Place-based Initiatives Transforming Communities

Proceedings from the Place-based Approaches Roundtable

21 March 2012 — Melbourne, Australia

The Royal **Children's** Hospital Melbourne

Murdoch Childrens Research Institute

Healthier Kids. Healthier Future.

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About this report

In March 2012, The Royal Children's Hospital Centre for Community Child Health hosted The Place-based Approaches Roundtable.

This report provides a summary of the presentations and group discussions, and forms the basis for further discussion and collaboration.

The Centre for Community Child Health

The Centre for Community Child Health has been at the forefront of research into early childhood development and behaviour for more than two decades.

The Centre seeks to enhance developmental outcomes for children through:

- population, paediatrics and translational research

- policy and service development

- consultancy work and program development

- training and professional development

- specialised clinics

- knowledge translation and dissemination.

By working collaboratively with leaders in policy, research, education and service delivery, the Centre aims to influence early childhood policy and improve the capacity of communities to meet the needs of children and their families.

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Foreword

Over the past decade a strong consensus has emerged amongst researchers and policy makers about the importance of place as a platform for service and system reform. This is a departure from traditional policy formulation, which posited a single model which (it was assumed) would be relevant to, and efficacious in every jurisdiction in the country.

Both in Australia and internationally, data is pointing to very significant differences between and within communities in terms of the demographic characteristics of families, their level of need, and the configuration and accessibility of services. It therefore makes sense that policy frameworks and services in one community may not be the most appropriate for all of the others. A number of tensions emerge from this thinking, for example, the challenge of maintaining consistency and a level of fidelity while providing flexibility and responsiveness and enabling communities to be involved in planning and 'owning' local services within the guidance of a strong evidence-based framework. If we get this right then it is more likely that there will be sustainable differences to outcomes for children and families.

Place-based reform poses many challenges for governments and for communities. Good data are essential, as is a willingness to work closely in partnership. Then there are issues of financial responsibility and accountability, quality, local leadership, and the lack of robust models which have been demonstrated to work elsewhere — such an approach is widely acknowledged to be at the cutting edge of policy and service reform.

This invitation-only roundtable was intended to bring together people from different levels of government, with academics and community leaders in an effort to share knowledge and insights, and forge a common framework that will inform our efforts at utilising a place-based approach to make a difference to children's outcomes.

Professor Frank Oberklaid
Director, Centre for Community Child Health

Executive summary

In March 2012, leaders with an interest in the early years representing health, education, research and policy, gathered to build a shared understanding of place or location as a platform for supporting children and families. With the understanding that the agenda for place-based approaches is well advanced in Australia, the aim was to clarify the challenges and extend existing approaches to address the complex issues faced by families.

Building on the November 2011 Policy Brief: *Place-based approaches to supporting children and families*, the roundtable considered the challenges of translating research into action to address the 'wicked' issues facing some neighbourhoods. Based on provocative presentations and influential discussions, the roundtable participants heard that:

- incidental encounters, social connections and local networks matter

- the impact of locational disadvantage is greater than the sum of its individual parts

- in its current configuration, the service system is unable to meet the challenges raised by locational disadvantage

- redevelopment is needed at the interface between communities and services, addressing the social gradient is core to improving outcomes

- there is reasonable evidence that sustained approaches (Communities for Children, Neighbourhood Renewal) lead to positive change, but commitment to sustained policy is needed

- change is inevitable, we cannot continue to do the same thing and expect a different result.

Given these understandings, the roundtable attendees considered key questions:

- What is a place-based approach?

- What are the attributes of success?

- What policy levers support place-based approaches?

- What resources are needed and how should they be organised?

- What else do we need to know, what evaluation or research is required and how then may we move from demonstration to scale?

Discussion revealed a shared understanding and raised key themes:

As a lens through which to drive change, **place should be defined locally** with children and family at the core. Because localities differ, each will raise unique solutions but building on a universal platform, nurturing local leadership, sustaining commitment, delivering high quality services and using existing resources effectively are critical to positive outcomes.

Success is evidenced by leadership; a long-term shared vision, systematic data collection, a collaborative approach and alignment between the locality and the broader policy environment. Policy makers need approaches that develop trust, stimulate relationships and support consultation, innovation, local decision making and long-term commitment.

In order to progress the place-based agenda it is necessary to **build a strong evidence base**. Scaling up requires policy that builds capacity for local governance through enabling contracts, multi-lateral partnerships and sustained advocacy.

To deliver on the commitment to place-based approaches, a **skilled, knowledgeable and flexible workforce** is required. Work can be done now to align the skills of the workforce with a culture of enabling local action and policy to delegate local decision making.

Our presenters

Dr Tim Moore
Centre for Community Child Health

Dr Tim Moore is a Senior Research Fellow, Murdoch Childrens Research Institute, based at the The Royal Children's Hospital Centre for Community Child Health (CCCH). A trained teacher and psychologist, Tim conducts research and project work at CCCH aimed at improving early childhood services and regularly consults with state and federal governments and non-government organisations on best practice. A frequent speaker at conferences and seminars, Tim is lead writer on many of CCCH's reports, conference papers and Policy Briefs and also develops training and resource packages for early childhood and family support services.

Associate Professor Sharon Goldfeld
Centre for Community Child Health

Associate Professor Sharon Goldfeld is a community paediatrician and a senior fellow at CCCH. Sharon has a PhD in health services research and has been a recipient of the prestigious international Harkness Fellowship in Health Care Policy and the inaugural Aileen Plan Medal in Public Health Research. Her research focuses on issues of policy interest such as the development of indicators and data.

Joanne Schroeder
University of British Columbia, Canada

Joanne Schroeder works with Clyde Hertzman's group in Vancouver, Canada. After working for many years in the child welfare system, she has recently focused her work in the areas of community development and strategic planning. Joanne has played a foundational role as Community Development Manager in the translation of Human Early Learning Partnership (HELP) early child development research for communities. She travels extensively, prioritising the need to build local relationships, share knowledge, and link communities to each other and to the research.

Dr Moira Inkelas
University of California, Los Angeles

Dr Moira Inkelas is Associate Professor of Health Services in the UCLA School of Public Health and Assistant Director of the Center for Healthier Children, Families and Communities. Dr Inkelas directs multiple initiatives to re-design how early childhood services are organised and delivered, including prevention and early identification services in health care as well as prototyping new designs of community systems using process improvement methods. Moira directs the improvement component of the U.S. based Transforming Early Childhood Community Systems (TECCS) initiative.

Discussants

Michael Lye
Department of Families, Community Services and Indigenous Affairs

Michael Lye is the Group Manager Families, in the Department of Families, Community Services and Indigenous Affairs. He joined the Group in June 2010 having worked as the Deputy Coordinator-General for Remote Indigenous Services. Michael was a senior social policy adviser to Prime Minister Kevin Rudd and prior to that worked in the Departments of Premier and Cabinet, and Child Protection in Queensland. He has also worked in the non-government sector in the areas of homelessness and housing.

Simon Phemister
Acting Executive Director, Industry, Workforce and Strategy Division

Simon has spent many years working between the skills portfolio and the Department of Premier and Cabinet; most recently working on the national health reform. Simon has spent time in the Strategic Policy Unit in the Department of Prime Minister and Cabinet. He joined the Department of Human Services almost two years ago to take up a newly created role of Director, Industry and Workforce Development.

The importance of place | Tim Moore
PRESENTATION 1

> *"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)**

Place has a significant impact on individual wellbeing.

Both the social and the built environment influence health and wellbeing. Key aspects of the built environment include: activity-promoting environments; nutrition-promoting environments; housing; transportation; environmental quality; product availability; and aesthetics. Key elements of the social environment are trust and reciprocity — trust within communities, social networks and institutions of governance.

A child's wellbeing is affected by their perception of their neighbourhood, their daily experience in their environment and the opportunities it presents for healthy living. Growing up in a neighbourhood characterised by general community neglect negatively affects children's outcomes over and above the effects of family socioeconomic status.

Child Friendly City Framework

To ensure that the rights and wellbeing of children are central to communities and their systems of governance, UNICEF developed the Child Friendly City Framework. The Framework aims to improve the wellbeing of children by identifying nine 'building blocks' that isolate the structures and activities of government that are necessary to: engage children's active involvement; ensure a children's rights perspective in relevant decision-making; and ensure equal rights of access to basic services.

Among adults, social support has a significant impact on health and wellbeing. Social isolation can be the result of various factors such as: geography (living in rural and remote areas); physical location (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); lack of money to reciprocate hospitality; lack of education; and lack of transport. Social isolation is damaging to both child development and family functioning.

Health and social inequity

> *"...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)**

Despite an overall growth in prosperity there is evidence of growing health and social inequity in Australia. This inequity has widespread social and physical impacts — almost every modern social and environmental problem (ill-health, lack of community life, violence, drugs, obesity, mental illness, long working hours, large prison populations) is more likely to occur in a less equal society.

The traditional policy response to health inequality is to redistribute existing health and community support services towards socially disadvantaged localities, targeting high-risk groups and improving the co-ordination of care for those with the most complex needs.

While this kind of health service strategy is necessary, it is an insufficient policy response to health inequality: improved services cannot influence the upstream social and economic conditions that make people ill in the first place. Seeking to alter the individual behaviour of vulnerable people is also ineffective. Health promotion campaigns have been successful in changing the lifestyles of more affluent and educated social groups, but have not substantially transformed risk patterns among the poor.

Despite Australia's strong economic growth, some communities will remain trapped in a spiral of low school attainment, high unemployment, poor health, high imprisonment rates and child abuse. This can lead to intergenerational poverty and low educational attainment that compounds disadvantage.

Families may face a range of complex health and psychosocial problems including complex or 'wicked' problems that cross departmental boundaries, defy orthodox solutions and are beyond the capacity of a single organisation to address.

Local services can struggle to respond effectively to the complex needs of vulnerable families and communities. The service system:

* has difficulty providing support to all families who are eligible

* is not capable of meeting the complex needs of many families

* is not sufficiently integrated to provide cohesive support to families

* needs to be reconfigured to meet the changing needs of families and communities.

The most vulnerable families are the most difficult to engage, and those most disadvantaged by the fragmentation of the service system. These families often make least use of services during the early childhood years. This can be because they lack the skills and confidence to negotiate the system, they are unfamiliar with the culture and language, 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.

A comprehensive community-based service framework exhibits the following key features:

* **Universal** — 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.

Community: a universal platform
of vital importance | Sharon Goldfeld
PRESENTATION 2

> *"Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism."*
>
> **Fair Society, Healthy Lives, The Marmot Review 2010**

What happens in the early years has an impact on outcomes later in life. In Australia, inequalities emerge very early in life, evident from birth. By the time children begin school, they are already distributed along a social gradient and the window of opportunity for making a difference has narrowed. Both early disadvantage and advantage continues to accumulate, widening the gap and increasing inequality. These inequalities are exaggerated for Australia's indigenous population.

Scientifically and economically there is a strong case for prevention and early intervention: the developing brain is extremely sensitive to the caretaking environment; what happens in the early years has an impact later in life; and investment in the healthy development of children through early childhood programs is relatively cost effective.

The key question is how to address this equity issue and make a difference for children. Where are the

The ecology of child development
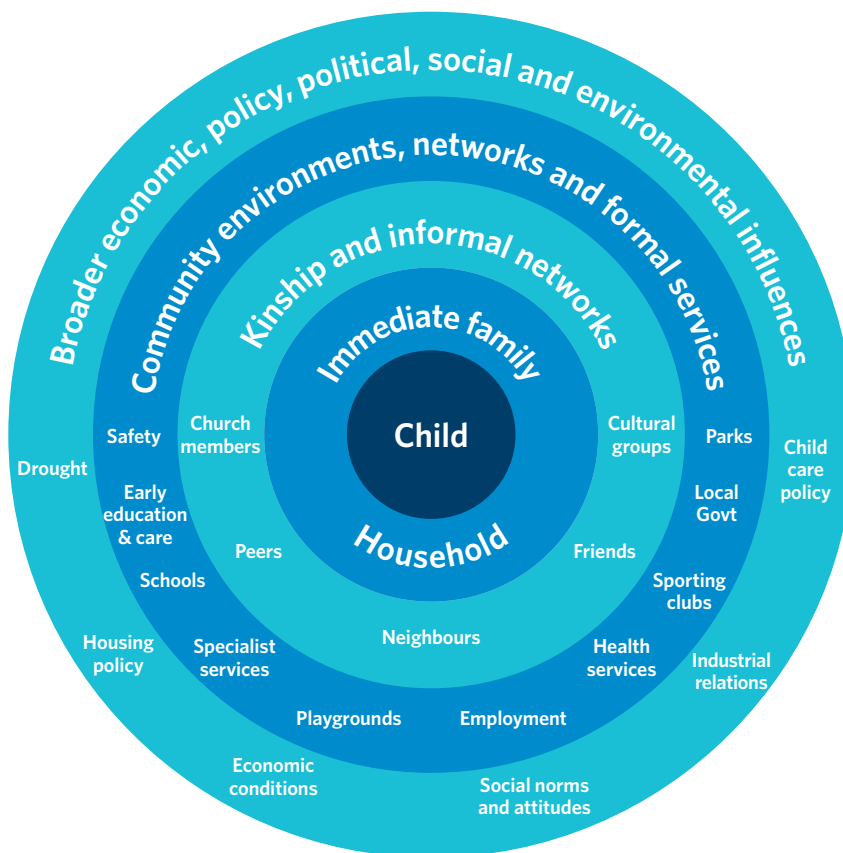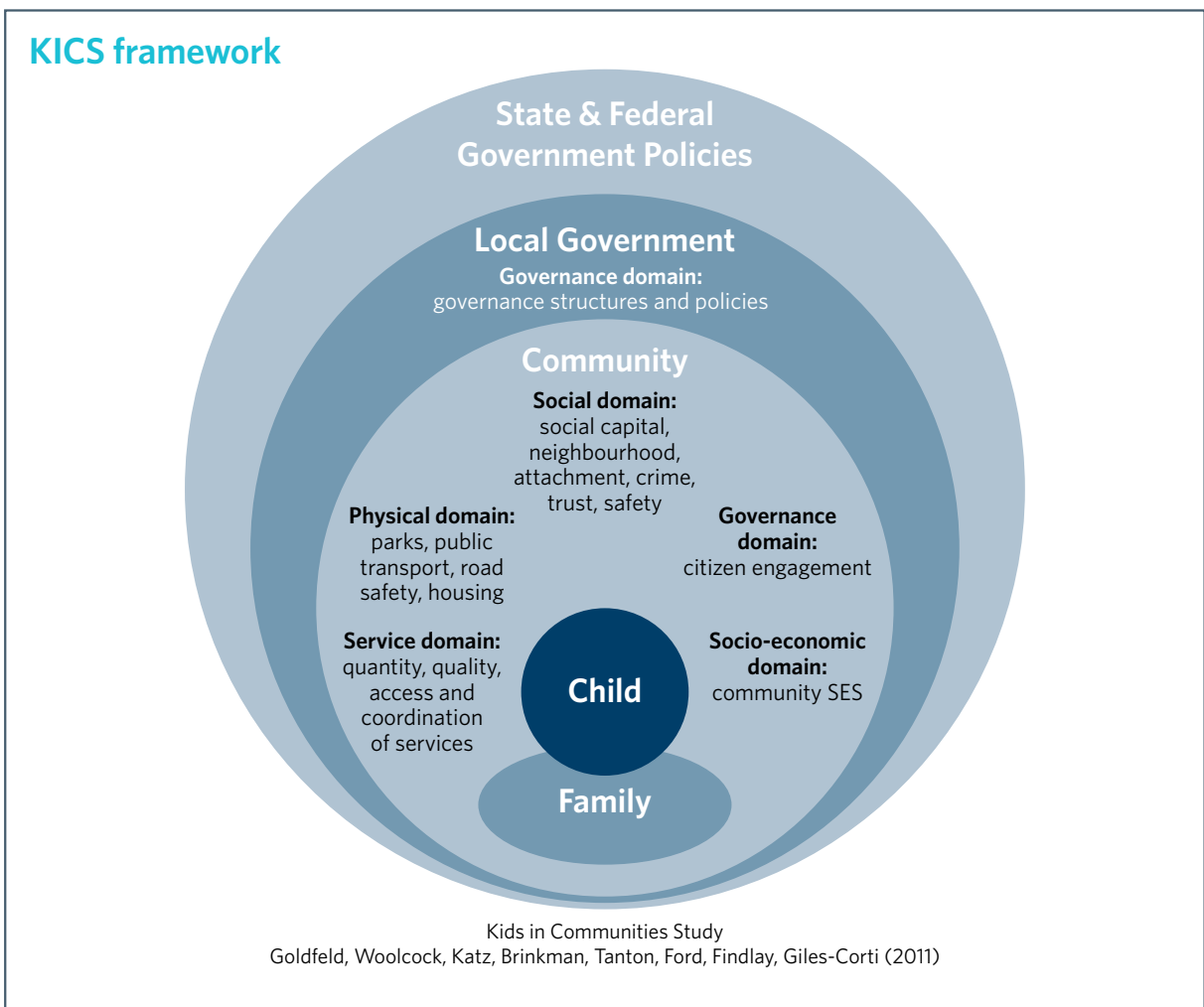

Adapted from Bronfenbrenner (1979)

levers for change and how can we make the greatest difference to the largest number of people? Studies indicate that these levers may well be at the community level. The ecological approach identifies a number of potential opportunities for influencing a child.

Community therefore provides a platform for reducing inequalities for children.

The Kids in Community Study (KICS) has developed a conceptual framework that builds on these ideas. The study plans to measure community-level factors that may be influencing children's development in five key domains or environments, hypothesising that by influencing children's environments we have the opportunity to promote early childhood development and address inequity at a community level. These environments are:

1. Social capital environment

2. Service environment

3. Governance environment

4. Physical environment

5. Socio-demographic environment.

KICS framework

Kids in Communities Study
Goldfeld, Woolcock, Katz, Brinkman, Tanton, Ford, Findlay, Giles-Corti (2011)

Lessons from British Columbia | Joanne Schroeder

PRESENTATION 3

In Canada, the Early Development Index (EDI) has become an important tool for measuring child development and readiness for school. Its capacity to identify variations in outcomes and highlight areas of special need means that EDI data has become a tremendous catalyst for change; encouraging people to think about children and the considerable variations in developmental outcomes as a collective responsibility. There are many parallels between Canada and Australia and opportunities to learn from Canadian place-based initiatives.

The British Columbian model funds coordinators linked to 60 geographic school districts. It is the role of the coordinator to bring together diverse groups of people — these may include businesses, local government, service providers and early childhood development professionals — to collaborate to improve children's health and development.

It has emerged that for communities to establish a positive environment for change, four characteristics need to be in place:

1. **Governance structure** — effective coalitions are characterised by strong inter-sectorial collaboration. Decision makers need to have the authority to make decisions about funding and policy.

2. **Research** — decision makers must be well informed about their communities. Changes made to their system should be based on a detailed understanding of their community gained from research including EDI data, social/economic trends and feedback from parents.

3. **Barriers to access need to be minimised** — to promote greater equity for children in the early years and improve outcomes, British Columbia builds on the concept of proportionate universality introduced by Michael Marmot. Communities should be supported by the provision of services for all, but these should not be uniform. Support needs to differ in intensity and character for children and families most vulnerable and disadvantaged.

4. **Alignment between early childhood development programs and school system** — integrating early childhood development programs with school infrastructure enables greater stability and success.

Critical to the success of place-based initiatives is public funding, a commitment to long-term investment and a preparedness to review and redesign services.

Enhancing the system | Moira Inkelas

PRESENTATION 4

> *"Everyone wants progress, but nobody likes change."*

We are yet to fully see what place-based models can actually accomplish, however it is clear that it has unique benefits for systems that cannot be achieved in any other way. Place-based and community initiatives provide a meaningful system that enables us to learn, adapt, change, see the output and produce better outcomes than in more complex systems.

A system is 'a network of interdependent components that work together to accomplish a shared aim.' It can include resident actions, parent actions, services and supports, community resources, and how organisations interact.

There is capacity to drive change at many levels within a community. By understanding the details of systems and how they function, we are better placed to create meaningful change for families and children.

Community begins with individuals. Through relationships and organisational and social networks at local level, communities can build assets that can be much harder to achieve on a larger scale. It is up to communities to define what a system is, what's in it and how it functions.

Theory of Change sets goals and drives strategies at all levels in the community
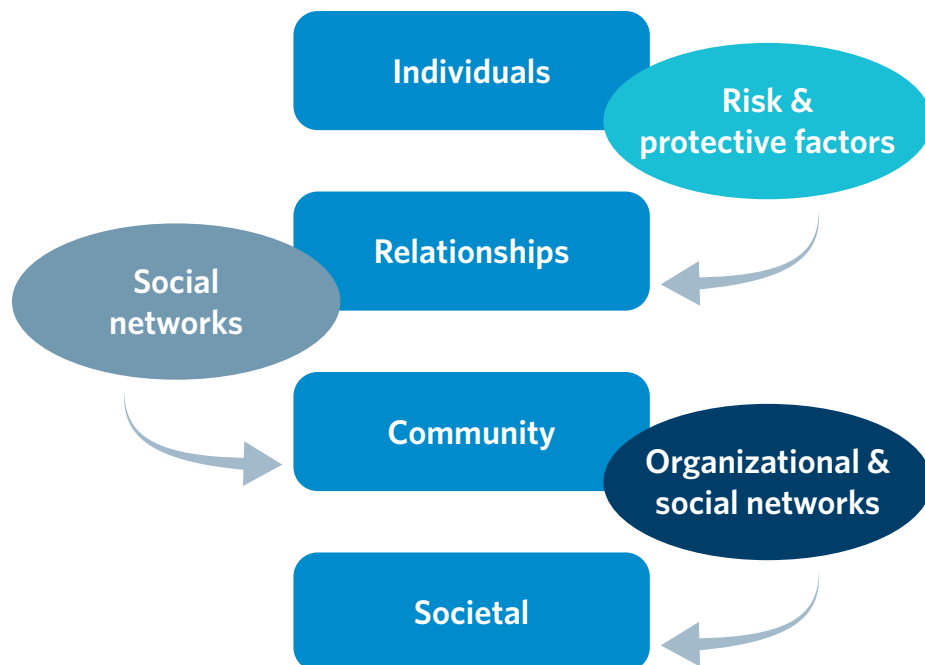
Source: Getting to Scale — The Elusive Goal. Casey Family Programs (2011)
http://www.casey.org/Resources/Publications/magnoliaplace.htm

In many cases we have poor outcomes because we have poor systems. Systems produce better results when they exhibit the following qualities:

- clear goals, regular feedback on results, and aligned and mutually reinforcing efforts

- simply adding new programs and activities creates complexity; they may not reach all who need them, and often neglect family and community ecology

- initiatives seeking systems change can get stuck by:

  - working on too many complex problems and ideas at once

  - pursuing many small projects that have little collective impact

  - focusing resources on a single outcome

  - neglecting the human and technical aspects of effective change

- to help vulnerable children, one must strengthen the family and community

- services are necessary but not sufficient to create a healthy community

- services should reach those who need it the most and in the manner that is going to achieve the best result

- not all individuals need costly services and interventions, yet all benefit from information, personal and material supports

- prevention strategies are key to reaching optimal community health outcomes

- community transformation occurs through a community movement.

Managing change

People need to be supported in the process of change, and place-based initiatives have the capacity to facilitate change by giving people the tools they need to plan, collaborate and execute change.

All systems/communities need an effective process for managing change that:

- draws from, and continually produces evidence on what works

- incorporates new knowledge as it emerges

- changes practice

- involves all of the sectors that influence the outcome

- works at scale

- is cost-neutral or cost-reducing (for sustainability).

Through networks and other techniques, there are ways of taking what we learn in a place to contribute to improved population outcomes — success at a community level can lead to wider change.

Principles for moving to scale with population outcomes

1. Work as a system to achieve population outcomes.

2. Use design ideas that increase synergy/ alignment of all sectors, at all levels (policy, practice, families).

3. Increase expectations of, and accountability for, impact for a population.

4. Combine expertise on 'what to try' with expertise on 'how to change'.

5. Use tests and prototypes to implement promising ideas that customise to work consistently, across settings, and under all conditions.

6. Use networks to produce and accelerate innovation, learning and spread.

There are many tools that can help place-based initiatives succeed. The community data dashboard is a tool that has been used to link concepts, data and outcomes to meaningful change. By putting outcomes in front of people it creates an expectation of change, measures progress and provides an opportunity to share ideas that work. It measures how communities are making a difference and driving change. By beginning with communities, place-based initiatives have the capacity to drive change and improvement at all levels.

Roundtable discussion

Characteristics of a place-based approach

Discussion following the presentations, sought to clarify and define the concept of 'place'.

Place is:

- defined in different ways. It can be defined administratively or locally — for some it lies within 'pram pushing' distance. Some regional areas may prove too large for effective place-based models.

- a lens through which to drive change. It places the needs of children and families within the community at its core, rather than governance and services. Place-based initiatives rely on meaningful engagement with communities and avoiding assumptions.

- based on collaboration and partnership

- reliant on action within an administrative or geographical region. It requires an environment that nurtures local leadership and identifies those within the community who have the capacity to drive change within an infrastructure.

- universal but not uniform. Different communities may have unique solutions depending on their location and needs. It builds on a universal platform that is governed in specific ways, but is responsive and collaborative.

- a fundamental approach to addressing issues, not a pipeline for the provision of services

- about using data, taking an ecological approach, engaging with the built environment and improving efficiency

- about incorporating high-quality services, reducing barriers to access, and increasing links, networks and referrals

- about using existing infrastructure and resources more effectively, not necessarily requiring additional resources

- reliant on a long-term commitment

- critical to positive outcomes.

Discussants: knowledge from local initiatives

Communities for children | Michael Lye
Department of Families, Housing, Community Services and Indigenous Affairs

Michael Lye led the first group discussion session by providing an overview of the Communities for Children (CFC) model. CFC was first funded in 2004 and is now in 52 locations nationally based on evidence of need. Funded organisations work with their local community and each level of government to determine the mix of services needed in the area and the ways to distribute them. Services chosen must contribute to the program goal of improving social and economic outcomes for families and children.

Neighbourhood renewal | Simon Phemister
Acting Executive Director Industry, Workforce and Strategy Division, Department of Human Services

Simon Phemister spoke about the challenges of funding place-based models. He outlined the Neighbourhood Renewal public housing project across 17 locations that focused on areas of intense disadvantage. Neighbourhood Renewal brings together the resources and ideas of residents, governments, businesses and community groups to tackle disadvantage in areas with concentrations of public housing; each project running for an eight year period between 2001 and 2013.

The program incorporated 50 per cent local resident governance and leadership by a place manager. An important engagement mechanism was local residents participating in governance. The program highlighted that these places were good environments in which to build further place-based approaches such as Best Start or Communities for Children.

The lessons learnt from the program will be used to inform the development of policies and programs that reduce unemployment, increase training, improve health, reduce crime and improve perceptions of the local community and environment. Furthermore, the lessons learnt from Neighbourhood Renewal are available to assist future place-based efforts that we hope to establish and mainstream.

Group discussions

Attendees participated in two group discussion sessions. Groups addressed key topics designed to stimulate discussion about the attributes of place-based initiatives, common challenges, what drives success and how a shared understanding could enrich policy and programs. The outcomes of each of the discussions are summarised below the key questions.

What are the attributes of a successful place-based model?

- clearly articulated objectives that are shared by the government and the community

- 'tight' and 'loose' controls that reflect objectives but provide autonomy for local areas to achieve objectives

- data measurement and tracking, and translation to inform decisions and enable evaluation

- strong consultative and collaborative local leadership

- driven by communities and local needs community leadership and engagement

- organisations involved have the capacity to liaise with government but respond and engage with the local community

- long-term commitments to enable communities to address challenges

- effective workforce skills to implement place-based initiatives.

What policy levers are best employed? What are the challenges and what are the solutions?

- clear alignment of goals throughout the process. The goals of policy should be articulated at all levels of government to address 'wicked problems' and ensure consistency

- enhanced local leadership. Authorise policies that create an environment for success. Policies need to accommodate change and demonstrate a long-term commitment that recognises that addressing generational issues cannot be accomplished and measured in the short term

- decisions need to be led and driven by the community members. Contracts should be consistent with place-based approaches and recognise 'bottom up' decision-making. Communities need clear authorisation to make decisions within parameters and in line with objectives

- consultation should be encouraged. The consultative role should be explicit in the contract

- innovation and flexibility can aid progress. Innovative financing, flexible approaches and a tolerance for risk taking can support learning

- shared information. Seek opportunities for information sharing across agencies on behalf of children

- policy analysis. Policy review can identify inconsistency and duplication, and address multiple funding challenges

- dismantle policy. Some of the best policy work can be to dismantle policy. Identify barriers and consider taking policies apart rather than adding more to build local relevance.

What resources are needed to facilitate place-based approaches? How these resources are best organised?

- relationships are paramount among citizens, service providers and policy makers

- time, money and resources are required to develop communities. People need to be engaged in the creation of place-based initiatives and paid to be involved to participate — not just volunteers

- structural mechanisms need to be in place to guide relationships, such as IT infrastructure and contracts outlining new ways of working. Local service providers know what works for communities. Trust and longevity is needed in relationships between service providers and the community

- processes need to be in place to capture information for learning

- skills and workforce qualities need to be developed to build neighbourhoods.

What else do we need to know about the effectiveness of place-based approaches to advance the agenda?

We need:

- evidence. Change needs to be evidence-based. We need to know what's effective, what will change outcomes and ensure measurement and evaluation is in place

- strategies to promote change. We need to create change via implementation and 'sell' the success and potential of programs to the government

- long term commitment is vital to ensure that initial intent is brought to fruition

- think creatively. We should seek national and international models of success

- political will. The bureaucracy needs to be able to respond to community initiatives

- the opportunity to take risks

- to energise the community. Motivate and mobilise change

- funding to be streamlined

- trials that can be upscaled.

How do we move from demonstration to scale?

We need to:

- consider what is worthwhile to take to scale — sometimes it may be principles rather than a model

- continue to gather data

- have advocates at every level

- have local governance that sustains funding and planning and ensures that community members are part of the structure

- 'strengthen the rooftops'. Have advocates at every level — local level/organisation, regional/middle management and policy development — with the data and anecdotes to support their case

- scale across — not just up. Support the work of others

- amplify and promote the work that people are doing on the ground

- consider philanthropy — it can enable place-based initiatives that are not restricted by a government agenda

- build on the resources and initiatives that exist with a long-term focus and stop doing what is not working

- capture information. Each initiative leaves a legacy that can be built on for future initiatives

- understand the qualities of programs that were critical to their success. Use this to inform programs and policy

- link community renewal with schools as community hubs.

What evaluation or research is required to develop more effective place-based strategies?

We need to:

- act on theory and logic, and evaluate and study thorough monitoring

- use participatory methods of evaluation to empower and engage the community and professionals

- have well-defined programs with well-defined outcomes to respond to risk-averse approaches favoured by government

- have the flexibility to respond to findings relatively quickly

- have high visibility — make the invisible (eg the story of disadvantage in Australia) visible to ensure successful programs can continue

- consider pooled funding from different sectors to meet shared outcomes

- design sustainable strategies to enable programs to be taken to scale.

Final group discussion

In concluding, attendees identified five common themes emerging from the day's discussion — key factors that the group considered critical to the success of effective place-based models.

Collaboration

The process of policy makers, academics and practitioners coming together to discuss the opportunities and challenges of place-based initiatives was very informative. It provided diverse perspectives which contributed to a rich conversation that raised important questions. It identified common ground and encouraged the identification of opportunities and challenges in driving change. It also highlighted the potential benefit of collaboration at all stages of place-based planning and evaluation.

Governance

The relationships between those who manage the contract and those who fulfil the contract are important. For contracts to facilitate place-based initiatives, they need to achieve a balance between providing direction and enabling flexibility. They need to have the capacity to translate the purchase of output into flexible delivery.

Competencies

Professional development and leadership training needs to be aligned with the attributes and principles required of place-based programs. There should be a level of generic understanding of a collaborative way of working across all professional groups including policy makers.

Knowledge

Much expertise lies outside of government. Those working in early childhood education and development need to take a leadership role in the development of place-based practice. We need to examine and learn from existing programs and establish strategies and networks for sharing tools and exchanging ideas. There are many opportunities to facilitate knowledge exchange and action research to enhance programs.

Support and recognition

People working in the service delivery can be overwhelmed. We need ways to engage with staff, support professions and encourage networking. We should be recognising people and programs that are making a difference and celebrating their success.

Participants

Andy Cowan, Department of Education and Training, Northern Territory

Anna Schulze, Office of Minister Wooldridge; Minister for Mental Health, Women's Affairs and Community Services, Victoria

Anthony Raitman, Department of Education and Early Childhood Development, Victoria

Cathie Nolan, Department of Education and Early Childhood Development, Victoria

David Huggins, Catholic Education Office, Melbourne

David Pugh, St Lukes, Bendigo

Des Graham, Department of Health and Human Services, Tasmania

Dianne Jackson, Connect Child and Family Services

Eleanor Donovan, Goodstart Early Learning

Frank Oberklaid, Centre for Community Child Health

Geoff Solarsh, Monash University

Helen Creed, Western Australian Council of Social Services

Jane Vadiveloo, Children's Ground

Jayne Meyer-Tucker, Good Beginnings

Jenny Proimos, Department of Education and Early Childhood Development, Victoria

Joanne Schroeder, University of British Columbia, Canada

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Julius Colman, Colman Foundation

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Sue West, Centre for Community Child Health

Susan McDonald, Department of Education and Early Childhood Development

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