the geographical straight line (dotted line). Application of geo-information technology in the modelling and computing of walking paths and public transport routes is thus necessary for accurate measurement of spatial accessibility in the context of Hong Kong (Pun-Cheng, Tang & Cheung, 2007, Pun-Cheng, 2012).

Social services users in Hong Kong are mainly economically-disadvantaged and sometimes socially-isolated groups. Elderly people living alone, low-income and single-parent families, and persons with disabilities are some of the examples. These groups are often weak in terms of both bonding and bridging social capital. Local evaluation studies have provided strong evidence as to how the building of social capital could help such individuals gain access to societal resources (CIIF Consortium, 2006). In the context of

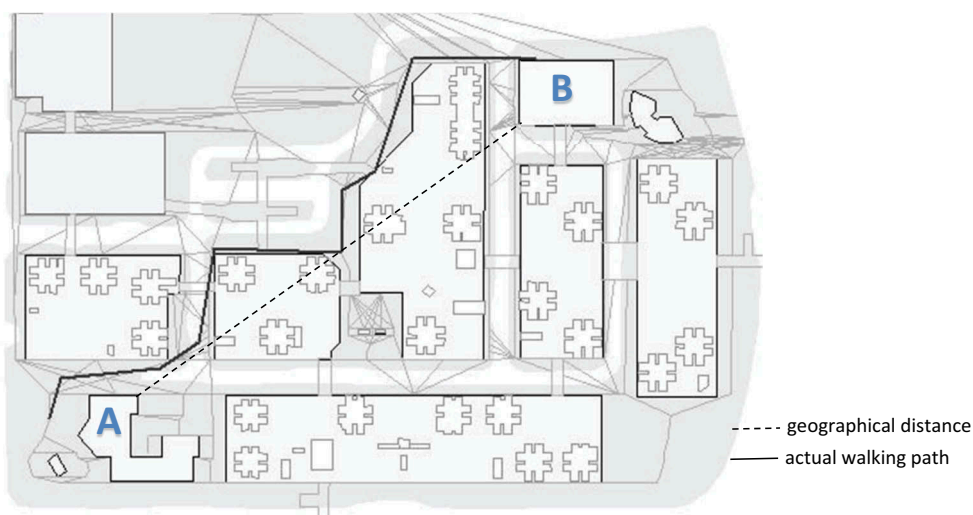


Figure 1. Spatial accessibility – geographical distance vs. walking path.

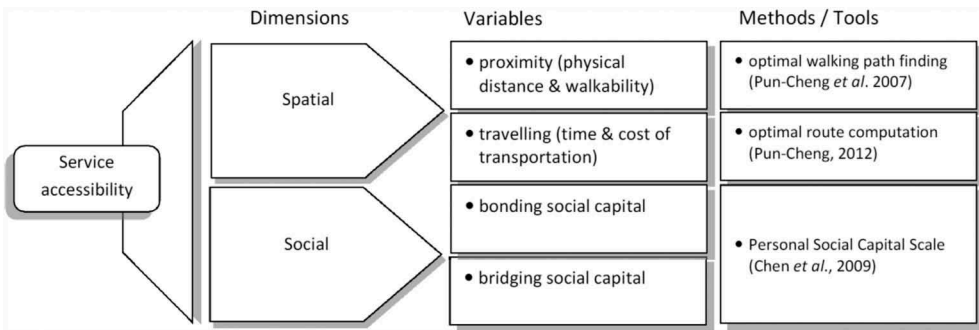


Figure 2. A socio-spatial model of service accessibility.

food assistance and other social services, information about such services and the ability to access these services are important determinants of accessibility. Thus, it is imperative to look into the role of these social networks in terms of service accessibility, and to how such relationships may contribute to motivation and behaviour with regard to obtaining such services.

An interplay between social and spatial dimensions

Following the above literature review and based on the authors' previous pilot study (Authors' citation, 2015), a conceptual framework (see Figure 2) is suggested to help understand and investigate the socio-spatial factors affecting service accessibility. Service accessibility is both spatial and social, and the two parts interact with each other. Spatially, accessibility means either to walk or to use public transport to reach the service point. In the local context, low income groups definitely prefer a short walking distance so that they can save the transportation costs. If walking is not possible, the existence of cheap public transport will imply higher accessibility, and vice versa. Therefore, two variables – 'proximity' and 'travelling' – will be considered in terms of the spatial dimension. Combining the two dimensions and related variables, the proposed socio-spatial framework for service accessibility is conceived as shown in Figure 2.

Methods

The proposed framework was applied to explore and analyse the attributions of these social and spatial factors to the accessibility of food assistance service provision in Hong Kong. The study was based on survey data collected from September 2017 to June 2018. A total of 491 participants were interviewed face-to-face. Of these, 232 were users of food assistance services and 259 were non-users. Convenience sampling was adopted for both groups of participants. In the first stage (September 2017 to January 2018), service users referred by ten service operators were interviewed. These ten operators were providing their services throughout the five regions of the city, namely Hong Kong Island, Kowloon East, Kowloon West, New Territories East and New Territories West. Non-users were interviewed in the second stage (February to June 2018). They were met in public spaces near the ten service points and were invited

to participate. Screening questions were applied initially before going into the full questionnaire so as to ensure the eligibility of the latter (i.e. members of low-income group). The numbers of non-users invited were set approximately equal to the numbers of users interviewed in the same areas. A food coupon of HK\$30 (US\$3.8) was given as a token of appreciation for both groups of participants following the interview.

The questionnaire contained four sections. The first section tapped into the interviewees' understanding of food assistance services and the extent of their access to these services. The second section related to their physical proximity to the nearest service point and to related transportation and the cost of such transportation. In section three, the 8-item Personal Social Capital Scale (Chen et al., 2009) was adopted to measure the social capital owned by the interviewees. Questions on personal particulars were asked in the last section.

Two major types of statistical analysis were conducted. The first type aimed at comparing the similarities and differences between users and non-users, with respect to demographics as well as the suggested independent variables. The second type was regression analysis conducted to examine how these independent variables related, and to explain the concept of service accessibility used in this study.

Results

Demographics

Among the survey participants, about 70% were female and 30% were male. The majority were elderly, while around one-fifth were below the age of forty, with around 16% being middle aged (see Table 1–3). More than 80% had a monthly household income of HK \$15,000 (~US\$1,900) or less, indicating that they were living below or close to the poverty line in Hong Kong (HK\$12,450 or ~US\$1,600) in 2017 (Census and Statistics Department, 2017). Profiles of the survey participants suggested that they displayed characteristics close to those of the poorest segments of population in the city.

Differences in the demographic characteristics of the user and non-user groups were compared. More female users were interviewed when compared to the non-user group (see Table 3) and that is, in fact, to be expected. When a household applies for food assistance, usually the woman (e.g. the mother) is the principal applicant, and the one who goes to the service point. Other than that, the two groups had similar social backgrounds in terms of age distribution, educational attainment and household income.

Proximity and travelling

In terms of geographic proximity, there was no significant difference found between the user and non-user groups with respect to the walking distances to access the service. Service users were, on average, located at a distance of 1.52km to a food service point

Table 3. Comparison between user and non-user groups.

Gender	User	Non-user
Female	173(74.6%)	170(65.6%)
Male	59 (25.4%)	89 (34.4%)
Total	232 (100.0%)	259 (100.0%)

($\chi^2 = 4.637$, $p < .05$)

($\bar{x} = 1.52$, $\sigma = 2.41$), whereas non-users were located at 1.29 km ($\bar{x} = 1.29$, $\sigma = 2.49$). However, the travelling costs of the users were much lower ($\bar{x} = 0.85$, $\sigma = 2.49$) than those of the non-users ($\bar{x} = 2.50$, $\sigma = 3.24$) ($t = -6.28$, $p < .001^{***}$).

Personal social capital

The 8-item Personal Social Capital Scale (Chen et al., 2009) adopted in the questionnaire gave three ordinal values of the concept – the overall personal social capital, and its components, bonding capital and bridging capital. On a five-point scale, the personal social capital of the participants was satisfactory as a whole ($\bar{x} = 2.94$, $\sigma = 0.67$). Service users have a higher mean ($\bar{x} = 3.00$, $\sigma = 0.70$) than non-users ($\bar{x} = 2.88$, $\sigma = 0.65$), but there is no significant difference between them. However, when it comes to the two components, users are found to have significantly lower bonding capital ($\bar{x} = 2.82$, $\sigma = 0.90$) than non-users ($\bar{x} = 3.01$, $\sigma = 0.77$) ($t = -2.49$, $p < .05^*$). On the other hand, the former have significantly higher bridging capital ($\bar{x} = 3.17$, $\sigma = 0.81$) than the latter ($\bar{x} = 2.75$, $\sigma = .79$) ($t = 5.90$, $p < .001^{***}$). So, although the overall personal social capital possessed by users and non-users looked similar, there are, in fact, different characteristics.

Accessibility

Service accessibility is construed on a five-point ordinal scale.² Service users had better accessibility as they had actually received the services. They were assigned to have a value of five by default, and no further sub-group analysis was carried out. On the other hand, non-users had scores of from one to four in terms of service accessibility. Statistical tests among its sub-groups show that accessibility is positively correlated to the participant's educational attainment ($\rho = 0.418$, $p < .001^{***}$) and household size ($\rho = 0.278$, $p < .001^{***}$). On the other hand, it is negatively correlated to the participant's age ($\rho = -0.354$, $p < .001^{***}$).

Relationships between the four factors suggested in our model were also tested against the service accessibility of all survey participants. The results show that it is positively correlated with bridging capital ($\rho = 0.261$, $p < .001^{***}$), but negatively correlated with bonding capital ($\rho = -0.113$, $p < .05^*$) and travelling costs ($\rho = -0.348$, $p < .01^{**}$). Accessibility, however, is not significantly correlated with physical proximity when considered alone ($\rho = 0.074$).

Ordered logistic regressions were further conducted to determine the extent to which the suggested model fits with the dataset. When all the four factors (i.e. proximity, travelling costs, bonding and bridging capital) were included, the model was found to fit moderately well with the dataset of all the participants, explaining 30.1% of the variance (pseudo- R^2) of accessibility ($\chi^2 = 613.953$, $df = 15$, $p < .001^{***}$). If proximity is excluded, it explained only 26.3% of the variance ($\chi^2 = 134.608$, $df = 12$, $p < .001^{***}$). On the other hand, the model was found to fit better with the dataset of the non-users when only three factors (namely travelling costs, bonding and bridging capital) were included, explaining 19.5% of the variance of accessibility among the non-users ($\chi^2 = 47.876$, $df = 12$, $p < .001^{***}$), compared with 18.6% when proximity was added ($\chi^2 = 42.731$, $df = 15$, $p < .001^{***}$).

Discussion

Accessibility as a matter of cost and social ties

Although the non-probability sampling adopted has posed limitations for the study, the demographic characteristics of the two groups of participants were found to be similar. These suggest that the results obtained from the survey are relevant in terms of understanding the service accessibility of the two groups in the city.

The overall level of personal social capital (Chen et al., 2009) is found comparable between the users and the non-users. However, its two components – bonding and bridging capital – indicate the differences between them. The lower bonding capital possessed by the service users is interpreted as there being a lower chance of them receiving help from their immediate significant others, those with whom they have strong ties (family members, relatives, close friends, etc.). They therefore have a greater need to receive help from the service organisations. Comparatively, non-users, possessing a higher bonding capital, might have received help from their strong ties and thus did not need to reach out as the users would have to. On the other hand, the higher bridging capital found among the users hinted that they were more informed about the community resources available to them, and had better access to these services when compared to the non-users. Other local studies also confirm that the building of bridging capital on the part of disadvantaged groups can enhance their access to information about community resources, as well as expand their social support networks beyond their immediate families (CIIF Consortium, 2006).

As summarised in Figure 3, the ordered logistic regression analysis shows that the proposed model fits moderately well with the dataset, explaining 30.1% of the variance of service accessibility. Among the four factors, travelling costs incurred in claiming services

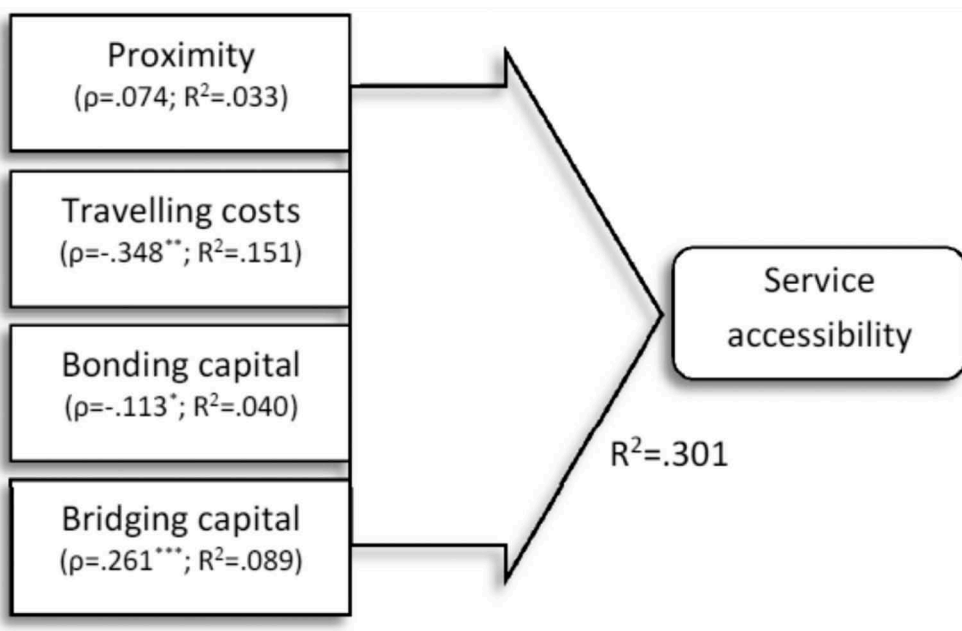


Figure 3. Path analysis of service accessibility.

has the largest negative influence on accessibility, followed by the positive influence of bridging capital. Bonding capital and proximity contribute relatively little when it comes to explaining service accessibility. The results are considered understandable considering the situation of the poor in the local context. In Hong Kong, the majority live in densely-populated high-rise public or private housing estates, constructed in or near the city centre. Most people travel by public transport.

The influences of spatial factors on accessibility differ. Geographical proximity in itself seems not to be a factor at all. In fact, as shown above, non-users lived even closer to food services points ($\bar{x} = 1.29$ km) than users ($\bar{x} = 1.52$ km), though the difference is not significant. The large standard deviations indicate that the participants' home addresses were widely spread throughout the districts, and these do not have any effect on accessibility. In fact, those who scored low in terms of accessibility did not know of the existence of the service, instead thinking that it was too far to reach. This observation is understandable for a metropolitan area like Hong Kong in which people often receive information through different media. Other characteristics such as age group or education attainment are more likely to be factors affecting people's receipt of information (Census and Statistics Department, 2016), instead of geographical proximity.

Travelling costs are found to have the largest influence on service accessibility, though in a negative sense – the higher the travelling cost involved, the less accessible the respondent regarded the service to be. As shown in the above results, travelling costs incurred by the users to claim food services were significantly lower than that of the non-users, if the latter wanted to access them. In other words, higher travelling costs are an inhibitor in terms of service accessibility. In 2012 the Hong Kong Government launched the Public Transport Fare Concession Scheme for the elderly and for disabled people. Eligible user pays only HK\$2 (~US\$0.26) for a single ride on any form of public transport in the city, irrespective of travelling distance. The scheme is believed to have promoted the mobility and accessibility to all kinds of community facilities for eligible participants, as has been found in the case of similar schemes in other countries (Department of Transport, 2016; Halcrow Group Limited, 2009).

Bonding capital also has a negative influence on service accessibility. This finding is interpreted as, the more support one gets from one's strong ties, the less that one would need a particular service. The lower score in terms of service accessibility does not mean that the respondents regarded the service point as being hard to reach. It is rather more plausible that they do not care much about receiving the relevant service information, which is in fact common in our daily experience.

On the contrary, bridging capital accounts for the next largest influence with regard to service accessibility. This finding is interpreted as indicating that the more support one would get from community connections other than family and friends etc., the better chance that one would have access to the service.

The above results hint that service organisations can do something more in terms of programme implementation, apart from ensuring sufficient resources and capacity in service provision. Given that travelling costs and bridging social capital are the most influential factors, organisations can think about providing extra help for those who are inadequate in these aspects, such as by providing a home delivery service or volunteer support. The building-up of community networks in order to reach those who are low in

both bonding and bridging capital, is definitely something that these organisations should also do in their daily practices.

Bringing spatial factors back to social planning

Echoing what has been discussed in the introductory section, that the spatial dimensions of social problems and data are often neglected, this study illustrates the importance of bringing them back to the different stages of social service planning and provision. Taking the food assistance service studied here as an example, conventional needs assessment is mainly based on the estimation of potential service users in each region, and how many service points are consequently needed. However, this study shows that transportation costs and social capital are important factors to be considered during the planning stage. Similarly, as shown in the authors' previous study (Author citation, 2015), provision shortfall may not be only a matter of numbers, but often geographical segregation. Service implementation is not just a concern with regard to resources or manpower ratios, but also of accessibility as discussed above. When it comes to programme evaluation, the service impact in different areas can differ, and a full account of the whole picture should be considered.

In a densely-populated metropolis like Hong Kong, a feature which is quite common among Asian cities, such locality-based understanding of socio-spatial factors may be even more significant. The influence of public transportation costs and bridging social capital may have a determinant effect on service accessibility. These spatial and social factors are also believed to interplay, though further studies are needed for verification.

Notes

1. Generally speaking, social welfare services in Hong Kong cover a similar scope as those of human services in the US or personal social services in the UK.
2. The ordinal scale of service accessibility is defined as: 1- heard about food assistance service; 2 – could name at least one service type; 3 – could name any service type(s) in the district; 4 – knew the address of the service point in the district; 5 – claimed the service.

Acknowledgments

The authors would like to express their sincere thanks to the Research Grant Council (under Project No.: 15622416) and the Research Committee of the Hong Kong Polytechnic University (under Project Code: G-YBU5), for their financial support in this research.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This work was supported by the Hong Kong Polytechnic University [G-YBU5]; Research Grant Council, Hong Kong SAR [15622416].

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