



Policy Roundtable Emerging patterns in place-based approaches: International perspectives

Centre for Community Child Health

November 2017





Centre for Community Child Health

Murdoch Children's Research Institute / The Royal Children's Hospital Melbourne 50 Flemington Road Parkville Victoria 3052 Australia Telephone +61 3 9345 6150 www.rch.org.au/ccch

Centre for Community Child Health (2017). *Policy Roundtable. Emerging patterns in place-based approaches: International perspectives.* Murdoch Children's Research Institute / The Royal Children's Hospital, Parkville, Victoria. doi:10.25374/MCRI.5544490

The Centre for Community Child Health is a department of The Royal Children's Hospital and a research group of Murdoch Children's Research Institute.

Project partners



Health and Human Services





About this report

On July 3, 2017 the Centre for Community Child Health, Opportunity Child and the Victorian Government, with generous support from the Creswick Foundation and the ten20 Foundation, hosted the Emerging patterns in place-based approaches: International perspectives policy roundtable. This report summarises presentations and group discussions, highlighting learnings from around the world in place-based approaches that tackle disadvantage with local solutions.

The event followed on from place-based roundtables hosted in 2012 and subsequent reports: *Place-based initiatives transforming communities* and *Place-based reform: shaping change*.

These reports are available from www.rch.org.au/ccch.

The Centre for Community Child Health

The best possible outcomes for children, families and communities.

The Centre for Community Child Health is a department of The Royal Children's Hospital Melbourne, a research group of Murdoch Children's Research Institute, and an affiliate of the University of Melbourne's Department of Paediatrics. It is the only centre in Australia that truly works at the nexus of academic research, clinical practice, and the real world.

The Centre strives to:

- improve health and development outcomes for all children
- find solutions to health inequities for children experiencing adversity.

The Centre does this by:

- promoting positive early life conditions for all children
- using research and practice evidence to understand the factors that influence child health and development
- working with families, practitioners, communities and governments to test and trial clinical and communitybased solutions to the complex socio-environmental challenges affecting health and development outcomes.

The Department of Health and Human Services

The Department of Health and Human Services develops and delivers policies, programs and services that support and enhance the health and wellbeing of all Victorians.

The department provides many services directly to the community through its operational divisions, located across 17 areas of the state. Each division covers a mix of rural outer-metropolitan and inner-metropolitan areas of Victoria. In addition, the Department funds almost 2,000 other organisations to deliver vital health and human services care, and partners with other parts of the Victorian public service, federal and local governments and communities to build community infrastructure capacity, participation and resilience.

The combined effort of these partners working together drives positive long-term change for individuals and families, particularly those with multiple and complex needs spanning issues such as mental health, housing, drugs and alcohol, chronic health conditions and disability.

Opportunity Child

Opportunity Child is a collective of leading partner communities, national organisations and a wider learning network, all working together to change the system that impacts the lives of children in Australia.

In Australia each year, about 65,000 five year olds start school with big challenges in learning and in life. Opportunity Child's shared goal is to dramatically improve the lives of these vulnerable children, to change the sense of what's possible, to deliver the vision of Australia as a country where everyone has the opportunity to thrive. We comprise urban, regional and remote organisations and communities aligning using a placebased collective impact approach. We are developing new ways of working together to create large-scale social and systems change.

Foreword

The ten20 Foundation

The ten20 Foundation is bringing inspiration and innovation to early childhood investment in Australia.

We know the system needs to change in order to change the lives of vulnerable young children, and we are starting that work by supporting exciting, innovative, communityled initiatives.

We believe new forms of funding are the key to enabling real social change that will benefit all Australians. We are focused on children between the ages of 0–8, and our key investment is in six communities undertaking collective impact and the Opportunity Child initiative. As a strategy for improving outcomes for children and families, place-based approaches continue to gain traction and resonate in Australia with government, philanthropy, practitioners and communities. However, we are still in the early stages of understanding *what* works in relation to place, as well as *how* it works and, indeed, *if* place-based models actually make a difference to children's wellbeing.

Given the absence of critical information and the early stage of the Australian place-based journey, our narrative is fractured and greater coherence is required to generate a broader understanding and will, to support the right type and length of investment in the promotion of children's wellbeing.

The high level of place-based activity currently underway internationally and in Australia, and the similarity in focus and target of many initiatives, provides us with significant opportunities to learn from others and advance our expertise.

This roundtable provided an opportunity for participants from government, philanthropy and research to collectively examine lessons from the UK and US to inform our policy and approaches in Australia. In addition to Australian invitees, presenters included visiting experts from the UK and the US. What followed was a rich discussion that will hopefully add to the momentum for place-based reform. I commend it to you.

Sue West

Research Group Leader, Policy, Equity and Translation, MCRI Associate Director, Centre for Community Child Health, RCH

Contents

About this report	1
The Centre for Community Child Health	1
The Department of Health and Human Services	1
Opportunity Child	1
ten20 Foundation	2
Foreword	2
Executive summary	4
Recommendations	4
Conclusion	4
Introduction	5
Presenters	6
Beginning to think differently about place Dr Michael Little	8
Core propositions	8
New directions	8
Case study	9
Lessons	9
A Better Start: early implementation of place-based strategies	
to promote early childhood development Chris Cuthbert	10
A Better Start	10
Case study	11
Lessons	13
Supporting innovation in complex community systems Dr Moira Inkelas	14
Supporting innovation	14
Lessons	16
Emerging patterns in place-based approaches: national and international perspectives Dr Tim Reddel	17
Place-based evolution	17
Trends	18
Emerging policy	18
Developing and implementing place-based strategies:	
success factors and future requirements Professor Brian Head	20
Theory to practice	20
Obstacles	20
The way forward	21
Roundtable conclusions	23
Participants	24

Executive summary

In Australia, more than one in five children arrive at school already affected by environments and experiences that are less than optimal for their development.

These children are developmentally vulnerable and at risk of problems now and later in their lives. In some communities, this vulnerability extends to one in two children – **every second child**.

This report discusses the need to invest in place-based approaches – local solutions to local problems – as a strategy that shows promise for improving outcomes for children in disadvantaged locations.

Place-based approaches are making positive impacts in communities around the world. This report focuses on replicable learnings from researchers and practitioners in place-based programs, policy and research across the UK, US and Australia. These learnings were presented in July 2017 at the Emerging patterns in place-based approaches: International perspectives policy roundtable, hosted by the Centre for Community Child Health, Opportunity Child and the Victorian Government and supported by the Creswick Foundation and The ten20 Foundation.

Presenters discussed:

- how to advance policy and practice for place-based initiatives, rooted in what is known about the potential of healthy human relationships
- emerging policy lessons from the UK's A Better Start, looking at the program's integrated framework and approach to systems change, a case study and policy enablers for place-based strategies to promote early childhood development
- methods to foster a culture of innovation and learning in community systems and why this is important for achieving evidence-based practice at scale
- current place-based policy in Australia, why "place" matters and the evolution of place-based solutions, emerging trends and policy
- future program development challenges and supportive policy directions.

Recommendations

The report offers six key recommendations. These recommendations emerged from discussions by roundtable participants from government, philanthropic and community organisations who, reflecting on presentations, discussed two questions:

- Where are we up to with place-based approaches in Australia?
- How can funders (governments and philanthropy), in partnership with communities, foster innovation, learning and evidence-based practice in place initiatives?

The six key recommendations are:

- 1. **Improve structures:** Provide long-term, flexible and devolved funding, budget management and decision making; support evaluation.
- 2. **Support strategic risk:** Funders should support innovation by investing in initiatives and strategies that show promise.
- 3. **Improve culture:** Recognise community members as collaborators and agents for change; allow emerging leaders to exercise their potential.
- 4. Invest in local leadership and in the growth of community readiness: Place-based collaborations with leadership, diversity, strong relationships, volunteering and collaboration have a better chance of innovating, learning and improving.
- 5. **Improve governance:** Make it outcome focussed, authoritative, participatory and accountable with a deep understanding of a population and its context.
- 6. **Invest in knowledge generation and sharing:** multilevel, long-term partnerships between researchers, government and communities will support evaluation and enable learnings to be captured and shared and support the spread of innovation.

Conclusion

The adoption of these recommendations will help strengthen place-based initiatives that tackle disadvantage. In turn, this will improve the cost effectiveness of community spending and, more importantly, support children, families and communities now for Australia's future.

Introduction

As a strategy for improving population outcomes for children and families, place-based approaches are gaining traction in Australia with government, philanthropy, practitioners and communities. However, we are still in the early stages of understanding *when* place-based approaches are appropriate, *what* works in relation to place, *how* they work and, indeed, if place-based models actually make a difference to community wellbeing.

The high level of place-based activity currently underway internationally and in Australia – and the similarity in focus and target of many initiatives – provides us with significant opportunities to learn from others and advance our expertise.

The aim of the roundtable was to provide an opportunity for senior government executives from federal and state government departments to hear from international experts on how place-based approaches are being applied to address complex social issues affecting children and families. The discussion focused on an examination of lessons from the UK and the US alongside insights from Australia's history of place-based approaches, our current challenges and strengths and strategies for moving forward.

This report provides a summary of the presentations and the discussion.





Presenters

Dr Michael Little



Dr Michael Little is Director of Ratio, an independent research centre established to understand how relationships make us think differently about public policy and science for children. He is also Curator of *The R Word* an international conversation about relational social policy, and Fellow of the Centre for Social Policy at Dartington. Michael's presentation advanced a series of propositions for improving human development rooted in healthy relationships.

Chris Cuthbert



Chris Cuthbert is Director of Development for the Big Lottery Fund's *A Better Start*, UK. This 10-year program is transforming local systems and promoting early childhood development through place-based strategies in some of England's most disadvantaged areas. Chris' presentation focused on emerging policy lessons from *A Better Start*.

Dr Moira Inkelas



Dr Moira Inkelas is an Associate Professor at the Department of Health Policy and Management at UCLA and studies how systems of care influence quality, access and performance in children's health care. Moira's presentation focused on methods that can foster a culture of innovation and learning in community systems and why this is important for achieving evidence-based practice at scale.

Dr Tim Reddel



Dr Tim Reddel is Group Manager of the Policy Office in the Australian Government's Department of Social Services, leading the department's strategic policy, research and evidence evaluation activities and implementation of the Priority Investment Approach for Welfare. Tim's presentation offered reflections on current place-based policy in Australia, establishing why "place" matters and tracing the evolution of place-based solutions, emerging trends and policy.

Professor Brian Head



Professor Brian Head is Professor of Public Policy at the University of Queensland. He previously worked in senior policy roles for the Queensland Government and was the foundation CEO of ARACY. Brian's presentation focused on future program development challenges and supportive policy directions.

Beginning to think differently about place | Dr Michael Little

"We need to explore the non-intervention, or civil society space, and the relationships that are core to this."

Michael's presentation addressed issues of "relational policy" (the concept of how human relationships drive social change) and established propositions to advance policy and practice for place-based initiatives, rooted in what is known about the potential of healthy human relationships. Michael shared examples of approaches from around the world that have been core to place-based policy and practice, and explored the potential of relationships in the non-intervention and civil society space.

Core propositions

At the root of Michael's three decades of place-based work in the UK, Ireland and the US, has been good **epidemiology fund mapping** to discover where money is and how best to shift it, cost benefit analyses, and placing equal importance on understanding **what works and what does not**.

Bringing people together who would not otherwise meet and talking about things that they would not otherwise talk about has also been core. When for example parents, local non-governmental organisation (NGOs), scientific experts and policy makers have a conversation about how to build a place-based initiative, facilitators can listen, connect what people say and hold a mirror up to them and ask, *"is this what I heard you collectively say?"*. When the group agrees, they can move forward. When the group disagrees, they can try to find a shared way forward.

Shared accountability can also achieve better innovation – with stronger implementation and sustainability – and better outcomes for that innovation. For example, a randomised control trial of place-based Communities That Care in the US revealed that communities that implemented evidence-based programs with the community got better outcomes than those that implemented them without the community.

When looking for specific outcomes from place-based initiatives, it is common to instead discover general impacts. While specific outcomes for children such as improved health, education and belonging have not been achieved across Ireland from place-based initiatives, things are **moving in the right direction**. Ireland now has:

- a Minister for Children
- committed funding for prevention and early intervention from every government over the last eight years, despite extraordinary austerity
- funding commitment from the new Minister for Children for the next five years
- a scientific community interested in innovation
- communities that routinely co-produce innovations.

New directions

Many factors are at the root of advancing place-based policy and practice and there is huge potential in relationships in the **non-intervention**, civil society space.

"One in five children and young people from conception to 24 years with high-end needs are not receiving help from high-end services. One in twenty are getting no support, disconnected from civil society and services."

Most children and young people from conception to 24 years with high-end needs including behaviour, educational, mental health and peer relationship problems are not receiving any help from high-end services. Data shows that this is around 20 per cent of the total population. At the same time, most children getting high-end services are not actually those in greatest need. While some of those with high-end needs receive help from civil society – family, neighbours, activists, NGOs – 5 per cent receive no support, disconnected from civil society and services. In Melbourne, this would correlate to approximately 7,500 children and young people (*see Figure 1*). This is a great concern and a key motivator for doing things differently.

Figure 1: Estimates of young people not receiving the required support



This equates to about **7,500** children in Melbourne

"Relationships can lead to cognitive change in children and young people: reconnecting with personal agency."

So, what can be done differently to better address the needs of children and families? The non-intervention, or civil society space and the relationships that are core to this need to be explored. These important relationships can lead to cognitive change in children and young people: reconnecting with personal agency and recognising that their decisions are a key part to their future trajectory. Even one healthy relationship can help young people to start thinking differently about relationships around them and to change their social network.

This can also lead to new opportunities in place-based contexts:

- one-to-one relationships
- environments that encourage healthy relationships
- state, community and individual relationships.

Case study

A case study helps to demonstrate the role of social relationships in addressing the needs of children and families.

The Safe Families for Children organisation seeks to support families experiencing difficulties with compassionate community care, and in doing so, prevents around 15 per cent of children from entering foster care. This program provides a case study for how building capacity within society can address the needs of those with high-end needs. Three types of community volunteers make this initiative possible. They provide:

1. resources for the family home

2. friendship for the mother

3. respite, if needed, for children to stay away from home for short periods.

This enables children to be shifted out of the heaviest end of high-end services – foster care – and placed back into the community.

Lessons

Lessons stemming from Michael's international experience and focus on relationships in the non-intervention, civil society space include:

Civil society matters: Shift thinking that all the action is in public systems. It is not just about better integration, changing the way money is spent, prevention and early intervention and using evidence; think about the role of civil society too.

Learn from civil society: There is an opportunity to learn from what happens in communities exposed to high risk that still manage to achieve good outcomes. What is replicable from these communities?

Involve civil society: If service is the focus, what is being done to engage local people in the process? How will innovations be rooted in what local people think is going to be effective for them?

Support local innovation: Innovation should come from within communities and not from external sources. Think of evidence-based programs as the source or beginning of the process, not the end. In the innovation to scale methodology, start with communities and evidence-based programs and ask, "What can be learnt from these, taken away and rebuilt?"

Forge links: What is being done to link the placebased initiative with the broader community in which it is situated?

A Better Start: early implementation of place-based strategies to promote early childhood development | Chris Cuthbert

"Interconnected outcomes can be mutually reinforcing. Yet policies and services are typically designed around individual symptoms, issues or targets."

Chris' presentation focused on emerging policy lessons from *A Better Start*. He looked at the program's integrated framework and approach to systems change, a case study and policy enablers for place-based strategies to promote early childhood development.

A Better Start

The Big Lottery Fund's *A Better Start* is a 10-year program that is transforming systems in five of England's most disadvantaged communities and promoting early childhood development through place-based strategies. The program is demonstrating innovative approaches to government and community working together to co-produce and deliver joined up services for families in: Blackpool, Bradford, Nottingham, Lambeth and Southend-on-Sea.

Initiatives have traditionally focused on isolated outcomes, e.g. breastfeeding or maternal smoking in pregnancy, however *A Better Start* sought an integrated framework with outcome domains of:

- diet and nutrition
- social and emotional development
- speech, language and communication.

These interconnected outcomes are mutually reinforcing. Yet policies and services are typically designed around individual symptoms, issues or targets that policymakers may identify.

Broader shifts are also influencing *A Better Start*'s design approach.

Isolated programs → Place-based strategies

A move from isolated programs that focus on improving individual policy areas to integrated place-based strategies. This involves trying to understand needs, outcomes, patterns, distributions and interconnections of issues across the population.

Competing agendas → Common purpose and collaboration

A move from competing agendas driven by policies that are often in tension with one another, to collaborative approaches that bring together people from different constituencies. This might include senior public leaders, service providers and, fundamentally, local people living in those communities. Through dialogue, shared space and shared time a common purpose and vision is forged so that individual activities within a program or change processes pull the same direction.

Picking up the pieces \rightarrow Focus on prevention

A move from remedial services that pick up the pieces when things have gone wrong, to instead trying to understand risk and resilience across the population so that timely and early support is provided to people before they reach crisis point.

Parent vs child focus \rightarrow "Think Family"

A move from thinking about individual clients – particularly focusing on individual adult services – to thinking about the family unit. This involves a recognition that the most profound and important way of making a difference for children is to work with and through their parents and wider family networks.

Community vs expert → Co-production of evidence-based services

This involves bringing different constituencies together so that communities and academics can share and value each

other's knowledge and expertise. This is a difficult, sometimes uncomfortable but exciting space. This kind of collaboration is essential for successful service design and sustainability.

Reactive interventions → Pathways supporting prevention

A move from reactive interventions to crafting pathways of support around particular issues and threading services together in meaningful ways. For example, in perinatal mental health, research shows a high incidence of anxiety in pregnancy, suggesting vulnerable women can be identified earlier and provided with preventative support, rather than having to wait until problems have escalated.

"Professional gift" → Sharing power and building capabilities

A move from a model of "professional gift", where practitioners have a monopoly on power and knowledge, to one of power-sharing, co-producing and building capabilities.

Data for compliance → Data for learning and improving

A move away from data that is about compliance with a contract or service standard, to using data for continuous learning and improvement. It's no longer simply about proving that something works, a binary yes or no. It is now about working together to understand what is working, for whom and in what circumstances, and adapting and tweaking all the time. It is uncomfortable, particularly in short political cycles, to do this kind of learning, but it is crucial for sustainable change.

Case study

In Blackpool, one of the most deprived communities on many indices of deprivation in the UK, *A Better Start* has brought different constituents together to design and develop a strategy and program for change.

"Proximal factors around the parent-child relationship were at the heart of the model."

An ecological model recognising the many influences on early childhood development underpinned this work. Proximal factors around the parent-child relationship were at the heart of the model, as empirical research shows that parental sensitivity and the ability to attune and attach with the child are important for many outcomes. But when families are living under huge stress, this can be a hard task. So, the ecology and layers of broader societal



influence, and how these might affect parenting in the community, were explored.

As child development is dynamic, and as early learning begets later experience, energies were focused on the antenatal period and early childhood as an opportunity when families are particularly open to the possibility of behaviour change.

Drawing on this model, a simple framework was developed to guide the commissioning of projects and activities prioritised by the community service providers and professionals.

They needed to demonstrate a **reduction in community stressors** – like drugs and alcohol, relationships and domestic abuse, mental ill-health and isolation – and help to build **individual capabilities** including parenting (knowledge and skills), parent-child relationships (attachment and attunement), self-efficacy and social cohesion.

Activities were divided into two layers: change for a population and change for those with additional needs experiencing high levels of adversity (see Figure 2).

A Better Start in Blackpool is based around four key pillars.

1. Public health-change for a population

Try to understand needs across the whole population and think about the wider range of often un-tapped assets that exist across the community. Use universal services to promote positive behaviours across the whole population. Work across agencies to address the wider social determinants of poor outcomes.

2. Evidence-based intervention – change for those with additional needs

Universal community context and contact allows identification of additional needs and vulnerabilities. It also enables early identification, ideally in pregnancy, and provision of preventative and more targeted support to those with additional needs.

3. Reframing and system transformation

Building shared understanding and shared action across sectors, shifting culture and investment towards support for families that is prevention focussed, evidence-based and responsive to local needs.

4. Centre for Early Child Development-building and sharing learning

The Centre is the implementation driver for the whole program. It provides leadership and strategic direction and ensures all partners are actively engaged in the delivery and co-production of services. It keeps the aspirations of the community at the heart of *A Better Start*.

"Tell me and I forget, teach me and I may remember, involve me and I learn." Benjamin Franklin

Figure 2: A Better Start activities in Blackpool are framed by change for a population and change for those with additional needs

Source: Big Lottery Fund – Blackpool Better Start: www.biglotteryfund.org.uk



Lessons

Lessons stemming from Chris' UK experience about policy enablers that can support place-based approaches include:

Long-term horizons (a staged approach): If a government department was addressing a large infrastructure problem like transport, it would operate on a 30, 40 or 50 year time horizon. Early childhood challenges are wicked and complex, yet work is done in two- and three-year cycles. Instead, long-term horizons are needed.

Context, context, context: Start by understanding the community, their needs and the local context (including organisational capacity, resources and assets) before even beginning to think about interventions and implementation.

Understand the problem (together): Strategy needs to start with shared exploration of the problems the community is seeking to solve. Unless there is a shared analysis of the drivers, it will be impossible to agree on a shared path forward and keep a sharp focus on the most important areas for action.

Develop the vision, work and learn together:

Strategy development is best as an inclusive process that respects diverse perspectives. It is unlikely to produce a simple fixed "blueprint" for what needs to change and how. Complex problems require people to work together in a spirit of shared endeavour and to be open to adapting course in light of new learning along the way.

Build capabilities: Invest in local capacity for innovation, delivery, data and learning.

Focus on improving, not just proving: Shift away from the binary – "it works or it doesn't", which is about "proving" – to a mindset that focuses on improving, continuously testing, learning and adapting.



Supporting innovation in complex community systems | Dr Moira Inkelas

"It is not about being the best in a competitive way. It is about pushing the boundaries of what is the best in the circumstances."

Moira's presentation focused on methods to foster a culture of innovation and learning in community systems and why this is important for achieving evidence-based practice at scale.

Supporting innovation

To achieve an outcome for a population, solutions need to:

- work at **scale** (deliver outcomes when expanded from one community to many)
- spread to others (many implement change, not just the most "enlightened")
- be **sustained** over time (do not degrade as attention turns to other topics).

In exploring solutions, it is important to keep in mind that improving a system is different to improving a program:

- Programs can be planned, implemented and evaluated.
- It is not possible to plan and specify each of the detailed actions necessary for a system to produce better results.
- Optimising one part of a system does not optimise it overall and often sets off other problems.
- Change is constant so community systems are never permanently "fixed".

Subsequently, to change outcomes for a population requires an approach that sets a heading but learns its way forward.

There is something to be learnt from the way that birds fly and move in unison. It is extremely complex but they follow three simple rules:

- 1. Separation: do not crowd your neighbour.
- 2. Alignment: steer to the average heading of your neighbour.
- 3. **Cohesion:** steer to the average position of your neighbour.

The collective theory is strong and the birds operate

independently with those rules in place. When developing a strong collective theory for a place, we want to understand behaviour, needs, interactions, motivators and de-motivators. Deep insight into families can help to build that theory and be combined with the best current knowledge. Co-production becomes the routine way to learn what will work in a place, keeping these simple rules at the centre.

"The learning healthcare system makes discovery part of daily work."

The concept of a learning healthcare system was developed in the US to make change easier and faster. It seeks a culture change in which science is part of daily work to narrow gaps between knowledge and practice. Data is shared openly, problems are solved collectively rather than in isolation, and data is used in real-time to observe the impact of a change.

A learning culture involves thinking and acting in certain ways. Learners are cultivated in a place. The Health Foundation in the UK produced *The Habits of an Improver*, which describes characteristics of people who are primed for change (see Figure 3). This report prompts consideration of what helps community members truly innovate and learn what works. It is helpful to consider how to nurture these habits in professional culture and in our community change efforts in place.

"How can processes be designed with intent and care?"

In co-production, we consider how to create the experiences that are desired within a place: how might people think, feel, and act? Studios such as Pixar Animation

Figure 3: The Habits of an Improver

Source: This diagram is reproduced from Figure 1 on page 8 of: Health Foundation. *The Habits of an Improver: Thinking about learning for improvement in health care.* 2015. Available from: www.health.org.uk/publication/habits-improver



design each frame in a film to evoke specific emotions and thoughts. They hone the story by adding or deleting frames, changing their order, and changing how characters interact. Community members and organisations can use this "storyboarding" process to visually depict our current stories, and to think about how we want our interactions to work (see Figure 4). Parts of the system can be mapped to identify where the problems exist and what could be improved (see Figure 4). When are people confused, anxious, uncertain, or frustrated? What shapes these feelings? What are the consequences? The answers help to redesign steps and interactions. Thinking of a system in this way helps community members to apply simple rules to what is controlled. This is potentially an important outcome.

Figure 4: Data mapping – this example shows how data can be used to map people's experience and identify opportunities for change





Lessons

Lessons stemming from Moira's US experience about learning systems for place-based approaches include:

- **Display data:** Display data in a way that shows all information that may be useful for learning: data are often summarised in ways that mask useful information.
- Aim for incremental improvement: Use data in a way that strives for "better than yesterday" rather than "better than others".
- **Explore data for learning:** Share data in a low-stakes environment free of judgement. This is conducive to change and supports people to learn.
- Explore anomalies: Investigate what happened with unexpected results or "outliers" – what conditions created that result, and what can be drawn from it?
- Expect and examine variation: Look beyond the "average" expect and examine variation. Learn by understanding causes of variation and predicting its behaviour.

Emerging patterns in place-based approaches: national and international perspectives | Dr Tim Reddel

"Programs are meeting reporting requirements and performance indicators, yet disadvantage is persisting. It is clear that a new approach is needed in some locations."

Tim's presentation offered reflections on current place-based policy in Australia, establishing why "place" matters and tracing the evolution of place-based solutions, emerging trends and policy.

Place-based evolution

Place has always been personal and political, underpinning notions of identity, civil society and democracy. Structural and service delivery issues tend to be organised around place: departments working in place is not new but there is not necessarily a place-based strategy. People and place are interrelated – social, environmental, economic and cultural interests can come together in place. See *Figure 5*, Why place matters.

Figure 5: Why place matters



Post-war

Australia has a long history of interest in place in public policy (see Figure 6). One example is the 1944 Commonwealth State Housing Agreement – the first agreement in the lead up to the post-war reconstruction period. Regional planning and the notion of citizen engagement in local places was important in reinvigorating local communities.

The Commonwealth Housing Commission of the time argued that national policies and programs must be seen in a regional and locational context, contributing to a rising standard of human welfare and participation of local people in planning their communities.

1970s

In the 1970s the Whitlam Government in particular developed a number of initiatives including the Department of Urban Regional Development. An understudied initiative was the Australian Assistance Plan that focused on establishing regional councils for social development. While the plan only existed for a few years, many of the regional councils still exist across the country and have a big influence on how local leaders are brought together.

"There have been reinventions of the same approach that are often siloed, in different contexts with different funding initiatives."

1980s

From the 1980s, Australian state and local governments have delivered a range of initiatives in social welfare, employment, regional economic development and early childhood, community building and neighbourhood renewal.

There is a rich history here of approaches where collective impact was very prominent, however many of these initiatives were trialled and not well evaluated. Subsequently there has been reinvention of the same approaches that are often siloed, in different contexts with different funding initiatives.

Trends

Emerging trends are influencing place-based approaches.

Globalisation is affecting places and contexts unevenly. The **gig economy** – a labour market where short-term contracts or freelance work is commonplace – and technologies are also disrupting and affecting communities. For big administrative systems, automation and big data is an opportunity and a challenge. How can data adapt to what people learn and understand at a community level? How are qualitative and other forms of data married with a capacity to analyse big data sets?

The **nature of work** is changing. According to new research from the Grattan Institute, Melbourne and Sydney city centres have captured nearly half of all new jobs created across Australia in the past 10 years, highlighting the **growing economic divide between cities and regions**. A Productivity Commission study developed an index of relative adaptive capacity for regions, noting the declines in mining, agricultural and manufacturing sectors and what this means for regional economies. It is also conducting an enquiry into competition and informed user choice in human services. Greater public discussion about regional planning and place-based approaches are positive signs for the future of how that is translated into policy and practice. Another positive sign is that new models of policy design and service delivery are using **language** like "co-design" and "co-production" rather than "consulting".

With declining levels of **trust** in government and other institutions, more participatory governance arrangements need to be pinpointed that drive place-based approaches. Who has authority, accountability, capacity and leadership to bring together diverse interests based on evidence and data to drive change at a place level?

Emerging policy

Disadvantage is concentrated, enduring and growing in certain places in Australia. For example, in Roebourne, WA – a highly disadvantaged community with a significant Indigenous population – there has been significant investment in the community of less than 1500 people. There are 206 services, 63 service providers, almost \$60 million per year spent on programs and over \$40,000 per year spent on each person. Most programs are meeting reporting requirements and performance indicators, yet disadvantage is persisting. It is clear that a new approach is needed in some locations.

Guiding principles around place-based policy in Australia that can help to address place-based disadvantage include:

- understand people and place
- join up and integrate approaches across government
- build capacity through collaborative approaches
- measure impacts and outcomes



Figure 6: A potted history of place-based approaches in Australia

- operate locally and flexibly, where the community is central to achieving outcomes and making decisions
- deliver good governance processes
- maintain a long-term strategic focus
- take a systems approach
- focus on data, evidence and outcomes
- invest long-term
- partner with others.

Institutions, collaborations, networks and systems need to be refreshed at least, if not reformed, to operate in a more sustainable way with effective local governance and delivery systems, and a cohesive evidence base.

Addressing these questions could help to deliver this refresh/reform:

- When is a place-based approach appropriate?
- When is universal service provision and policy entitlement for the entire population appropriate?
- When is a blend of place-based and universal approaches appropriate?
- How should entitlements be designed, delivered and tailored to places and cohorts within a place?
- Should place-based policy be a mainstream approach to policy development and delivery?
- How much difference is desirable and appropriate in the context of our citizenship rights and the realities of our public policy processes and political systems?
- Who initiates a place-based intervention i.e. what are the roles of government, community stakeholders and other players (beyond the place)?
- How should governments and their agencies act? What is their role beyond funding? What does acting as a catalyst look like?



Developing and implementing placebased strategies: success factors and future requirements | Professor Brian Head

"Place-based approaches provide important insight into addressing multiple and interlinked aspects of disadvantage."

Brian's presentation focused on future program development challenges and supportive policy directions. He traced theory to practice in the growing place-based movement, and highlighted factors that hinder and promote place-based approaches.

Theory to practice

Place-based approaches to tackling disadvantage are making great progress and international work is showing the value of co-ordinated and integrated services. They provide important insight into addressing multiple and interlinked aspects of disadvantage.

Ideas that underpin place-based approaches emerged 40 or 50 years ago. The **community development** movement in particular, pioneered important initiatives since the 1970s. It offered an engagement model where community leaders and organisations from across all sectors were involved. It also developed new ideas about collaboration, knowledge sharing and importantly the notion of building strengths of communities rather than lining up "deficits" to be fixed by an external model.

Integrated social policy approaches gained wide support in governmental circles from the 1990s. This included a focus on better coordination across government agencies (whole-of-government) and better collaboration between government and sectors that are necessarily involved to make improvements including community, business, philanthropy and research.

There has been convergence – both in theory and practice – across sectors in recent decades indicating that place-based approaches are a good direction to be travelling in. But there are many different pathways to get there.

"[There is] mounting evidence that these programs can make a positive and costeffective difference for people in need." Many of the programs established internationally have made a lot of progress. They attest to the richness and diversity of the new thinking and point to mounting **evidence** that these programs can make a positive and cost-effective difference for people in need. Programs also point increasingly to not just starting things but also taking evidence and evaluation very seriously. There is much more integration contributing to doing a better job.

Programs' experience shows that this is a dynamic and evolving area. It is often impossible to implement solutions with confidence and step back and say, "job done". They are more like works-in-progress that **evolve**, rather than having locked-in strategies that have already gained long-term funding commitments.

Obstacles

To make progress, both macro and micro obstacles to place-based approaches need to be addressed.

"Bipartisan support is needed to overcome political disruption and ideological preferences."

At the political level, programs that are identified with a particular government may be at risk of being axed by a later government. This is a major problem in Australia. Bipartisan support is needed to overcome **political disruption** and the polarisation associated with **ideological preferences**.

Entrenched **bureaucratic organisational cultures** often prefer hierarchy and top-down decision making. This culture often struggles to deal seriously with communityoriented approaches and importantly has a residual suspicion of local knowledge as inferior or biased. The notion of external expertise is another important issue – some large public agencies remain **competitive** or **isolated** and focused on their core mission rather than adopting collaborative strategies. Bureaucratic cultures can make a coordinated approach extraordinarily difficult – they often do not know how to do it and are not very interested. Outsourced service delivery models (competitive tenders) can also undermine learning and collaboration – some of the big player service providers are in fact competitors.

Financial accountability systems often obstruct pooled funding arrangements and local discretion about spending priorities. **Reporting and evaluation systems** also require demonstrated achievements well before the service systems have bedded down – this can be at odds with the nature of interventions that are about stabilisation of a system in the first instance and getting improvement in the long-term.

Managerial complexity is another obstacle. Political science studies of program implementation show that wider scope and ambition can lead to deeper coordination problems. There are not necessarily the skills, experience and will available to do this well. There are also concerns about the ongoing relationships between universal services and tailored interventions.

The way forward

There are many success factors already at play in placebased approaches that can be applied more widely to support positive outcomes.

In principle, the notion of **decentralisation** and devolving to the lowest level on decision-making around service planning makes sense to meet local needs. This is increasingly being used as an empowerment strategy. Substantial evidence shows wide variations in local/ regional needs and capacities, hence a **nuanced** response to complex disadvantage and wicked problems is sensible.

"A dynamic approach that anticipates and adapts readily to new challenges is needed."

Rapid socio-economic and technological changes are constantly disrupting patterns of expectations. The notion of a fixed and successful program does not make sense when people's needs and perceptions are constantly being renegotiated. A dynamic approach that **anticipates** and **adapts** readily to new challenges is needed.

More radically, **community members need to be involved** as clients, stakeholders, leaders and supporters. In one sense this not new, because it is in the community development literature from 50 years ago, however it is new for government, audit and evaluation systems.



Capacity-building at the local level to enhance community involvement and ongoing commitment has been a key theme. It is not just about delivering a service to a client group but about capacity-building at local level to enhance community involvement and ongoing commitment, and for greater self-management at every level.

"Small wins that are well publicised build up momentum and build confidence and this is a virtuous cycle."

Publicity and communication about successes at every level needs to be enhanced. Success feeds on positive stories about benefits achieved. Success stories need to be gathered and publicised. Initiatives are often developed locally. Their stories and their experiences could be valuable for others. How is that done? Who takes responsibility for that? Is anyone watching? Small wins that are well publicised build up momentum and build confidence and this is a virtuous cycle.

Technology provides new tools. Methods for **gathering data** and **monitoring and evaluating progress** at local levels have been facilitated by digital technologies. Monitoring of performance and evaluation is critical both for getting good outcomes and ensuring accountability. Monitoring and evaluation need to be "fit-for-purpose". This means that appropriate information is contextual, it is gathered and analysed from the commencement of the program, relevant skills are developed, and professional standards are used. If processes of legitimation and accountability are not clear to funders, then these schemes are doomed to be defunded.

"Where narrow, ordered approaches predominate, learning and sharing are inhibited."

Learning about what worked, under what conditions, is fundamental. The initiatives will be credible only if successes can be demonstrated and leveraged. Learning processes must complement accountability processes. Where narrow, ordered approaches predominate, learning and sharing are inhibited. These things need to be rebalanced. The transaction costs in doing integration can be quite high. Scales of service delivery and the degree of integration required need to be clarified so that enough is done for success without overloading people with endless coordination meetings. Implementation and collaboration skills need to be enhanced, in all areas – among bureaucratic managers, service coordinators and delivery professionals. Collaboration is fundamental to ensuring efforts are successfully expanded, but a lot of effort is needed to take collaborative processes seriously and make this successful. Leadership requirements also need to be considered – nothing happens without champions.

"Significant political groups need to be well briefed about the goals and benefits being sought, why the journey is going to take a long time, and why it is not about ideology."

Long-term strategic planning and long-term funding are required to realise place-based approaches – potentially with a rolling 3–5-year planning horizon. **Bipartisan political** support is essential to optimise longevity. Significant political groups need to be well briefed about the goals and benefits being sought, why the journey is going to take a long time, and why it is not about ideology. All political groups need to understand that this is about doing genuine work at a community level and getting social improvement that can be consensually supported across the political spectrum.

Interventions can be **initiated and funded from many sources**. Diverse types of funding need to be pooled to achieve coherent goals that are supported by diverse funding organisations – in government, business, philanthropy and NGOs. In order to do a good job, just one source of funding cannot be relied on. It is quite healthy to have a little bit of competition, but the system still needs to be coherent.

There needs to be clarity about where placed-based approaches are most necessary, where there is the **greatest need**, as they require special kinds of planning and support that are more intensive. It cannot – and it should not – be attempted everywhere. Places need to be identified where special planning and support are warranted and still link closely with the general service system.

Roundtable conclusions

Reflecting on the presentations, the group discussed two key questions:

- Where are we up to with place-based approaches in Australia?
- How can funders (governments and philanthropy), in partnership with communities, foster innovation, learning and evidence-based practice in place initiatives?

The following conclusions were drawn:

1. Addressing structural issues that make this work hard to do (e.g. government departments and sector organisations not being able to pool funds and resources).

To address structural barriers to place-based initiatives and support collaboration, learning and spread through communities, government departments need to:

- have **long-term funding** streams of up to ten years, not just two or three
- devolve funding, budget management and decision making to help people collaborate rather than compete
- deliver financial accountability, good governance and leadership, but be flexible on what it is that communities do to get the broad outcomes that government want
- support evaluation with time, funding, skills and infrastructure to start small, test, study and act (again).

2. **Support strategic risk:** Funders should support innovation by investing in initiatives and strategies that show promise.

3. A culture shift is needed to allow top leaders to let go and emerging leaders to exercise their potential. Agency could be redefined to allow:

- development of shared understandings and language for deep meaning to emerge about a community
- shared data and research that empowers everybody not just some
- practitioners to think about **community members** as collaborators and agents for change.

Professionals often make decisions on behalf of communities based on indicators that suggest concentrated, multi-generational disadvantage. Part of this culture shift is recognising that "investment promise" can also be identified by communities themselves. 4. Local leadership and community readiness can deliver value and support direction and lift-off. When a place has strong leadership, diversity, trustful and respectful relationships, volunteering and successful collaboration, there is a better chance of building muscle for improving and generating learning that can spread.

5. **Stronger governance** is needed. This should be problem and outcome focussed, authoritative, participatory, influential and accountable, and drive implementation through networks, partnerships and institutions. In remote areas, where relationships are hard to sustain in a transient population, it helps to deeply understand the flow and dynamics of population and context.

6. Sharing learnings. Multi-level, long-term partnerships between researchers, communities and government that capture learnings are needed; some sectors use formal mechanisms including clearinghouses and learning circles. This could be built into commissioning, contracts and agreements. A lot of learning happens in isolation and is then lost: opportunities to test, learn and scale are lost. **Crafting and sharing stories** is important.

Participants

Mrs Joanna Carey, Department of Social Services, Australian Government

Ms Caroline Chernov, ten20 Foundation

Ms Jess Compton, Opportunity Child

Ms Jacqueline Costanzo, Department for Communities and Social Inclusion, SA Government

Dr Tim Crosier, Department of Social Services, Australian Government

Mr Chris Cuthbert, Big Lottery Fund

Ms Melissa D'agostino, Department of Education and Training, VIC Government

Mrs Tara Day-Williams, Department of Social Services, Australian Government

Ms Penny Fogarty, Department of Social Services, Australian Government

Ms Rebecca Fry, Centre for Community Child Health

Prof Sharon Goldfeld, Centre for Community Child Health

Prof Brian Head, University of Queensland

Prof Julie Green, Raising Children Network

Prof David Hogan, Opportunity Child

Dr Moira Inkelas, UCLA

Ms Megan Keyes, Centre for Community Child Health

Ms Vikki Leone, Centre for Community Child Health

Dr Michael Little, Centre for Social Policy, Dartington

Dr Michelle Lucas, Opportunity Child

Miss Anna MacTiernan, Telethon Kids Institute

Mr Pat Maher, Department for Communities and Social Inclusion, SA Government

Dr Allan Mawdsley, Creswick Foundation

Mr Stephen Moger, Department of Social Services, Australian Government

Dr Tim Moore, Centre for Community Child Health

Prof Frank Oberklaid, Centre for Community Child Health

Mr David Orchard, Department of Social Services, Australian Government

Ms Kirsty Pontifex, Department of Education and Training, VIC Government

Dr Abigail Powell, Centre for Social Impact

Dr Tim Reddel, Department of Social Services, Australian Government

Ms Seri Renkin, ten20 Foundation

Ms Leanne Roberts, Department of Health and Human Services, VIC Government

Ms Rachel Robinson, Centre for Community Child Health

Dr Miranda Roe, Department for Communities and Social Inclusion, SA Government

Ms Dominica Ryan, Centre for Community Child Health

Ms Jeanette Schwarz, Department of Social Services, Australian Government

Ms Leonie Symes, Centre for Community Child Health

Ms Fiona Ward, Department for Child Protection, SA Government

Ms Sue West, Centre for Community Child Health

Ms Eleanor Williams, Department of Health and Human Services, VIC Government

Facilitated by **Ms Jeanette Pope**.

Melbourne Children's

A world leader in child and adolescent health





Centre for Community Child Health

Murdoch Children's Research Institute / The Royal Children's Hospital Melbourne 50 Flemington Road Parkville Victoria 3052 Australia Telephone +61 3 9345 6150 www.rch.org.au/ccch

The Centre for Community Child Health is a department of The Royal Children's Hospital and a research group of Murdoch Children's Research Institute.