PLACE-BASED APPROACHES TO CHILD AND FAMILY SERVICES

A LITERATURE REVIEW

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EXECUTIVE SUMMARY

This paper synthesizes the conceptual and empirical literature on place-based approaches to meeting the needs of young children and their families. A specific focus of the paper is on the potential contribution of place-based approaches to service reconfiguration and coordination.

Outline

The paper begins by outlining the sweeping social changes that have occurred in developed nations over the past few decades and their impact on children, families and communities. It explores the 'joined up' problems faced by families and communities in the contemporary world, and highlights the need to reconfigure services to support families more effectively. The paper then focuses on 'joined up' solutions, on what we know about how to meet the challenges posed by the complex problems that characterise our society.

Next, the paper explores what a place-based approach involves, and what role it can play in supporting families with young children. The rationale underpinning place-based approaches is outlined and the evidence for the effectiveness of the approach is summarized. The paper then looks at what can be learned from efforts to implement place-based initiatives in Australia and overseas, and explores the issues that need to be addressed in implementing this strategy. The ways in which the early childhood service system might be reconfigured are also considered, and the paper ends with a consideration of the policy and implementation implications.

Social change

The sweeping social changes that have occurred in developed nations over the past few decades have significantly altered the conditions under which families are raising young children and in which the children themselves are growing up. The impact of social climate change is widespread, affecting communities, families, children and services. The current service system was designed at a time when family circumstances were simpler and parenting less challenging, and is struggling to meet all the needs of all families effectively.

What are the implications of this situation for policy makers and services? One is that we need to consider how best to support families in the changed circumstances they now face. How do services need to be reconfigured to provide more effective support, especially to those with the least resources? And what do we need to do to promote more supportive communities?

If we are to understand how to create conditions that support families more effectively, we need to know more about the challenges that contemporary life poses.

The challenge – 'joined up' problems

There are a number of different frameworks for understanding the nature of the 'joined up problems' that face our society. Four such frameworks are examined - social complexity or interconnectedness; tame and 'wicked' problems; simple, complicated and complex problems; and complex adaptive systems and emergent complexity – each offering complementary ways of understanding the challenges we face. The overall message is that we now live in a densely interconnected society and are facing a number of major social challenges that are the product of the interactions between a wide range of physical, social, economic and demographic factors.

What are the implications of this analysis? One is that we need to recognise that many of the problems policy makers and services face are complex and that interventions to address them will need to be multilevel, capable of addressing the needs of children, families and communities, as well as the circumstances under which families are raising young children.

Another implication is that we need to focus on the underlying conditions that produce problems rather than only seeking to remedy presenting problems. Attempting to tame 'wicked' problems by addressing the behavioural symptoms will not lead to long-term solutions. For example, as well as providing parenting programs for those who are struggling with parenting, we also need to ask why these parents are having problems with parenting at all, and seek to reduce the underlying conditions that have compromised their parenting capacities.

A third implication is that, 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 monitor the outcomes closely and be ready to change course if they are not effective. The strategy should be *ready-fire-aim* (or *act-then-look* or *probe-sense-respond*) rather than *ready-aim-fire*.

Meeting the challenge – 'joined up' solutions

What do we know about how to meet the challenges posed by 'wicked' or complex problems? In the model developed by the Centre for Community Child Health (CCCH, 2010), action is needed on three fronts simultaneously: building more supportive communities, creating a better coordinated and more effective service system, and improving the interface between communities and services. The need to build more supportive communities arises from the evidence that communities have become more fragmented and less supportive, leaving vulnerable families particularly exposed. Such families often lack the resources to build their own social networks, and while it may not be possible to create communities that are totally cohesive and inclusive, we can (and should) aim to promote supportive social networks and responsive service systems specifically for families of young children, rather than leaving them to find their own way.

The need to create a better coordinated and effective service system has been generally acknowledged, and many governments have attempted to create more cohesive and comprehensive policies and service systems through interdepartmental coordination and collaboration. Integration of services and service systems needs to occur at four levels: government/policy level, regional and local planning level, service delivery level, and interdisciplinary teamwork level. At all these levels, successful integration or joining up of services depends upon building partnerships. The evidence suggests that, while partnership working is widely assumed to be a good thing, it can be difficult to put into practice successfully - it requires careful planning, commitment and enthusiasm on the part of partners, the overcoming of organisational, structural and cultural barriers, and the development of new skills and ways of working. While efforts to integrate service systems are proving challenging, some valuable lessons have been learned about the conditions required for successful integration, and there is some evidence that integrated service delivery can have positive benefits for children, families and professionals.

Are 'joined up' solutions in the form of integrated services and service systems sufficient in addressing complex and 'wicked' problems? Most government and other initiatives designed to address such problems have focused on the service system, seeing integration of services as a key step towards improving access to services and therefore improving outcomes. However, such initiatives are unlikely to make substantial and sustainable differences on their own unless they are complemented by efforts to build more supportive communities and to improve the interface between the service system and the community. Analyses of wholesale efforts to address complex and 'wicked' problems suggest that limited progress has been made so far. New processes and thinking are required to address such problems: we need a more comprehensive prevention approach that is multi-factorial, multisystemic and multi-level. To do this will require much more than just the integration of formal services.

Place-based approaches

What does a place-based approach involve, and what role can it play in supporting families with young children? A place-based approach is one that seeks to address the collective problems of families and communities at a local level, usually involving a focus on community-strengthening. There are a number of advantages to using such an approach, one being that it encompasses both a physical and service infrastructure perspective, and social infrastructure perspective. Place-based approaches are usually contrasted with person-based approaches in which the focus is on direct help to the individual person or family with the problem, regardless of their circumstances or where they live. Place-based approaches focus on the whole social and physical environment in a particular area, rather than the individual needs of those who live there. These approaches have usually been developed separately but there are good grounds for using combined people- and place-based approaches.

The development of place-based approaches has been prompted by a number of factors. These include evidence of the importance of geography, evidence that place matters for people's well-being, and for children in particular, evidence that social networks and social connectedness matter for people's well-being, evidence of growing health and social inequities despite the overall growth in economic prosperity, evidence that locational disadvantages exist and that they lead to poorer outcomes for children, the economic collapse of certain localities, the failure of orthodox approaches to reduce inequalities and prevent problems, the inability of local services to respond effectively to the complex needs of families and communities, the difficulties in engaging vulnerable families, and the push for social inclusion of marginalised members of society.

Establishing the efficacy of place-based practices is challenging. Traditional research methodologies may not be sufficient or the most appropriate means for generating knowledge regarding complex or 'wicked' problems. Efforts to review the evidence have struggled to come to any firm conclusions because of the methodological weaknesses of the evaluations. While some place-based initiatives have led to measurable improvements, others have not. The major challenge is knowing how to eliminate long-standing disparities in housing, employment, education, and health caused by public policy decisions, and market forces and failures. Reviews of Australian efforts suggest that it is still too early to see what difference place management will make to the delivery of sustainable, high quality places over the long term. 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.

Despite this cautious conclusion, there are some indicators as to what successful place-based interventions involve. Key ingredients include the engagement of communities in decisions of all kinds (including the 'co-production' of design and delivery of services), the cultivation of community capacity, and the establishment of robust and collaborative governance arrangements.

What are the implications of this analysis for how we might support families and communities more effectively? In the previous section, we saw that, to address complex and 'wicked' problems, we need a more comprehensive prevention approach that is multi-factorial, multisystemic and multi-level. The evidence reviewed in the present section suggests that such efforts should be place-based, that is, they should occur in a
a geographic area and involve a comprehensive multi-level effort to address all the factors that affect child, family and community functioning in that area simultaneously.

Such an approach differs from existing strategies in a number of ways. Most current efforts have focused on the integration of services within a specific (usually disadvantaged) area. The approach that is emerging in this paper is much more comprehensive and involves the integration of a much wider range of policies, practices and services. It also requires a greater degree of community involvement

and the establishment of more robust governance arrangements than currently exist.

Applying a place-based approach

What can be learned from efforts to implement place-based initiatives, and what the challenges faced are in doing so? Various models are outlined, with the overseas initiatives being more comprehensive and ambitious than those attempted in Australia so far. However, in the case of the US examples at least, they are working in communities that are more disadvantaged and dysfunctional than any in Australia.

There are a number of issues that need to be addressed when we are seeking to implement a place-based approach. Some of these are questions about communities: who or what is a community, what can we reasonably expect of them, and who represents the community. Another key issue concerning the challenges faced by governments and public services is working collaboratively with communities.

Other issues are more structural, such as what size area is ideal for place-based planning. It was concluded that there can be no single answer to this question, and that place-based planning should be applied to *socio-geographic localities* – geographic areas that are recognised by local residents as being their community or neighbourhood.

Two other issues discussed were how can we best develop place-based plans in disadvantaged areas, and whether a place-based approach be used in all localities or only the most disadvantaged. On the latter point, there are strong grounds for using a universal rather than a targeted approach, since the problems that children and families experience are distributed across all levels of society, although more concentrated in the more disadvantaged areas.

Another issue concerns how the early childhood and family support service system might be reconfigured so as to meet the needs of families more effectively. Despite some promising beginnings, no jurisdiction had yet succeeded in reconfiguring its services in this way. Moreover, the reconfiguration of services is only part of what needs to happen to achieve better outcomes for children and families.

Community-Based Service Framework

In the light of this analysis of social climate change, 'wicked' and complex problems, place-based approaches, and efforts to reconfigure early childhood and family support services, it is proposed that what is needed to meet the needs of today's young children and their families effectively is a community-based service framework with eight key features, as follows:

Key features of comprehensive community-based service framework

- ***Universal*** – based on the provision of a core set of services to all families in all localities
- ***Tiered*** – provision of additional supports to families and areas identified as having additional needs and/or being exposed to multiple risks
- ***Integrated*** – all relevant services work together to provide integrated holistic support to families
- ***Multi-level*** – able to address all factors that directly or indirectly shape the development of young children and the functioning of their families
- ***Place-based*** – integrated services planned and delivered in defined socio-geographic areas
- ***Relational*** – based upon principles and practices of engagement and responsiveness, both at the individual and community level
- ***Partnership-based*** – based on partnerships between families and service providers, between service providers, and between government and service providers
- ***Governance structure*** – has a robust governance structure that allows different levels of government, different government departments, non-government services, and communities to collaborate in developing and implementing comprehensive place-based action plans.

It should be noted that, in this model, a place-based approach is one element, not a total strategy on its own.

Conclusions and policy implications

What has emerged from the analyses of theory, research and practice on place-based and other approaches has been a framework for a comprehensive community-based approach with eight key characteristics. The framework is just that – a framework and not a fully articulated plan of action. What follows are some considerations regarding how the framework can be operationalised and implemented.

- Implementing a comprehensive approach as outlined in this paper is a formidable undertaking that will require a sustained commitment by many stakeholders. A senior-level forum to guide this process in any region or sub-region wishing to implement this approach should be established.

- Effective integrated planning and service delivery at a place-based level requires the establishment of governance structures through which the various stakeholders and service providers collaborate. Without such governance structures, collaboration between departments and agencies is difficult to

sustain. As there are no existing governance arrangements that are comprehensive and binding enough to ensure sustained collaboration, one of the priorities should be to explore what form or forms of place-based governance are needed for this purpose.

- While it is possible to identify areas of high disadvantaged, the spread of disadvantage is complex and such areas are by no means homogeneous. Social gradient effects mean that social problems, including family problems and poor child outcomes, are spread across all socioeconomic strata. Ultimately, the community-based framework proposed in this paper should be applied in all areas. However, it would not be feasible to introduce such a comprehensive approach in all areas simultaneously, and some selection of suitable areas will be needed in the first instance.

- While the literature provides some guidance as to how a comprehensive community-based approach might work, there are no fully developed Australian models to learn from. Implementing the approach will therefore be a developmental process, where the emphasis is on close monitoring of the immediate effects and continuous learning. Documenting these learnings will be important to ensure that the future roll-out of the model is fully effective.

- Monitoring the impact of a comprehensive community-based approach will be greatly facilitated by the availability of appropriate data at a neighbourhood or socio-geographic locality level. Since such small scale data is not readily available, ways of gathering and accessing this kind of data should be developed.

- Place-based and person-based approaches are not mutually exclusive − on the contrary, they complement and reinforce each other. Therefore, the implementation of a comprehensive community-based approach should not lead to the neglect of person-based interventions.

- More work is needed on developing a full program logic model of the framework, showing how it leads to improved outcomes for children, families and communities. This should seek to identify the range of actions needed to produce real change and how they link with one another.

1. INTRODUCTION

1.1 Background

This paper synthesizes the conceptual and empirical literature on place-based approaches to meeting the needs of young children and their families. A specific focus of the paper is on the potential contribution of place-based approaches to service reconfiguration and coordination.

The paper draws on extensive work done by the Centre for Community Child Health (CCCH) in working with community-based services to build early years partnerships, and integrated services and service systems.

A literature search of major databases was conducted, using key terms such as 'place-based', 'neighbourhood-based', 'community-based' and 'area-based'. As systematic reviews of complex evidence cannot be relied on to identify all literature of relevance (Greenhalgh & Peacock, 2005), the formal search of databases was supplemented by two other strategies: 'snowballing' and personal knowledge. The personal knowledge was, in turn, based on earlier literature reviews and work done by the Centre for Community Child Health (eg. CCCH, 2006b, 2007, 2009a, 2010a; Moore & Skinner, 2010).

1.2 Outline

In Section 2, the paper outlines the sweeping social changes that have occurred in developed nations over the past few decades and their impact on children, families and communities. The need to reconfigure services to support families more effectively is highlighted.

Section 3 explores the challenges faced by families and communities in the contemporary world. It outlines four complementary frameworks for understanding the nature of the 'joined up problems' that face our society. The implications for services and service systems are discussed.

Section 4 focuses on 'joined up solutions', on what we know about how to meet the challenges posed by the complex problems that characterise our society. In the model developed by the Centre for Community Child Health (CCCH, 2010b), action is needed on three fronts simultaneously: building more supportive communities, creating a better coordinated and more effective service system, and improving the interface between communities and services. Efforts to act on this agenda are summarised.

Section 5 directly addresses the central topic of this paper, place-based planning and service delivery. It explores what a place-based approach involves, and what role it can play in supporting families with young children. The rationale underpinning place-based approaches is outlined and the evidence for the effectiveness of the approach is summarised,

Section 6 looks at what can be learned from efforts to implement place-based initiatives in Australia and overseas, and explores the issues that need to be addressed in implementing this strategy. The ways in which the early childhood

service system might be reconfigured are also considered.

Finally, Section 7 draws conclusions and considers the policy and implementation implications of the findings.

2. BACKGROUND

2.1 Social climate change

The past few decades have witnessed the most rapid period of change in the history of the world. The changes that have occurred have been so rapid and so far-reaching that they have had a dramatic impact on the physical well-being of the planet (in the form of climate change) (Flannery, 2005; Garnaut, 2008; Intergovernmental Panel on Climate Change, 2007; Steffen et al., 2004), as well as on the physical and psychosocial well-being of societies (social climate change) (Moore, 2009).

Social climate change appears to be a global phenomenon, just as climate change is. In developed nations around the world, there have been a number of common social and economic changes over the past two or three decades (Moore, 2008a). These include the adoption of free market economic policies and the globalisation of commerce, the concurrent rise in general prosperity (including dramatic increases over the last few decades), reduction in government control over market and in government responsibility for provision of public services, fall in birth rates, increases in life expectancy, increased movement of people between countries (leading to more diverse societies), and the globalisation of ideas and culture.

There have been corresponding changes in Australian society over the same period (Moore, 2008a). These include improvements in general prosperity (but accompanied by a widening gap between the rich and the poor), changes in demographics (a drop in birth rate and a decrease in proportion of children in society, further cultural diversification (with the arrival of new migrant and refugee groups), changes in employment opportunities and conditions (including an major increase in women's participation and employment), increases in the cost of housing as a proportion of income, and greater social mobility (with a consequent weakening of the social infrastructure).

These changes have had flow-on effects for communities and families, and have altered the conditions under which families are raising young children and in which the children themselves are growing up. These are outlined below.

Changes in communities

Over the past few decades, communities in Australia and other developed nations have been steadily fragmenting, and people's sense of community has fragmented also (Barnes et al., 2006; Hughes et al., 2007). Nowadays, there is often little sense of community tied to locality, particularly in larger urban centres. Instead, people's sense of community tends to be experienced more through the workplace and through group membership based on interest, sport or faith. For many people, community of locality has been largely replaced by communities of interest or task or faith. These may have few overlaps with one another (Hughes et al., 2007).

There are many reasons for this fragmentation. Blau and Fingerman (2009) suggest that we are a society in flux, having lost the continuity provided by institutional membership. There has also been a partial erosion of traditional family and neighbourhood support networks, due to factors such as increased family mobility and the search for affordable housing. The continued population growth combined with the steady shift to cities is outstripping the capacity of cities to provide the basic physical and social infrastructure to support families adequately. But there are also factors such as increases in the speed and ease of transport and of communication methodologies that have enabled people to have contacts with much more widely spread social networks and reduced their reliance on people in their immediate neighbourhoods (Hughes et al., 2007; Wellman, 2001).

But this does not mean that all of our social ties are breaking altogether: our social relationships have not so much declined as taken on new forms (Blau & Fingerman, 2007). Some of our modern social arrangements, and the relationships we develop, cannot be pigeonholed into the familiar categories that we have used in the past. We are living in the age of 'networked individualism' (Wellman, 2001): where we were once connected through institutions, we are now linked as individuals. Our communities and social networks are no longer geographically determined, nor have they declined: 'They have just spread out, and we hold them in our minds.' (Blau & Fingerman, 2009).

According to Hughes et al. (2007), modern social processes are refashioning how we create community and experiences of belonging. 'Community' and 'belonging' are now things each individual has to create. People are no longer born into a community that necessarily acknowledges and cares for them. In a world of fragmented communities individuals must make their own connections, develop their own supportive networks.

Changes in families

Families have changed significantly over the past two or three decades - they are more varied in their structure, and more diverse culturally and ethnically (Hayes et al., 2010; Moore, 2008a; Trask, 2010): families (and extended families) are smaller, childlessness has increased, and mother's age at first birth has increased. There are also more single parents, more blended families, more shared custody arrangements and more same sex couple families.

The circumstances in which families are raising young children have also changed (Hayes et al., 2010; Moore, 2008a): more parents are working, more mothers with babies are working , more parents are doing shift work and working non-standard hours, more parents are working longer hours, more families are jobless and more children are being raised in poverty. The increase in mothers moving into paid work has generated an increasing demand for formal child care. Despite all these changes, families remain the basic unit of society and the site in which most children are raised (Hayes et al., 2010).

Changes for children

There have also been corresponding changes in the circumstances in which children are growing up (Moore, 2008a). Many children are growing up with fewer models of caregiving within their immediate and extended families. Children also have fewer experiences of mixing with children of different ages (and therefore of caring for younger children and being cared for by older children).

Community environments are less child-friendly and there are fewer opportunities for outdoor play and exercise (Trantor & Malone, 2003). Access to green spaces has become more problematic and children have become disconnected from nature (Louv, 2005). These changes have implications for children's health and well-being (Sustainable Development Commission, 2008, 2009).

Many children are exposed to high levels of electronic media (such as television) from an early age (Bittman & Rutherford, 2009; Centre for Community Child Health, 2009), with adverse effects on their health and well-being. Children up to the age of two years are particularly vulnerable. Children are also subject to targeted marketing campaigns by advertisers that can have adverse effects for health and self-esteem (Edgar, 2007; Williams, 2006).

2.2 Impact of social climate change

The impact of social climate change is widespread, affecting communities, families, children and services.

Impact on communities

Communities are more socially fragmented, with many becoming little more than dormitory suburbs. There is less trust and reciprocity, and more concerns about personal safety. The fragmentation of communities increases the risk that some people find themselves without any communities to which they feel they belong (Hughes et al., 2007).

The built environment has become less pedestrian-friendly and more dependent upon cars, and there are reduced opportunities for physical activity. The Victorian Lifestyle and Neighbourhood Environment Study (Kavanagh et al., 2007) found that the nature of the urban environment mattered: walking is more common in areas with longer walking and cycling paths, more destinations to walk to (such as shops, schools, parks, religious institutions), and more pedestrian crossings.

Impact on families

The changing economic conditions mean that, in most families, both parents need to work, and many of these families are having more difficulties balancing work and family demands. There is also a widening gap between those who are functioning well and those who are vulnerable or marginalised. There is a small but significant number of families who are hard to engage and who make limited use of existing

services (Centre for Community Child Health, 2010). All these factors have contributed to an increase in the number of families with complex needs.

One of the most damaging effects that social change has had upon families is that many of them are isolated and lack supportive personal networks - extended family, friends or other families of young children (Cochran & Niego, 2002; Ochiltree, 2001).
As Stephens et al. (2008) note,

> Social networks make change possible. Social networks are the very immune system of society. Yet for the past 30 years they have been unravelling, leaving atomised, alienated neighbourhoods where ordinary people feel that they are powerless to cope with childbirth, education or parenting without professional help. Risk averse professional practices and targets imposed by government have exacerbated the trend.

The social changes noted earlier have contributed to an undermining of confidence among parents in their ability to raise their children well (Moore, 2008a). Because families are smaller, people have less exposure to parenting while growing up and therefore have fewer models to draw upon when they tackle the task themselves. Because families have fewer children, parents are more intensely concerned about their welfare. At the same time, there has been an increase in the number of parents whose own experiences of being parented were compromised, and who therefore have difficulty parenting their own children. There has been a tendency for childhood to become 'comodified', with good parenting being seen as buying services for children rather than providing experiences yourself. There is no longer a social consensus about the right way to bring up children, or even that there is a single right way. At the same time, the stakes have risen the more we learn about the importance of the early years and the more we understand about the skills that are needed to function successfully in a complex interconnected world. Overall, parenting young children has become a more complex and more stressful business for many families.

Impact on children

The effect of social climate change can be seen in the health and well-being of children and young people. While most children are doing well, there is evidence of worsening or unacceptably high levels of problems in a minority of children (Bruner, 2004; Eckersley, 2008; Li et al., 2008; Perrin et al., 2007; Stanley et al., 2005; Richardson & Prior, 2005). These problems are evident across all aspects of development, health and well-being, including mental health (eg. depression, suicide, drug dependence), physical health (eg. asthma, obesity, diabetes, heart disease), academic achievement (eg. literacy levels, retention rates, educational outcomes), and social adjustment (eg. employment, juvenile crime). These problems are 'disorders of the bioenvironmental interface' (Palfrey et al, 2005) rather than conditions with separate or singular causes, and the developmental pathways that lead to most of these outcomes can be traced back to early childhood. This is reflected in the significant numbers of children who arrive at

school poorly equipped to take advantage of the social and learning opportunities that schools provide (Centre for Community Child Health and Telethon Institute for Child Health Research, 2007, 2009).

Impact on services

Services and service systems for young children and their families are having difficulty adapting to the changed social conditions. The current service system was designed at a time when family circumstances were simpler and parenting less challenging, and is struggling to meet all the needs of all families effectively (Moore, 2008). As a result of the difficulties that the current system of services is experiencing, 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 (Fonagy, 2001; Offord, 1987; Watson et al. 2005).

An example of the problems being experienced by traditional service systems is the crisis facing child protection systems (Scott, 2006; O'Donnell et al., 2008; Allen Consulting Group, 2009). Across Australia, there have been steadily increasing rates of children and families being notified and investigated, and increasing numbers of children entering state care. There is growing concern about the ability of State and Territory child protection systems to cope with the increasing proportion of high risk and vulnerable families notified to the system (O'Donnell et al., 2008). The majority of cases that are being notified are children in vulnerable families in which there is a risk from chronic adverse family circumstances and not from a specific episode of harm.

2.3 Summary and implications

The sweeping social changes that have occurred in developed nations over the past few decades have significantly altered the conditions under which families are raising young children and in which the children themselves are growing up. The impact of social climate change is widespread, affecting communities, families, children and services. The current service system was designed at a time when family circumstances were simpler and parenting less challenging, and is struggling to meet all the needs of all families effectively.

What are the implications of this situation for policy makers and services? One is that we need to consider how best to support families in the changed circumstances they now face. How do services need to be reconfigured to provide more effective support, especially to those with the least resources? And what do we need to do to promote more supportive communities?

Another implication is that, if we are to understand how to create conditions that support families more effectively, we need to know more about the challenges that contemporary life poses. This is the question addressed in the next section.

3. THE CHALLENGE – 'JOINED-UP' PROBLEMS

One of the rallying cries for government reform in recent years has been the notion of 'joined up solutions for joined up problems'. In this section, we will examine several complementary frameworks or ways of understanding the nature of the 'joined-up' problems that face us and how these can best be addressed. These are:

- Social complexity or interconnectedness
- Tame and 'wicked' problems
- Simple, complicated and complex problems
- Complex adaptive systems and emergent complexity

3.1 Social complexity and interconnectedness

One of the key features of the social changes that have occurred is that society has become more complex and interconnected (Mulgan, 1997). This interconnectedness is a product of many factors, including the globalisation of trade and ideas made possible by developments in transport and communication technologies, and the greater density and diversity of populations resulting from population growth and movements.

One effect of this increased interconnectedness is to alter the nature of people's relations with others: 'The societal drift today favours interdependence. We are able to connect in forms – and at speeds – that our forbearers could never have imagined.' (Blau & Fingerman, 2009). Another effect is that it changes the nature of major social and health problems that are facing contemporary societies. Reference has already been made to the difficulties we are having in preventing and managing child abuse and neglect. A similar story emerges when we look at the kinds of health problems that are prevalent, and the difficulties that the health system has in preventing and treating these.

As Halfon et al. (2010) note, we have become much more aware of the life-course impact of social factors on health.

> There is overwhelming evidence that social factors have profound influences on health. Children are particularly sensitive to social determinants, especially in the early years. Life course models view health as a developmental process, the product of multiple gene and environment interactions. Adverse early social exposures become programmed into biological systems, setting off chains of risk that can result in chronic illness in mid-life and beyond. Positive health-promoting influences can set in motion a more virtuous and health-affirming cycle, leading to more optimal health trajectories.

Because of the changes in our social environments, the nature of the main health problems facing us today has changed. There has been a shift in the balance of acute and chronic health conditions with a growing prevalence of chronic conditions (World Health Organisation, 2005). These are conditions that require ongoing

management over a period of years or decades, and include diabetes, heart disease, asthma, cancer, depression, and physical disabilities. There are many other chronic conditions, but the one feature that unites them all is that they typically affect the social, psychological and economic dimensions of a person's life. Another key feature is that the determinants of chronic conditions are complex, being both multifactoral and multisectoral (WHO, 2005). This is summed up by Kearns et al. (2007) thus:

> The rising tide of 21st century public health problems, such as obesity, cardiovascular disease and depression, are different to past problems that could be directly attributed to infectious agents, toxic chemicals, poor industrial design and a lack of effective environmental management. The new diseases of urban living arise more from the complex way we now live, eat, travel, build, play and work in urban environments, rather than from any single agency. Our health is now an expression of a complex web of interactions that have not been previously faced during human evolution and these interactions are more subtle and indirect in their action.

The major health challenges we now face are what Palfrey et al. (2005) call 'diseases of the bioenvironmental interface', products of the interaction between our biology and our complex environments. The most dramatic illustration of this phenomenon is the obesity epidemic (Chopra, 2010; Egger & Swinburn, 2010; Lobstein et al., 2010; Maziak et al., 2007). This is best understood not as the outcome of individual greed or lack of discipline (an 'unnatural response to a natural environment') but as the outcome of an 'obesogenic' environment (and hence a 'natural response to an unnatural environment')(Egger & Swinburn, 2010). An obesogenic environment is one that promotes obesity through the combined effects of a range of factors, including ready access to energy-dense but nutrient-poor processed foods and reduced levels of exercise (Swinburn et al., 1999). Efforts to reduce levels of childhood obesity through interventions aimed at the individual level have not proved very successful so far (Crowle & Turner, 2010; Maziak et al., 2007) and need to be complemented by efforts to moderate the physical, social and economic environmental factors promoting obesity (Delpeuch et al., 2009; Maziak et al., 2007).

3.2 Tame and 'wicked' problems

The Australian Public Service Commission (2007) notes that many of the most pressing policy challenges involve dealing with very complex or 'wicked' problems. These problems share a range of characteristics—they go beyond the capacity of any one organisation to understand and respond to, and there is often disagreement about the causes of the problems and the best way to tackle them. The term 'wicked' problems' is used in social planning to describe problems that are difficult or impossible to solve because of incomplete, contradictory, and changing requirements that are often difficult to recognize (Rittel & Webber, 1973). 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. They 'cross departmental boundaries and resist the solutions that are readily available through the action of

one agency' (Bradford, 2005). Wicked problems are contrasted with 'tame' problems where the problems are well understood and the solutions known (Conklin, 2006; Wexler, 2009).

Weber and Khademian (2008) identify three main features of wicked problems:

- First, they are unstructured. This means that causes and effects are extremely difficult to identify and model, thus adding complexity and uncertainty and engendering a high degree of conflict because there is little consensus on the problem or the solution.
- Second, they include multiple, overlapping, interconnected subsets of problems that cut across multiple policy domains and levels of government. Wicked problems, in other words, cut across hierarchy and authority structures within and between organizations and across policy domains, political and administrative jurisdictions, and political "group" interests.
- Third, wicked problems are relentless. The problems are not going to be solved once and for all despite all the best intentions and resources directed at the problem, and efforts to solve the wicked problem will have consequences for other policy arenas as well.

The challenges posed by wicked problems are compounded by social complexity (Conklin, 2006). Social complexity is a function of the number and diversity of players who are involved in a project. The more parties involved in a collaboration, the more socially complex it is.

An example of a contemporary social problem that is both complex and wicked is social exclusion:

> 'Social exclusion is a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health, poverty and family breakdown. In the past, governments have had policies that tried to deal with each of these problems individually, but have been less successful at tackling the complicated links between them, or preventing them arising in the first place.'(UK Social Inclusion Unit)

Tackling social exclusion in childhood is also important because of its longer-term consequences. There are important continuities between disadvantages in childhood and a range of adverse outcomes in adulthood (Buchanan, 2007).

Child protection is another of the classic 'wicked problems' (Devaney & Spratt, 2009; O'Donnell et al., 2008; Scott, 2006). Locked into reactive models of service delivery and overwhelmed by the growing volume of work, child protection systems everywhere are in a state of perpetual crisis. Most current child protection systems in Australia are not effective in reducing family and community vulnerability to child abuse and neglect, and are even potentially harmful (O'Donnell et al., 2008; Scott, 2006). They are also costly and cannot be sustained in terms of workforce capacity.

As a result, we will always need to spend money to address the result of maltreatment.

Other examples of 'wicked problems' include

- Climate change (Australian Public Services Commission, 2007; Head, 2008)
- Land degradation (Australian Public Services Commission, 2007)
- Indigenous disadvantage (Australian Public Services Commission, 2007; Head, 2008; Hunter, 2007)
- Health inequalities (Blackman et al., 2006)
- Mental health problems in young people (Hickie, 2011)
- Poverty (Fogel et al., 2008)
- Obesity (Australian Public Services Commission, 2007; Egger & Swinburn, 2010)
- Providing services to rural and remote areas (Humphreys et al., 2009)

Addressing wicked problems requires new strategies. Head (2008) notes that standard public management responses to 'wicked problems' (such as markets, outsourcing, regulatory prescription) seem to be inadequate. New process responses (such as joined-up government, cross-sectoral collaboration, mediation and conflict reduction processes) are increasingly being tested. We appear to require some new approaches for addressing the multiple causes of problems, opening up new insights about productive pathways for better solutions, and thus gaining broad stakeholder acceptance of shared strategies.

On the basis of an overview of the state of knowledge regarding the development of mental health problems in young people, Hickie (2011) comes to a similar conclusion:

> The changing world in which young people exist will have multiple positive and negative effects on the ways in which brain development, education, socialization and health care-seeking behaviour may develop. ... We are now well beyond simplistic lists of genetic, developmental or social risk factors or similar simple lists of available population health, clinical or health system interventions. We need active responses to these issues, and particularly new paradigms for population health program development and evaluation, inclusive and relevant clinical trials, and health system development and evaluation.

According to the Australian Public Service Commission (2007) notes, part of the solution to wicked problems involves changing the behaviour of groups of citizens or all citizens. Other key ingredients in solving or at least managing complex policy problems include successfully working across both internal and external organisational boundaries and engaging citizens and stakeholders in policy making and implementation. Wicked problems require innovative, comprehensive solutions that can be modified in the light of experience and on-the-ground feedback. All of the above can pose challenges to traditional approaches to policy making and program implementation. It suggests that there is a need for major cultural and operational changes in the way senior managers and political leaders undertake

their work, and the ways in which agencies relate to stakeholders and the wider community.

However, as Conklin (2006) points out, one common way of tackling a wicked problem is to attempt to tame it: instead of dealing with the full wickedness of the problem, one simplifies it in various ways to make it more manageable. However, attempting to tame a wicked problem, while appealing in the short run, fails in the long run. The wicked problem simply reasserts itself, perhaps in a different guise, as if nothing had been done. Sometimes the tame solution actually exacerbates the problem.

Conklin (2006) argues that the key to effective approaches to tackling wicked problems is creating a shared understanding between the stakeholders about the problem, and shared commitment to the possible solutions. Having a shared understanding does not necessarily mean that there is complete agreement about the nature of the problem, but that the stakeholders understand each other's positions well enough to have intelligent dialogue about the different interpretations of the problem, and to exercise collective intelligence about how to solve it. 'Because of social complexity, solving a wicked problem is *fundamentally a social process*. Having a few brilliant people or the latest project management technology is no longer sufficient' (Conklin, 2006).

3.3 Simple, complicated and complex problems

Another framework that is helpful in understanding 'joined-up' problems is the distinction that has been made between problems that are simple, complicated or complex (Funnell & Rogers, 2011; Glouberman & Zimmerman, 2002; Patton, 2011; Westley et al., 2007):

- *Simple problems*. Baking a cake is a simple problem. It involves following a recipe that has been tested for easy replication, it does not require particular expertise (but cooking expertise increases success rate), it produces standardised products with the best recipes giving good results every time, and there is a high degree of certainty of outcome.
- *Complicated problems.* Sending a rocket to the moon is a complicated problem. It involves precise formulae, high levels of expertise and a wide range of skills. However, there is a high probability of success, because rockets are similar in critical ways, and sending one rocket increases the likelihood that subsequent attempts will also be successful.
- *Complex problems*. Raising a child is a complex problem. There is no recipe or precise formulae, and raising one child provides experience but no assurance of success with the next. Expertise can contribute but is neither necessary nor sufficient to assure success. Every child is unique and must be understood as an individual, and the ultimate outcome remains uncertain.

These three types of problems differ in the extent to which cause and effect is or can be known (Patton, 2011):

> In simple situations cause and effect is known so interventions and their consequences are highly predictable and controllable. In complicated situations cause and effect is knowable as patterns are established through research and observations over time, but the many variables involved make prediction and control more precarious. In complex situations, cause and effect is unknown *and* unknowable until after the effect has emerged, at which point some retrospective tracing and patterning may be possible.

Another typology for describing simple, complicated and complex problems is the Cynefin framework developed by Snowden and colleagues (Kurtz & Snowden, 2003; Snowden, 2000, 2002, 2005; Snowden & Boone, 2007). This a model used to describe problems, situations and systems. It has five domains. The first four domains are:

- *Simple*, in which the relationship between cause and effect is obvious to all, the approach is to *Sense - Categorise - Respond* and we can apply *best* practice.
- *Complicated*, in which the relationship between cause and effect requires analysis or some other form of investigation and/or the application of expert knowledge, the approach is to *Sense - Analyze - Respond* and we can apply *good* practice.
- *Complex*, in which the relationship between cause and effect can only be perceived in retrospect, but not in advance, the approach is to *Probe - Sense - Respond* and we can sense *emergent* practice.
- *Chaotic*, in which there is no relationship between cause and effect at systems level, the approach is to *Act - Sense - Respond* and we can discover *novel* practice.

The fifth domain is *Disorder*, which is the state of not knowing what type of causality exists, in which state people will revert to their own comfort zone in making a decision.

Both of these typologies can be used to understand the kinds of problems faced by parents and services. Some of the problems that parents of young children face are simple problems – both the cause and the remedy are well known, they can be dealt with by generalist service providers and there is a high likelihood that the problem will be resolved. Other problems are complicated – they require more careful diagnosis, greater expertise, and specialist service providers, but there is still a high likelihood that the problem can be resolved if all procedures are followed correctly. Still other problems faced by parents are complex – it is not clear what the cause is (although it is likely to be multifactorial) or what the best course of action is, and strategies that work in one case will not necessarily work in another.

Many of the systemic problems facing services and service systems are also complex. Recognising this has implications for how we approach such problems.

3.4 Complex adaptive systems and emergent complexity

Another way of viewing 'joined-up' problems, particularly helpful in understanding the dynamics of complex systems (such as service networks or communities), is as complex adaptive systems (Edgren, 2008; Holden, 2005; McDaniel et al., 2009). This notion, borrowed from the physical sciences, views service networks as constantly changing living organisms rather than as machines. Holden (2005) defines a complex adaptive system as 'a collection of individual agents with freedom to act in ways that are not always totally predictable and whose actions are interconnected.' The term 'complex' emphasizes that the necessary competence to perform a task is not owned by any one part, but comes as a result of co-operation within the system, while 'adaptive' means that system change occurs through successive adaptations (Edgren, 2008). Examples of complex adaptive systems include termite colonies, the human immune defence system, and the financial market.

One of the key characteristics of complex adaptive systems is emergent complexity or self-organisation (Moore, 2004; Watts, 2003). This is a process whereby patterns of behaviour emerge from numerous interactions among the lower-level components of the system, ie. collective behaviour patterns emerge from interactions between individuals behaving in diverse ways. Such emergent behaviour patterns arise without any top-down planning or directive from a higher intelligence or power. Instead, complex group behaviours arise out of the interaction between relatively simple elements following simple rules and paying attention to their neighbours. Such decentralised systems rely extensively on feedback, for both growth and self-regulation, and constantly evolve and adapt to their environments. In terms of social behaviour, examples of emergent behaviours range from the trivial and ephemeral (the adoption of new speech patterns or buzz words) to the more significant and long-lasting (such as the decline in the birth rate).

The significance of this phenomenon is that patterns of behaviour will always emerge in unexpected ways from the interactions between members of a community or between service providers in a service network or system. These behaviours cannot be predicted or dictated. Among other implications, this means that, in working with complex adaptive systems – whether networks of services or communities of families – the traditional top-down way of managing is inappropriate:

> 'Interventions in complex adaptive systems require careful consideration and planning, but of a different kind than in mechanistic systems. It is more important to understand local conditions and to be aware of the uncertainty and feedback that accompanies any intervention' (Glouberman & Zimmerman, 2000).

Attempts to direct or promote certain behaviours are always likely to being subverted by emergent behavioural patterns. In monitoring the effects of complex adaptive systems, we should expect change, capitalise on serendipity, and use an

'act-then-look' mind set (McDaniel et al., 2009). The 'act-then-look' approach – what Peters (1996) calls 'ready-fire-aim' and Snowden and colleagues (eg. Snowden & Boone, 2007) call 'probe-sense-respond' – is based on the recognition that, when faced with complex problems, we cannot know beforehand what intervention or strategy is best, or what the effects of a particular intervention will be. Therefore, we need to try an intervention, then monitor its effects closely, then readjust our sights.

3.5 Summary and implications

This section has focused on different frameworks for understanding the nature of the 'joined up problems' that face our society. The four frameworks examined - social complexity or interconnectedness; tame and 'wicked' problems; simple, complicated and complex problems; and complex adaptive systems and emergent complexity – offer complementary ways of understanding the challenges we face. The overall message is that we now live in a densely interconnected society and are facing a number of major social challenges that are the product of the interactions between a wide range of physical, social, economic and demographic factors.

What are the implications of this analysis? One is that we need to recognise that many of the problems policy makers and services face are complex and that interventions to address them will need to be multilevel, capable of addressing the needs of children, families and communities, as well as the circumstances under which families are raising young children.

Another implication is that we need to focus on the underlying conditions that produce problems rather than only seeking to remedy presenting problems. Attempting to tame 'wicked' problems by addressing the behavioural symptoms will not lead to long-term solutions. For example, as well as providing parenting programs for those who are struggling with parenting, we also need to ask why these parents are having problems with parenting at all, and seek to reduce the underlying conditions that have compromised their parenting capacities.

A third implication is that, 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 monitor the outcomes closely and be ready to change course if they are not. The strategy should be *ready-fire-aim* (or *act-then-look* or *probe-sense-respond*) rather than *ready-aim-fire*.

In the next section, we look at the other element of the 'joined up solutions for joined up problems' catchcry and explore what we know about how to meet the challenges posed by 'wicked' or complex problems.

4. MEETING THE CHALLENGE – 'JOINED UP' SOLUTIONS

As noted earlier, efforts to reform the way governments do business have been driven by calls for 'joined up solutions to joined up problems'. As we have seen, the social challenges facing us are 'joined up' in the sense of being the product of a web of densely interconnected physical, social and economic factors. Efforts to address individual health or social problems through the traditional services and forms of intervention are not proving successful, hence the push for 'joined up' approaches, linking the efforts of different service sectors and departments and tackling social problems at multiple levels simultaneously.

4.1 What to change – the Platforms model

In Victoria, the Centre for Community Child Health has been working for the past decade on understanding the factors that affect child development, and has developed a model of what needs to be done to improve outcomes for children and to support their families more effectively (CCCH, 2010). This model proposes that action is needed on three fronts simultaneously: building more supportive communities, creating a better coordinated and more effective service system, and improving the interface between communities and services (Moore, 2008). Within each of these spheres of action, we can identify a number of strategies or interventions. Each intervention is based on evidence that the issue addressed is of importance for child development and/or family functioning, and that the intervention itself is backed by research evidence and/or strong program logic.

The three spheres of action are briefly outlined below.

1. ***Building more supportive communities.*** As a result of the pervasive economic, social and demographic changes that have occurred over the past few decades, there has been a partial erosion of traditional family and neighbourhood support networks. This has left many parents of young children with relatively poor social support networks and therefore more vulnerable. There are a number of general strategies for addressing this problem, including providing multiple opportunities for families of young children to meet, ensuring that streets are safe and easily navigable, and ensuring that there is an efficient and affordable local transport system that gives families ready access to services and to places where they meet other families.

2. ***Creating a better co-ordinated and more effective service system.*** In the light of the difficulties that services have in meeting all the needs of all families effectively, the service system needs to become better integrated so as to be able to meet the multiple needs of families in a more seamless way. This involves three interlinked elements: building a strong universal service system, backed by a well-integrated tiered system of universal, secondary and tertiary services, strengthening direct services to children, and strengthening support services to families. There are a number of specific interventions within each of these elements.

3. ***Improving the interface between communities and services.*** The existing service systems are unable to respond promptly to the emerging needs of all parents and communities, partly because of the lack of effective channels of communication. For service systems to become more responsive, improved forms of dialogue between communities and services are needed. This needs to occur at all levels, involving service providers in their dealings with individual families, agencies with their client groups, and service systems with whole communities. Specific interventions include providing staff with training in family engagement and relationship-building skills, employing community links workers to build relationships with marginalised and vulnerable families, and creating opportunities for parents to be actively involved in the planning, delivery and evaluation of the services and facilities they use.

Each of these interventions needs to be included in a comprehensive local plan to address the needs of young children and their families in a particular community. None of the individual interventions on its own will make a significant and sustainable difference to child and family outcomes; they only do so in concert with other forms of action.

The next two sections explore the first two of these spheres of action in more detail.

4.2 Building more supportive communities

Earlier sections in this paper have addressed the dramatic social changes that we have experienced over the past few decades and the impact these have had on communities. In this section, we explore what can be done to promote more supportive communities for families of young children. This is a relatively neglected area. As Barraket (2004) notes, while one of the driving rationales behind the current rhetoric of community building is the importance of finding joined-up solutions to joined-up problems, there is much less emphasis on developing 'joined-up communities'.

As we have seen, there is a concern that the social changes that have occurred have fragmented communities to such an extent that many people feel that they do not belong anywhere and are falling through the cracks – with few links to other people in the community and limited contact with services that could support them. Going back is not an option.

> Australians cannot expect to revert to a form of society in which most people live wholly within self-contained, geographically defined communities. Rather, people will continue to experience community in diverse and fragmented ways. This fragmented experience of community will be satisfactory for many people, as long as there are some stable bonding relationships or other ways of providing personal support when the need arises. (Hughes et al., 2007)

The question is, how can we ensure that all families with young children develop such relationships and personal support networks? Is it reasonable to expect them to do so on their own, as Hughes et al. (2007) suggest?

> 'Community' and 'belonging' are now things each individual has to create. People are no longer born into a community that necessarily acknowledges and cares for them. In a world of fragmented communities individuals must find their own fragments, make their own connections, develop their own supportive networks.

The evidence would suggest that vulnerable families lack the resources to do this. While it may not be possible to create communities that are totally cohesive and inclusive, we can (and should) aim to promote supportive social networks and responsive service systems specifically for families of young children, rather than leaving them to find their own way. Jack and Jordan (1999) present evidence that children's welfare and family functioning are crucially dependent upon the social support available within local communities. They argue that building social capital in poor communities is a more effective way of promoting children's welfare than focusing on formal child protection and family support services and efforts to increase parenting skills and responsibilities.

Efforts to build more supportive communities are an example of what is generally called *community development* or *community building*. Community development is a strategy to tackle social problems that engages community members so that they can develop 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. Some community building initiatives have a very broad focus, addressing issues such as economic regeneration, health and social development and housing. Others have a narrower focus, addressing the needs of subgroups such as families of young children.

What strategies are known to be effective in achieving this? What should we be doing?
Various summaries of the lessons learned from community development initiatives are available, including Beresford & Hoban (2005), Hughes et al. (2007), Katz (2007), Moore (2004), Mugford & Rohan-Jones (2006), Vinson (2009a) and Wiseman (2006).

According to Wiseman (2006), community strengthening strategies involve supporting and investing in:

- Community engagement processes enabling citizens to identify and agree on community concerns, goals, priority actions and indicators of progress.
- Partnership initiatives linking local communities with public, private and civil society agencies and organizations.

- Physical infrastructure designed to strengthen local networks (eg, meeting places; cultural, sporting and recreation facilities; transport and communication links).
- Improving the capacities of local community organisations and networks through information sharing, training and leadership development programs.

On the basis of an examination of the literature on complexity theory and on social support, Moore (2004) drew the following implications regarding how best to support young children and their families in community settings:

- Complexity theory suggests that *communities are capable of determining their own collective needs under certain conditions.* Since it is preferable for communities to determine their own needs, we should seek to create those conditions.
- One of the conditions is that *there needs to be a critical mass of community members having frequent contact with one another*. Parents need a threshold level of contact with others, not too many and not too few. A threshold level of regular contact with others is also necessary of a wider consensus is to emerge, eg. about how to bring up children, or about what services families need.
- Both complexity theory and social support evidence suggest that *parents need lots of opportunities for random encounters with other parents of young children*. Even seeing other parents and children in the street or in shopping centres involves an exchange of information − parents take note of how other parents are behaving towards their children, where they are going, how the children are dressed. All of this provides the parent with a rich array of examples with which to compare their own practices, and this helps them be clearer about what sort of parent they want to be.
- To facilitate such encounters, *we need urban environments that are easy to navigate and that provide lots of opportunities for random encounters between people in the community.* In the terms used by urban planners, we need environments that a high in connectivity, permeability and accessibility.
- Both complexity theory and social support evidence also suggest that *parents and children need regular opportunities to interact with other parents and young children.* These interactions could take place in many settings, including Maternal and Child Health centres (eg. first-time mothers' groups) and playgroups, as well as swimming pools, libraries and shopping centres.
- To facilitate such interactions, we need to ensure that *all families have easy access to family-friendly settings where they can meet other families and also access the services they need.* These settings should be pleasant places that both parents and children look forward to visiting. Where such settings do not exist, we should be exploring how to establish them.
- The social support literature shows suggests that *all families benefit from having positive personal support networks and should be helped to find such support when it is lacking.* However, we need to recognise that personal support

networks are, by definition, personal, and therefore cannot be arranged or determined by professionals. All professionals can do is create the conditions under which such networks can develop. Among other things, this would involve doing what is suggested above - providing parents of young children with multiple opportunities to meet other parents of young children, and creating places where they can do so.

What do we know about the most effective ways of engaging and strengthening communities? According to Katz (2007), the key principles behind community development approaches are as follows:

- Start from communities' own needs and priorities rather than those dictated from outside;
- On tap not on top: giving leadership to people in the community and acting as a resource to them;
- Work with people; don't do things to or for them;
- Help people to recognise and value their own skills, knowledge and expertise as well as opening up access to outsider resources and experience;
- Encourage people to work collectively, not individually, so that they can gain confidence and strength from each other (although this experience often benefits individuals as well);
- Encourage community leaders to be accountable, and to ensure that as many people as possible are informed and given the opportunity to participate;
- Recognise that people often learn most effectively by doing – opportunities for learning and training are built into everyday working;
- Support people to participate in making the decisions which affect them and work with decision-makers to open up opportunities for them to do so;
- Promote social justice and mutual respect.

A common theme in these and other accounts of best community building practices is that they should build on community strengths and seek to make communities stronger. For instance, Vinson (2009a) suggests that effective interventions with the most disadvantaged localities are based on one fundamental principle: in order for services and infrastructural 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. 'Strengthen' in this context includes building 'collective efficacy' by developing connections and trust between people and between organisations; developing the confidence and ability to identify ways of promoting the common good; and securing the resources, internal and external, needed to pursue them.

Various guides and tools have been developed to support the process of building more supportive and stronger communities. For instance, as part of its Platforms Service Redevelopment Framework (CCCH, 2010), the Centre for Community Child

Health has developed a *Guide to Community Engagement* that describes a seven-step process that an early years partnership group can use to plan, organise and deliver community-based initiatives to support young children and their families.

4.3 Integrating services

Many governments have attempted to create more cohesive and comprehensive policies and service systems through what are known in the UK as 'cross-cutting' approaches. These are based on the recognition that many of the most challenging social problems can only be addressed by initiatives that cut across departmental boundaries. As the State Services Authority (2007a) has noted,

> Better collaboration and integration across government is a priority for governments in Australia and overseas. Traditionally, governments have been organised with vertical structures, aligned to delivery of particular services such as hospitals or schools. These provide efficiency, clear lines of accountability and concentration of specialist knowledge. However vertical structures are not well equipped to deal with many contemporary public policy issues which require cross portfolio action such as climate change and social disadvantage.

Hence the push for 'joined up' government approaches. The State Services Authority (2007b) defines joined up government as 'working collaboratively across departments, portfolios or levels of government to address complex issues which cross individual agency boundaries'. In pursuing joined up government, the focus is to better integrate and coordinate government policy and service delivery to achieve common goals and respond to an identified high priority issue or need within the community. Joined up government is a means to an end, not an end to itself. Ultimately, the benefit of joined up government is to improve outcomes for citizens (State Services Authority, 2007b).

There is no quick fix for dealing with complex or 'wicked' social policy problems, but most of the literature advocates a collaborative approach. In its discussion of this issue, the Australian Public Services Commission (2007) draws on the work of Professor Nancy Roberts who suggests that there are three possible strategies:

- *Authoritative strategies.* These give the problem to some group (or an individual), who take on the problem-solving process while others agree to abide by its decisions. Identification of this small set of stakeholders may rest on their knowledge and expertise, organisational position in the hierarchy, information or coercive power.
- *Competitive strategies.* Central to the pursuit of such strategies is the search for power, influence and market share—stakeholders following this strategy generally assume a win-lose outcome. The competitive federalism of the Australian system can result in this approach, for example, when the States compete for foreign and local investment.

- *Collaborative strategies.* These are supported by the bulk of the literature (including by Professor Roberts) as being the most effective in dealing with wicked problems that have many stakeholders amongst whom power is dispersed. At the core of collaboration is a win-win view of problem-solving.

There are four levels at which integration of services and service systems needs to occur:

- ***Government/policy integration*** is based on the recognition that the wellbeing of children is not the responsibility of any one department. At this level, policy and planning are integrated across government portfolios, departments and agencies. The evidence regarding efforts to improve collaboration at a whole of government level suggests that it is not easy to achieve, needing political will and ongoing high level commitment to have a chance of succeeding.

- ***Regional and local planning integration*** involves the establishment of an early years partnership group to drive local integration. Strategies include mapping community assets and needs; developing an integration plan; and simplifying parental access to services through single entry points. An important focus is the linking of specialist services with mainstream or universal services. These partnerships can be thought of as a particular form of *network governance*, a form of governing that is based on a mode of organisation that is cooperative, rather than competitive (as in markets) or hierarchical (as in bureaucracies)(Lewis, 2010).

- ***Service delivery integration*** can take the form of 'virtual' or co-located integration. Different forms of service level integration fall along a five-point continuum ranging from coexistence (where services operate independently) to full integration (where services merge completely to form a new entity). Studies of initiatives designed to increase the degree of collaboration, such as Victoria's Primary Care Partnership (PCP) strategy (Australian Institute for Primary Care, 2003, 2005; KPMG, 2005; Walker, Bisset & Adam, 2007), show that they produce significant integration within the primary health care system, improved coordination of services and more positive experiences for consumers with the health system. When successfully implemented, such service coordination delivers benefits to agencies, practitioners and consumers.

  One particular form of service coordination that is being adopted widely is the ***children's centre model***. A recent review of the literature regarding this model (Centre for Community Child Health, 2008) found that there was no single model that has become accepted as the best model for a children's centre. What models that do exist are not well enough documented to be 'transportable', ie. applied in other sites. Most Australian examples of children's centres are recently established or still in the development stage.

  In children's centres, services are usually co-located. Co-location of services does not guarantee better coordination of services: agencies can work from the same premises and have little or nothing to do with each other. Conversely, it is

possible to have much higher levels of collaboration between services that are not co-located. Nevertheless, the evidence clearly suggests that co-location can facilitate better linkages between services.

Service integration has also taken the form of ***extended school models***. Essentially these models represents a move away from schools operating as stand-alone institutions focusing solely on education, to the provision of a full suite of integrated services from a school site to help meet the broader needs of children, families and the broader community. The services and partnerships offered within extended school models are varied and informed by the local school and community context. Examples of extended school models are provided in section 6.1 of this paper.

- ***Teamwork integration*** requires professionals to work in teams with members of different disciplines. Types of team integration range from unidisciplinary teamwork (where one discipline attempts to meet all the needs of families) to transdisciplinary teamwork (where team members share roles and cross discipline boundaries).

At all these levels, successful integration or joining up of services depend upon building partnerships. Lewis (2010) distinguishes between two forms of partnership: those that focus on service coordination (partnerships between service providers with consumer/ community input) and those that are about community building (government-community partnerships).This distinction corresponds to two aspects of the Platforms framework described earlier − the service integration platform and the community building framework.

According to Lewis (2010), the features of effective community partnerships are:

- All core partners should be central and connected
- Network brokers should be in very central positions
- The funding agency should not be the most central actor
- Over time, as people enter and exit, brokers and the core agencies should remain central
- Redundancy should be high so that removing a small number of actors would not fragment the network
- The connections with others should be positively valued by the actors in the network, and used to achieve things that could not be achieved alone
- The partnerships should be sustainable over the longer term either with continuing funding or alternative ongoing brokerage and steering arrangements.

Have efforts to create joined-up systems been successful? A number of reviews of initiatives to create more integrated services and service systems have been conducted (eg. Centre for Community Child Health, 2008; Moore & Skinner, 2010; Press et al., 2010; Siraj-Blatchford & Siraj-Blatchford, 2009). As summarized by Moore and Skinner (2010), the key findings include the following:

- While partnership working is widely assumed to be a good thing, it can be difficult to put into practice successfully - it requires careful planning, commitment and enthusiasm on the part of partners, the overcoming of organisational, structural and cultural barriers and the development of new skills and ways of working.
- There is confusion among policy makers, service providers and consumers as to what integrated service delivery is intended to achieve and what it means in practice. The current guidance and terminology associated with integrated service provision needs greater clarity.
- The *quality* rather than the *type* of integration is what matters in terms of improving outcomes. Therefore, it is important to develop a clear, shared understanding of what is meant mean by 'quality' in integrated delivery of early years services and to ensure that services adopt agreed quality standards.
- Effective integrated working is principally based on the personal relationships that are established between workers. While these may be effective in the short run, they may not be sustainable.

While efforts to integrate service systems are proving challenging, some valuable lessons have been learned about the conditions required for successful integration. Reviews of integrated service delivery (Atkinson et al., 2005; Johnson et al., 2003; McGregor et al., 2003; Pope & Lewis, 2008; Siraj-Blatchford & Siraj-Blatchford, 2009; Sloper, 2004; Toronto First Duty, 2008; Valentine et al, 2007) have identified a number of factors that promote or hinder successful multi-agency collaboration (see Moore and Skinner, 2010, for a summary).

Are these efforts to integrate services benefitting children and families? Reviews of the research literature (Centre for Community Child Health, 2008; Fine et al., 2005; Lord et al., 2008; Siraj-Blatchford & Siraj-Blatchford, 2009; Valentine et al., 2007) indicate that, while research evidence is still limited, integrated service delivery can have positive benefits for children, families and professionals. As summarized by Moore and Skinner (2010), the key findings are as follows:

- Although it is not possible to use the most rigorous research methods to measure outcomes of integrated services, there is indirect evidence that multi-agency coordination initiatives can have benefits for children, families and professionals. The evaluations of Sure Start in the UK found some modest benefits for children living in areas where a Sure Start Local Program (usually involving an integrated child and family service hub) operated when compared with children living in similar areas that did not have a service hub. The children showed better social development, exhibiting more positive social behaviour and greater independence / self-regulation than their non-SSLP counterparts. Evaluations of the Toronto First Duty program in Canada also found benefits for the children (they benefited socially and developed pre-academic skills).
- There is also evidence that families benefit. Positive outcomes include better flow of resources, supports, and services, parent satisfaction with provision of

needed services, improved well-being and quality of life, and reducing the impact of social isolation.

- Service integration only benefits children and families if it results in higher quality intervention.
- The quality of care services for children is the central and most consistent factor that determines the effects of those services on children. There is evidence that the program quality is higher in integrated programs than in non-integrated programs.
- There is also evidence that integrated service models have benefits for service providers and encourage collaborative practice between service providers.

4.4 Challenges in addressing complex and 'wicked' problems

Will 'joined up' solutions in the form of integrated services and service systems be sufficient in addressing complex and 'wicked' problems? Most government and other initiatives to address such problems have focused on the service system, seeing integration of services as key step towards improving access to services and therefore improving outcomes. Such initiatives are unlikely to make substantial and sustainable differences on their own. As argued by CCCH (2009), they need to be complemented by efforts to build more supportive communities and to improve the interface between the service system and the community.

Analyses of wholesale efforts to address complex and 'wicked' problems (eg. Buchanan, 2007; Keast & Brown, 2006) suggest that limited progress has been made so far. Buchanan (2007) analysed the impact of recent government policy on vulnerable families and children in need in the UK. A central focus of social exclusion policy has been to find joined-up solutions for joined-up problems and this is particularly relevant when considering vulnerable families and children in need. Her analysis shows that although progress has been made, there are still major areas of concern.

According to Keast and Brown (2006), governments have lost faith in the capacity of both the state and market models of service delivery to address the ongoing complex social problems confronting societies. As an alternative, they have begun to experiment with new and innovative 'ways of working' based on stronger horizontal relationships to better deliver seamless services to vulnerable client groups. Keast and Brown's analysis of this approach suggests that, although there is evidence of a shift to more relationship-oriented models of operation, both community and government sectors have found it difficult to adjust to these new ways of working. Community has begun the shift to this new relational approach but has found it difficult to sustain the momentum and has tended to revert to more independent and competitive modes. Governments have found it difficult to make the necessary adjustments to power-sharing and resource allocation and continue to operate as 'business as usual' through the traditional bureaucratic authority of command and control. Thus, the rhetoric of collaboration and partnership between government and the community sector is not necessarily matched by appropriate policy and action, although these experiments in service

delivery have opened the way for adopting more innovative and effective approaches to service delivery.

The Australian Public Service Commission (2007) suggests that new processes and thinking are required to address complex or 'wicked' problems, and outlines several strategies or techniques that could be used:

- *The ability to work across agency boundaries* — as wicked problems do not conform to the constraints of organisations there is a need to work across agency boundaries.
- Increasing understanding and stimulating a debate on the appropriate *accountability framework*—existing frameworks may constrain attempts to resolve wicked problems.
- *Effectively engaging stakeholders and citizens in understanding the problem and in identifying possible solutions* — there is a need to understand the full dimensions of each situation through engaging with relevant stakeholders. Behavioural changes, the report suggests, are more likely if there is a full understanding of the issues by stakeholders.
- *Additional core skills* — develop skills in communication, big picture thinking and influencing skills and the ability to work cooperatively.
- *A better understanding of behavioural change by policy makers* — although the traditional ways by which governments change citizens' behaviour will still be important (eg. legislation, regulation, penalties, taxes and subsidies), such practices may need to be supplemented with other behaviour-changing tools that better engage people in cooperative behavioural change.
- *A comprehensive focus and/or strategy*— as wicked problems have multiple causes they require sustained effort and resources.
- *Tolerating uncertainty and accepting the need for a long-term focus* — solutions to wicked problems are provisional and uncertain, and this fact needs to be accepted by public managers and Ministers. There are no quick fixes and solutions may need further policy change or adjustment.

One of the challenges in addressing complex or 'wicked' problems has been that it has become increasingly apparent that theoretically driven, individual level interventions do not produce sustainable results. Instead, one needs to appreciate the local context and culture of the community where the intervention is intended, and work with (rather than in) the community in order to achieve relevant and sustainable change (Schensul and Trickett, 2009). Rather than relying upon single-level interventions, Ellis (1998) argues that, to be effective, comprehensive prevention programming must be *multi-factor* (addressing all risk, need, and protective factors in the environment), *multisystem* (addressing the factors that exist in every social system with which people interact), and *multi-level* (for linkage to services to occur on the individual level, those services must exist on a macro level). According to Trickett and Schensul (2009), multilevel interventions are based on the assumption that sociocultural systems are dynamic, and that in order

to bring about structural, social and individual level change, it is important to intervene at multiple levels concurrently. All multilevel interventions take the position 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. The power of multilevel interventions is increased when they are both community-based and culturally situated.

4.5 Summary and implications

In this section we have looked at 'joined up solutions', what we know about how to meet the challenges posed by 'wicked' or complex problems. In the model developed by the Centre for Community Child Health (CCCH, 2010), action is needed on three fronts simultaneously: building more supportive communities, creating a better coordinated and more effective service system, and improving the interface between communities and services. The need to build more supportive communities arises from the evidence that communities have become more fragmented and less supportive, leaving vulnerable families particularly exposed. Such families often lack the resources to build their own social networks, and while it may not be possible to create communities that are totally cohesive and inclusive, we can (and should) aim to promote supportive social networks and responsive service systems specifically for families of young children, rather than leaving them to find their own way.

The need to create a better coordinated and effective service system has been generally acknowledged, and many governments have attempted to create more cohesive and comprehensive policies and service systems through interdepartmental coordination and collaboration. Integration of services and service systems needs to occur at four levels: government/policy level, regional and local planning level, service delivery level, and interdisciplinary teamwork level. At all these levels, successful integration or joining up of services depends upon building partnerships. The evidence suggests that, while partnership working is widely assumed to be a good thing, it can be difficult to put into practice successfully - it requires careful planning, commitment and enthusiasm on the part of partners, the overcoming of organisational, structural and cultural barriers, and the development of new skills and ways of working. While efforts to integrate service systems are proving challenging, some valuable lessons have been learned about the conditions required for successful integration, and there is some evidence that integrated service delivery can have positive benefits for children, families and professionals.

Are 'joined up' solutions in the form of integrated services and service systems sufficient in addressing complex and 'wicked' problems? Most government and other initiatives to address such problems have focused on the service system, seeing integration of services as a key step towards improving access to services and therefore improving outcomes. However, such initiatives are unlikely to make substantial and sustainable differences on their own unless they are complemented by efforts to build more supportive communities and to improve the interface between the service system and the community. Analyses of wholesale efforts to

address complex and 'wicked' problems suggest that limited progress has been made so far. New processes and thinking are required to address such problems: we need a more comprehensive prevention approach that is multi-factorial, multisystemic and multi-level. To do this will require much more than just the integration of formal services.

With this background in mind, we now turn to the central topic of this paper, place-based planning and service delivery. What does a place-based approach involve, and what role can it play in supporting families with young children?

5. PLACE-BASED APPROACHES

One of the general strategies that governments have adopted in seeking to support families and communities more effectively is to use a place-based approach. Exactly what a place-based approach involves is not always clear from the literature, so this section begins with an exploration of definitions and meanings.

5.1 Definitions and meanings

A *place-based approach* is one that seeks to address the collective problems of families and communities at a local level, usually involving a focus on community-strengthening – efforts to strengthen the engagement, connectedness and resilience of local communities (Wiseman, 2006). Other terms include *place-making* or *place management*, which usually refer more to the initiatives focusing on the physical and built environments (Gillen, 2004). In the UK, the term *area-based* is used (Smith, 1999), usually referring to initiatives that target highly disadvantaged areas.

According to Yeboah (2005), place-based health planning

> '…. involves the use of partnerships including local service providers and other private sector agencies, community groups, local, state/regional and national governments and their relevant agencies to develop and deliver health programs and services. … Place based health planning identifies and prioritises local health needs through the collaboration of local community groups and service providers with national public sector agencies to enhance the potential for success. This collaboration enhances the potential for success by improving the articulation of local health needs and the development of localised strategies and programs. In addition, planning for place enhances the sharing of vision, goals and ideas by the groups in the partnership, while the inclusion of relevant or key partners enhances the targeting of programs to the local population needs, although competing interests and conflicts could derail this.'

Yeboah suggests that there are a number of advantages to using such an approach:

- The establishment of local partnerships creates a sense of ownership at the local level and improves participation in the identification of needs and the development and delivery of programs to address them.
- This sense of ownership improves the contribution and willingness of partners to cooperate or collaborate effectively. In other words, local community groups and private and public sector agencies in those communities are usually motivated to contribute to the success of the plan mainly because they are part of, and own, the plan.
- The advantages of place based health planning include the potential for increased efficiency and improved effectiveness, not only in the planning process, but also in the implementation of the plans. This is because the

involvement of the local population and groups could reduce the time usually taken to identify needs and develop plans and programs.

- Another benefit is that health planners develop place based plans with the knowledge that there is community and local support for what they are doing, and that the health plans are likely to be accepted by the community, mainly because the community is involved.

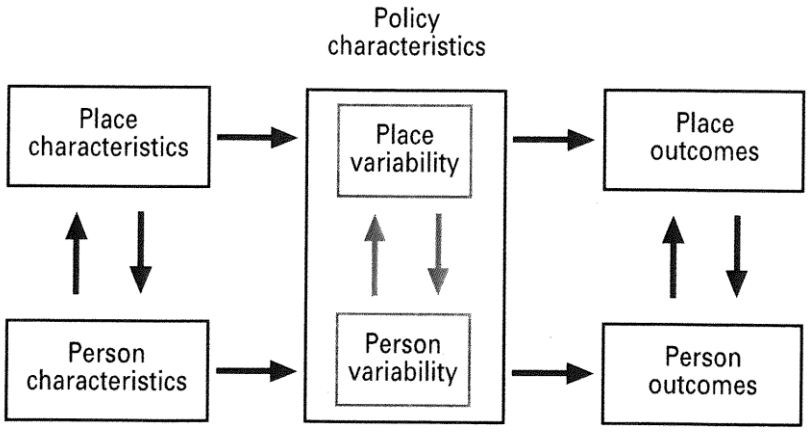
Bradford (2005) suggests that a place-based perspective helps bridge two different ways of viewing the localities where people live: the urban and the community perspectives. An *urban perspective* is preoccupied with physical infrastructure, and the powers and resources available to municipalities. The *community perspective* focuses on social infrastructure, such as civic participation and inclusion networks. A *place-based perspective* captures the importance of both, and calls for their integration in cities of different sizes and locations. For this to happen, governments at all levels must coordinate their policies and tailor their programs to the conditions prevailing in particular places.

Place-based and person-based approaches

Place-based approaches are usually contrasted with *person-based approaches* (Baum & Gleeson, 2010; Griggs et al., 2008). In person-based approaches, the focus is on direct help to the individual person or family with the problem, regardless of their circumstances or where they live. Place-based approaches focus on the whole social and physical environment in a particular area, rather than the individual needs of those who live there.

Reviewing UK policies, Griggs et al. (2008) note that person- and place-based policies have usually been developed separately and sometimes in isolation from each other. This is regrettable, since the reality is that all people live in places, and both affect and are affected by these places. For instance, poverty and disadvantage are mediated by place, and places are affected by the poverty or otherwise of their inhabitants. Hence, it is reasonable to suspect that policies that dissociate people from places and vice versa may perform poorly. Griggs et al suggest that there may be gains from an integrated analysis of the effectiveness of place- and person-based interventions (a point also made by Baum & Gleeson, 2010), as illustrated in the following figure:

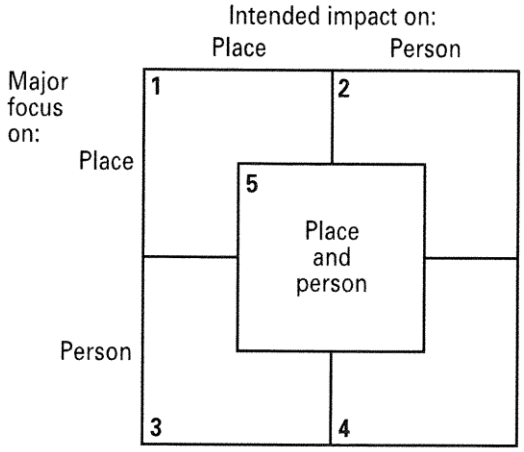
Figure 1. ***Policy objectives relating to people and places***
(Griggs et al., 2008)



As this shows, the effect of a policy on a person is a product of the characteristics of the person and the policy. Likewise, the effect on a place depends on both the place and the policy characteristics. But the individual is affected by the place and the place is a product of the people living there. It is therefore important not to omit the potentially important interactions between person and place indexed by the vertical arrows in the figure (Griggs et al, 2008).

Griggs et al go on to identify five different types of intervention that vary according to the emphasis they place on people or place, as shown in the following figure:

Figure 2. ***Policy objectives and targeting relating to person and place***
(Griggs et al, 2008)



- Type 1: Some policies may seek principally to enhance local infrastructure or environment , paying comparatively little attention to effects on resident populations who may benefit, lose or leave

- Type 2: A second type of policy may similarly aim to improve local infrastructures, but do so explicitly to enhance the lives of both existing and future residents (i.e. Sure Start).
- Type 3: Yet other policies may specifically target the individual behavior of residents in order to improve an area, seeking to enforce improvements in individual behaviour for the benefit of the neighbourhood.
- Type 4: These policies focus exclusively on individual welfare and address it directly without regard to local circumstances or consequences.
- Type 5: These policies seek simultaneously to improve place and residents, perhaps by exploiting synergies between the twin goals and cumulative implementation.

Miller (2007) offers another angle on the place-based versus people-based issue. Geographic information science and technologies are revolutionising basic and applied science by allowing integrated holistic approaches to the analysis of geographic locations and their attributes. However, the increasing mobility and connectivity of many people in the world means that the relationships between people and place are becoming more subtle and complex, rendering a place-based perspective incomplete. Miller discusses the need to move beyond a place-based perspective in geographic information science to include a people-based perspective (ie. the individual in space and time).

Baum and Gleeson (2010) argue strongly for a combined people- and place-based approach. This is consistent with calls for multilevel approaches to social and behavioural change (Schensul, 2009; Schensul & Trickett, 2009).

5.2 Rationale for place-based approaches

The development of place-based approaches has been prompted by a number of factors. These include:

- ***Evidence of the importance of geography*** (Miller, 2007). Geography plays a significant role in determining the nature and function of place in people's lives. Overcoming distance involves time, energy and resources, and Tobler's First Law of Geography always applies: 'everything is related to everything else, but near things are more related than distant things' (Tobler, 1970, p. 236). In other words, the spatial organization of human activities is a function of distance, with relationships being strongest between those who are geographically closest. This applies to a range of relationships: between families and other families, between families and services, and between services and other services.

- ***Evidence that place matters for people's well-being*** (Blau & Fingerman, 2009; Bradford, 2005; Hughes et al., 2007). Both the social environment and the built environment influence people's health and well-being. There is growing recognition that the built environment -- the man-made physical structures and infrastructure of communities -- has an impact on our health (Abeolata, 2004; Kearns et al., 2007; McMichael, 2007). Key aspects of the built environment

that appear to be central to reducing health disparities are activity-promoting environments, nutrition-promoting environments, housing, transportation, environmental quality, product availability, and aesthetic / ambiance (Abeolata, 2004).

The social environment also matters. According to Stone (2001), the key elements of social capital are trust and reciprocity. Trust includes trust within established relationships and social networks, generalised trust in strangers, and civic or institutionalised trust, which refers to basic trust in our formal institutions of governance. Reciprocity is the process of two-way exchange within social relationships.

Even 'consequential strangers' matter (Fingerman, 2004; Blau & Fingerman, 2009). 'Consequential strangers' are people outside our immediate circle of family and close friends, and range from range from long-standing acquaintances to people we encounter on occasion or only in certain places. Many of our consequential strangers are associated solely with the neighbourhood or the office, the train station, a store, the bank, the library, the gym. They are as vital to our well-being, growth, and day to day existence as family and close friends. As human being, we harbour an innate desire to connect to others who make us feel safe, and we seek ways to feel surrounded by people who are familiar. While those closest to our heart are synonymous with home, consequential strangers anchor us in the world and give us a sense of being plugged into something larger. They also enhance and enrich our lives and offer opportunities for novel experiences and information that is beyond the purview of our inner circles. In actuality, all of our social ties are part of a fluid continuum of relationships. Consequential strangers occupy the broad region between complete strangers on the far left and intimates – our strongest connections. Where we live, work, shop and mingle has everything to do with the kind of relationships we build with 'consequential strangers', and therefore our quality of life (Blau & Fingerman, 2009). We simply can't separate our relationships from the places we inhabit. It's difficult to develop casual relationships in an unwelcoming neighbourhood, or in a competitive and unfriendly work environment.

- ***Evidence that place matters for children*** (Barnes et al., 2006; Edwards & Bromfield, 2009; Pebley & Sastry, 2004; Popkin et al., 2010; Sustainable Development Commission, 2008, 2009). The evidence shows that children's environmental wellbeing – their daily experience of living and learning in the environment around them, and their options and opportunities for experiencing a healthy environment in the future – is a significant factor in their overall wellbeing. Growing up in a poor neighbourhood negatively affects children's outcomes over and above the effects of family socioeconomic status. Greater levels of neighbourhood socioeconomic disadvantage are associated with increased social, emotional and behavioural problems in children and adolescents. Structural aspects of a geographical community such as general community neglect have been linked with a range of other issues including health problems, parenting problems, children's educational achievement , and

child behaviour (Barnes et al., 2006). Children's perception of their neighbourhoods in terms of the trustworthiness or honesty of the people who live there or feeling safe walking alone has a strong association with childhood psychopathology, particularly emotional disorders, independently of the nature of the neighbourhood itself (Meltzer et al., 2007).

Proposals for promoting child-friendly cities have been developed by UNICEF (2004) and principles of best practice summarized by Howard (2006) and the Boston Consulting Group (2009).

- ***Evidence that social networks and social connectedness matter for people's well-being*** (Christakis & Fowler, 2009; Crnic & Stormshak, 1997; Fegan & Bowes, 1999; Jack & Jordan, 1999). Social networks influence our ideas, emotions, health, relationships, behaviour, and even our politics (Christakis & Fowler, 2009). Social relations of particular quality and nature are central to creating sustainable communities. Social relationships, which are characterised by high degrees of mutual trust and reciprocity sustain better outcomes in the economy, democracy and civil society (Stone, 2001). Children's welfare and family functioning are crucially dependent upon the social support available within local communities (Jack & Jordan, 1999). When the social capital of a community is high, children and families benefit in a number of direct and indirect ways. As Fegan and Bowes (1999) have noted, when families are isolated from the community, these benefits are not available to them. Isolation can be the result of a number of factors: geographic isolation (living in rural and remote areas), physical isolation (cut off from the local neighbourhood by a main highway), poor health, disability or special needs, cultural isolation (not being able to speak the language), social isolation (being new to an area and not knowing anyone), lack of money to reciprocate hospitality, lack of education, and lack of transport.

  Whatever the cause, social isolation damages both child development and family functioning:

  > All families, including those living in urban areas, need access to information that helps them gain a realistic understanding of their child's development and of the possible impact of developmental changes on family life. Families living in isolated circumstances, but particularly geographical isolation, are often deprived of incidental encounters with other children and other parents within the local neighbourhood, encounters that can provide such information, reduce the intensity of uncertainty and alleviate parental anxiety. (Fegan and Bowes, 1999, p. 122)

  According to Cochran and Niego (2002), there are two main routes by which social networks affect childrearing, and thus parenting in the broadest sense. One route is via the parents, who modify their parenting beliefs, attitudes, and behaviours as a result of network influences. The other route is via the children, whose development is affected by the direct impact of network members who engage them in face-to-face interactions.

- ***Evidence of growing health and social inequities despite the overall growth in economic prosperity*** (Australian Bureau of Statistics, 2003, 2007; Baum, 2008; Baum & Gleeson, 2010). The ABS statistics (2003, 2007) compare Australian households in the lowest, middle and highest quintiles, and show that, while wealth for all groups has risen over the past decade or more, it has risen faster for those in the higher quintiles, so that the gap between the rich and the poor has widened. There is evidence that these social inequities have widespread negative effects at both social and physical levels (Jack & Jordan, 1999; Leigh, 2006; The Marmot, Review, 2010; Wilkinson, 2005; Wilkinson & Pickett, 2009). Several cross-country studies have found a negative correlation between the degree of inequality and levels of interpersonal trust (Leigh, 2006). Wilkinson (2005) argues that such inequality is socially corrosive and affects health because the quality of social relations is crucial to well-being. In wealthy countries, health is not simply a matter of how material circumstances determine your quality of life and access to health care; it is how your social standing makes you feel. Low social status — being devalued and looked down on — is stressful and can have devastating effects on people's lives and communities. More unequal societies have poorer communal environments, and the whole social spectrum suffers everything from higher levels of violence to more widespread depression. Moreover, greater inequity is not just bad for the poor - more unequal societies are bad for almost everyone within them, the well-off as well as the poor (Wilkinson & Pickett, 2009). Almost every modern social and environmental problem - ill-health, lack of community life, violence, drugs, obesity, mental illness, long working hours, big prison populations - is more likely to occur in a less equal society.

- ***Evidence regarding locational disadvantage*** (Barraket, 2004; Baum, 2008; Baum & Glesson, 2010; Vinson, 2007, 2009a). In a major study, Vinson (2007) mapped levels of social disadvantage across Australia, and found that, despite Australia's recent strong economic growth, some communities remain caught in a spiral of low school attainment, high unemployment, poor health, high imprisonment rates and child abuse. He estimated that in Victoria, where adequate surveys have been conducted, nearly one third of all communities suffer from 'low social cohesion' – where inadequate levels of community reciprocity, trust and resources make it more difficult for individuals and families to overcome the individual and family problems that lead to poverty. This can lead to intergenerational poverty and low educational attainment: there is evidence that 'when social disadvantage becomes entrenched within a limited number of localities a disabling social climate can develop that is more than the sum of individual and household disadvantages and the prospect is increased of disadvantage being passed from one generation to the next.' (Vinson, 2009). The resulting impact compounds disadvantages:

    > Social discrepancies between places that are advantaged and places that are disadvantaged matter, if for no other reason than the fact that disadvantages are cumulative rather than static. The impact of multiple disadvantages which are further heightened by locational disadvantage works to further

> heighten the socio-economic damage that confronts some suburbs. (Baum, 2008)

However, the distribution of disadvantage can be complex. Baum & Gleeson (2010) describe the changes that have occurred:

> Where once large, relatively homogeneous working-class communities were the dominant feature of most Australian cities …, the processes that are characteristic of contemporary social and economic transitions have resulted in a more complex socio-spatial patterning. Major dimensions of this complexity include an increasing suburbanisation of poverty into Australia's middle ring and old outer suburban areas, the movement of an aspirational class of households to opportunities in new outer suburbs, the dividing up of the old working-class communities into several groups of new disadvantaged communities with each being affected by the new economic processes in different ways and, last but by no means least, the development of new advantaged communities closely tied to the increasingly globalised world economy.

- ***Evidence that locational disadvantages lead to poorer outcomes for children*** (Denburg & Daneman, 2010; Hertzman, 2010; Hertzman et al., 2010). The strongest demonstration of the impact of neighbourhoods on children's development during the early years comes from studies of the Early Development Index (EDI) in Canada and the Australian Early Development Index (AEDI) in Australia. Hertzman et al. (2010) report that the EDI results on 5 year old children in British Columbia show that the proportion of variation attributable to neighbourhood socioeconomic characteristics ranged from one fifth to a half on the five dimensions of development measured by the EDI. For Canada as a whole, there is a more than a 16-fold inequality in developmental vulnerability at the level of the neighbourhood (Hertzman, 2010).

- ***The economic collapse of certain localities*** (Baum & Gleeson, 2010; Klein, 2004; McDonald et al., 2010). Governments have sought to address place-based market failures that have emerged because factors beyond government control - such as increasing globalization, economic rationalism, restructuring and closure of manufacturing industries - have created large-scale unemployment and have devastated neighbourhoods that were reliant on the old economy (Baum & Gleeson, 2010; Klein, 2004; McDonald et al., 2010). After the industries moved out, some neighbourhoods were left almost entirely dependent on welfare benefits and publicly funded services.

- ***The failure of orthodox approaches to reducing inequalities*** (Klein, 2004). In discussing inequalities in health, Klein (2004) argues the strategies we have relied on to date do not address the root cause of the problem:

> The traditional policy response to health inequality is to make existing health and community support services more accessible to population groups most in need. This can involve redistributing services towards socially

> disadvantaged localities, targeting high-risk groups and improving the coordination of care for those with the most complex needs. This kind of health service strategy is a *necessary* but *insufficient* policy response to health inequality. While health services have an important role — through medical care, treatment and psychosocial support — to preserve individual life, relieve suffering and maintain or restore biological and psychological functioning, health services cannot substantially influence the upstream social and economic conditions that make people ill in the first place.

Another traditional approach to reducing health inequalities is to seek to alter the individual behaviour of vulnerable people. Klein suggest that this has not been successful either:

> Shifting the focus of effort from bio-medical to behavioural strategies to prevent health inequality is not the solution either. We know that while health promotion campaigns targeting behavioural risk factors such as diet, exercise and smoking have been successful in changing the lifestyles of more affluent and educated social groups, they have not substantially transformed risk patterns among the poor.

- ***The failure of orthodox approaches to preventing problems*** (Head & Alford, 2008; O'Connell et al., 2009). The orthodox response to the various social, health and welfare problems that young children and their families present − problems such as parenting, obesity, child abuse - has been to address the problems directly, preferably with evidence-based forms of intervention or treatment. Although a wide range of such programs have been developed, they have proven difficult to scale up to population levels while maintaining program fidelity, and have not made a substantive difference to the rates of health, developmental and social-emotional problems in young people. This strategy of tackling presenting problems directly − sometimes referred to as rational-technical (Head & Alford, 2008) or engineering (Ehrenfeld, 2008) approach - fails to address the problems that underlie the presenting problems, and, used repeatedly, can produce toxic side-effects (Ehrenfeld, 2008).

  While not denying the importance of responding to existing problems, O'Connell et al. (2009) argue that there has been a disproportionate emphasis on treatment of existing conditions, and they propose a new emphasis on *true prevention*, which they define as occurring prior to the onset of disorder. For instance, the traditional response to child maltreatment has been to try and prevent a recurrence of maltreatment once it has already taken place, rather than seeking to prevent maltreatment from occurring at all (Stagner & Lansing, 2009). Rather than identifying risk factors for maltreatment and addressing the problems and deficiencies of the primary caretaker, a *true prevention* approach focuses on strengthening protective factors and building family and social networks to reinforce the ability of parents to care for their children.

- ***The inability of local services to respond effectively to the complex needs of families and communities*** (Moore, 2008; Wear, 2007). The move

towards more integrated service delivery has been driven by a growing awareness of how fragmented services for young children and their families are, and how that fragmentation undermines the capacity of the service system to support children and families effectively. Specific problems faced by the service system include the following (Moore, 2008):

- The service system is having difficulty providing support to all families who are eligible – there are waiting lists for many services.
- Services cannot meet all the needs of families that they do serve - no single service is capable of meeting the complex needs of many families.
- Families have difficulty finding out about and accessing the services they need – there is no single source of information about relevant services.
- Services are not well integrated with one another and are therefore unable to provide cohesive support to families.
- *S*ervices have difficulty tailoring their services to meet the diverse needs and circumstances of families.
- Services are typically focused on and/or funded on the basis of outputs rather than outcomes, and therefore tend to persist with service delivery methods that may not be optimally effective.
- Services are typically treatment-oriented rather than prevention- or promotion-focused, and therefore cannot respond promptly to emerging child and family needs.
- Child care and early childhood education services are funded and run separately.
- Government departments, research disciplines and service sectors tend to work in 'silos'.
- Responsibility for provision of services to children and their families is spread across three levels of government - federal, state, and local - with different planning processes and funding priorities.
- Most specialist intervention services are already underfunded, and it is looking increasingly unlikely that they can ever be fully funded in their present forms.

The fragmentation of services is particularly problematic for the families of children below school age because there is no universal service or services that all families use during these years. All children are known to the service system at birth and at school entry, but the contact they have with early childhood and other services between those two points varies greatly.

- ***The difficulties in engaging vulnerable families*** (Carbone et al., 2004; Centre for Community Child Health, 2010; Katz et al., 2007; Watson, 2005; Winkworth et al., 2007, 2009, 2010). The families that are most disadvantaged by the fragmentation of the service system are those that are most vulnerable –

whether because they lack the skills and confidence to negotiate the system, or because they are unfamiliar with the culture and language, or because they are isolated and lack the social networks that would help them find and use the services that are available, or because they have multiple problems and need help from many sources. Some families make regular use of the various health, early childhood and family support services during these years, while others make little or no use of them, even if they have concerns about their children or are experiencing family difficulties (Carbone et al., 2004). In such cases, the service system cannot respond promptly to issues as they arise and may only become involved later when the problems have become more entrenched and severe.

- ***The social inclusion movement*** (Australian Social Inclusion Board, 2010; Freiler & Zarnke, 2002; Hayes et al., 2008; Hertzman, 2002; Smyth, 2008a; Vinson, 2009b, 2009c). The recent social changes experienced by developed nations have been accompanied by a growing awareness of the ways in which some people within society are failing to benefit from the changed social and economic conditions and are therefore achieving poorer outcomes. This has, in turn, led to general public policy initiatives in Australia and elsewhere (eg. UK) to address social exclusion and promote a truly inclusive society (Hayes et al., 2008). These initiatives include the establishment of a Social Exclusion Task Force in the UK, and its counterparts in Australia, the Australian Social Inclusion Board and the South Australian Social Inclusion Initiative.

  Katz (2008) suggests that we seem to be moving from the era of Social Capital to the era of Social Inclusion. Although social capital has a very powerful, simple and common-sense narrative at its core - people function better in the context of networks of support and trust than as individuals – it has become an overburdened and tired expression with little meaning. Social exclusion (as opposed to inclusion) is generally seen as a more productive construct than poverty. Firstly, it is multidimensional rather than relying on one threshold for its definition. Secondly, it includes analysis of the forces that exclude marginal groups such as ethnic minorities, mentally ill people and homeless people from mainstream society, rather than focusing exclusively on the characteristics of the excluded. Thirdly, it incorporates the dynamics and processes of inclusion and exclusion.

  According to Daly (2006), a risk of social exclusion arises when children suffer from multiple disadvantages that make it difficult for them to actively participate in society. Children in jobless households, sole parent families and members of minority groups face the greatest risk of living in poverty, and therefore being socially excluded.

  Freiler & Zarnke (2002) argue that social inclusion is not, however, just a response to exclusion. It is about making sure that all children and adults are able to participate as valued, respected and contributing members of society. Social inclusion reflects a proactive, human development approach to social well-being that calls for more than the removal of barriers or risks, but requires

investments and action to bring about the conditions for inclusion. Thus, social inclusion extends beyond bringing the 'outsiders' in; instead it is about closing physical, social and economic distances separating people, rather than only about eliminating boundaries or barriers between *us* and *them* (Freiler & Zarnke, 2002).

These qualities are captured in the following definition of inclusive services (Carbone et al., 2004):

> Inclusive services are easy to reach and use, and work to assist all-comers. They acknowledge people's shared humanity, celebrate diversity and promote acceptance, belonging and participation. Inclusive services also recognize people's different needs and the inequalities in people's level of power and their control over resources, and attempt to counteract these inequalities. In their ideal form, therefore, inclusive services not only ensure they engage all people within their programs, but act as agents for social change, working to overcome deprivation and disadvantage (at times through positive discrimination strategies) to promote social inclusion.

The social inclusion movement has led to a place-based approach to disadvantage (Smyth, 2008a, 2008b).

This is a formidable list of factors that cumulatively represent a powerful logic for a place-based approach. However, having good grounds for using a place-based approach does not mean that it is always effective or that we know how to implement such an approach reliably. In the next section, we look at the evidence regarding these issues.

5.3 Evidence

Establishing the efficacy of place-based practices is challenging. As Humphreys et al. (2009) have argued, traditional systematic reviews may not be sufficient or the most appropriate means for generating knowledge regarding complex or 'wicked' problems. They suggest that sustained research in which complexity, ambiguity and context is acknowledged is needed before elements of a solution can be identified, which can then inform policy.

As yet, such a research program has not been carried out. Nevertheless, there are some studies and analyses that give some indication of the value of place-based approaches (Cytron, 2010; Gillen, 2004; Griggs et al., 2008; O'Dwyer et al., 2007; Wear, 2007; Wiseman, 2006).

Part of the logic of adopting a place-based approach is the premise that changing something about a place may improve outcomes for people living in that place (O'Dwyer et al., 2007). For instance, health inequalities may be reduced by focusing health promotion efforts on specific areas rather than individuals. O'Dwyer et al. examined the evidence regarding the efficacy of such area-based interventions, but found it difficult to gauge their overall success because of

variations in the methodologies used, inadequacies in the implementation funding, and lack of long-term evaluations. However, several of the studies that were better funded and evaluated demonstrated that area-based interventions can reduce health inequities, although more well-designed and well-timed evaluations of outcomes are needed to draw any firmer conclusions.

Wiseman (2006) charts the evolution of the Victorian Labor government's approach to community strengthening since its election in 1999. This evolved from experimental piloting to a more coherent strategy employing community strengthening as a way of exploring more engaged, 'joined up' and networked approaches to governance and policy making. Initial learning from this experience suggests that engaging and linking local communities can make a useful contribution to local social, environmental and economic outcomes as well as providing a foundation for the democratic renewal of local governance. However, while local community strengthening strategies can lead to real improvements in community networks, infrastructure and capacity they are no substitute for the inclusive and redistributive taxation, income security, service delivery and labour market policies needed to create the conditions for sustainable reductions in poverty, inequality and social exclusion.

The limits of 'locally based' policy making have been well defined in the Victorian case by Wiseman (2006). He noted real successes in strengthening social connectedness but emphasizes that while these can have positive value in overcoming social and civic deficits they cannot substitute for action by government in 'people' rather than 'place' - based policy arenas, such as income support, education and employment.

According to Wiseman's analysis, successful community strengthening strategies commonly have:

- a clear, simple story that community strengthening is about working with communities to achieve tangible improvements in the issues identified as important by them,
- an integrated set of mechanisms linking local and regional level community engagement and planning processes with policy making and resource allocation at local, regional and statewide levels,
- an integrated package of capacity building measures designed to change organisational cultures and build skills and understanding in local and State government agencies and in community sector organizations, and
- an integrated set of local community wellbeing indicators and data sets to support community planning and to track progress in achieving local outcomes.

Griggs et al. (2008) reviewed the relative effectiveness of person-based and place-based policies in the UK for reducing disadvantage. They note that, since 1997, the UK Government has sought to tackle disadvantage across a large number of fronts, stressing the importance of employment and personal responsibility, the scarring effects of childhood poverty and the enabling effects of strong neighbourhoods and

social inclusion. However, for the most part, person- and place-based policies have been developed separately and sometimes in isolation from each other.

Griggs et al found it difficult to come to any firm conclusions because of the methodological weaknesses of the evaluations. Randomised controlled trials were very rare and area-based comparisons were frequently made without attempting to control for differences in area characteristics. Very often a number of different initiatives were running simultaneously making it very difficult to isolate the independent impacts of each one. Many of the evaluations were allowed a very short time in which to assess an effect, some after less than twelve months of operation.

Most of the policies to address disadvantage have been either targeted directly on individuals or focused on areas with the objective of directly benefiting residents. No more than one or two initiatives have explicitly sought to exploit the logical synergies between people and place. The different objectives and mechanisms preclude direct comparison of the relative effectiveness of place- and person-based initiatives. However, it is apparent from the review that effect sizes are generally small and that policies can have detrimental effects on participants.

To the extent that it is possible to detect differences in the effect sizes of policies, explanations for the differences are, in the general absence of detailed theories of change, little more than speculation. Such speculation suggests that the greatest impact can be attained by focusing individually tailored packages of provision on the most disadvantaged while simultaneously ensuring that excessive, confusing complexity is avoided. There is also fair consensus that policies blessed with clear, measurable and achievable objectives and implemented by competent, appropriately trained and well-managed staff are likely to be most effective.

Cytron (2010) reports that, for more than five decades, public, private and nonprofit entities in the US have implemented a range of targeted neighborhood revitalisation strategies designed to tackle the challenges associated with concentrated poverty. The most ambitious of these initiatives have aimed to concentrate multiple investments in both infrastructure and human capital in a single neighborhood. At their core, these comprehensive initiatives try to tackle long-standing disparities in housing, employment, education, and health caused by public policy decisions, market forces and failures, and patterns of discrimination. Yet overcoming these inequalities has proven to be difficult. In some cases, place-based initiatives have led to measurable improvements; in others, efforts have struggled, failing to significantly ‘move the needle’ on the challenges associated with deeply entrenched neighborhood poverty.

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 place management will make to the delivery of sustainable, high quality places over the long term. Similarly, after reviewing various Victorian government place-based initiatives, Wear (2007) concludes 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. A significant cultural change—in State Government, local government, and even in the community—will be necessary before we can see the true potential of a flexible, collaborative, partnership-based approach.

Vinson (2009a) argues that, where an accumulation of problems makes a serious and sustained impact upon the wellbeing of residents of a disadvantaged area, locality-specific measures may be needed to supplement general social policy. These include programs targeted at individuals living in such disadvantaged localities and facing social exclusion in different spheres of their lives. Additionally, because the areas in question frequently have limited or deteriorated social infrastructure and environments, renewal and development programs focusing on public spaces, housing, transport systems and business are often seen as priorities.

Vinson argues that, while these strategies are worthy,

> ' … successfully implementing them requires that they be seen as *means to an end* and not as independently adequate ways of achieving a sustainable transformation in the lives of people residing in markedly disadvantaged places. What holds deprived communities back often is more than the sum of individual and household disadvantages and environmental and infrastructural needs. The social climate of disadvantaged places frequently exerts an influence in which inputs of the two types mentioned can be absorbed without lasting benefits. For example, when people feel that their lives are dominated by external influences, living for the day and consuming whatever comes their way are possible responses to the help that is offered.'

Hence it is vital to do more than simply provide tangible assistance. Rather, the challenge is to make such assistance a medium for strengthening the capacities required by a self-managing, problem solving community whose members are capable of 'pulling together' to achieve common goals. Strengthening involves developing connections and trust between people and between organizations, developing the confidence and ability to identify ways of promoting the common good, and securing the resources, internal and external, needed to pursue them. Vinson suggests that, unless the community capacity is strengthened in these ways, there is the very real prospect that once a period of locality-specific support reaches its conclusion, the gains made will simply unravel.

Characteristics of successful interventions

There have been a number of analyses of evidence to identify the characteristics of successful place-based interventions (Vinson, 2009a; Wear, 2007; Wiseman, 2006; Yeboah, 2005) and lessons learned from area-based reform initiatives (Greenhalgh et al. , 2008, 2009) . Overall, the evidence shows that higher implementation rates

and effective interventions usually occur with bottom-to-top strategies involving the community and their leaders in place-based planning (Yeboah, 2005).

According to Vinson (2009a), the features of effective place-based interventions are as follows:

- First, the maximum practicable *engagement of disadvantaged communities* in decisions of all kinds is a key to community strengthening. A local coordinating or 'steering' group needs to operate on a basis of authentic community participation and in accord with broad administrative and practice requirements that research and experience have shown to be associated with successful community outcomes.

- *Cultivation of community capacity*. Such capacity is not a given but requires nurturing and the investment of time and resources. The more disadvantaged and run-down a community the less practised it frequently has become in working in a focused, collaborative way;

- *Adequate time*. Problems that have often been decades in the making cannot be reversed in a few short years.

- *Attention to the characteristics that differentiate markedly disadvantaged from other areas*. An intervention plan would need to give priority consideration to Education and training/retraining,work opportunities and placement, health promotion and treatment, parenting skills, and developing local leadership capacities;

- Attention to *other specific needs of an area* identified either by formal indicators or residents;

- *Identifying possible sources of community strengthening funding*. Wherever practicable government contributions to meeting the varied costs of community strengthening projects needs to be facilitative investment to attract private sector funding, and 'priming the pump' to stimulate local initiatives. However, because of the limited private investment opportunities they present, the strengthening of disadvantaged areas inevitably requires substantial government outlays via a Community Strengthening Fund.

Wiseman (2006) identified a number of key features of successful community strengthening projects, including

- strong local community leadership and ownership,
- clearly defined and agreed goals – and clear, tangible benefits,
- strong leadership and support from State and local governments,
- effective engagement of a wide range of community, public and private sector stakeholders,
- high levels of trust and excellent communication between all partners, and

- appropriate resources and skilled staff supported by long term investment in capacity building.

According to Wear (2007), although the 'place' agenda is still very much a work in progress, we are starting to develop a clear understanding of what works, what the challenges are, and the areas that will require further work.

- *Governance.* Almost invariably, the most successful projects are those that have robust and collaborative governance arrangements. Good governance can contribute to the ongoing sustainability of project outcomes and can overcome perceived project barriers. By contrast, projects that arc 'held tightly' by auspice bodies are often missing the spark of innovation that comes through collaboration.
- *Funding.* Despite the importance of governance arrangements, adequate funding plays a crucial role in developing and maintaining project momentum. It is important that government provides funding not just for the governance arrangements, or project facilitation, but also for investment in the initiatives and ideas that flow from this process.
- *Community engagement.* As well as governance structures that involve local organisations and community members, extensive community engagement is at the heart of all successful place-based partnerships. It is important that this be a truly inclusive process, and that people from indigenous communities, newly arrived culturally and linguistically diverse communities, people with a disability, unemployed, low socio-economic, young and older people are involved.
- *Local government.* Local governments are crucial players in any place-based partnership, and it is necessary to engage them in a systemic, timely and collaborative fashion.
- *Scale.* It is important that the scale of the project is appropriate to the likely policy challenges to be addressed. Regional-level forums are needed to oversee region-wide systemic issues, but issues such as town streetscape enhancements are better tackled via small-scale projects such as the Community Building Initiative, which focuses on townships.
- *Project catchment.* As well as scale, other factors to be taken into account when determining the appropriate project catchment include: natural and geographic boundaries; existing networks; travel patterns; and relevant community/regional identity.
- *Brokered solutions not competitive grants.* Good governance arises when local stakeholders act collaboratively together on a project. The traditional competitive model of grant allocation is at odds with a collaborative approach, encouraging competition between local organisations. 'Brokered' solutions are to be preferred to the competitive model.
- *Overlaps and intersections between programs.* The best partnerships are 'networks of networks', and there are inevitably overlaps and intersections between programs.

- *Challenge of working across government remains.* The vertical accountabilities of the Westminster system of government are still very much in place. Despite endorsement from the highest level of government for collaborative cross-government action, working across government department remains a challenge that requires ongoing attention.
- *Role of Government.* The role of government is a challenging. Accountable for public money and the success of the 'program' government needs to play a strong role in program design and in the management of funding arrangements. Locally, government is a key partner, facilitating solutions that depend on government involvement, and providing support as required. However, government does not own the partnership, or its outcomes. It must resist the urge to claim partnership victories for itself, or to pass on responsibility for failure. A further challenge is to accept that partnerships will sometimes adopt positions that differ from those of the Government.
- *Evaluation.* Evaluating the success or otherwise of these approaches remains a difficult challenge, but the ultimate future of the Government's approach to place-based disadvantage will be determined by the evidence available. Processes to rigorously measure and evaluate outcomes need to be built in from the start of the project.

Greenhalgh et al. (2008, 2009) evaluated the *Modernisation Initiative*, a system-wide transformational change program working across the health economy in the London Boroughs of Lambeth and Southwark to modernise local health services. Through a process of extensive consultation and analysis of information, they identified a wide range of problems with current provision in relation to the planning, recipients, providers and pathways of care in each of the three areas. Existing services were experienced as, variably, inaccessible, inconsistent, staff-centred, designed around a medical model of disease, culturally naïve, disjointed, hierarchical, and inefficient. The vision for transformation was that services should become more accessible, evidence-based, patient-centred, designed around a holistic model of illness and risk, culturally congruent, integrated, collaborative, and efficient.

They identified six principle 'mechanisms of change':

- *Integrating services across providers.* Efforts to integrate services across providers are more likely to succeed where: there is an infrastructure that supports and rewards interorganisational working; strong alignment of values and standards; integration is seen as 'socio-technical' rather than driven by ICT; and there is an enabling policy context
- *Finding and using evidence.* Efforts to find and use evidence are more likely to succeed where: evidence is easy to collect, widely understood, uncontested and timely; valid and reliable performance metrics exist and there is the capacity to collect and interpret them; data are seen as authentic, representative and timely; and teams undertake proactive visits to capture learning from systems in action elsewhere

- *Involving users in modernisation work.* Involving users in modernisation work is more likely to succeed where: there is a stable cohort of fit, motivated users with key skills and capabilities and an infrastructure for supporting and training them, and creative partnerships between users and staff
- *Supporting self-care.* Efforts to support self care are more likely to succeed where: the physical environment and general culture supports autonomous, questioning users; the self-care potential of users is high; the idea of self care is successfully marketed; and the self-care routine is freestanding
- *Developing the workforce.* Efforts to develop the workforce are more likely to succeed where: there is a wide pool of potential staff with a good balance of change management skills; a bold and proactive strategy for developing the workforce; staff are keen to change and new roles and responsibilities accepted by others; training is appropriate and endorsed by professional bodies; and there are opportunities for 'double loop learning' in the organisation
- *Extending the range of services*. Efforts to extend the range of services are more likely to succeed where: new services meet users' needs and are easily introduced and routinised; extended services are feasible and adequately resourced; there is user input to service [re]design; clear information is available to users; and partnerships with other providers are characterised by mutual support and respect

Other key learnings from this evaluation were:

- In development work of this kind, irrespective of the overall scale of investment, progress cannot be equated with smooth or predictable spending, and planned timetables for spending therefore have to be flexible, since the pace of spending is necessarily determined by the development of ideas and the capacity of the service system to cope with change.
- Service transformation through behaviour change does take a long time – perhaps invariably longer than anticipated.
- A top level cross-organisational Board provides an essential and effective element of project governance and leadership, acting as a crucible for improving relations between those organisations and thereby amplifying the benefit of transformational projects for the wider health economy.
- In complex projects with diverse stakeholders, considerable attention may be needed to find a common language and format for shared understanding and communication.
- The application of generic principles of redesign and quality improvement, together with outstanding leadership and customised mechanisms of change adapted to suit the particular situation is a powerful combination for bringing about change.
- Different types of information and evidence are required at different stages of transformational work. Not everything can be, or needs to be, measured and monitored.

- Major progress can be made in ensuring that gains are sustained, but this demands intensive effort, imagination, communication and negotiating skills and visionary leadership.

Working with communities using a place-based approach

There have been a number of analyses of ways of working effectively with communities (Boston Consulting Group, 2008; Howard, 2006; Stith et al., 2006; Wiseman, 2006).

Wiseman (2006) has identified a number of actions that governments can take to support community strengthening outcomes. These include:

- creating a supportive community and public policy environment and culture by articulating and demonstrating commitment to the values and practice of community strengthening,
- providing adequate investment in core public infrastructure (eg, schools, hospitals, transport, urban open space),
- building policy making and policy implementation practice based on principles of respectful partnerships,
- developing, integrated, 'triple bottom line' policy frameworks,
- funding pilot and demonstration projects – and then scaling up the most successful initiatives,
- supporting the development of skills and capacity, and
- supporting the development of research tools and data sets to measure progress and learn from successes and failures.

On the basis of a review of the research literature on community-based prevention programming, Stith et al. (2006) identify a set of conditions or practices that increase the likelihood of the prevention efforts being successful:

- *Community readiness* – the community must be adequately prepared to implement a prevention program.
- *Community coalition* - effective coalitions or partnerships must be developed between key community stakeholders to encourage coordinated community action in response to various social problems
- *Selection of appropriate programs* – the programs or interventions selected must be a 'good fit', ie. be designed to meet the identified needs of the community and be appropriate for the targeted cultural groups
- *Program fidelity* – the programs or interventions must be delivered in the same way in which it was delivered during efficacy and effectiveness trials, or in the absence of such trials, delivery of a program in the way it was designed to be delivered

- *Adequate resourcing* – adequate resources, training and technical assistance must be provided from the start and attention paid to evaluation

Analyses by Howard (2006) and the Boston Consulting Group (2008) have focused on ways of creating child-friendly communities.

Howard (2006) identifies the flowing basic list of requirements for child friendly communities that can be applied in different contexts:

- Making sure there are enough material resources allocated to children and families
- Making space for children to be listened to and be part of community decisions
- Making sure children are recognised in adult systems like the law and policy
- Examining those adult systems and changing them to make space for children to be included
- Making sure the interests of children are on everyone's agenda
- Looking at all aspects of community life to see where children are and make them welcome where they are missing or unwelcome
- Making sure that building child friendly communities is a local, national and international activity.

In a report to the Council of Australian Governments on future directions for the national early childhood development strategy, the Boston Consulting Group (2008) proposed a set of principles for sustaining child-friendly communities:

Respect and empowerment	• Community and Government services that acknowledge community strengths and respond to their particular needs, preferences and circumstances • Meaningful community involvement in decisions regarding community services, facilities and environments • Processes that promote partnerships between communities and services / Governments • Programs to identify and support community leaders, as well as broaden participation by community members
Community cohesion and trust	• A variety of places and activities that promote positive interactions between community members
Safety	• Physical environments (roads, parks, public spaces, transport) that are safe and pleasant • Protection from violence in public places • Refuges to provide protection for those suffering family violence or housing stress, particularly for families with young children

Healthy physical environment	• Clean air and water, and presence of natural spaces (trees, parks) • Absence of exposure to toxic chemicals (contaminated building sites, toxic waste and crop spraying) • A built environment that promotes physical activity (walkable streets, bike paths)
Child- and family-friendly built environment	• Traffic calming measures • Provision of safe and easily accessible service locations
Transport	• Community transport that is reliable, frequent, affordable and child- and family-friendly • Easily accessible transport hubs providing access to other localities
Local services	• Affordable local health services (GPs, community nursing, local hospital, dentists) • Community-based family support and welfare services • Services managed flexibly, so they can be tailored to local needs
Local facilities	• Community houses • Parks and playgrounds • Libraries • Swimming pools • Sporting facilities
Employment opportunities	• A range of employment opportunities for parents and for school leavers

Yeboah (2005) provides a framework to guide and encourage health professionals to use place-based health planning. The framework has three main parts: community needs assessment, program planning, and implementation.

Another approach to working effectively with communities focuses on the need to build requires a collaborative relationship between government and communities. This is a challenge for traditional public service delivery. The adoption of the principles and practices of ***co-design*** or ***co-production*** - involving users in the design and delivery of services - has been proposed as a way of reforming public services (2020 Public Services Trust, 2010; Boyle et al., 2010; Bradwell & Marr, 2008; Commission on the Future Delivery of Public Services, 2011; Gannon & Lawson, 2008; Stephens et al., 2008). It is argued that conventional public service reform is failing because its design fails to grasp that neither markets nor centralised bureaucracies are effective models for delivering public services based on relationships (Stephens et al., 2008). The public service reform agenda cannot succeed simply by the top down imposition of centralised targets or more market

based choice (2020 Public Services Trust, 2010; Commission on the Future Delivery of Public Services (2011). A new public service reform paradigm needs to be opened up based on the principle and practice of co-production (Gannon & Lawson, 2008). At its heart, co-design seeks to make public services match the wants and needs of their beneficiaries (Bradwell & Marr, 2008). People's needs are better met when they are involved in an equal and reciprocal relationship with public service professionals and others, working together to get things done (Boyle et al., 2010). The returns from this engagement are more responsive, fit-for-purpose, efficient public services. More broadly, co-design provides an avenue for addressing a disengagement from politics and democracy, and building social capital (Bradwell & Marr, 2008).

This call for a collaborative approach is echoed by Donahue and Zeckhauser (2011);

> 'No one believes, given the complexity and cost of the tasks we confront, that simply scaling up the standard governmental solutions is the answer. Government too often finds that it lacks the skill, the will, and the wallet to figure out a fix and get it done.' (p. 2).

They argue that governments need what the military calls a 'force multiplier', some systematic way to ramp up the impact of government's efforts. They suggest that ***collaborative governance*** — which they define as 'carefully structured arrangements that interweave public and private capabilities on terms of shared discretion' (p. 4) — can play this role. Their review of the evidence from governments — local, state, and federal — suggests that effective government often hinge on making the best use of collaborative governance:

> 'It leverages private expertise, energy, and money by strategically sharing control — over the precise goals to be pursued and the means for pursuing them — between government and private players. That discretion simultaneously motivates private collaborators to enter the public arena and empowers them to play their roles well. The collaborative approach unleashes the unpredictable resourcefulness of an entrepreneurial citizenry to devise fresh and flexible solutions. Done well, collaboration creates synergies between governments and private participants, allowing them together to produce more than the sum of what their separate efforts would yield.' (p.4)

The key is to carefully and strategically grant discretion to private entities, whether for-profit or nonprofit, in ways that simultaneously motivate and empower them to create public value.

On a more practical note, Cytron (2010) argues that efforts to collaborate with communities should start small. Rather than just putting large sums of money on the table for local organisations to ultimately fight over, it is better to invest in resident-driven, short-term projects. In this way, residents are enabled to work together toward accomplishing tangible goals and can demonstrate to themselves that change is possible. This approach has been shown to generate trust amongst

community residents and help secure a commitment from residents to share in the responsibility for finding solutions to neighborhood problems. The key point is that targeted, incremental investments from funders can serve to catalyse the engagement from both internal and external stakeholders that is critical for comprehensively tackling the multiple challenges associated with high poverty communities. In other words, small wins up front can set the stage for long-lasting and broader change.

5.4 Summary and implications

A place-based approach is one that seeks to address the collective problems of families and communities at a local level, usually involving a focus on community-strengthening. There are a number of advantages to using such an approach, one being that it encompasses both a physical and service infrastructure perspective, and social infrastructure perspective. Place-based approaches are usually contrasted with person-based approaches in which the focus is on direct help to the individual person or family with the problem, regardless of their circumstances or where they live. Place-based approaches focus on the whole social and physical environment in a particular area, rather than the individual needs of those who live there. These approaches have usually been developed separately but there are good grounds for using combined people- and place-based approaches.

The development of place-based approaches has been prompted by a number of factors. These include evidence of the importance of geography, evidence that place matters for people's well-being, and for children in particular, evidence that social networks and social connectedness matter for people's well-being, evidence of growing health and social inequities despite the overall growth in economic prosperity, evidence that locational disadvantages exist and that they lead to poorer outcomes for children, the economic collapse of certain localities, the failure of orthodox approaches to reducing inequalities and prevent problems, the inability of local services to respond effectively to the complex needs of families and communities, the difficulties in engaging vulnerable families, and the push for social inclusion of marginalised members of society.

Establishing the efficacy of place-based practices is challenging. Traditional research methodologies may not be sufficient or the most appropriate means for generating knowledge regarding complex or 'wicked' problems. Efforts to review the evidence have struggled to come to any firm conclusions because of the methodological weaknesses of the evaluations. While some place-based initiatives have led to measurable improvements, others have not. The major challenge is knowing how to eliminate long-standing disparities in housing, employment, education, and health caused by public policy decisions, and market forces and failures. Reviews of Australian efforts suggest that it is still too early to see what difference place management will make to the delivery of sustainable, high quality places over the long term. 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.

Despite this cautious conclusion, there are some indicators as to what successful place-based interventions involve. Key ingredients include the engagement of communities in decisions of all kinds (including the 'co-production' of design and delivery of services), the cultivation of community capacity, and the establishment of robust and collaborative governance arrangements.

What are the implications of this analysis for how we might support families and communities more effectively? In the previous section, we saw that, to address complex and 'wicked' problems, we need a more comprehensive prevention approach that is multi-factorial, multisystemic and multi-level. The evidence reviewed in the present section suggests that such efforts should be place-based, that is, they should occur in a
a geographic area and involve a comprehensive multi-level effort to address all the factors that affect child, family and community functioning in that area simultaneously.

Such an approach differs from existing strategies in a number of ways. Most current efforts have focused on the integration of services within a specific (usually disadvantaged) area. The approach that is emerging in this paper is much more comprehensive and involves the integration of a much wider range of policies, practices and services. It also requires a greater degree of community involvement and the establishment of more robust governance arrangements than currently exist.

In the next section, we look at what can be learned from efforts to implement place-based initiatives, and what the challenges are in doing so.

6. APPLYING A PLACE-BASED APPROACH

6.1 Place-based policies and initiatives

In response to these factors, governments have developed a range of place-based policies and initiatives. These differ in focus according to whether the main concerns are economic or social, although some incorporate both (eg. local economic development and social inclusion).

Examples of economic place-based initiatives

The previous Victorian government developed policy statements on social inclusion - *A Fairer Victoria* (Department of Premier and Cabinet, 2005) - and rural development - *Moving Forward*. In both, partnerships with place-based communities formed a key part of efforts to promote economic growth and address socioeconomic inequalities.

As summarized by Wear (2007), the principles articulated in *A Fairer Victoria* were embodied in a number of new initiatives, including:

- The *Community Building Initiative,* targeting small rural communities, which aims to bring local residents together with government and community agencies to plan for and address local needs, build local leadership, and foster community networks.
- An expansion of the *Neighbourhood Renewal* program, a community strengthening program based on public housing estates.
- The *Community Renewal* program, modeled on Neighbourhood Renewal, but supporting disadvantaged urban communities not based on public housing estates.
- *Strategic/Partnerships* in Frankston, Braybrook, Caroline Springs and Whittlesea.
- An expansion of the *Transport Connections* program, which helps communities in rural and regional Victoria and outer metropolitan areas develop strategies to address their transport needs.
- Alignment of departmental boundaries, and the establishment of *Regional Management Forums* to provide regional leadership and local flexibility to better respond to local needs. Forums comprise State Government departments as well as local government.

The *Neighbourhood Renewal* initiative (www.neighbourhoodrenewal.vic.gov.au) is a long-term strategy to narrow the gap between disadvantaged communities and the rest of the State. It seeks to bring together the resources and ideas of residents, governments, businesses and community groups to tackle disadvantage in areas with concentrations of public housing, and create places where people want to live (Klein, 2004).

Three key principles guide action in Neighbourhood Renewal and underpin the implementation of a comprehensive social health strategy. Neighbourhood Renewal:

- transforms local structural determinants of health inequality;
- tackles the complex interconnection of health determinants through joined-up government and inter-sectoral and community partnerships; and
- empowers communities to be part of the solution.

These actions reflect a paradigm shift:

- from treating symptoms to transforming communities by targeting the sources of inequality;
- from fragmented programmatic reactions to integrated and joined-up solutions that respond to complex interdependence of the determinants of health; and
- from paternalistic service provision to social investment and citizen participation that devolves power to communities to take greater responsibility for their own futures.

The Australian Social Inclusion Board (http://www.socialinclusion.gov.au) has focused on the small number of Australians for whom social and economic disadvantage is apparent and enduring. The Board has identified a local, place-based approach to problems of social exclusion is one of the most effective strategic principles for dealing with social and economic disadvantage. This approach provides the opportunity to target pockets of the severely disadvantaged in a focused way, addressing the multitude of concerns locally and drawing in community groups and resources.

In the US, the Obama administration has strongly committed to place-based policy-making (Cytron, 2010). Agencies that have historically operated largely in isolation of one another are being encouraged to find areas of overlap and opportunities for collaboration, and several interagency working groups have been formed to examine how to build policy along multiple dimensions.

Examples of integration initiatives

- ***Primary Care Partnerships***

  In Victoria, the Primary Care Partnership (PCP) Strategy aims to improve health outcomes and better manage the demand for services by functionally integrating health and community support services (Klein, 2002; Lewis, 2010). There is evidence that the strategy has led to stronger collaboration between agencies, more integrated service planning and emerging models for service coordination. For these achievements to translate to improved health outcomes, the systems changes being initiated by PCPs need to be translated into the way services are provided in the community. This cannot be achieved by collaboration between service providers alone. Klein (2002) argues that it is now time for all relevant

parts of government to support PCP objectives and initiatives in the way they plan and fund services.

- ***Communities for Children***

  National programs that have adopted a specific place-based approach to overcoming entrenched and multiple disadvantage include *Communities for Children* (http://www.fahcsia.gov.au/sa/families/progserv/communitieschildren). This is part of the Department of Families, Housing, Community Services and Indigenous Affairs Family Support Program which provides prevention and early intervention programs to families with children up to 12 years, who are at risk of disadvantage and who remain disconnected from childhood services. There are 45 current sites funded under the Program, eight in Victoria. A key local non-government organisation (Facilitating Partner) in each site acts as broker in engaging smaller local organisations to deliver a range of activities in their communities. Evaluations of the program from 2004-09 (Edwards et al., 2009; Muir et al., 2009) indicate that the Communities for Children program has been successful in increasing service coordination and collaboration, and that there were small but positive flow-on benefits for families, children and communities. However, without ongoing funding, it is unlikely that these service coordination programs or the benefits gained from them will be sustainable.

Examples of initiatives overseas

- ***Sure Start***

  The Sure Start Local Programs (SSLPs) in the UK were set up between 1999 and 2003 and were experimental in the sense of trying out different ways of working with deprived communities where provision had been poor for years. A principal goal of the SSLPs was to enhance the life chances of young children and their families by improving services in areas of high deprivation. A key difference is that programs are *area-based*, with *all* children under four and their families living in a prescribed area serving as the 'targets' of intervention. This has the advantage of services within a SSLP area being universally available, thereby limiting any stigma that may accrue from individuals being targeted (Melhuish et al., 2007).

  Community control was exercised through local partnerships, comprising everyone concerned with children, including health, social services, education, private and voluntary sectors, and parents. Funding flowed from central government directly to programs, which were independent of local government, although local departments of education, social services, etc, and health trusts would typically be part of the partnership. Although there was no prescribed 'protocol' or service framework, all programs were expected to provide (1) outreach and home visiting; (2) support for families and parents; (3) support for good quality play, learning and childcare experiences for children; (4) primary and community healthcare and advice about child health and development and family health; and (5) support for people with special needs, including help

getting access to specialised services (but without specific guidance as to how) (Melhuish et al., 2010).

The latest evaluations of Sure Start (Melhuish et al., 2010; National Evaluation of Sure Start, 2008) found that, in comparison with children and families not living in SSLP areas, those in SSLP areas showed *a* variety of beneficial effects for children and families living in SSLP areas, when children were 3 years old. SSLP children showed better social development, exhibiting more positive social behaviour and greater independence/self-regulation than their non-SSLP counterparts. Parenting showed benefits associated with living in SSLP areas, with families in SSLP areas showing less negative parenting while providing their children with a better home learning environment. The beneficial parenting effects appeared to be responsible for the higher level of positive social behaviour in children in SSLP areas. Also families in SSLP areas reported using more services designed to support child and family development than did families not in SSLP areas. These generally positive, albeit modest, results are in contrast to earlier evaluation of the Sure Start program and suggest that the value of Sure Start programs is improving.

- ***Harlem Children's Zone***

The Harlem Children's Zone is an ambitious social experiment aimed at improving the lives of New York City's poor children (Harlem Children's Zone, 2009; Tough, 2008). It focuses on a finite area where it can concentrate intensive services on a large number of children and families, including those who are hard to reach. In disadvantaged communities such as Harlem, many children face the continual barrage of negative influences, substandard homes, failing schools, environments that are unsafe for children, and lack of access to medical services. The Harlem Children's Zone seeks to reach a critical mass and help take the entire community across the threshold that separates malfunctioning from supportive environments. If the same number of children were serviced across numerous communities in a given state, such as New York, the effects would be watered down (Harlem Children's Zone 2009).

Beginning in the 1990s, the Harlem Children's Zone has 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. This project is proving that it is possible to bridge the achievement gap if disadvantaged kids receive early, continuous educational opportunities.

- ***Promise Neighbourhoods***

Promise Neighborhoods is an initiative, sponsored by the US Department of Education, designed to replicate the Harlem Children's Zone (HCZ). The HCZ provides a pipeline of high quality programs coherently integrated from cradle to career with high quality schools at its core, surrounded by supportive programming for families and community members. The Department of

Education will award $500,000 to in 20 communities across the United States to conduct a one year planning process in order to develop a feasible plan to implement a continuum of solutions that will significantly improve results for children in the community being served.

- ***Choice Neighborhoods***

  An initiative of the US Department of Housing and Urban Development, the Choice Neighborhood Initiative is a $65 million demonstration program designed to transform poor neighborhoods into sustainable, mixed-income neighborhoods. The Choice Neighborhood Initiative features four main strategies:

  - Revitalising severely distressed housing
  - Improving access to economic opportunities
  - Leveraging concentrated and coordinated federal investments from multiple sources in the co-location of service (schools, public assets, housing, energy, environmental programs, transportation options, and access to jobs or job training) particularly links to local educational efforts.
  - Resident involvement in planning and implementation of the transformation plan.

  Where possible, the program will be coordinated with Promise Neighborhood efforts. As such, a strong emphasis is placed on local community planning for school and educational improvements.

These overseas models are more comprehensive and ambitious than anything yet attempted in Australia. Except for the Choice Neighbourhoods program, all have a major focus on children, and all are targeted initiatives, focusing on the most disadvantaged and dysfunctional neighbourhoods. (The UK's Sure Start program is being scaled back by the incoming government and future funding will now only be available for the most disadvantaged 20% of areas.) It should be remembered that the US programs are working in communities that are more disadvantaged and dysfunctional than any in Australia.

Examples of extended school models

Service integration has also taken the form of schools acting as community hubs, with various initiatives overseas and within Australia delivering extended services from school sites.

- ***Full service extended schools***

  The underlying principle behind the concept of full-service or extended schools is 'founded on the recognition that schooling, for many, can only be approached once a range of welfare and health services are in place' (Wilkin, Kinder, White, Atkinson & Doherty, 2003, p.3).

In the UK, full-service extended schools aimed to provide a comprehensive range of services on a single site. This initiative sought to support the development of one or more of these schools in every local authority area as part of the previous British government's vision. The range of services included access to health services, adult learning and community activities, as well as study support and 8am to 6pm wrap-around childcare (HM Government, 2007).

Evaluation of the full-service extended schools model found that the initiative had a positive impact on the attainment of pupils, particularly those who were facing difficulties (Cummings, Dyson, Muijs, Papps, Pearson, Raffo, Tiplady & Todd with Crowtheri, 2007).

- ***Elev8 New Mexico***

The Elev8 New Mexico initiative integrates extended learning, health and social services in selected middle schools across the state. The sites function as full-service community schools, enabling young people to learn and succeed through linking services and combining the best educational and youth development practices.

Collins, Carrier, Moore and Paisano-Trujilloi (2010) report on reflective roundtable discussions from practitioners involved in Elev8 New Mexico integrated school-based services. Participants identified several benefits of the initiative including increased school engagement and improved academic performance among students, and increased involvement in schooling from parents. The roundtable discussions also highlighted the complexity of developing and maintaining partnerships and the need for sustained funding and time to produce positive outcomes.

- ***Early Childhood Schools***

In the Australian Capital Territory (ACT), five public early childhood schools cater for children from birth to Year 2 (0-8 years) and their families. The schools are designed to support achievement of the ACT Government's goals of providing excellent schooling, strengthening families and building communities (Department of Education and Training, 2008). The schools provide various programs and services including family support and healthcare and funding for coordination is provided through the ACT Government.

- ***Schools as Community Centres (NSW) / Schools as Communities (ACT)***

The NSW and ACT Governments both support initiatives designed to link families with schools and schools with other community services.

The NSW Schools as Community Centres (SaCCs) use a community development approach to link families with their local school. Across NSW there are 48 SaCC projects operating in targeted communities supporting families and young children. Local SaCC facilitators, schools and interagency partners plan

collaborative initiatives to develop capacity in young children birth to 8 years, families and local communities. The SaCC initiatives are delivered in partnership with families, communities, schools and the human services agencies. The SaCC initiative is e provided by the NSW Department of Education and Training, as part of Families NSW. (See NSW Department of Education and Training website - http://www.schools.nsw.edu.au/studentsupport/programs/ecip/schcommcentres/index.php)

The ACT also has a Schools as Communities program that works in identified ACT preschools and primary schools to improve the social, emotional and developmental outcomes for children and families who are vulnerable, by helping to identify and address potential issues as early as possible. Priority groups for the program are those children at risk of abuse and neglect, and those with emerging family based difficulties which could result in poorer social, emotional and developmental outcomes for children. The program supports families and children by creating strong and effective working relationships between families, communities and their schools and working together to develop projects, activities or events in schools and the local area. (See ACT Department of Disability, Housing and Community Services website for brochure on this program - http://www.dhcs.act.gov.au/childandfamilycentres/files/Schools_as_communities_schools.pdf).

- ***Other initiatives***

  Other examples of extended school models in the US include the *School of the 21st Century* (http://www.yale.edu/21c/) and the *Elizabeth Learning Center* (http://www.eslc.k12.ca.us/). The *Coalition for Community Schools* (http://www.communityschools.org/) is an alliance of national, state and local organisations in the United States that advocate for community schools as the vehicle for strengthening schools, families and communities.

6.2 Challenges and implementation issues

Issues to be addressed in implementing place-based approaches have been discussed by a number of writers, including Fincher (2008), Yeboah (2005), Smyth (2008b) and Wiseman (2006). Yeboah (2005) notes that place based approaches to health planning have their limitations. First, achieving community involvement is not always easy or simple. It involves community trust, and this can be difficult in some localities. Another inherent limitation is the potential difficulty of identifying appropriate and relevant partners. Closely related is the need to reach agreement with potential partners and establish partnerships. Once formed, partnerships must be nurtured continuously, and where partners persistently seek their individual interests, conflicts, biases and related problems may arise.

Smyth (2008b) suggests that place-based policy appears to be at a cross roads. Place has rightly been identified as a factor in social exclusion but the scale of

intervention required for a meaningful policy response has not been clear. Fincher (2008), for example, noted that approaches like Vinson's (2007) seem to take for granted that social policy attention should be locally based, but she queries whether local is the appropriate scale at which to analyse and act upon social disadvantage. Australian place based policy over the last decade has tended to be of the local scale, community development type. With the new federal involvement a different strategy will be required: one which integrates localised community action with the bigger scale interventions necessary to address the wider sources of localised exclusion. The limits of 'locally based' policy making have been well defined in the Victorian case by Wiseman (2006). He noted real successes in strengthening social connectedness but emphasizes that while these can have positive value in overcoming social and civic deficits they cannot substitute for action by government at the 'people' rather than 'place' level, such as income support, education and employment.

There are concerns that a place based policy would lead to communities being pathologised. This might occur if the sources of exclusion are identified in terms of characteristics of the excluded people (eg psychological problems, poor social skills, 'cultures of unemployment') rather than social and economic processes which are not local in origin (eg. labour market failures). This analysis would be accompanied by a politics of 'blaming the victims'; attacks on their income support; and an emphasis on law and order at the expense of equality and social justice.

An alternative approach to place based reform would involve integrating local community development work with three key policy areas vital to promoting an inclusive society: mainstream social services, urban planning and employment.

McDonald et al. (2010) note that place-based partnerships are supported by the state and include various organisations and interests within particular geographic areas. The Victorian government has established place-based partnerships to plan and coordinate resource allocation decisions to meet objectives such as economic development and social inclusion. In the literature there are positive and negative views of these partnerships. One view is that they allow regions to build competitive advantage, while another is that they are a means of pursuing a neoliberal policy agenda that seeks to reduce government protection and investment.

Implementation issues

- ***Who or what is a community?*** One of the challenges in seeking to work with local communities is understanding what a community is. Communities take many different forms, and defining community is not a simple matter. On the basis of a thorough review of the relevant literature, Barnes et al. (2006) concluded that there is little theoretical agreement about the nature of the concept 'community', or whether it is synonymous with 'neighbourhood'.

  The concept of community originally referred to a specific geographic locality or area, and the people living in it. However, as a result of considerable social

change over the past decades, the places where people live do not necessarily contain the associations that are most significant for them (Butler et al., 1999; Hughes et al., 2007). Instead of geographical communities, we are more likely to have relational communities, in which our closest personal ties are with people spread over a wide area. Thus, families may be poorly linked with others in their immediate neighbourhood but well supported through communities of interest (Barnes et al., 2006; Hughes et al., 2007). For children and parents, membership of communities of interest may be defined by personal characteristics such as ethnic group, religious affiliation, or some defining feature such as being the parent of twins, having a child with a handicapping condition, being a single parent, or being in a same-sex parent household. These communities are sometimes, but not always, formed as a means of collective empowerment, in the context of being ignored or treated negatively by society (Barnes et al., 2006). The other members of such communities of interest do not necessarily live locally and are therefore not able to provide practical support.

There is a tendency to think of communities as homogenous and distinct units with a common identity (Barraket, 2004). The word 'community' suggests a unified, collective actor, but this does not reflect on-the-ground experiences. People living in the same locality do not necessarily view or value that locality in the same way. What ultimately determines what a person's community is depends upon that person's perceptions. As Fegan and Bowes (1999) point out, what matters is not what size a community is or what connections exist between members, but how people perceive their relationship to the community:

> 'If families perceive their local area as a community of which they are a part, despite distance from neighbours or lack of facilities, then they will behave as if it is a community. This perception will lead to behaviour that has benefits for the families and the children within it. Parents and children will be more likely to believe that they have something to contribute to the community themselves.
>
> If, on the other hand, individuals and families believe that they are isolated from their community, even if they do have a network of family and friends, they will behave in ways that reflect their perceptions of isolation. They will be disadvantaged in relation to other families by not making use of the resources that communities can provide.' (p. 116)

Moreover, people's satisfaction with and attachment to the area where they live affects their willingness to engage in efforts to maintain or improve that setting (Stedman, 2002).

- ***What can we reasonably expect of communities?*** One danger in focusing on strengthening communities as the most effective way to redress social exclusion is that it does not address the broader structural issues that impact on local experience (Barraket, 2004). By relying unduly on community building as the major strategy, governments may pass the responsibility for resolving major

structural problems onto communities themselves. Many communities lack the resources and capabilities to tackle this task successfully.

Another challenge is building and sustaining the capacity for community self-reliance (Barraket, 2004). If this is one of the main aims of community-building programs, then it seems clear that appropriate and sustainable mechanisms for local governance need to be developed. Long-term community building generally requires local-level organisational forms capable of co-ordinating community objectives and available resources, and able to provide a point of contact with external institutions and networks.

A further issue is that community development relies on collective action, but collective action is not easy to mobilise unless the issue is already causing concern, and the community is in a position to act collectively (Katz, 2007). Community members are likely to co-operate only when they have a common interest and are convinced that this can only be met by acting collectively. Success of action is also more likely where the community is relatively small and where networking between peer groups exists.

The length of time it takes to achieve change at a community level is also a challenge (Katz, 2007). The process of involving community members in the organisation and governance of a project can take many years. Comprehensive interventions have to balance the need for embedding the initiative in the community on the one hand, and demonstrating 'quick wins' in terms of tangible improvements in services on the other.

- ***Who represents the community?*** As Katz (2007) points out, not all members can engage in programs to the same degree, and many interventions actively involve only a small number of people (although the whole community is expected to benefit). But how do community members who actively participate by volunteering for management committees and the like represent other members of their community? For participants to be representative of the wider community it is necessary either that they are elected, or that their characteristics and views, are able to identify with it, and have its interests at heart. In practice these criteria are seldom met.

- ***How can governments and public services work collaboratively with communities?*** Public services and governments around the world face pressures from a more demanding public, increasing social complexity and diversity, and overstretched resources (Bradwell and Marr, 2008). In response to these demands, the public policy process in Australia and elsewhere is changing towards a more interactive, collaborative model, where governments seek to develop partnerships with civil society and private sector organisations to manage complex policy challenges (Boxelaar et al., 2006). Community development is based on the notion of transferring power from external authorities towards local people. However this can be challenging for both sides (Katz, 2007). These moves to more collaborative ways of working are particularly challenging for those in government services. Public servants

experience increasing complexity in their jobs as policy advice is now contested and developed in the public arena.

Managing this complexity demands new skills such as those of conflict resolution, negotiation, communication and knowledge management. It also demands that that the prevailing positivist tools and instruments of public administration (such as the use of private sector management methods and the competitive tendering out of services) are at odds with the collaborative partnership approaches that characterise effective community engagement (Boxelaar et al., 2006). This has been confirmed by a recent conducted an international survey of the practice of co-design − the collaboration between public servants and consumers in the design of services (Bradwell and Marr, 2008). This suggested that, although co-design appeared to be maturing from principle to practicality, we have yet to see a consistent emergence of organisational cultures that support increases in collaborative service design.

- ***What size area is ideal for place-based planning?*** As Katz (2007) points out, many initiatives focus on administrative boundaries such as post codes or local government areas. However these are not always recognised as neighbourhoods by local residents. This is a particularly important issue when setting up new services in neighbourhoods, because some sections of the community can find it physically or socially difficult to access services which are perceived to be located outside their familiar territory. Consultation with community members about the definition of the community or neighbourhood is important to minimise this challenge. Therefore, there can be no single answer to the question of what size area is best for a place-based approach. Rather, place-based planning should be applied to *socio-geographic localities* – geographic areas that are recognised by local residents as being their community or neighbourhood.

- ***Should a place-based approach be used in all localities or only the most disadvantaged?*** This is a variation on the universal vs. targeted debate (CCCH, 2006b). Targeting has been the preferred approach in many UK initiatives. As noted earlier, the term *area-based* as used in the UK usually refers to an approach that targets highly disadvantaged areas (Burton et al., 2004; Muscat, 2010; Smith, 1999). One justification for this approach is that, in geographical areas that suffer disproportionately from problems, mainstream programs are placed under pressure so that they operate less effectively than in other, more affluent areas (Smith, 1999). To compensate, something 'extra' is therefore needed, eg. a place-based strategy.

  However, as Smith (1999) also notes, patterns of deprivation and disadvantage are not straightforward and vary from area to area. There is no clear dividing line that somehow separates 'deprived areas' that need targeted interventions, from other areas. In many districts deprivation is concentrated in small 'pockets', whereas in other places it may be spread more evenly. Moreover, different areas suffer from different combinations of economic and social problems and have different population profiles. It has been argued that small

area data and intelligence on deprivation is not good enough to back up targeting decisions.

Another argument against restricting the use of place-based planning and service delivery to disadvantaged areas is that most people who are disadvantaged or experiencing problems do not live in such areas. Although problems are more prevalent in areas of high disadvantage, social gradients operate such that problems are distributed across all whole population. While the concentration of problems is less in more advantaged areas, the total number living in such areas is greater than that living in the most disadvantaged areas. This distribution pattern is can be found everywhere. According to Hertzman et al. (2010), in every country in which they have been measured, rich or poor, social gradients have been shown for infant and child mortality, low birth weight, injuries, dental caries, malnutrition, infectious diseases, and use of healthcare services. In the cognitive domain, gradients are found for school enrolment, mathematical and language achievement, and literacy. Efforts to address these problems therefore cannot be restricted to the most disadvantaged areas.

- ***How can we best develop place-based plans in impoverished / disadvantaged areas?*** Head and Alford (2008) identify three approaches that can help address wicked problems: outcomes / focus / systems thinking, collaboration and coordination, and leadership in mobilising adaptive work.

  - *Outcomes focus / systems thinking.* Systems thinking entails consideration not only of outcomes but also of the whole chain, or more accurately 'web', of inputs, processes and outputs that lead to them. The purpose is to search, in a relatively comprehensive way, for factors which may contribute to the nature of the wicked problem, or contribute alternatively to its being addressed.

    The classic systems approach to delineating these factors is 'backward mapping' (e.g. Elmore 1980, Elmore 1985). Adapted to the analysis of wicked problems, the first step in backward mapping would be to identify a problem in tentative terms. It doesn't matter whether this is framed in ultimate or intermediate terms, since at this stage, it is by definition not possible to know the full nature of the problem. All that is needed is a starting point. From here it is possible firstly to work backwards, to compile a diagram of which factors seem most likely to 'cause' the problem in question, which other factors seem in turn to cause the first set, and so on backwards through the chain to initial factors. It is also possible to work forwards, delineating which further problems might be caused by the first initially identified, and which are caused by them in turn. This is a complex analytical task requiring judgement and iteration, but is an invaluable discipline. A simplifying intermediate step towards this task could be first to identify how – in a specific organisational setting – the existing core internal production process affects the problem. It is then possible to look for contributors to and

inhibitors of this internal process, and from there trace other external contributing factors.

Systems thinking is not an approach which in itself constitutes a method of dealing with wicked problems. Rather it is an analytical discipline which can usefully supplement the other two major approaches: collaboration, and leadership in mobilising adaptive work.

- *Collaboration and coordination*. Collaboration can occur between two or more government organisations ('joined up government) within the same or different levels of government, or between government organisations and private firms and/or voluntary/non-profit/community organisations. It can entail the partners playing different mixes of the roles of specifying/arranging services, delivering them and paying for them. It can be based on greater or lesser degrees of contractual formality. At its core, however, is some degree of mutual trust and commitment.

  Where it is operating effectively, collaboration helps in the addressing of wicked problems in three ways. Firstly, the presence of functioning co-operative networks increases the likelihood that the *nature of the problem* and its underlying causes can be better understood. A wider array of actors can offer more diverse insights into why a situation has arisen. Secondly, collaboration increases the likelihood that provisional *solutions to the problem* can be found and agreed upon, not only because a wider network offers more insights, but also because greater co-operation improves the chances of diverse parties (who may have differing interests concerning the issue) coming to an understanding about what to do. Thirdly, it facilitates the *implementation of solutions*, not only because the parties are more likely to have agreed on the next steps, but also because it enables mutual adjustment among them as problems arise in putting the agreed solution into practice.

  In summary, collaboration offers one way of recognising and engaging the multiplicity of actors affecting the 'wickedness' of a problem. But it can be difficult to set up and sustain in a public sector context subject to turbulence and accountability rules.

- *Leadership in mobilising adaptive work.* In situations that go beyond the cognitive capacities of any one person to identify what is wrong and determine ways of addressing it, leadership needs to take a different form from the traditional approach of formulating a vision and empowering others to follow. Where the knowledge and insights relevant to the issue are distributed among those who are led, leaders need to involve organisational members and/or stakeholders themselves in doing the collective work of identifying the problem and developing ways to deal with it. In effect, those who are led are asked to perform the shared leadership role of setting a direction.

These three methods provide promising ways of approaching the task of conceptualising, mapping, and responding to wicked problems. But they sit awkwardly, if not impossibly, with the conventional structures and systems of the public sector. Head and Alford argue that effective application of these strategies requires a degree of flexibility in the structures and systems within which it operates:

- Firstly, such an approach is likely to be easier to establish and adapt if the *organisational structure* is flexible. Typically this involves some form of matrix structure, in which staff have a 'home' responsibility to a particular function or program, but it is understood that they may from time to time be redeployed or 'outposted' to a temporary strategic project.

- Secondly, it calls for more flexible *budgeting and financial systems*, in which it is possible to budget for outcomes, outputs or processes, to 'pool' budgets, and to devolve the authority to make limited reallocations closer to project management level. This also requires some attention to resolving joint accountability issues.

- Thirdly, it calls for a more sophisticated approach to *performance measurement*. Typically this should focus more on the results end of the program logic, since this allows more flexibility as to the processes by which outcomes are achieved, but it should also recognise the long lead times often required to address wicked problems, through greater focus on evaluating intermediate or precursor steps.

- Fourthly, it calls for more emphasis, in *recruitment, promotion and staff development* processes, on knowledge, experience and skills suitable to working in more open-ended, collaborative and adaptive situations.

- Finally, it calls for a cultural shift from a risk-averse culture, built on the politics of attributing blame to individuals for failure, towards a *collective learning culture* built on collaborative discussion of goals, strategies, monitoring and adjustment of program settings as knowledge and understanding evolve and as the perspectives of stakeholders shift over time.

This list of implementation issues is formidable. Nevertheless, Katz (2007) believes that community development is a general strategy that we should continue to pursue:

> Community development approaches to addressing child welfare needs are still in their infancy, and it is still not clear to what extent the potentially competing needs of individual children and communities are better served by these approaches. Nevertheless the potential benefits are considerable. They offer the possibility of moving beyond the identification, diagnosis and 'treatment' of individual problems to a much more holistic view of children and families in communities, building on their strengths and strengthening local support networks and collective efficacy whilst at the same time

providing intensive interventions to those individual families who would benefit most.

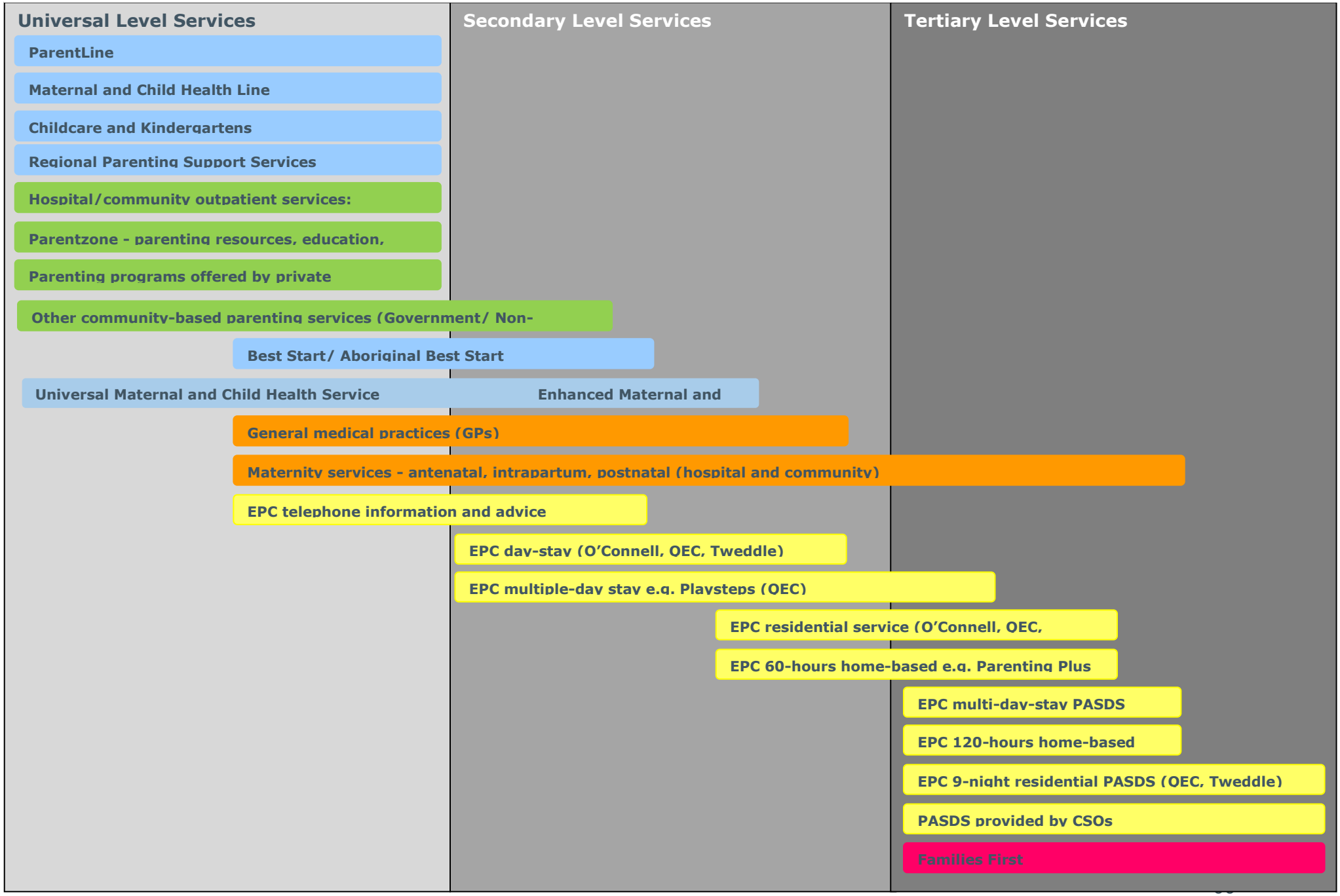
There is parent support for this approach. In a report to the Council of Australian Governments on future directions for the national early childhood development strategy, the Boston Consulting Group (2008) noted that parents sent a clear message in focus groups that a long-term early childhood vision should be strongly community-based. They believe it should extend well beyond the traditional boundaries of health, education and family support into recreation, safety, and opportunities for family bonding. This whole-of-community approach requires some form of capable and accountable local entity to organise tailored and responsive early childhood services. What this might look like is addressed in the next section.

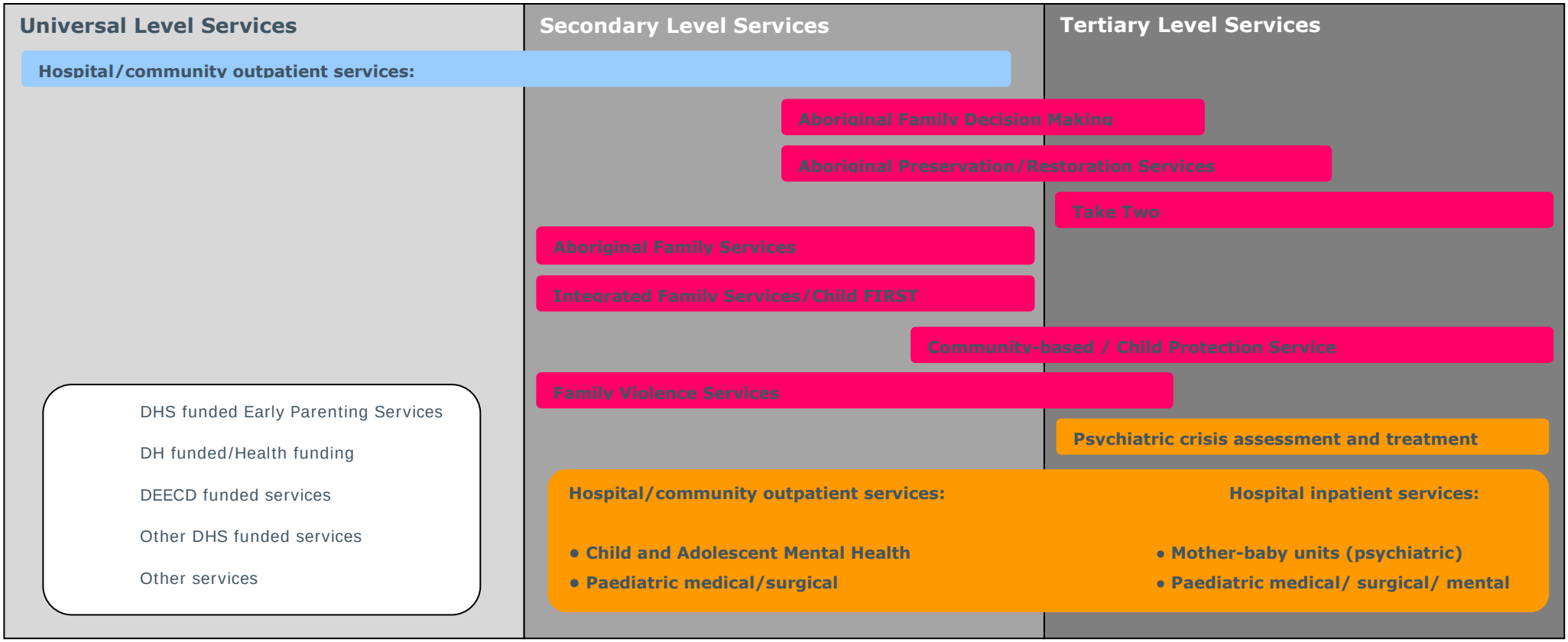
6.3 Reconfiguring early childhood services

As already noted, the traditional service delivery system is having problems in meeting the needs of all families (Section 5.2). Services are fragmented and unable to respond promptly to the emerging problems of children and families. This has led to a push to reconfigure early childhood and family support services. The efforts being made to create a better integrated system have also been outlined (Section 4.2).

Services are usually classified in terms of universal, secondary and tertiary services (eg. Sawyer et al., 2011). This is the classification used in the diagram overleaf showing the continuum of child and family services in Victoria (Department of Human Services, 2010).

Figure 1: The Continuum of child and family services in Victoria (from pregnancy to 4 years) (Department of Human Services 2010).





QEC – Queen Elizabeth Centre, EPC – Early Parenting Centre, PASDS – Parenting Assessment and Skills Development Services, Tweedle- Tweedle Child and Family Health Service

Is this classification of universal, secondary and tertiary services the best way of understanding or organising services? Moore and Skinner (2010) have summarised the research literature on how best to organise services into a system that effectively supports families of young children in rearing their children as they (and we) would wish. Based on analyses and research reviews by Allen Consulting Group (2008), Beresford & Hoban (2005), Boston Consulting Group (2008), Centre for Community Child Health (2007, 2008, 2009), Fine et al. (2005), Lewis (2010), Pope & Lewis (2008), Soriano et al. (2008), Watson (2005), and Watson et al. (2005), the key features of effective integrated service systems for vulnerable families are as follows:

- ***Universal and inclusive service base*****.** The core services are available to everyone and designed to be inclusive, non-stigmatising and welcoming. The usual approach to addressing the needs of vulnerable or exceptional families has been a targeted approach which involves supplementing a relatively narrow band of universal services (eg. maternal health services) with a range of targeted programs that provide additional services to individuals, groups or localities identified as being at risk. There are good grounds, both empirical and theoretical, for adopting a universal approach to service provision, strengthening the range of universal services and providing additional services in response-based fashion (according to emerging needs rather than risks).
- ***Information provision*****.** Parents have access to information in various forms regarding the community facilities and professional services that are available.
- ***Range of services.*** Families have access to a broad range of interventions which include both practical, material services and more complex work (such as enhancing parenting skills), including opportunities to be engaged in their children's learning.
- ***Multiple interventions.*** Programs using multiple interventions addressing several risk areas work better than those using a single intervention strategy.
- ***Service redundancies.*** Services are provided in a range of formats and locations to suit the different needs and preferences of diverse groups.
- ***Accessibility***. Services are made as accessible (in all senses, including geographical, cultural and psychological accessibility) as possible***.*** Active assistance (eg with transport or interpreters) is provided as required.
- ***Multiple single entry points****.* There are multiple entry points and no 'wrong door': whatever service a child is brought to should either provide help, or help find a more suitable service that is easy to access.
- ***'Soft' and 'hard' entry points.*** A mix of 'soft' and 'hard' entry points to the service system is provided. Universal services can be used to provide an important soft entry point of first contact, whereby parents can access support to more specialised services.
- ***Integrated services****.* Some core services are integrated, either as a 'virtual' network or an actual co-located service (as in service hub models and children's centres).

- ***Embedded specialist services.*** Specialist or targeted services are embedded in universal services (eg. schools, maternal and child health centres, churches, libraries and health clinics).
- ***Active / assertive outreach*.** There are outreach services designed to find and build relationships with vulnerable and marginalized families, and link them with services that match their needs and preferences.
- ***Mentoring.*** 'Experienced' parents are recruited to act as mentors for 'new' parents. Mentoring helps to achieve positive outcomes with various client groups, such as young parents and isolated parents.
- ***Community-based early years partnerships.*** The planning and management of integrated service systems requires the establishment of community-based early years partnerships.
- ***Articulation of a shared vision and achievable goals.*** It is important to have a strong vision with clear objectives and achievable goals. A shared vision provides a platform for building shared responsibility and accountability between organisations and sectors, providing a base for collective action planning and service delivery. Problems arise when policy objectives are vague or there are too many goals to be reached in a short time.
- ***Facilitation capacity.*** Effective service systems usually have an identified person or agency that is funded to facilitate / coordinate collaboration between services, and support the work of early years partnerships.
- ***Integrated governance arrangements.*** The sustainability of community-based early years partnerships depends upon establishing integrated governance arrangements that involve all stakeholders and provide a structure for leadership and processes for funding and accountability.
- ***Building a supportive culture.*** Effective integrated systems require a supportive culture based on collaboration between services, mutual respect and trust between professional groups and providers, and shared responsibility for vulnerable families and children.
- ***Active community participation.*** Parents and other community members should be active participants in the planning, delivery and evaluation of integrated services.
- ***Commitment and support from senior levels of government.*** The success of integrated service networks depends on supporting coordination in the field with parallel coordination within government and planning bodies.

In addition to these structural properties of effective integrated service systems just discussed, there are a number of vital process qualities have been identified: *how* services are delivered is as important as *what* is delivered. Key process qualities include:

- ***Engagement with parents***. The success of integrated services ultimately depends upon the level of engagement and the quality of the relationships

established between professionals and parents, at both individual and group levels.

- ***Partnerships with parents.*** Effective services work with parents as partners using family-centred practice principles.
- ***Empowerment of parents.*** Effective services help parents develop new skills and competencies in meeting the needs of their children and families, and in making full use of early childhood and family support services.

Building an integrated service system can begin with small initiatives, such as integrating early education and care services within a long day care program. However, the full benefits of integrated service delivery can only be gained by creating an integrated service system that brings involves a wide range of services that work directly or indirectly with young children and their families (Moore & Skinner, 2010). What follows is a listing of the strategies or interventions that are involved in building an integrated service system. These strategies are taken from a series of guides developed by the Centre for Community Child Health as part of its Platforms Service Development Framework (2010).

As elaborated in these guides, the major strategies involved in building an integrated service system are:

- Establishing a community-based early years partnership group to oversee the development of integrated service system.
- Gaining agreement regarding an overall vision and specific outcomes that the partnership is seeking to achieve.
- Appointing a community partnership facilitator to help build links between services and support the work of the partnership group.
- Documenting community demographics, mapping assets and identifying needs.
- Creating an integrated action and evaluation plan.
- Simplifying parental access to services by developing common protocols that allow families to gain access to all services through single entry points.
- Develop ways in which secondary and tertiary services can expand their roles to strengthen the capacity of the universal system to meet the needs of children more effectively.
- Building the capacity of early childhood and family support staff to work collaboratively with parents in monitoring their children's health and development.
- Building the capacity of early childhood and family support staff to work collaboratively with parents in identifying emerging parenting and family issues.

If the strategies just outlined are implemented as planned, then we can expect the following immediate benefits and outcomes:

- Families will find it easier to access early childhood and family support services.

- Service providers will be better informed about available services.
- Services will be more effectively integrated, doing more joint planning and service delivery.
- Parents will be better informed about available services and facilities.
- Children's health and developmental problems will be diagnosed earlier.
- Referral of children with health or developmental problems to specialist services will be prompter.
- Problems with parenting and family functioning will be recognised earlier.
- Referral of families experiencing difficulties in parenting and meeting family needs will be prompter.

There are three points to note about this account of the reconfiguration of early childhood and family support services.

First, no service jurisdiction has yet succeeded in reconfiguring its services in the way just described. The above account represents a template for how services might be reconfigured rather than a description of how this has been done.

Second, the framework goes beyond the description of services in terms of universal, secondary and tertiary. The current system of services (as outlined in the figure above) lists an impressive array of services, but gives a misleading impression that these are part of a comprehensive and systematically planned service system. In fact, the services are not always well linked to one another and are not consistently capable of delivering appropriate levels of support to all those in need. An ideal system would be based on a strong and inclusive universal set of services, would have well-developed 'horizontal' linkages between the various forms of services that directly or indirectly support families of young children, and would also have well developed 'vertical' linkages with secondary and tertiary services that enable varying levels of additional support to be provided to those with particular needs. This notion of an integrated tiered system - sometimes referred to as a public health model (Bromfield & Holzer, 2008; Jordan & Sketchley, 2009; O'Donnell et al., 2008; Scott, 2006), and also known as 'progressive universalism' in the UK (Barlow et al., 2010; Feinstein et al., 2008; Statham et al., 2010) – differs from the conventional classification of services as universal, secondary and tertiary in its focus on the *process* of providing additional support rather than the services themselves.

Third, it should be remembered that the reconfiguration of services is only part of what needs to happen to achieve better outcomes for children and families. As outlined in Section 4.1, the building of a more supportive service system needs to be accompanied by the building of more supportive communities and the development of a stronger interface between communities and service systems. To achieve all three of these sets of changes will require a greater level of commitment from key stakeholders and a more comprehensive range of interventions than is needed to build a more supportive service system on its own.

6.4 Summary and implications

In this section, we have looked at some examples of place-based initiatives. The overseas models are more comprehensive and ambitious than those attempted in Australia, but, in the case of the US examples at least, they are working in communities that are more disadvantaged and dysfunctional than any in Australia.

We also considered a number of issues that need to be addressed when we are seeking to implement a place-based approach. Some of these are questions about communities: who or what is a community, what can we reasonably expect of them, and who represents the community. Another key issue concerning the challenges faced by governments and public services is working collaboratively with communities.

Other issues are more structural, such as what size area is ideal for place-based planning. It was concluded that there can be no single answer to this question, and that place-based planning should be applied to *socio-geographic localities* – geographic areas that are recognised by local residents as being their community or neighbourhood, and that are not necessarily tied to postcode boundaries. Small-scale data that supports planning and monitoring at such a localised level will be required to facilitate place-based approaches.

Two other issues discussed were how can we best develop place-based plans in disadvantaged areas, and whether a place-based approach be used in all localities or only the most disadvantaged. On the latter point, there are strong grounds for using a universal rather than a targeted approach, since the problems that children and families experience are distributed across all levels of society, although more concentrated in the more disadvantaged areas.

This section also included an analysis how the early childhood and family support service system might be reconfigured. It was noted that no jurisdiction had yet succeeded in reconfiguring its services in this way, and that the reconfiguration of services is only part of what needs to happen to achieve better outcomes for children and families.

Community-Based Service Framework

This is an appropriate point at which to take stock of what we have learned from our analyses of social climate change, 'wicked' and complex problems, place-based approaches, and efforts to reconfigure early childhood and family support services. These analyses suggest that what is needed to meet the needs of today's young children and their families effectively is a community-based service framework with eight key features, as follows:

Key features of comprehensive community-based service framework

- ***Universal*** – based on the provision of a core set of services to all families in all localities
- ***Tiered*** – provision of additional supports to families and areas identified as having additional needs and/or being exposed to multiple risks
- ***Integrated*** – all relevant services work together to provide integrated holistic support to families
- ***Multi-level*** – able to address all factors that directly or indirectly shape the development of young children and the functioning of their families
- ***Place-based*** – integrated services planned and delivered in defined socio-geographic areas
- ***Relational*** – based upon principles and practices of engagement and responsiveness, both at the individual and community level
- ***Partnership-based*** – based on partnerships between families and service providers, between service providers, and between government and service providers
- ***Governance structure*** – has a robust governance structure that allows different levels of government, different government departments, non-government services, and communities to collaborate in developing and implementing comprehensive place-based action plans.

It should be noted that, in this model, a place-based approach is one element, not a total strategy on its own.

7. CONCLUSIONS AND POLICY IMPLICATIONS

This paper synthesizes the conceptual and empirical literature on place-based approaches to meeting the needs of young children and their families. A specific focus of the paper is on the potential contribution of place-based approaches to service reconfiguration and coordination. What has emerged from the analyses of theory, research and practice on place-based and other approaches has been a framework for a comprehensive community-based approach with eight key characteristics. The framework is just that – a framework and not a fully articulated plan of action. What follows are some considerations regarding how the framework can be operationalised and implemented.

Policy considerations

- Implementing a comprehensive approach as outlined in this paper is a formidable undertaking that will require a sustained commitment by many stakeholders. A senior-level forum to guide this process for any region or sub-region wishing to implement this approach should be established.

- Effective integrated planning and service delivery at a place-based level requires the establishment of governance structures through which the various stakeholders and service providers collaborate. Without such governance structures, collaboration between departments and agencies is difficult to sustain. As there are no existing governance arrangements that are comprehensive and binding enough to ensure sustained collaboration, one of the priorities should be to explore what form or forms of place-based governance are needed for this purpose.

- While it is possible to identify areas of high disadvantaged, the spread of disadvantage is complex and such areas are by no means homogeneous. Social gradient effects mean that social problems, including family problems and poor child outcomes, are spread across all socioeconomic strata. Ultimately, the community-based framework proposed in this paper should be applied in all areas. However, it would not be feasible to introduce such a comprehensive approach in all areas simultaneously, and some selection of suitable areas will be needed in the first instance. This paper has provided some criteria for selecting the areas more in need or most likely to benefit.

- While the literature provides some guidance as to how a comprehensive community-based approach might work, there are no fully developed Australian models to learn from. Implementing the approach will therefore be a developmental process, where the emphasis is on close monitoring of the immediate effects and continuous learning. Documenting these learnings will be important to ensure that the future roll-out of the model is fully effective.

- Monitoring the impact of a comprehensive community-based approach will be greatly facilitated by the availability of appropriate data at a neighbourhood or socio-geographic locality level. Since such small scale data is not readily

available, ways of gathering and accessing this kind of data should be developed.

- Place-based and person-based approaches are not mutually exclusive – on the contrary, they complement and reinforce each other. Therefore, the implementation of a comprehensive community-based approach should not lead to the neglect of person-based interventions.

- More work is needed on developing a full program logic model of the framework, showing how it leads to improved outcomes for children, families and communities. This should seek to identify the range of actions needed to produce real change and how they link with one another.

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