

**Murdoch Childrens
Research Institute**

Healthier Kids. Healthier Future.

The evidence: what we know about place-based approaches to support children's wellbeing

Collaborate for children: scoping project

Produced by the Centre for Community Child Health

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**The Royal Children's
Hospital Melbourne**

About this report

This publication has been developed by the Centre for Community Child Health at the Murdoch Childrens Research Institute and The Royal Children's Hospital as part of the *Collaborate for children: scoping project* funded by the Australian Government Department of Education. It summarises the evidence on what we know and are still yet to learn about place-based approaches to improve children's outcomes.

Over 12 months, the project investigated the Australian place-based landscape to understand how we can better promote children's wellbeing through place-based initiatives. This publication is one of four key reports produced through the project. The reports are:

- ***The evidence: what we know about place-based approaches to support children's wellbeing***
- *A snapshot of place-based activity promoting children's wellbeing – who is driving, doing and supporting place-based initiatives*
- *Big thinking on place: getting place-based approaches moving*
- *The state of play in Australian place-based activity for children – a summary of project findings with recommendations for accelerating place-based efforts.*

All publications can be downloaded from www.rch.org.au/ccch.

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About us

The Centre for Community Child Health at the Murdoch Childrens Research Institute and The Royal Children's Hospital is committed to supporting and empowering communities to improve the health, development and wellbeing of all children. The Centre works in collaboration with campus partner The University of Melbourne to integrate clinical care, research and education in community child health. The Centre provides leadership in early childhood and community health at community, state, national and international levels, and is widely recognised for its clinical, teaching, research and advocacy programs.

The Centre seeks to enhance outcomes for children through:

- population health research
- policy and advocacy
- consultancy in service improvement and innovation
- training and professional development
- specialised clinics
- knowledge translation and dissemination.

Thank you

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Acronyms and Abbreviations

AAP	=	Australian Assistance Program
AEDC/AEDI	=	Australian Early Development Census (formerly Australian Early Development Index)
BFLS	=	Better Futures, Local Solutions
BS	=	Blue Sky
CCCH	=	Centre for Community Child Health
CCEDNet	=	Canadian Community Economic Development Network
CED	=	Community Economic Development approach
CfC	=	Communities for Children
CFP	=	Child and Family Plan (of the Stronger Families Alliance)
CG	=	Children's Ground
DEECD	=	Department of Education and Early Childhood Development
DHS	=	Department of Human Services
GG	=	Go Goldfields Alliance
HCZ	=	Harlem Children's Zone
LSAC	=	Longitudinal Study of Australian Children
PCP	=	Primary Care Partnership
PEDS	=	Parental Evaluation of Developmental Status
PSS	=	Prevention Support System
RCSD	=	Regional Councils for Social Development
SEU	=	Social Exclusion Unit
SFA	=	Stronger Families Alliance
TCFC	=	Tasmanian Child and Family Centres

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Introduction

The evidence summary begins by considering the importance of place. This leads to a discussion of why different approaches to services and service delivery are required, including a brief description of recent changes in the conditions in which families are raising young children and the complex social problems we face. Consideration is given to defining place-based approaches and their evolution in Australia, citing examples from the United States (US), United Kingdom (UK), Canada and Australia.

Key features and dimensions of place-based approaches explores the key features of place-based approaches in more depth and examines how the various Australian initiatives incorporate them into their models. The evidence of efficacy for place-based approaches is then reviewed, focusing on building community and interagency partnerships and place-based action planning and intervention.

What evidence is missing? focuses on gaps in our knowledge and what we still need to learn about establishing collaborative partnerships and successfully implementing place-based interventions. The final section wraps up what we know about the key elements of place-based approaches.

The evidence summary concludes that we are still at a relatively early stage of implementing place-based initiatives, and argues that none of the current Australian initiatives have incorporated all the key features.

Why is place important?

For a number of reasons, the geographic place in which people live is important. Most significantly, people and places are inter-related: people contribute to, and are affected by, the place in which they live. Furthermore, both the social and physical environments of a community are known to have an impact on people's health and wellbeing (Barnes et al., 2006; Edwards & Bromfield, 2009; Pebley & Sastry, 2004; Popkin et al., 2010; Sustainable Development Commission, 2009). Feeling connected to others and having a strong and supportive social network matters for people's wellbeing (Jack & Jordan, 1999), while social isolation is a risk factor for both child development and family functioning (Christakis & Fowler, 2009; Crnic & Stormshak, 1997; Jack & Jordan, 1999).

Place is also associated with structural and service delivery issues. When social disadvantage becomes entrenched within a community, it can lead to intergenerational disadvantage and poorer outcomes for children and families (Denburg & Daneman, 2010; Centre for Community Child Health, 2011; Hertzman & Boyce, 2010; Maggi, Irwin, Siddiqi & Hertzman, 2010). In such neighbourhoods, there tends to be a narrower range of health, education and community services available and/or services are more difficult to access (Arthurson, 2004). In addition, existing local services find it challenging to respond effectively to the complex needs of families in disadvantaged communities (Moore, 2008a; Moore & Fry, 2011; Wear, 2007) and have difficulties engaging with vulnerable and marginalised families (Carbone et al., 2004; CCCH, 2010; Katz et al., 2007; Watson, 2005).

Why are new approaches required?

Over the last decade, place-based approaches focusing on the early childhood years have been implemented in a number of disadvantaged communities around Australia. These new community-based collaborations differ from previous place-based initiatives in a number of ways, including their specific focus on the wellbeing of young children and their families, the multi-level approach often adopted, the wide range of stakeholders involved, and the rigour of attempts to align and coordinate stakeholder efforts.

The drive to adopt place-based approaches has been prompted by a range of factors, including changes in the conditions under which families are raising young children, changes in the nature of the problems facing society, the accumulation of new knowledge regarding early childhood development (Moore & McDonald, 2013), and difficulties the existing service system is having in meeting the needs of the most vulnerable families (Moore, 2008b; Wear, 2007).

Over the past 50 years or so, developed nations have experienced dramatic societal changes as the result of a range of interconnected factors – economic, demographic, social and technological – which have produced significant changes in the conditions under which families are raising young children (Hayes et al., 2010; Hughes et al., 2007; Li et al., 2008; Moore, 2008a; Moore & Skinner, 2010; Trask, 2010).

Partly as a result of these changes, the nature of the social problems facing society and governments has altered – they are now more likely to be ‘wicked’ problems. These problems are ‘wicked’, not in the sense of them being evil in some way, but in the sense of them being complex and difficult to solve. There is a growing

recognition that addressing such problems requires integrated, interagency and interdepartmental approaches that aim to address the multiple ecological factors that impact upon children and families simultaneously (Moore, 2011). Addressing wicked problems requires change on many levels – in individuals, institutions, systems and cultures: another reason why it is logical to develop interventions in the ‘place’ where they occur.

Wicked problems include climate change, poverty, Indigenous disadvantage, child abuse, family violence and obesity (Australian Public Service Commission, 2007; Devaney & Spratt, 2009; Egger & Swinburn, 2010; Fogel et al., 2008; Head, 2008; O’Donnell et al., 2008). Some of these problems – such as poverty, child abuse and family violence – have existed for a long time, but have become more urgent as our awareness of the damage they do has grown and as our failure to make any headway with these problems becomes more apparent. Other wicked problems – such as climate change and obesity – have emerged relatively recently as a result of rapid social, technological and physical infrastructure changes.

Coinciding with social and technological changes, there has been a steady accumulation of new knowledge about the impact of prenatal and early childhood experiences on health, wellbeing and development in later childhood and over the life-course. This has changed how we view the early years. It is no longer sufficient to think of this period as being about keeping children healthy and safe while allowing development to take its course until they are old enough for formal education. Instead, we need to be taking steps to ensure that children are provided with early childhood environments and experiences that build competencies and skills from birth (Moore & McDonald, 2013).

The services and service systems that support

children and their families have not changed significantly over the past 50 years, and are struggling to meet the needs of the most disadvantaged groups. As a result, many children are not receiving the additional help they need (Sawyer et al., 2000; Sayal, 2006).

It is often those with the greatest need that are least likely to be able to access available services (Fram, 2003; Ghate and Hazel, 2002; Offord, 1987; Watson et al. 2005), and there is also a tendency for disadvantaged areas to receive fewer (or poorer quality) services (Moore & Fry, 2011).

The planning and delivery of services continues to be heavily segmented, with government departments and their funding streams operating autonomously as 'silos', making it difficult to conduct the joint planning needed to develop and implement a cohesive approach to supporting families of young children. It is in this context that place-based approaches have emerged. These are seen as a means of addressing 'wickedly' complex issues that have many interacting causes and require multiple actors to develop a co-ordinated response (Bellefontaine & Wisener, 2011).

What are place-based approaches?

Many different terms have been used in the literature for place-based approaches, including area-based approaches, comprehensive community initiatives and collective impact initiatives (Bellefontaine & Wisener, 2011; Department of Health and Human Services, 2012). Various definitions of place-based approaches have also been offered (Bellefontaine & Wisener, 2011; Moore & Fry, 2011; Policy Horizons Canada, 2011; Wiseman, 2006), each emphasising different aspects of the rationale. For the purposes of this paper, place-based approaches are defined loosely as:

...stakeholders engaging in a collaborative process to address issues as they are experienced within a geographic space, be it a neighbourhood, a region or an ecosystem (Bellefontaine & Wisener, 2011).

The evolution of place-based approaches

In Australia, we have drawn most of our thinking about place-based approaches from international experience over the past three to four decades. Earlier, we looked toward the UK and more recently to Canada and the US. The following timeline illustrates this evolution. Policies and initiatives that did not necessarily have a focus on children have been included because they represent sets of ideas that had currency at the time and have influenced our way of thinking about place-based approaches. Four related but different objectives have shaped place-based approaches over time:

1. Empowerment and participation in community life by disadvantaged people using community development principles and practices.
2. Service improvement and co-ordination.
3. Improving specific social objectives: eg. poverty, housing or employment.
4. Improving whole communities.

Early place-based work in the UK/US/Canada and internationally

- **Area-Based Initiatives (UK)** (over the past four decades), rooted in community development approaches. Typically these are time-limited programs designed to address either a particular issue or a combination of problems, impacting on defined urban localities. More recently, there has been a move to focus on strategic partnerships, with a view that regeneration needs to be outward-looking (ie. recognising a neighbourhood's role in the wider urban economy and linking this with local action, and developing partnerships to use a strategic

approach to spatially tailor and target policies to redistribute resources over the longer term). This change has led to initiatives such as **New Commitment to Neighbourhood Renewal, Local Strategic Partnerships and New Deal for Communities**.

- **Early 1990's: Early Development Index (EDI), Canada**, provides a community-level measure of young children's development in five domains: language and cognitive skills, emotional maturity, physical health and wellbeing, communication skills and general knowledge, and social competence. The EDI (and later the Australian Early Development Index [now Census]) encourages the use of data to promote social cohesion and harness community resources in planning improvements to children's health and development.
- **1996: Child Friendly Cities (CFCs)** is a place-based initiative launched by UNICEF, drawing on urban planning and community development approaches. CFCs aims to guide cities and other systems of local governance in the inclusion of children's rights as a key component of their goals, policies, programmes and structures. The initiative generated a movement to create child friendly cities, and an increasing number of cities around the world promoted and implemented initiatives to realise the rights of the child. For examples, see: childfriendlycities.org/building-a-cfc/examples-of-cfc-initiatives/
- **1998: Social Exclusion Unit's (SEU) Report, Bringing Britain Together: A National Strategy for Neighbourhood Renewal (UK)** – found that despite many years of area regeneration policy there remained at least 4000 neighbourhoods in England experiencing multiple deprivation.

- **1998: Comprehensive Spending Review (UK)**, informed by the SEU's report, announces the **New Deal for Regeneration** strategy.
- **1998-present: New Deal for Communities (UK)** launched as a central plank of the New Deal for Regeneration strategy, tasked with helping to 'turn around the poorest neighbourhoods' and improve outcomes in relation to crime, education, health, unemployment, housing and the community.
 - Partnerships were established in 39 sites across England to devise and implement 10-year strategies to reduce disadvantage in deprived localities, with an average population of 9,800 per site.
 - Program funding of £2 billion, was to be matched by additional investment from other public agencies. Each community was to have about £50m to invest over ten years, substantially more than any previous English urban regeneration programs.
 - Funding was used for a wide range of projects eg. community improvement, policing, improved schools.
- **April 1999-present: Sure Start (UK)** (announced in 1998) – for children under four years and their families with the aim of improving the health and wellbeing of families and children, before and from birth, so children are ready to flourish when they go to school. Emphasises the importance of service coordination ('joined-up service'); aims to build on established services and develop new ones. Sure Start projects build on local partnerships involving parents, community sector organisations and practitioners from health, local government and education. Certain core services are provided by all Sure Start schemes, eg. access to quality to learning environments, but there is an emphasis on developing services and initiatives that respond to locally-identified needs specific to each site.
- **1999: Canadian Community Economic Development Network (CCEDNet)** founded to support poverty reduction in disadvantaged communities: through holistic, participatory development, the Community Economic Development (CED) approach seeks to enable communities to reduce poverty and become attractive places to live and work.
- **Early 2000s: CCEDNet's Place-Based Poverty Reduction Initiative** (ccednet-rcdec.ca/en/our_work/employment_poverty), an 18-month project, brought together four partner organisations representing a broad range of CED approaches in diverse communities around Canada. The initiative was responsible for documenting and promoting innovative locally-based CED approaches to poverty reduction in disadvantaged communities, and the quantitative and qualitative methodologies that assess the impact of this work on the lives of individuals and their communities. The initiative brought together a broad learning network of individuals and organisations across the country to inform and share this work. The effective poverty-reduction strategies, practices and tools of CED organisations explored by the initiative are being disseminated at the Canadian CED Network's national conference, as well as through regional events and web-based tools.

The shift to 'collective impact' in the US

In recent years, those seeking to implement place-based initiatives in Australia have increasingly looked to developments in the United States, where several major place-based collaborations seemed to be breaking new ground.

In the US, a particular form of place-based approach involving a results focus and shared effort between philanthropy, community services and business has been adopted. A study of this approach (Kania & Kramer 2011) described a set of characteristics that successful projects had adopted and coined the term 'collective impact' to describe it. The term has been enthusiastically embraced, both in the US and internationally.

These initiatives represent a new generation of efforts designed to break the cycle of poverty and revitalise distressed communities (Bridgespan Group, 2011). Typically they take a 'cradle-to-career' approach that seeks to address all of the factors impacting child wellbeing from birth until adulthood. The collective impact approach is in contrast to what Kania and Kramer (2011, 2013) call the isolated impact approach, where discrete programs, preferably evidence-based, are implemented to address particular social problems.

A number of US child – and youth-focused initiatives have been profiled by the Bridgespan Group (2011), Jolin et al. (2012), and Kania and Kramer (2011) as examples demonstrating collective impact characteristics. These include:

- **1997: Harlem Children’s Zone** (www.hcz.org), established in the 1990s, aimed to improve the lives of New York’s poor children. It has since grown into a ninety-seven-block community-service project that includes Promise Academy charter schools, social services, parenting classes, and early childhood development and after-school programs (Harlem Children’s Zone, 2009; Tough, 2008).
- **2006-present: The Strive Partnership of Cincinnati and StriveTogether National Cradle-to-Career Network** (www.strivenetwork.org), are initiatives committed to improving outcomes for children and families. Originating in Cincinnati in 2006, the Strive Partnership of Cincinnati is a cradle-to-career initiative committed to improving educational outcomes for every child in the region and involving a voluntary partnership of hundreds of organisations. Established in 2011, StriveTogether helps communities across the US implement collective impact initiatives (Bridgespan Group, 2011; Grossman et al., 2014; Jolin et al., 2012; Kania & Kramer, 2011).
- **2008-present: The Magnolia Place Community Initiative** (www.magnoliaplacela.org) is a large-scale initiative involving over 70 community organisations, schools, businesses, and county /city government agencies. The partnership is working to improve the health, educational, social and economic outcomes of the 35,000 children living in the 500-block Magnolia catchment area in Los Angeles, California (Bowie, 2011; Inkelas & Bowie, 2014).
- **2010-present: Promise Neighborhoods** (www.policylink.org/focus-areas/promise-neighborhoods-institute), based on the example of the Harlem Children’s Zone, is a competitive program of the US Department of Education that awards grants to non-profit organisations and institutions of higher education seeking to effect neighbourhood change, primarily via a cradle-to-career continuum of services for children and youth. Launched in 2010, the program is

targeted at children and families in disadvantaged areas, and now serves over 50 communities (Bridgespan Group, 2011; Jolin et al., 2012).

Place-based approaches in Australia

Place-based initiatives in Australia are supported by numerous government policies and programs, both past and present, and these have been well documented in the scoping project compendium – *A snapshot of activity*. A range of initiatives has emerged and the following sample illustrates the evolution and diversity of approaches. As in the US, UK and Canada, place-based initiatives in Australia demonstrate considerable variation in key dimensions such as the size of the geographic area covered, governance arrangements and the extent of community engagement/control.

Federal level

- **1973-1977:** the Whitlam government’s **Australian Assistance Plan (AAP)**, which drew on concepts of social planning and community development, was arguably the first ‘place-based’ approach to social welfare and service delivery in Australia. Based in rural and regional communities, AAP created Regional Councils for Social Development (RCSDs) representing local, state and federal governments, local welfare organisations and individual community members. The RCSDs were intended to focus on citizen participation and involve the local community – including disadvantaged and marginalised groups – in planning and allocating resources for welfare delivery (Andrews & Monash University, 2011).
- **2000-2008: Stronger Families and Communities Strategy**, a collection of area-based initiatives supported by the Australian government, some of which continue to be delivered today (e.g. Communities for Children). The Strategy was based on a community strengthening/capacity-building approach that aimed to foster community partnerships, build resilience and self-reliance and promote early intervention. “It recognises Government’s role as a broker and facilitator rather than just a service purchaser or provider, and acknowledges that effective support for

communities requires 'bottom-up' development and delivery" (Stern, 2002, 6-9). Key aspects of the Strategy included:

- an action learning approach, undertaking evaluation as projects develop
 - making funding available under a range of initiatives that take community-strengthening approaches and encourage community partnerships
 - developing ideas and projects that meet the needs of local communities.
- **2004-present: Communities for Children** is one of the initiatives initially funded under the Stronger Families and Communities Strategy. The scheme funds non-government organisations (Facilitating Partners) to develop and implement a strategic whole of community approach to the early childhood years (originally 0-5 years, now 0-12 years), working with local services and community members. In addition to promoting cooperation and coordination between existing service networks, Communities for Children partner agencies are funded to deliver direct services such as home visiting, case management and facilitated playgroups.
 - **2013-present** (planned 7-year program): **Creating the Conditions for Collective Impact** is a research project underway at six Communities for Children sites in New South Wales, built on the CREATE model for building community capacity. The research team is based at Griffith University, in collaboration with three state and federal government departments, the Prevention Research Centre at Pennsylvania State University, and five Australian NGOs. The project focuses on strengthening the capacity of the service system for children, and has two core goals:
 - to develop a Prevention Support System (PSS) – a set of structured processes and resources to strengthen the developmental system in socially disadvantaged communities – to lay the foundation for sustainable improvements in the wellbeing of children
 - to test the PSS:
 - (a) for efficacy in fostering community collaborations that are empowered to achieve 'collective impact'
 - (b) for transportability to new communities

(including Indigenous communities).

- **2002-present: Australian Early Development Census (AEDC, formerly Australian Early Development Index/AEDI)** – based on the Canadian Early Development Instrument, the AEDC is a population measure of young children's development. It involves collecting information from teachers about children in their first year of school to help create a snapshot of children's development across Australia. The AEDC measures five key developmental areas: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills (school-based), and communication skills and general knowledge. Like its Canadian antecedent, the AEDC is a demographic tool that generates data linked to community and place, helping to emphasise the importance of place for children's development.
 - **2002-2003:** first trialled in Perth.
 - **2004-06:** completed in 60 communities from seven states and territories. The Longitudinal Study of Australian Children (LSAC) Validity Study and AEDI community evaluation are completed.
 - **2009:** the AEDI is implemented nationally, and set to be repeated in 2012 and 2015.
- **2006-present: Stronger Families Alliance** (www.strongerfamilies.co/) is a network of government, non-profit and voluntary organisations working together to support families across the Blue Mountains. The Alliance's Child and Family Plan (CFP) is a 10-year blueprint for coordinated development of government, community and voluntary organisations working with children and families, with a strong emphasis on collaboration with, and improving service system's engagement with, families.
- **2007: Child Friendly Cities** – in 2007 the City of Greater Bendigo became the first city in Australia to be recognised by UNICEF as a Child Friendly City. Other Australian Child Friendly City initiatives are described here: childfriendlycities.org/building-a-cfc/examples-of-cfc-initiatives/australia/
- **2011-2014: Better Futures, Local Solutions (BFLS)** was described as a place-based initiative within the Australian Government's Building Australia's Future Workforce strategy, announced in the

2011-2012 Budget. BFLS was discontinued in the 2014 Budget. It applied to ten disadvantaged communities in six states. The Department of Human Services described the aims of BFLS as: “to strengthen families’ ability to participate in education and employment, prepare for or gain employment and increase their earning capacity” (DHS, 2012). Measures included compulsory participation plans and supports for teenage parents and jobless families. ‘Place-based income management’ for some residents receiving welfare payments was also implemented at five BFLS sites.

- **2012-present: Children’s Ground** (www.childrensground.org.au), is a locally-led and designed place-based approach for working in Australia’s most disadvantaged communities. It starts pre-birth, and provides a complete integrated system of high quality services in learning, wellbeing and development for children and young people from 0–24 years, their families and their communities. The first partnership established by Children’s Ground is with the Mirarr people in the Northern Territory, through their organisation the Gundjeihmi Aboriginal Corporation (Liana Downey & Associates, 2013; Moore et al., 2011).

State and territory activity: Victoria and Tasmania as examples

State and Territory Governments in Australia have been implementing a range of place-based approaches since the late 1990s, focused largely around early childhood, health (broadly defined) and education outcomes. The following examples of initiatives from Victoria and Tasmania illustrate the activity, over time, at a jurisdictional level.

- **2000-present: Thirty Primary Care Partnerships (PCPs)** are currently funded by the Victorian government (www.health.vic.gov.au/pcps/about/index.htm). The partnerships focus on improving service system coordination and service delivery in local catchments, particularly regional areas. All PCPs include hospitals, community health organisations, local government and divisions of general practice. PCP membership varies from place to place based on local needs, and in some areas they also include agencies such as area mental health, drug and alcohol and disability services. Many have also engaged with police, schools and community groups.

The core areas of activity for PCPs are partnership development, integrated health promotion, service system coordination and integrated chronic disease management.

- **2000: Growing Victoria Together** policy framework for strengthening communities announced by Victorian government (West, Wiseman & Bertone, 2006).
 - **October 2001-December 2003: Community Building Initiative** comprising four major initiatives for exploring community strengthening ideas and practice:
 - Enhanced strategic role for **Community Support Fund** to fund community strengthening initiatives.
 - Eleven Community Building Demonstration Projects to test/learn about development of community strengthening initiatives.
 - Continued support for the Department of Industry and Regional Development’s **Community Capacity Building Initiative** targeting small rural communities.
 - Continued support for the Office of Housing’s **Neighbourhood Renewal Program** which sought to improve social and economic outcomes in Victoria’s most disadvantaged areas.
- **2001-2013: Neighbourhood Renewal** was part of the Growing Victoria Together policy framework, funded by the Office of Housing within the Department of Human Services and based on urban planning/community strengthening models. The initiative sought to address place-based disadvantage in vulnerable communities with high concentrations of public housing by engaging residents, governments, local businesses and community groups. Neighbourhood Renewal focused on the following objectives:
 - increasing community pride and participation
 - enhancing housing and the physical environment
 - lifting employment and learning opportunities and expanding local economies
 - improving personal safety and reducing crime

- promoting health and wellbeing
- improving government responsiveness.
- **2002-present: Best Start**, funded by the Victorian Department of Education and Early Childhood Development, aims to improve the health, development, learning and well-being of all Victorian children aged 0-8 years. It supports communities, parents and service providers to improve universal early years services so that they are inclusive and responsive to local needs. There are currently 30 Best Start sites around the state. The initiative promotes community partnerships including local and state government, community organisations and health and education services. Underpinning the initiative is the view that “service systems must adopt a family-centred approach to working with families, a partnership approach to working with communities, and a strength-based approach to policy and social development” (DHS, 2007, 2).
- **2009-present: Tasmanian Child and Family Centres** (www.education.tas.gov.au/parents_carers/early_years/Programs-and-Initiatives/Pages/Child-and-Family-Centres.aspx) aim to improve the health and wellbeing, education and care of Tasmania’s very young children by supporting parents and enhancing accessibility of services in the local community. They have been established in 12 disadvantaged communities across Tasmania through an extensive process of community engagement and empowerment.
- **2009-2014: Blue Sky Research Project** (Goldfeld et al., 2013; Fraser et al., 2014). Conducted by the Centre for Community Child Health with the Victorian Department of Education and Early Childhood Development, this project explored how a revised service system that focused on young children (0–8 years) and that addressed inequalities early could actively and positively shift children’s developmental trajectories. A key focus was to view the child’s journey through services from the family’s perspective, to develop a revised model of service delivery that placed the child and family at the centre and commence change towards the revised model trialling quality improvement methods. The project was based in Melton South, a suburb in the outer west of Melbourne.

- **2010-present: Go Goldfields Alliance**

(www.loddonmallee.com.au/regional-priorities/go-goldfields) is a partnership of service providers in Central Goldfields Shire in Victoria created to deliver locally relevant responses to complex, long-term and entrenched social issues. The partnership have developed a series of shire-wide, community-driven approaches to improve social, education and health outcomes for children, youth and families.

When to use a place-based approach

Place-based approaches are one of many approaches available to public policy-makers. Collaborative initiatives are not a panacea, but a choice that policy-makers and public managers can make based on evidence about expected outcomes and knowledge of the enabling conditions (Juster, 2014; Koontz & Thomas, 2006). Place-based approaches are only one of the ways we need to be pursuing to improve outcomes (Moore & McDonald, 2013).

Sometimes a person-based approach may be more appropriate than a place-based one (Nelson et al., 2010). Person-based approaches are most effective when addressing health or well-being issues with a relatively simple known cause and proven interventions. Collaborative place-based approaches are called for when the problems are complex or ‘wicked’ and the solutions either uncertain or require multiple forms of intervention (Bellefontaine & Wisener, 2011).

Not all places or communities may need the same type of place-based approach. A collective impact approach, for example, may only be needed or justified in communities with entrenched social problems. Other communities may benefit from other forms of place-based or integrated services.

Key features and dimensions of place-based approaches

There is no one-size-fits-all model when it comes to implementing place-based initiatives in practice. Such a model might arguably be at odds with the principles underpinning an approach intended to be highly flexible and adaptable to local conditions.

The following Figure 1 and Table 1 illustrate the diversity of approaches in Australia by situating a number of the place-based initiatives according to these different dimensions.

Place-based approaches usually have certain features in common, but often differ in the extent to which the features are incorporated into their model and practice. Given the diversity observed among different place-based initiatives, it may be useful to conceptualise each key feature in terms of a spectrum or continuum:

- Age span: does the initiative focus on the early years only, or does it support children and families from birth (or prenatal) to career?
- Defined geographic area: does the approach involve a relatively small community or a large region or district?
- Community engagement: what is the extent of community engagement, empowerment and ownership? While many place-based approaches involve some degree of community engagement, the extent and level of community control can vary.
- Focus on service system coordination and/or community support: does the initiative focus on improving service system coordination and service delivery to children and families. Does it prioritise building support within the community?
- Actions adapted to local needs: to what extent does the initiative reflect local conditions and needs?
- Uses a multilevel approach: does the initiative use a multilevel approach (ie. intervening at three or more levels of influence) that simultaneously addresses the multiple ecological factors that impact upon children and families?

Figure 1: Dimensions of place-based approaches

BS = Blue Sky
CG = Children's Ground
CFC = Communities for Children
GG = Go Goldfields
SFA = Stronger Families Alliance
TCFC = Tasmanian Child and Family Centres

= reasonable or high degree of certainty
 = estimate, based on available information
 = insufficient information to make an estimate

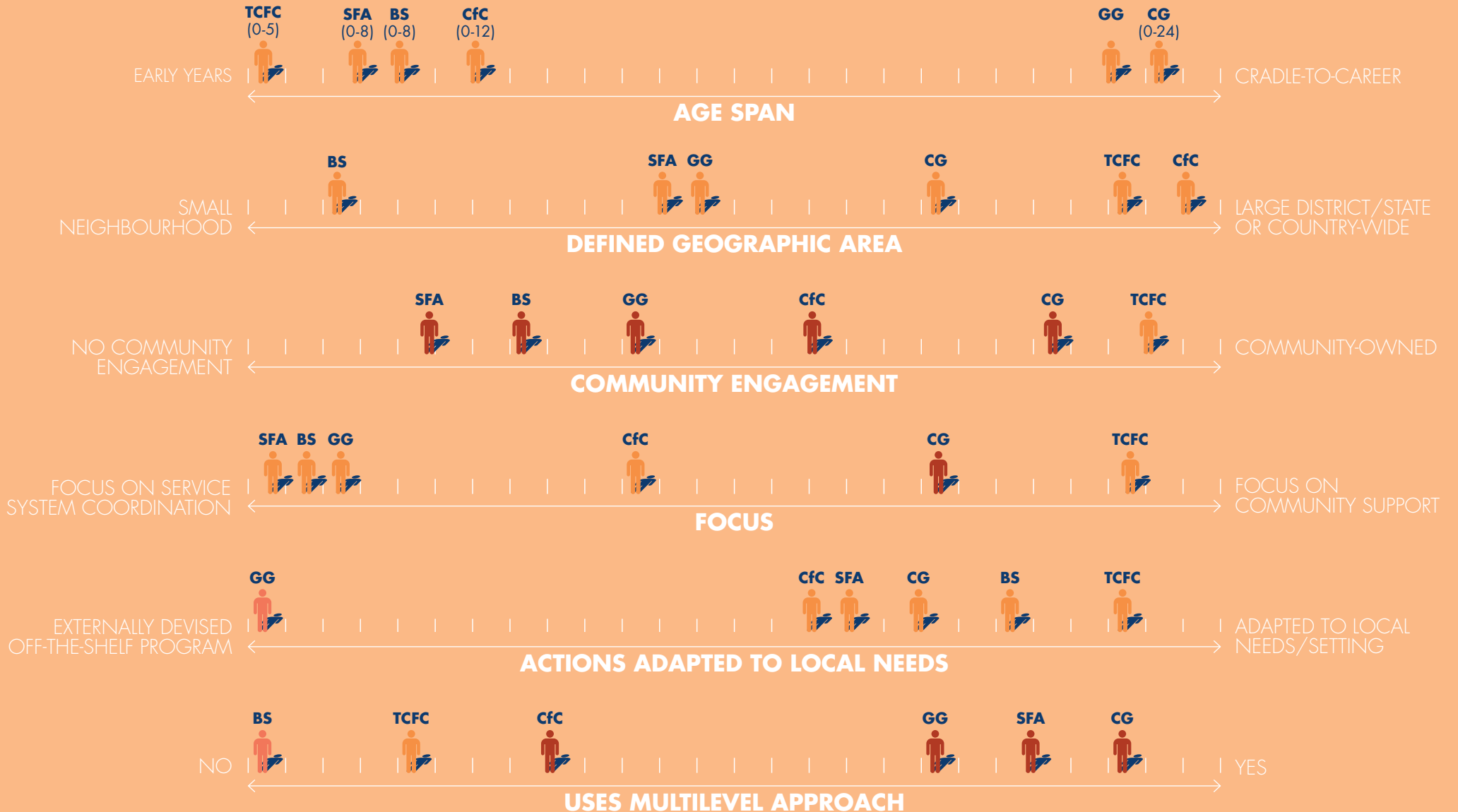


Table 1: Dimensions of place-based approaches

	1. Communities for Children	2. Go Goldfields	3. Stronger Families Alliance	4. Tasmanian Child and Family Centres	5. Children's Ground	6. Blue Sky
Defined geographical area	52 community sites across Australia	Centrals Goldfields Shire, Victoria	Blue Mountains, New South Wales	12 communities across Tasmania	West Arnhem Land, Northern Territory	Melton South (suburb in west of Melbourne), Victoria
Age range	0-12 years	Cradle-to-career	0-8 years	0-5 years	Cradle-to-career (0-24 years)	0-8 years
Community engagement and support vs. focus on service system coordination	Strong focus on community engagement eg. through consultation, inclusion of community members in governance structure. However the main focus is on improving cooperation and coordination between service providers.	Focus appears to be on service system coordination and improving service delivery to children and families.	The Child and Family Plan (CFP) is a 10-year blueprint for coordinated development of government, community and voluntary organisations working with children and families.	Strong emphasis on community engagement and empowerment; eg. through the Learning and Development Strategy, Working Together Agreements, Community Inclusion Workers.	Focus on community engagement and ownership. Training and development approach with a view that over a generation, the majority of positions will be recruited and sustained locally.	Focus on revising service system to achieve better coordination and service delivery for children and families.

Table 1: Dimensions of place-based approaches

	1. Communities for Children	2. Go Goldfields	3. Stronger Families Alliance	4. Tasmanian Child and Family Centres	5. Children's Ground	6. Blue Sky
Community control vs. government/ service system control	Government funded; Facilitating Partner (NGO) at each site, usually locally based and well integrated into local service system. Evaluation by Katz et al. (2007) found a strong sense of community ownership due to community-based nature of CfC implementation.	Governance mechanism is comprised of local government, industry and service sector stakeholders rather than individual community members.	Service system/ government control; with an emphasis on collaboration with, and improving service system's engagement with, families. Community involvement in aspects of governance such as the Hub steering committees and Neighbourhood Service Networks.	A good example of a community-controlled initiative. Parents are involved at every step of the way in planning, development, governance and service delivery.	High priority on facilitating community control, including building a sustainable, strong local workforce.	Service system/ government control. The aim is to view the child's journey through services from the family's perspective and to develop a child-and family-centred service delivery model.

Table 1: Dimensions of place-based approaches

	1. Communities for Children	2. Go Goldfields	3. Stronger Families Alliance	4. Tasmanian Child and Family Centres	5. Children's Ground	6. Blue Sky
Coordinated efforts to achieve shared goals	Communities for Children Committees (CCCs) at each site develop overall action plan, shared vision, etc. Evaluation participants reported that coordinated efforts through the CCCs had reduced segregation and competition among services and created mutual respect (Katz et al.).	Developing shared language and frameworks around vulnerability and entrenched poverty/unemployment.	The 28 Alliance members include all levels of government, business networks, child and family organisations, and the community and university sectors. 3-phase coordination: 1. Create the Alliance – engage leaders, review evidence base, and develop shared vision. 2. Set the direction – analyse local data and national trends, test solutions in prototype projects, and develop the Child and Family Plan (CFP). 3. Formalise roles and responsibilities – support implementation of the CFP, create governance structure, define roles/responsibilities, and evaluate implementation of the CFP.	Community engagement/empowerment, guided by a Learning and Development Strategy (LDS), funded by the Tasmanian Early Years Foundation and delivered by the Centre for Community Child Health. The LDS emphasises genuine engagement with the local community in the vision, planning, design, implementation and functioning of the Child and Family Centres.	More information required. Children's Ground has partnered with a number of NGOs, service providers and the former Department of Education, Employment and Workplace Relations (now Department of Education and Department of Employment).	Phase 1. (2009-2011) led by the Department of Education and Early Childhood Development. Phase 2. (2012-2014) Funded by the Department and delivered by CCCH. Local council played a key role across both project phases. Service providers across health, education and welfare were encouraged to think and act as a system, aligning efforts to a common set of goals.

Table 1: Dimensions of place-based approaches

	1. Communities for Children	2. Go Goldfields	3. Stronger Families Alliance	4. Tasmanian Child and Family Centres	5. Children's Ground	6. Blue Sky
Actions adapted to local needs	A needs assessment is conducted at each site and services provided are tailored to the identified needs/service gaps in each community.	Services realigned their activity to support the outcomes sought through the initiative.	Services offered by the Community Hubs vary depending on needs and resources of particular communities.	The range of services provided in a given CFC depends on what else is currently delivered in the community and particular community needs.	Children's Ground is working not only in a defined geographic area but with a defined cultural group, the Mirarr people, on their traditional lands.	Action-planning in phase two was 'bottom-up', driven by a network of service providers who generated and tested small changes to the service system based on regular feedback from families and initial research into the needs and perspectives of families.

Table 1: Dimensions of place-based approaches

	1. Communities for Children	2. Go Goldfields	3. Stronger Families Alliance	4. Tasmanian Child and Family Centres	5. Children's Ground	6. Blue Sky
Leadership and governance	Facilitating Partner (FP) – the lead agency – provides leadership at each site. Each FP establishes a Communities for Children Committee (CCC) at their site, a working group made up of child and family services and other stakeholders, including community members (eg. parents of young children, members of local Indigenous communities).	Local government provides leadership. Executive comprises the Primary Care Partnership, local government, mainstream and community based education stakeholders, the local health service, diverse community service organisations and police. The Executive is supported by Action Groups, each led by a 'champion' organisation reflecting key priority areas.	Local government provides leadership and resources in line with studies showing that convening agencies work most effectively when they are seen by other organisations as a neutral player with broad community representation.	Community and government partnership model: may vary depending on Child and Family Centre (CFC) but each should have roughly 50% government/service provider and 50% parents in governance structure: Governance structure includes CFC project team (Tasmanian Department of Education) and Local Enabling Groups (forum for community participation which become advisory committees or boards.)	More information required on roles of different groups within the governance structure. Chart can be found <i>here</i> , in Networked Incubation in Government: A Case Study of Children's Ground, p.25, Appendix 2.	There were two main groups steering the project: the Project Board and the Community Advisory Group, comprised of stakeholders from local and state governments and the community, health, education and law enforcement sectors. A local network of service providers collaborated regularly to deliver the changes in phase two.

Table 1: Dimensions of place-based approaches

	1. Communities for Children	2. Go Goldfields	3. Stronger Families Alliance	4. Tasmanian Child and Family Centres	5. Children's Ground	6. Blue Sky
Multilevel approach	<p>While there is some variation between sites, CfC tends to operate as a mechanism for service system coordination rather than using a truly multilevel approach.</p>	<p>A whole of community planning approach: Developing shared language and frameworks across services and between service sectors. Capacity is being built in these areas:</p> <ul style="list-style-type: none"> • Understanding poverty • Community engagement • Social connection • Arts <p>Ensuring all shire-wide approaches cover each area of the WHO's Ottawa Charter.</p>	<p>Child and Family Plan incorporates actions and links between the whole-of government, regional/community, service sector and teamwork levels. Three levels of intervention:</p> <ul style="list-style-type: none"> • Strengthening families through Neighbourhood Service Networks. • Moving children and their families beyond vulnerability. • Creating child-friendly communities. 	<p>Does not incorporate a multilevel approach.</p>	<p>"The Children's Ground approach creates an environment that will support people experiencing generations of complex trauma and disadvantage to trust, participate and have agency in Children's Ground as designers, researchers, users and deliverers."</p>	<p>Focus was given to the service delivery system.</p>

Evidence of efficacy

What evidence is there regarding the efficacy of place-based approaches? In considering this question, it needs to be understood that place-based approaches, and the collaborative partnerships they require, are a means to an end, rather than an end in themselves. While there are real benefits to be gained from building a place-based partnership with strong organisational structures, the ultimate goal is to improve outcomes for children and their families. Achieving that goal depends on what work is done through the partnership: an effective place-based partnership could fail in its efforts to improve its desired outcomes if it chose strategies that were not capable of making a difference to the lives of children and their families.

Thus, place-based collaborations should be understood as providing a mechanism or platform through which action can be taken to address the needs of children and families more effectively so as to achieve better outcomes. A simplified program logic for a place-based initiative looks like this:

- **If** we build a partnership with all stakeholders and gain a collective commitment to an agreed set of goals for the community,
- **and** if we develop an action plan that improves the conditions under which families are raising young children, and provide families with direct services that address their needs,
- **and** if we implement the action plan in partnership with the families themselves and in a way that continuously adapts to emerging child and family needs,
- **and** if the strategies succeed in building the capacity of families, services and communities to provide children with the care and experiences they need to flourish,
- **then** we will see improved outcomes for children (Moore, 2014).

What this program logic makes clear is that building a place-based collaboration is only the first step, and the efficacy of the partnership-building process

and structures and the efficacy of the action plan and ongoing monitoring and improvement of interventions need to be determined separately.

With these considerations in mind, we sought to understand separately what is known about the efficacy of efforts to build place-based partnerships and the structures required to support them, the efficacy of place-based action planning and intervention, and the efficacy of continuous monitoring and improvement efforts.

Evidence of effective partnership processes and structures

Building effective interagency and community partnerships is a challenging task (Buchanan, 2007; Keast & Brown, 2006). However, reviews by Moore and Skinner (2010) and Statham (2011) conclude that, where evidence for the impact of partnerships working does exist, it is mostly positive. As summarised by Statham (2011), positive changes have been reported for service users (such as improved access to services and a speedier response); for professionals (such as enhanced knowledge and skills, better understanding of children's needs, greater enjoyment of their work and more opportunities for career development); and for agencies (such as greater efficiency, less duplication and greater involvement of service users).

Some negative impacts of interagency working have also been reported, such as increased workload (at least in the initial stages) and increased demand for services as a result of needs being identified earlier.

- There have been a number of reviews of the evidence regarding the enablers and barriers of effective place-based partnerships (Hanleybrown et al., 2012; Jolin et al., 2012; Statham, 2011; Stiith et al., 2006; Wise, 2013). Enablers include the following: A shared sense of urgency for change (Hanleybrown et al., 2011; Stiith et al., 2006; Wise, 2013)

- A shared agenda and coherent long-term vision (Hanleybrown et al., 2012; Jolin et al., 2012; Statham, 2011)
- Influential champions and strong leadership (Hanleybrown et al., 2012; Jolin et al., 2012; Statham, 2011)
- Sufficient time for strong personal relationships and trust to develop between partners (Statham, 2011)
- Alignment of interventions and resources toward common goals (Hanleybrown et al., 2012; Jolin et al., 2012; Wise, 2013).

Barriers to effective place-based partnerships working include:

- lack of senior management commitment and buy-in
- a climate of constant organisational change
- differences between agencies in priorities, systems, culture and professional beliefs
- difficulties with information sharing.

The available evidence suggests successful community-based collaborative partnerships require a clear governance structure and division of responsibilities (Goldfeld et al., 2013; Hanleybrown et al., 2012; Jolin et al., 2012; Statham 2011; Stiith et al., 2006).

A number of reviews of place-based approaches from the US found that one of the features of success is a separate backbone organisation. In many cases this organisation has its own staff and a specific set of skills to serve as the backbone for the entire initiative and coordinate participating organisations and agencies (Hanleybrown et al., 2012; Jolin et al., 2012; Statham, 2011; Stiith et al., 2006).

Evidence of effective place-based action planning and intervention

At present, there is limited evidence that place-based approaches result in improved outcomes for children and families (Bellefontaine & Wisener, 2011; Cytron, 2010; Gillen, 2004; Griggs et al., 2008; Hayes et al., 2011; Statham, 2011; Wear, 2007). On the

basis of a review of place-based initiatives in NSW, Gillen (2004) concluded that it was still too early to see what difference collaborative approaches will make to the delivery of sustainable, high quality places over the long term. At this stage, results are inconsistent. For instance, place-based efforts to address entrenched neighbourhood poverty have led to measurable improvements in some cases, but in others have struggled, failing to significantly 'move the needle' (Cytron, 2010).

Part of the difficulty in establishing the efficacy of place-based action planning is methodological – there is too much variation in the evaluation methodologies used, and too few long-term evaluations (Griggs et al., 2008; O'Dwyer et al., 2007). However, studies that have been better funded and evaluated demonstrated that area-based interventions have been shown to reduce health inequities (O'Dwyer et al., 2007).

Another reason place-based approaches have not been demonstrated to be effective is that we are still at an early stage in our use of this strategy, and it is too soon for any meaningful benefits to become apparent. After reviewing various Victorian government place-based initiatives, Wear (2007) concluded that the move towards a government administration that is able to respond flexibly to the complex demands of local and regional concerns is still in its infancy, and policy is evolving as we learn from the experience of the work that has taken place.

While relevant structures may now be in place, it will take some time to develop the potential of this type of approach, as the skills and behaviours required are markedly different to those required in a hierarchical, rules-based system. Action planning can be stymied, for example, by bureaucratic accountability requirements. Change is needed to be able to achieve responsive action plans that are ecological and tailored to local needs rather than unitary and tailored to bureaucratic needs. This requires significant cultural change—in federal, state and local government, and even in the community—before we can see the true potential of a flexible, collaborative, partnership-based approach.

However, the difficulty in demonstrating the effectiveness of place-based interventions is also a reflection of the difficulty of knowing how best to address complex social problems. Developing

a sound understanding of how to address complex social problems is perhaps the greatest challenge that governments, services and communities now face. Problems such as child abuse, family violence, and obesity are complex and multicausal (eg. Foresight Group, 2007; Vandebroek et al., 2007), and place-based partnerships find it challenging to articulate how their action plans will address this complexity.

Of course, finding no evidence of efficacy does not mean that place-based collaborations are ineffective, only that they have not yet been demonstrated to be effective in producing better outcomes. This is partly because of the failure to separately evaluate the efficacy of the partnership and the efficacy of the action planning and strategies used by the partnership. It is also because the standard approach to evaluating the efficacy of programs – through systematic reviews of randomised controlled trials – is not appropriate for highly complex and dynamic initiatives such as place-based collaborations that are addressing ‘wicked’ problems (Humphreys et al., 2009; Kelly, 2010).

Some enablers of effective action planning have been identified (Stith et al., 2006; Wise, 2013), including:

- developing a strategic action framework (Wise, 2013)
- selecting appropriate programs to meet the identified needs of the community (Stith et al., 2006; Wise 2013)
- delivering programs or interventions as they were designed to be delivered (Stith et al., 2006)
- taking account of the realities of the local service delivery environment (Wise, 2013)
- building on community strengths and abilities (Wise, 2013).

Evidence of effective ongoing improvement/monitoring

When we are faced with ‘wicked’ or complex problems, we cannot know the outcomes of our interventions beforehand. This does not mean that we cannot take action to address the problem – clearly we have to devise and implement courses of action based on our best understanding of what will make a positive difference.

However, since we cannot be sure if the interventions will have the desired effect, we need to establish cycles of continuous improvement (Green, 2006), monitoring the outcomes closely and being ready to change course if they are not meeting people’s needs effectively.

Thus, solutions are emergent rather than predetermined, and learning is continuous (Preskill et al., 2013). For this reason, Hanleybrown et al. (2012) emphasise the importance of continuous communication between partners and developing shared measurement systems to gauge the ongoing impact of interventions.

Given the open and constantly evolving nature of place-based efforts to address wicked problems, the most appropriate forms of evaluation are developmental evaluation (Gopalakrishnan et al., 2013; Langlois et al., 2012; Patton, 2011) and realist evaluations (Pawson, 2006; Pawson & Tilley, 2007).

Developmental and realist evaluation methodologies are outcomes-focused and are particularly useful in situations where the outcomes are emergent and changing. On the basis of experience with a range of community change initiatives in the US, Kelly (2010) suggests that evaluations of complex place-based initiatives are not experiments but part of the community change process. The process of collecting and reporting data becomes an intervention. Rather than focusing on simple cause-and-effect relationships, evaluations should seek to understand the interactions across multiple pathways over time.

Therefore, it can be said that the ‘enablers’ of effective ongoing monitoring and improvement include:

- continuous communication (Hanleybrown et al., 2012)
- shared measurement systems (Hanleybrown et al., 2012)
- developmental evaluation
- realist evaluation
- building local competencies to allow communities to develop their own solutions (Katz, 2007; Vinson 2009).

Evidence of key strategies for effective place-based initiatives

Addressing wicked problems requires new strategies (Australian Public Service Commission, 2007; Head, 2008; Hickie, 2011; Moore & Fry, 2011; Wise, 2013). What follows is a list of such strategies. Some of these are drawn from studies of place-based initiatives, but others are based on diverse sources of evidence. These are general strategies that are applicable to all place-based action planning and intervention. More specific strategies are needed to address the particular issues faced by each community.

Use multilevel approaches

A multilevel approach is an approach that aims to simultaneously address the conditions under which families are raising young children and provide direct services and supports to meet their emerging needs.

Sustainable results to wicked problems are not produced by theory driven, individual level interventions (Shonkoff, 2010, 2012; Trickett & Beehler, 2013). In order to achieve relevant and sustainable change, solutions need to appreciate the local context and culture of the community where the intervention is intended, and work with (rather than in) the community (Schensul & Trickett, 2009). Rather than relying upon single-level interventions, it is important to intervene at multiple levels concurrently (Ellis, 1998; Trickett & Beehler, 2013; Trickett & Schensul, 2009).

The assumption underlying multilevel interventions is that if change occurs at the individual level, it will quickly revert if there are not social and structural

supports available at other levels to support or reinforce individual level changes (Trickett & Schensul, 2009). There is some evidence that multilevel interventions (with three or more levels of influence) designed to reduce health disparities have positive effects on health behaviour outcomes and improve the quality of health-care system processes (Gorin et al., 2012).

The Centre for Community Child Health (2010) identified the need for action on three fronts: building more supportive communities, creating a better coordinated and more effective service system, and improving the interface between communities and services (see also Moore, 2008a). Place-based initiatives most often focus on the second of these priorities rather than the other two. Yet, building more supportive communities is one of the major ways of improving the conditions under which families are raising young children. This includes ensuring that all families have positive personal support networks, regular opportunities to interact with other parents and young children, easy access to family-friendly settings and services, and urban environments that are easy to navigate and that provide lots of opportunities for encounters between people in the community (Moore, 2004).

The engagement of a wide range of stakeholders in a place-based partnership provides a strong basis for delivering multilevel interventions.

Design integrated service systems based on progressive universalism

In addition to building more supportive communities, an ideal service system would be one that is based on a strong and inclusive universal set of services, has well-developed 'horizontal' linkages between the various forms of services that directly or indirectly support families of young children, and also has well developed 'vertical' linkages with secondary and tertiary services that enable varying levels of additional support to be provided to those with particular needs.

Improve the communication between communities and services

The third element of the Centre for Community Child Health (2010) model is improving the interface between communities and services. This means developing ways in which service providers/systems

can be more attuned to the emerging concerns of parents and more responsive to the emerging needs of communities. This is partly a matter of training front-line practitioners in the relationship-based skills need for effectively engaging with parents, eg. through Family Partnership Training (Davis & Day, 2010). It is also a matter of using appropriate tools to facilitate discussions with parents about their concerns. These include proven parent-response tools that focus on concerns about children's development and health – such as the Parent Evaluation of Developmental Status (PEDS) (Glascoe, 1997, 1998).

Engage service users in co-production and co-design of services

Conventional models of public service struggle to deliver services based on relationships and community-centred practices, and new public service models are being developed to address this problem (Boxelaar et al., 2006). These include co-design and co-production approaches, which involve a collaboration between service providers (including government staff) and consumers in the design of services (Boxelaar et al., 2006; Boyle et al., 2010; Hopkins & Meredyth, 2008; McShane, 2010). Co-design and co-production approaches are based on the understanding that people's needs are better met when they are involved in an equal and reciprocal relationship with public service professionals and others (Boyle et al., 2010). The processes used in developing the Tasmanian Child and Family Centres exemplify this joint planning approach.

Build local competencies

A common theme emerging from reviews of best community building practices is that they should build on community strengths and seek to make communities stronger (eg. Beresford & Hoban, 2005; Hughes et al., 2007; Katz, 2007; Moore, 2004; Mugford & Rohan-Jones, 2006; Vinson, 2009; and Wiseman, 2006). Community development seeks to tackle social problems by engaging community members so that they can devise their own solutions (Katz, 2007). It involves bringing local people together, training them to develop their skills and understanding ('capacity building'), and funding projects that

address locally-identified needs. Vinson (2009) suggests that effective interventions with the most disadvantaged localities are based on one fundamental principle: for services and interventions to be effective in the long run, they must not only be useful in their own right but simultaneously serve the end of strengthening the overall community.

Adapt interventions to local circumstances and needs

A feature of effective place-based initiatives is that interventions are adapted to local circumstances and needs (Bellefontaine & Wisener, 2011; Sheargold, 2013; Wise, 2013). Sheargold (2013) maintains that an effective service system is one that can translate state and national evidenced-based policy and programs into effective local practice and utilise the available resources to fashion the most relevant local response to the needs of these children and families.

Develop a better understanding of how to help people change

If we are to change the capacity of families to meet their children's needs and of communities to support families effectively, then we need a better understanding of how people can be supported to change. As the Australian Public Service Commission (2007) has pointed out, although the traditional ways by which governments change citizens' behaviour (eg. legislation, regulation, penalties, taxes and subsidies) are still important, such practices may need to be supplemented with other behaviour-changing tools that better engage people in cooperative behavioural change. New insights into how to support positive changes are emerging from behavioural science (eg. Thaler & Sunstein, 2009; Wilson, 2011) and community development (eg. Robinson, 2013).

Use evidence-based interventions

When an agreement is reached that one of the actions that is needed is a specific program to address a particular need (eg. a parenting program), then the options to be considered should be evidence-based.

Allow time for outcomes to improve

Interagency working takes time to become established and it is not realistic to expect early evidence of a measurable impact on outcomes for children and their families (Statham, 2011).

What evidence is missing?

Partnership processes and structures

- The efficacy of Australian-based community/interagency partnerships, in Australian settings, in improving service system coordination and family access to programs. The existing evidence on building and structuring successful collaborative partnerships tends to relate to international rather than Australian contexts (see for example the reviews by Moore & Skinner, 2010 and Statham, 2011).
- The efficacy of community/interagency partnerships in improving outcomes for children and families. More research is needed at both the Australian and international levels. While there is a great deal of evidence around how to improve the processes of interagency collaboration, it is notoriously difficult to measure the effects of greater service system coordination on outcomes for children and families, with much of the evidence focusing on the effects on agencies and practitioners. As noted by Statham (2011), reasons for this difficulty include:
 - Where outcomes improve, it is difficult to determine whether more integrated service delivery, rather than other factors, has directly led to the improvement.
 - Initiatives are often evaluated before they have become embedded in working and practice and hence before their effects on outcomes are measurable.

Developing and implementing interagency/community collaborations takes time and is complex to achieve; therefore it is unrealistic to expect major impacts on outcomes for children in the short term.

The best methods for community engagement

It is generally acknowledged that community empowerment and engagement are important for place-based initiatives (Bellefontaine & Wisener, 2011; Price, 2011), regardless of whether the initiative is instigated from the top down or the bottom up (Bellefontaine & Wisener, 2011). However, there is little agreement as to the best methods for engaging and empowering communities and what form community partnerships should take.

Action-based planning and intervention

- The most effective multilevel approaches for addressing 'wicked' problems, for example how to overcome entrenched poverty (Cytron, 2010; Griggs et al., 2008). One of the challenges in addressing complex or 'wicked' problems is that it has become increasingly apparent that theoretically driven, individual level interventions do not produce sustainable results on their own (Shonkoff, 2010, 2012; Trickett & Beehler, 2013). The assumption underlying multilevel interventions is that if change occurs at the individual level, it will quickly revert if there are not social and structural supports available at other levels to support or reinforce individual level changes (Trickett & Schensul, 2009). While there is some evidence that multilevel interventions (with three or more levels of influence) designed to reduce health disparities have positive effects on health behaviour outcomes as well improving the quality of health-care system processes (Gorin et al., 2012), more research is needed to determine how to design and implement effective multilevel interventions.
- How to design and implement a service system based on progressive universalism. As described above, the evidence points to the potential merits of an integrated tiered service system, offering strong and inclusive universal services that can progressively add well-targeted additional supports for those with particular needs (Bromfield & Holzer, 2008; Jordan & Sketchley, 2009; O'Donnell et al., 2008; Scott, 2006; Boivin & Hertzman, 2012; Human Early Learning Partnership, 2011; Strategic Review of Health

Inequalities in England post-2010 Committee, 2010). Yet there is a lack of evidence, both in Australia and internationally, of what a service system designed in this way would look like and how to achieve it.

- How to help people change – how to change the capacity of families to meet their children’s needs and of communities to support families effectively (eg. Thaler & Sunstein, 2009; Wilson, 2011; Robinson, 2013).

Ongoing improvement/monitoring

- The efficacy of common measurement systems. Shared measurement between partners has been identified as an important feature of collective impact collaborations (Kania & Kramer, 2011; Hanleybrown et al., 2012; Inkelas & Bowie, 2014). The Magnolia Place Community Initiative is a good example of common measurements in action (Inkelas & Bowie, 2014). Further research in Australia and overseas on whether/how common measurement systems enhance interagency/community partnerships is needed.
- The most effective application of continuous learning strategies, both in Australian and international contexts (Bellefontaine & Wisener, 2011; Eoyang, 2007; The Health Foundation, 2010; Green, 2006).
- Well-designed, long-term evaluations of place-based interventions (O’Dwyer et al., 2007; Griggs et al., 2008) are needed. Currently, many evaluations are hampered by the following shortcomings:
 - Area-based comparisons are frequently made without controlling for differences in area characteristics (Griggs et al., 2008).
 - Many evaluations are allowed a very short time in which to assess an effect (Griggs et al., 2008; Statham, 2011) and thus do not capture long-term outcomes.
 - Traditional evaluation methods – such as systematic reviews of randomised control trials and control versus treatment cases – may be inappropriate for highly complex and dynamic place-based collaboratives that are addressing ‘wicked problems’ (Humphreys et al., 2009; Kelly, 2010).

Instead, sustained research in which complexity, ambiguity and context is acknowledged before elements of a solution can be identified, is more appropriate. The evaluation of complex community-based initiatives is more suited to developmental evaluation (Patton, 2011) and realist evaluation (Pawson, 2006; Pawson & Tilley, 2007) methodologies.

What it is... putting it together

Place-based approaches are where people and agencies collaborate to address agreed issues within a defined geographic location. In Australia and internationally, place-based approaches are evolving and there are a broad family of place-based approaches.

A particular approach that is gaining momentum currently is collective impact and it involves comprehensive, collaborative, multilevel efforts to address simultaneously all the factors that affect child, family and community functioning in a defined socio-geographic area.

This type of place-based approach is attractive because it attempts to address complex or wicked problems that have not responded to more traditional service-based efforts to improve outcomes. However, the gaps in our knowledge outlined above demonstrate that it is currently impossible to proffer a single model for effective place-based initiatives that guarantees improved outcomes for children and their families with any certainty. However, we can say that certain key elements play an important role in successful approaches.

On the strength of the available evidence, we suggest that place-based initiatives should incorporate as many of the following elements as possible:

1. Establishing a collaborative community-based partnership as the basis for action planning and implementation, with the following characteristics:

- A shared sense of urgency for change
- A shared agenda and coherent long-term vision
- A community-based collaborative partnership with clear governance structure and responsibilities

- Engagement of a wide range of stakeholders
- Influential champions and strong leadership
- Sufficient time for strong personal relationships and trust to develop between partners
- Sufficient funding and dedicated staff support from a 'backbone' organisation
- Interventions and resources that are aligned towards common goals
- Shared measurement systems
- Continuous communication between stakeholders.

2. Developing and implementing a plan of action in order to improve outcomes for children and families, containing the following features:

- An ecological multilevel approach to address the conditions under which families are raising young children. Rather than relying upon single-level interventions, it is important to intervene at multiple levels concurrently.

This includes ensuring that all families have positive personal support networks, regular opportunities to interact with other parents and young children, easy access to family-friendly settings and services, and urban environments that are easy to navigate and that provide lots of opportunities for encounters between people in the community.

- Integrated service systems based on progressive universalism. An ideal service system would be one that is based on a strong and inclusive universal set of services, has well-developed 'horizontal' linkages between the various forms of services that directly or indirectly support families of young children, and also has well developed 'vertical' linkages with secondary and tertiary services that enable varying levels of additional support to be provided to those with particular needs.
- Good communication between communities and services. More effective communication will ensure that service providers and service systems can be more attuned to the emerging concerns of parents and more responsive to the emerging needs of communities.

- Flexible and continuous learning. Since we cannot be sure of the outcomes of our interventions beforehand, we need to establish cycles of continuous improvement for maximum effectiveness.
- Developmental evaluation and realist evaluation methodologies. Given the open and constantly evolving nature of place-based efforts to address wicked problems, the most appropriate forms of evaluation are developmental evaluation.
- Service users in co-production and co-design of services. Co-design and co-production approaches are based on the understanding that people's needs are better met when they are involved in an equal and reciprocal relationship with public service professionals and others.
- Local competency-building. Interventions should be designed in ways that build on community strengths and seek to make communities stronger.
- Interventions that are adapted to local circumstances and needs. A feature of effective place-based initiatives is that interventions are adapted to local circumstances and needs.
- Evidence-based interventions. When an agreement is reached that one of the actions that is needed is a specific program to address a particular need (eg. a parenting program), then the options to be considered should be evidence-based.
- Time for outcomes to improve. Interagency working takes time to become established and it is not realistic to expect early evidence of a measurable impact on outcomes for children and their families (Statham, 2011).

However, we should not assume that initiatives which do not incorporate all of these elements will fail to improve outcomes for children and their families. When it comes to 'place', we are still at a relatively early stage both in implementing child-centred initiatives and in our understanding of what works. No Australian initiative and possibly none internationally has included all of these elements, and it may be unrealistic to expect that a single scheme will ever be able to do so. Instead of insisting on a one-size-fits-all approach, therefore, we should regard our understanding of place-based approaches as constantly evolving, and an opportunity for continuous learning.

References

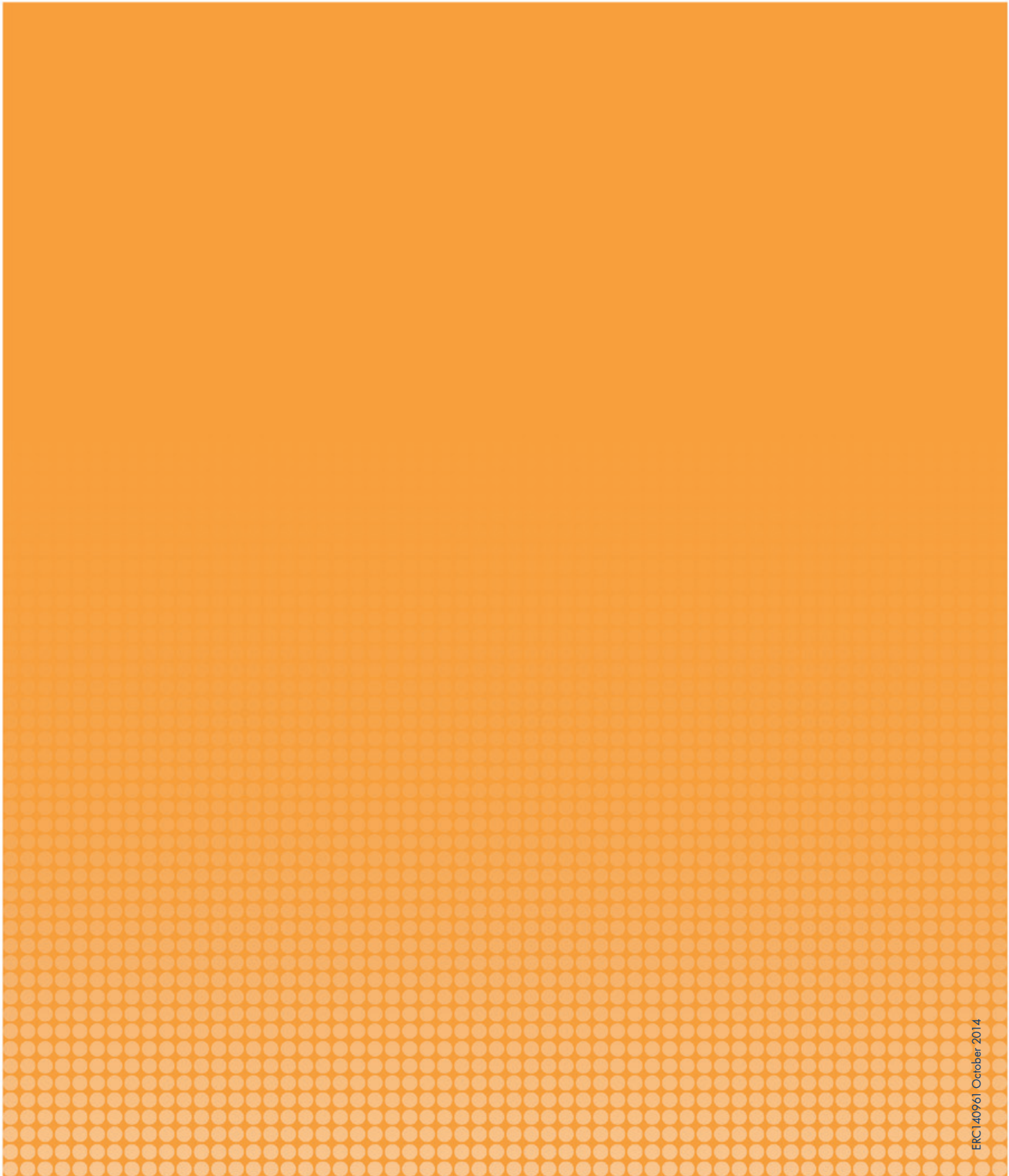
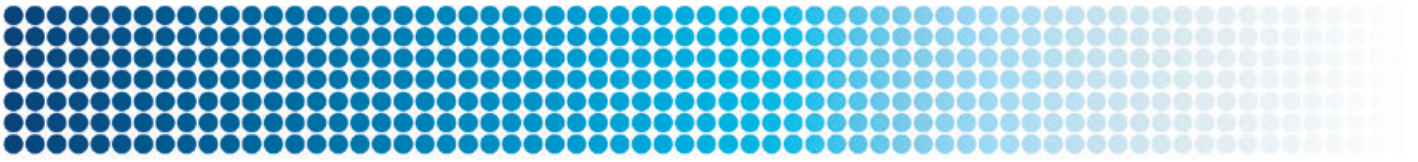
- Andrews, M. (2011). *Revisiting the Australian Assistance Plan* (M.A. thesis). Melbourne: Monash University. School of Philosophical, Historical and International Studies.
- Barnes, J., Katz, I., Korbin, J.E. & O'Brien, M. (2006). *Children and Families in Communities: Theory, Research, Policy and Practice*. Chichester, East Sussex: John Wiley and Sons.
- Bellefontaine, T. & Wisener, R. (2011). *The Evaluation of Place-Based Approaches: Questions for Further Research*. Ottawa, Canada: Policy Horizons Canada. www.horizons.gc.ca/sites/default/files/Publication-altformat/2011_0074_evaluationpb_e.pdf
- Beresford, P. & Hoban, M. (2005). *Participation in anti-poverty and regeneration work and research: Overcoming barriers and creating opportunities*. York, UK: Joseph Rowntree Foundation.
- Bowie, P. (2011). *Getting to Scale: The Elusive Goal. Report on the Magnolia Place Community Initiative*. Seattle, Washington: Casey Family Programs. www.casey.org/Resources/Publications/pdf/GettingToScale_MagnoliaPlace.pdf
- Boxelaar, L., Paine, M. & Beilin, R. (2006). Community engagement and public administration: Of silos, overlaps and technologies of government. *Australian Journal of Public Administration*, 65 (1), 113–126.
- Boyle, D., Coote, A., Sherwood, C. and Slay, J. (2010). *Right Here, Right Now: Taking co-production into the mainstream*. London, UK: nef foundation. b3cdn.net/neffoundation/8678a9d67320a294b4_38m6ivak1.pdf
- Bridgespan Group (2011). *Next Generation Community Revitalization: A Work in Progress*. Boston, Massachusetts: The Bridgespan Group. www.bridgespan.org/getattachment/cd9eec53-9303-48da-bddf-e701ec061d4c/Next-Generation-Community-Revitalization-A-Work-in.aspx
- Bridgespan Group (2012). *Needle-Moving Collective Impact: Three Guides to Creating an Effective Community Collaborative*. Boston, Massachusetts: The Bridgespan Group. www.bridgespan.org/Publications-and-Tools/Revitalizing-Communities/Community-Collaboratives/Needle-Moving-Collective-Impact-Three-Guides-to-Cr.aspx
- Buchanan, A. (2007). Including the socially excluded: The impact of government policy on vulnerable families and children in need. *British Journal of Social Work*, 37 (2), 187-207.
- Carbone, S., Fraser, A., Ramburuth, R. & Nelms, L. (2004). *Breaking Cycles, Building Futures. Promoting inclusion of vulnerable families in antenatal and universal early childhood services: A report on the first three stages of the project*. Melbourne, Victoria: Victorian Department of Human Services.
- Centre for Community Child Health (2010). *Platforms Service Redevelopment Framework*. Parkville, Victoria: Centre for Community Child Health, The Royal Children's Hospital.
- Centre for Community Child Health (2011). *Place-based approaches to supporting children and families*. CCCH Policy Brief No. 23. Parkville, Victoria: Centre for Community Child Health, The Royal Children's Hospital. www.rch.org.au/emplibrary/ccch/Policy_Brief_23_-_place-based_approaches_final_web.pdf
- Christakis, N.A. & Fowler, J.H. (2009). *Connected: The Surprising Power of Our Social Networks and How They Shape Our Lives*. New York: Little, Brown and Company.
- Crnic, K. & Stormshak, E. (1997). The effectiveness of providing social support for families of children at risk. In Guralnick, M.J. (Ed.), *The Effectiveness of Early Intervention*. Baltimore, Maryland: Paul H. Brookes.
- Cytron, N. (2010). Improving the outcomes of place-based community initiatives. *Community Investments*, 22 (1), 2-7. www.frbsf.org/publications/community/investments/1005/N_Cytron.pdf
- Denburg, A. & Daneman, D. (2010). The link between social inequality and child health outcomes. *Healthcare Quarterly*, 14 (Sp), 21-31.
- Department of Human Services (2007). *Best Start*. www.education.vic.gov.au/Documents/about/programs/health/beststartoverview.pdf
- Department of Human Services (2012). *Better Futures, Local Solutions. Grants Program Guidelines Part A: Program Overview*. www.humanservices.gov.au/spw/corporate/government-initiatives/resources/bfls-lsf-guidelines-part-a-program-overview.pdf
- Devaney, J. & Spratt, T. (2009). Child abuse as a complex and wicked problem: Reflecting on policy developments in the United Kingdom in working with children and families with multiple problems. *Children and Youth Services Review*, 31 (6), 635-641.
- Edwards, B. & Bromfield, L.M. (2009). Neighborhood influences on young children's conduct problems and pro-social behavior: Evidence from an Australian national sample. *Children and Youth Services Review*, 31 (3), 317-324.
- Egger, G. & Swinburn, B. (2010). *Planet Obesity: How we're eating ourselves and the planet to death*. Sydney, Crows Nest: Allen and Unwin.

- Ellis, R. (1998). Filling the prevention gap: Multi-factor, multi-system, multi-level interventions. *Journal of Primary Prevention*, 19 (1), 57–71.
- Eoyang, G.H. (2007). Human systems dynamics: Complexity-based approach to a complex evaluation. In B. Williams and I. Imam (Eds.). *Systems Concepts in Evaluation: An Expert Anthology*. Point Reyes, California: EdgePress/American Evaluation Association.
- Finegood, D. T., Merth, T. D. N., & Rutter, H. (2010). Implications of the Foresight obesity system map for solutions to childhood obesity. *Obesity*, 18 (Supplement 1), S13–S16.
- Fogel, A., Greenspan, S., King, B.J., Lickliter, R., Reygadas, P., Shanker, S.G. & Toren, C. (2008). Dynamic systems methods for the life sciences. In A. Fogel, B.J. King and S.G. Shanker (Eds.). *Human Development in the Twenty-First Century: Visionary Ideas from Systems Scientists*. Cambridge, UK: Cambridge University Press.
- Foresight (2007). *Tackling Obesities: Future Choices – Summary of Key Messages*. London, UK: Government Office for Science. www.bis.gov.uk/assets/foresight/docs/obesity/20.pdf
- Fram, M. S. (2003). *Managing to parent: social support, social capital, and parenting practices among welfare-participating mothers with young children* [Discussion paper 1263-03]. Washington, DC: Institute for Research on Poverty.
- Fraser, A., Podbury, R. & Fry, R. (2014). *Blue Sky Research Project: Final report Phase Two*. Prepared for the Department of Education and Early Childhood Development. Parkville, Victoria: Centre for Community Child Health, Murdoch Childrens Research institute.
- Ghate, D., & Hazel, N. (2002). *Parenting in Poor Environments: Stress, Support and Coping*. London, UK: Jessica Kingsley Publishers.
- Glascoe, F.P. (1997). *Parents' Evaluations of Developmental Status (PEDS)*. Nashville, Tennessee: Ellsworth and Vandermeer Press.
- Glascoe, F.P. (1998). *Collaborating with Parents: Using Parents' Evaluations of Developmental Status (PEDS) to Detect and Address Developmental and Behavioral Problems*. Nashville, Tennessee: Ellsworth and Vandermeer Press.
- Goldfeld, S., Henderson, K., & Leuenberger, M. (2013). *Blue Sky Research Project – Shifting Children's Developmental Trajectories Final Report – Phase One*. Melbourne, Victoria: Department of Education and Early Childhood Development.
- Gopalakrishnan, S., Preskill, H. & Lu, S. (2013). *Next Generation Evaluation: Embracing Complexity, Connectivity, and Change: A Learning Brief*. Washington, DC: FSG. www.fsg.org/Portals/0/Uploads/Documents/PDF/Next_Generation_Evaluation.pdf?cpgn=WV%20DL%20%20Next%20Generation%20Evaluation
- Gorin, S. S., Badr, H., Krebs, P., & Das, I. P. (2012). Multi-level interventions and racial/ethnic health disparities. *Journal of the National Cancer Institute Monographs*, 44, 100–111. doi: 10.1093/jncimonographs/lgs015.
- Green, L.W. (2006). Public health asks of systems science: to advance our evidence-based practice, can you help us get more practice-based evidence? *American Journal of Public Health*, 96 (3), 406–409. doi: 10.2105/AJPH.2005.066035
- Griggs, J., Whitworth, A., Walker, R., McLennan, D. & Noble, M. (2008). *Person – or place-based policies to tackle disadvantage?: Not knowing what works*. York, UK: Joseph Rowntree Foundation. www.jrf.org.uk/sites/files/jrf/2176-policies-people-place.pdf
- Grossman, A.S., Lombard, A. & Fisher, N. (2014). *StriveTogether: Reinventing the local education ecosystem*. Harvard Business School. hbsp.harvard.edu/he-main/resources/documents/web-files/314031p2.pdf
- Hanleybrown, F., Kania, J. & Kramer, M. (2012). Channeling change: Making collective impact work. Stanford Social Innovation Review, Blog, 26th January 2012, 1-8. www.ssireview.org/blog/entry/channeling_change_making_collective_impact_work
- Harlem Children's Zone (2009). *Whatever It Takes: A White Paper on the Harlem Children's Zone*. New York: Harlem Children's Zone.
- Hayes, A., Weston, R., Qu, L. & Gray, M. (2010). *Families then and now: 1980-2010*. AIFS Facts Sheet. Melbourne, Victoria: Australian Institute of Family Studies. www.aifs.gov.au/institute/pubs/factsheet/fs2010conf/fs2010conf.html
- Hayes, S.L., Mann, M.K., Morgan, F.M., Kitcher, H., Kelly, M.J., Weightman, A.L. (2011). *Collaboration between local health and local government agencies for health improvement*. Cochrane Database of Systematic Reviews 2011, Issue 6. Art. No.: CD007825. DOI: 10.1002/14651858.CD007825.pub5.
- Head, B.W. (2008). Wicked problems in public policy. *Public Policy*, 3 (2), 110-118.
- Head, B. & Alford, J. (2008). *Wicked Problems: The Implications for Public Management*. Presentation to Panel on Public Management in Practice, International Research Society for Public Management 12th Annual Conference, 26-28 March, 2008, Brisbane. www.irspm2008.bus.qut.edu.au/papers/documents/pdf2/Head%20-%20Wicked%20Problems%20HeadAlford%20Final%20250308.pdf
- Hertzman, C. (2010). Social geography of developmental health in the early years. *Healthcare Quarterly*, 14 (Sp), 32-40.
- Hertzman, C., Siddiqi, A., Hertzman, E., Irwin, L.G., Vaghri, Z., Houweling, T.A.J., Bell, R., Tinajero, A. & Marmot, M. (2010). Bucking the inequality gradient through early child development. *British Medical Journal*, 340, c468. Published 10 February 2010, doi:10.1136/bmj.c468
- Hickie, I. B. (2011). Youth mental health: we know where we are and we can now say where we need to go next. *Early Intervention in Psychiatry*, 5 (Supplement s1), 63–69. doi: 10.1111/j.1751-7893.2010.00243.x
- Homel, R., Freiberg, K. & Branch, S. (2013). *CREATEing community capacity: Enabling collaborative action around*

- children's needs. Brisbane, Queensland: Key Centre for Ethics, Law, Justice & Governance, Griffith University.
- Hopkins, L., & Meredyth, D. (2008). Coordination or competition: obstacles and success factors for integrated partnerships at local level. *Journal of Urban Regeneration and Renewal*, 1 (4), 316-328.
- Hughes, P., Black, A., Kaldor, P., Bellamy, J. & Castle, K. (2007). *Building Stronger Communities*. Sydney, NSW: University of New South Wales Press.
- Humphreys, J.S., Kuipers, P., Wakerman, J., Wells, R., Jones, J.A. & Kinsman, L.D. (2009). How far can systematic reviews inform policy development for 'wicked' rural health service problems? *Australian Health Review*, 33 (4), 592-600.
- Inkelas, M. & Bowie, P. (2014). The Magnolia Community Initiative: The importance of measurement in improving community well-being. *Community Investments*, 26 (1), 18-24. www.frbsf.org/community-development/files/ci_vol26no1-The-Magnolia-Community-Initiative.pdf
- Jack, G. & Jordan, B. (1999). Social capital and child welfare. *Children and Society*, 13 (4), 242-256.
- Jolin, M., Schmitz, P. & Seldon, W. (2012). *Needle-Moving Community Collaboratives: A Promising Approach to Addressing America's Biggest Challenges*. Boston, Massachusetts: The Bridgespan Group. www.bridgespan.org/getattachment/efdc40ca-aa41-4fb5-8960-34eb504eaf9a/Needle-Moving-Community-Collaborative-s-A-Promisin.aspx
- Juster, J.S. (2014). The types of problems suited for collective impact. Blog on Collective Impact Forum website, 14th May. collectiveimpactforum.org/blog
- Kania, J. & Kramer, M. (2011). Collective impact. *Stanford Innovation Review*, Winter, 36-41. www.ssireview.org/articles/entry/collective_impact/?zbrandid=2039&zidType=CH&zid=1634595&zsubscriberId=500518267&zbdom=aracy.informz.net
- Katz, I. (2007). Community interventions for vulnerable children and families: Participation and power. *Communities, Children and Families Australia*, 3 (1), 19-32.
- Katz, I., La Placa, V. & Hunter, S. (2007). *Barriers to inclusion and successful engagement of parents in mainstream services*. Water End, York: Joseph Rowntree Foundation. www.jrf.org.uk/bookshop/ebooks/barriers-inclusion-parents.pdf
- Keast, R. & Brown, K. (2006). Adjusting to new ways of working: Experiments with service delivery in the public sector. *Australian Journal of Public Administration*, 65 (4), 41-53.
- Kelly, T. (2010). Five simple rules for evaluating complex community initiatives. *Community Investments*, 22 (1), 99-22, 36. www.frbsf.org/publications/community/investments/1005/T_Kelly.pdf
- Koontz, T.M., & Thomas, C.W. (2006). What do we know and need to know about the environmental outcomes of collaborative management? *Public Administration Review*, 66 (Supplement s1), 111-121. doi: 10.1111/j.1540-6210.2006.00671.x
- Langlois, M., Blanchet-Cohen, N. & Beer, T. (2012). The art of the nudge: five practices for developmental evaluators. *Canadian Journal of Program Evaluation*, 27 (2), 39-59.
- Liana Downey & Associates (2013). *Networked Incubation in Government: A Case Study of Children's Ground*. Canberra, ACT: Department of Employment. https://docs.employment.gov.au/system/files/doc/other/cgcs_web_pdf_version_0.pdf
- Miller, H. (2007). Place-based versus people-based geographic information science. *Geography Compass*, 1 (3), 503-535.
- Moore, T.G. (In press). Using place-based approaches to strengthen child wellbeing. *Developing Practice*.
- Moore, T.G. (2004). *Blazing new trails: Finding the most direct routes in early childhood intervention*. Invited address to 6th National Conference of Early Childhood Intervention Australia, Melbourne, 27th July. www.eciavic.org.au/professionals/Conf%202004/Blazingnewtrails-TimMooreECIANatConf2004.pdf
- Moore, T.G. (2008a). *Supporting young children and their families: Why we need to rethink services and policies*. CCCH Working Paper No. 1 (revised November 2008). Parkville, Victoria: Centre for Community Child Health, Royal Children's Hospital. www.rch.org.au/emplibary/ccch/Need_for_change_working_paper.pdf
- Moore, T.G. (2008b). *Rethinking universal and targeted services*. CCCH Working Paper 2 (August 2008). Parkville, Victoria: Centre for Community Child Health. www.rch.org.au/emplibary/ccch/Rethinking_universal_target_services.pdf
- Moore, T.G. & Fry, R. (2011). *Place-based approaches to child and family services: A literature review*. Parkville, Victoria: Murdoch Childrens Research Institute and The Royal Children's Hospital Centre for Community Child Health. www.rch.org.au/uploadedFiles/Main/Content/ccch/Place_based_services_literature_review.pdf
- Moore, T.G., Fry, R., Lorains, J., Green, J. & Hopkins, L. (2011). *Review of the evidence base in relation to early childhood approaches to support children in highly disadvantaged communities for the Children's Ground Project*. Prepared for the Australian Government Department of Education, Employment and Workforce Relations by the Centre for Community Child Health in collaboration with the Royal Children's Hospital Education Institute. Parkville, Victoria: The Royal Children's Hospital's Centre for Community Child Health and the Murdoch Childrens Research Institute. www.wch.org.au/emplibary/ccch/Childrens_Ground_Project_Literature_Review_FINAL_3.10.11.pdf
- Moore, T.G. & McDonald, M. (2013). *Acting Early, Changing Lives: How prevention and early action saves money and improves wellbeing*. Paddington, New South Wales: The Benevolent Society. www.benevolent.org.au/~/_/media/Benevolent/Think/Actingearlychanginglives%20pdf.aspx
- Moore, T.G. & Oberklaid, F. (2014). Health and child well-being. In Ben-Arieh, A., Casas, F., Frønes, I. & Korbin, J.E. (Eds.). *Handbook of Child Well-Being: Theories, Methods and Policies in Global Perspective*. Springer Netherlands.

- Moore, T.G., Yagnik, P., Halloran, D., McDonald, M., Sayers, M., D'Souza, A. & Goldfeld, S. (2012). Developing the Parent Engagement Resource: A tool for enhancing parent/professional relationships and identifying psychosocial issues in families. *Australian Journal of Child and Family Health Nursing*, 9 (1), 12-16.
- Mugford, S. & Rohan-Jones, S. (2006). *Weaving the net: Promoting mental health and wellness through resilient communities*. Deakin West, ACT: Mental Health Council of Australia.
- Nelson, J., Wilson, R. & Bielby, G. (2010). *Tackling child poverty through whole-area strategies*. London, UK: Centre for Excellence and Outcomes in Children and Young People's Services (C4EO). archive.c4eo.org.uk/themes/poverty/childpovertystrategies/files/child_poverty_full_knowledge_review.pdf
- Offord, D. (1987). Prevention of behavioural and emotional disorders in children. *Journal of Child Psychology and Psychiatry*, 28, 9-19.
- Patton, M.Q. (2011). *Developmental Evaluation: Applying Complexity Concepts to Enhance Innovation and Use*. New York: The Guilford Press.
- Pawson, R. & Tilley, N. (2007). *Realistic Evaluation* (2nd Ed.). London, UK: Sage Publications.
- Pawson, R. (2006). *Evidence-Based Policy: A Realist Perspective*. London, UK: Sage Publications.
- Pebbley, A.R. & Sastry, N. (2004). Neighbourhoods, poverty, and children's well-being. In K. M. Neckerman (Ed.). *Social Inequality*. New York: Russell Sage Foundation.
- Popkin, S.J., Acs, G. & Smith, R. (2010). Understanding how place matters for kids. *Community Investments*, 22 (1), 23-26, 36-37. www.frbsf.org/publications/community/investments/1005/S_Popkins.pdf
- Policy Horizons Canada (2011). *Location, Location, Location: Putting Evaluation in "Place"*. Ottawa, Canada: Policy Horizons Canada. www.horizons.gc.ca/sites/default/files/Publication-alt-format/2011-0088-eng_1.pdf
- Preskill, H., Parkhurst, M. & Juster, J.S. (2013). *Guide to Evaluating Collective Impact*. Washington, DC: Collective Impact Forum and FSG. collectiveimpactforum.org/resources/guide-evaluating-collective-impact
- Price, H. (2011). A seat at the table: Place-based urban policy and community engagement. *Harvard Journal of African American Policy*, 17, 65-73.
- Robinson, L. (2013). *Changeology: How to enable groups, communities, and societies to do things they've never done before*. Melbourne, Victoria: Scribe Publications.
- Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark J. J., Graetz, B. W., Kosky R. J., Nurcombe, B., Patton, G. C., Prior M, R., Raphael, B., Rey, J., Whaites, L. C., & Zubrick, S. R. (2000). *The Mental Health of Young People in Australia*. Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care.
- Sayal, K. (2006). Annotation: Pathways to care for children with mental health problems. *Journal of Child Psychology and Psychiatry*, 47 (7), 649-659.
- Schensul, J.J. & Trickett, E. (2009). Introduction to multi-level community based culturally situated interventions. *American Journal of Community Psychology*, 43 (3-4), 232-240.
- Sheargold, M. (2013). Policy and program implementation and local ownership or 'our place and our responsibilities'. *Developing Practice: The Child, Youth and Family Work Journal*, No. 34 (Summer 2013), 10-20.
- Shonkoff, J. P. (2010). Building a new biodevelopmental framework to guide the future of early childhood policy. *Child Development*, 81 (1), 357-367.
- Shonkoff, J. P. (2012). Leveraging the biology of adversity to address the roots of disparities in health and development. *Proceedings of the National Academy of Sciences USA*, 109 (Suppl. 2), 17302-7. doi: 10.1073/pnas.1121259109.
- Sridharan, S. (2011). *The Top 10 Questions: A Guide to Evaluating Place-Based Initiatives*. Ottawa, Canada: Policy Horizons Canada. www.horizons.gc.ca/sites/default/files/Publication-alt-format/2011-0087_e.pdf
- Statham, J. (2011). *A review of international evidence on interagency working, to inform the development of Children's Services Committees in Ireland*. Dublin, Ireland: Department of Children and Youth Affairs. www.dcy.gov.ie/documents/publications/wtfchildren.pdf
- Stern, G. (2002). *Stronger Families and Communities Strategy*. Stronger Families Learning Exchange Bulletin, 1 (Autumn 2002), 6-9. Melbourne, Australia: Australian Institute of Family Studies. www.aifs.gov.au/sf/pubs/bull1/g.html
- Stronger Families Stronger Communities National Evaluation Consortium (2008). *Stronger Families and Communities Strategy: National Evaluation Baseline Report on Communities for Children Process Evaluation, SPRC Report 1/08*. Report prepared for the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, Social Policy Research Centre: UNSW, November 2007.
- Sustainable Development Commission (2008). *Health, place and nature. How outdoor environments influence health and well-being: a knowledge base*. London, UK: Sustainable Development Commission. www.sd-commission.org.uk/publications/downloads/Outdoor_environments_and_health.pdf
- Sustainable Development Commission (2009). *Every Child's Future Matters* (3rd. Ed.). London, UK: Sustainable Development Commission. www.sd-commission.org.uk/publications/downloads/ECFM_report.pdf
- Thaler, R.H. & Sunstein, C.R. (2009). *Nudge: Improving Decisions About Health, Wealth and Happiness*. London, UK: Penguin Books.
- The Health Foundation (2010). *Complex adaptive systems*. London, UK: The Health Foundation. www.health.org.uk/publications/complex-adaptive-systems/

- Tough, P. (2008). *Whatever It Takes: Geoffrey Canada's Quest to Change Harlem and America*. Boston, Massachusetts: Houghton Mifflin.
- Trask, B.S. (2010). *Globalization and families: a dynamic relationship*. Springer.
- Trickett, E.J. (2009). Multi-level community-based culturally situated interventions and community impact: An ecological perspective. *American Journal of Community Psychology*, 43 (3-4), 257-266.
- Trickett, E.J. & Beehler, S. (2013). The ecology of multi-level interventions to reduce social inequalities in health. *American Behavioral Scientist*, 57 (8), 1227-1246, doi: 10.1177/0002764213487342
- Trickett, E.J. & Schensul, J.J. (2009). Summary comments: Multi-level community based culturally situated interventions. *American Journal of Community Psychology*, 43 (3-4), 377-381.
- Vandenbroeck, P., Goossens, J. & Clemens, M. (2007). *Foresight. Tackling Obesities: Future Choices – Building the Obesity System Map*. London, UK: Department of Innovation Universities and Skills.
- Vinson, T. (2007). *Dropping off the Edge: The distribution of disadvantage in Australia*. Richmond, Victoria: Jesuit Social Services and Catholic Social Services Australia. www.australiandisadvantage.org.au/
- Vinson, T. (2009a). *Markedly socially disadvantaged localities in Australia*. Canberra, ACT: Department of Education, Employment and Workplace Relations.
- Wear, A. (2007). Place-based partnerships in Victoria. *Public Administration Today, Issue 12* (July-September), 20-26.
- West, S., Wiseman, J. & Bertone, S. (2006). Mainstreaming Change: Learning from Community Strengthening in Victoria. *Just Policy, Issue 41*, 34-40
- Wilson, T.D. (2011). *Redirect: The Surprising New Science of Psychological Change*. New York: Allen Lane.
- Wise, S. (2013). *Improving the early life outcomes of Indigenous children: implementing early childhood development at the local level*. Issues paper no. 6. Melbourne, Victoria: Closing the Gap Clearinghouse, Australian Institute of Family Studies. www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2013/ctgc-ip06.pdf
- Wiseman, J. (2006). Local heroes: Learning from community strengthening policy developments in Victoria. *Australian Journal of Public Administration*, 65 (2), 95-107.



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