

Centre for Community Child Health

ROUNDTABLE REPORT

Place-based reform: shaping change

1 November 2012

Centre for Community Child Health

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About this report

In November 2012, The Royal Children's Hospital Centre for Community Child Health hosted the Place-based Reform: Shaping Change Roundtable. This publication provides a summary of the presentations at the roundtable and highlights from group discussions. It is intended to form the basis for further discussion and collaboration.

This event followed on from an earlier place-based roundtable held in Melbourne in March 2012. The key presentations and discussion points from this event are reported in *Place-based Initiatives Transforming Communities*. This publication can be downloaded from www.rch.org.au/ccch



The Centre for Community Child Health

The Centre for Community Child Health is committed to supporting and empowering communities to improve the health, development and wellbeing of all children. The Centre was established in 1994 to provide an academic focus for community child health, and developmental and behavioural paediatrics. It works in collaboration with its campus partners – the Murdoch Childrens Research Institute and The University of Melbourne – to integrate clinical care, research and education in community child health. The Centre provides leadership in early childhood and community health at community, state, national and international levels, and is widely recognised for its clinical, teaching, research and advocacy programs.

The Centre seeks to enhance outcomes for children through:

- population, 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.

Roundtable facilitated by **Rachel Robinson**. Synthesis and summary by **Vikki Leone**, The Royal Children's Hospital Centre for Community Child Health.

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Foreword

In a number of western countries, including Australia, there is increased interest by policy makers and academics in the concept of place-based reform. There is an increasing realisation that the service system as currently configured struggles to address the complexity of the stresses and challenges faced by families. Historically, services tend to be delivered in a narrow, geographically isolated way, often addressing a single problem or risk factor, and poorly linked to other services and programs. It is well known that in many instances the most vulnerable and disadvantaged families do not access the formal service system. Data from the Australian Early Development Index (AEDI) shows that very large numbers of children are arriving at school developmentally vulnerable or at risk, and on a trajectory for possible future problems at school and beyond.

Traditionally, policies have addressed problems in children and families by attempting to increase the capacity of the existing service system – hiring more professionals and family support workers – or launching new programs. However, this strategy has limitations and is clearly not sustainable in the face of state and federal budgetary pressures. The solution, at least in part, has to be about ‘different’ rather than ‘more’; a focus on utilising the existing service system in a more efficient manner.

Place-based reform aims to enable communities that provide support to families to configure the service system to better meet families’ needs, and to create an increased focus on prevention and early intervention.

This approach makes a lot of sense conceptually, however there are many challenges in setting the right policy leaders and in effecting – and measuring – change at a community level. This roundtable is intended to address some of these challenges. In addition to Australian invitees, participants and 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.

PROFESSOR FRANK OBERKLAI

DIRECTOR, CENTRE FOR COMMUNITY CHILD HEALTH

Executive summary

In November 2012, based on their shared interest in early childhood development, leaders from health, education, research and policy sectors gathered to build their understanding of the role of place-based approaches in supporting children and families.

The roundtable discussions focused on planning, delivering and evaluating systems change.

Discussion was stimulated by informative and provocative contributions by invited experts from Australia, the UK and US. The aim was to consider some of the complexities of developing models of change, and delivering and measuring change in a place-based context.

The service system in its current configuration is unable to meet the complex challenges it faces. In order to address the challenges raised by locational disadvantage we need more supportive and inclusive communities, more supportive and inclusive services, and an improved interface between communities and services. In Australia, existing place-based approaches such as Communities for Children and Neighbourhood Renewal, deliver promising outcomes but systems change and sustained policy support are needed to lock these changes in.

Using these understandings, guest speakers addressed:

- conceptual challenges in developing theories of change
- co-production and scaling up systems change
- readiness for systems change
- challenges involved in measuring incremental and systems change.

The presentations and accompanying discussion revealed several key themes:

Models for system change are complex and multi-layered but are necessary to conceptualising how place-based approaches deliver improved outcomes. Change models must address the process of change, including blockages and inefficiencies in the system.

Developing a model of change is a complex undertaking requiring broad participation and collective understanding. Systems need to respond

to demand to find and settle in a new equilibrium. Identifying the demand for change – or the ‘pull’ – is most effective when there is **co-production and alignment of practice, policy and systems change**.

In cases where an effective system change has been implemented, the impact of **social gradients can be eliminated**. Australian examples that operate within complex multi-level policy and delivery systems can be seen in childhood immunisation and treatment of childhood cancers.

Systems are complex, dynamic, non-linear and may not be place-based. In place-based approaches it is important to be mindful that **services may operate within systems that do not communicate**, and may even compete, with each other.

There can be tensions between community-led approaches and the policy cycle; **governments and policy makers need to focus on sustaining and institutionalising place-based approaches** in ways that do not stifle innovation or disempower communities. Innovation can be driven by the addition or subtraction of policy or service elements.

Action learning and rapid cycle improvement are mechanisms that can help institutionalise change and deliver system redevelopment. When practitioners are empowered and take time to understand and tackle the barriers and complexities faced by families, they can innovate to deliver a better system.

Measuring the process, the outcomes and the opportunity cost are all essential to system change. The benefits of change must exceed the costs of the system change.

Keeping these themes in mind provides a valuable framework for policy makers and project workers involved in place-based initiatives. The development and dissemination of tools and templates would be valuable for future work.

RACHEL ROBINSON
PROJECT MANAGER

Our presenters

ASSOCIATE PROFESSOR SHARON GOLDFELD

Associate Professor Sharon Goldfeld PhD is a community paediatrician and a senior fellow at The Royal Children's Hospital Centre for Community Child Health. 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 Plant Medal in Public Health Research. Her research focuses on issues of policy interest such as the development of indicators and data to measure children's outcomes and to evaluate health service delivery and utilisation. She is National Director of the Australian Early Development Index. Sharon is the principal medical advisor in the Victorian Department of Education and Early Childhood Development and is a member of several national and state committees that focus on children's issues.

DR MICHAEL LITTLE

Michael Little PhD, is Co-Director of The Social Research Unit at Dartington, an independent charity bringing good science to bear on policy and practice in Europe and the US. His work is best known for establishing connections between research, policy and practice with a focus on assisting policy makers and systems leaders to use science to improve child wellbeing. His aim is to forge new ideas from collective wisdom, test those ideas, and, if they work, embed them into the daily experience of children, at home, in school and in the public services. Michael's work has been used in the formation of policy and practice in England, five EU countries and three US states. He is author of more than ten books and over 100 other publications on child development and services, aimed at reducing social need.

DR ROBERT KAHN

Robert Kahn, MD, MPH, is a general pediatrician, child health researcher, and Associate Professor of Pediatrics at Cincinnati Children's Hospital and the University of Cincinnati College of Medicine, and Section Head of the Community Health Initiative in the Anderson Center for Health Systems Excellence. Dr Kahn's interests lie at the intersection of poverty and child health, seeking to understand what leads to worse health among children growing up in disadvantage, and where we might intervene most effectively. A major area of focus is in population-based interventions to improve child health. Dr Kahn is leading Cincinnati Children's nascent community health initiative to reduce infant mortality, unintentional injury, asthma morbidity, obesity and early developmental delay. The teams are focused on mapping neighbourhood conditions, prototyping community-based interventions, and engaging community partners to improve outcomes for disadvantaged families. Early design and implementation employs quality improvement principles that have been successfully applied in industry and now healthcare. The work builds in part on existing innovative collaborations Robert has shaped between healthcare and effective community services, such as legal and housing advocates.

MARGARET KENT

Margaret Kent is currently the Place Manager for Maryborough Neighbourhood Renewal and the Go Goldfields Community Projects. Her professional interest and expertise is in the facilitation of partnerships to improve access to services for vulnerable groups within rural and regional communities and her work is underpinned by the World Health Organization's Ottawa Charter for Health Promotion. Margaret also has an interest in Restorative Justice. As a founding member of the Central Victorian Restorative Justice Alliance, she has been excited to realise the benefits of applying the principles and practice of Restorative Justice to disputes and issues at the community level.

SHARON RUYG

Sharon Ruyg has worked in community and government-based roles both professionally and voluntarily in Victoria since 1985. She has extensive experience in leading and supporting the delivery of community and statewide programs primarily in the community, recreation and health sectors. Sharon has worked in community, not-for-profit, local and state government roles and has an excellent practical and professional knowledge of the issues facing rural and regional communities. In her current role with Central Goldfields Shire she is managing the Grampians Goldfields Healthier Communities and implementing the Prevention Community Model and Healthier Communities Initiative in the Central Goldfields, Pyrenees and Ararat prevention area.

Discussants

DR ZARA LASATER

Dr Zara Lasater is a qualified planner in the field of social policy and community planning. She has worked with the public and community sectors in several countries including the United States, the United Kingdom and Australia as a community engagement practitioner, academic and consultant. She has recently completed research into strengths-based and place-based approaches to community strengthening in NSW with the assistance of the NSW Office of Communities. Her PhD is on integrated governance and community building place-based approaches as sources of institutional change.

DR ALAN SHIELL

Dr Alan Shiell is the Executive Director of the Centre of Excellence in Intervention and Prevention Science. Previously he was Professor of Health Economics at the University of Calgary, holding a Health Scientist award from the Alberta Heritage Foundation for Medical Research, and a Canadian Institutes of Health Research Chair in Applied Public Health. His research interests include the economic evaluation of social interventions designed to promote health and reduce inequalities.

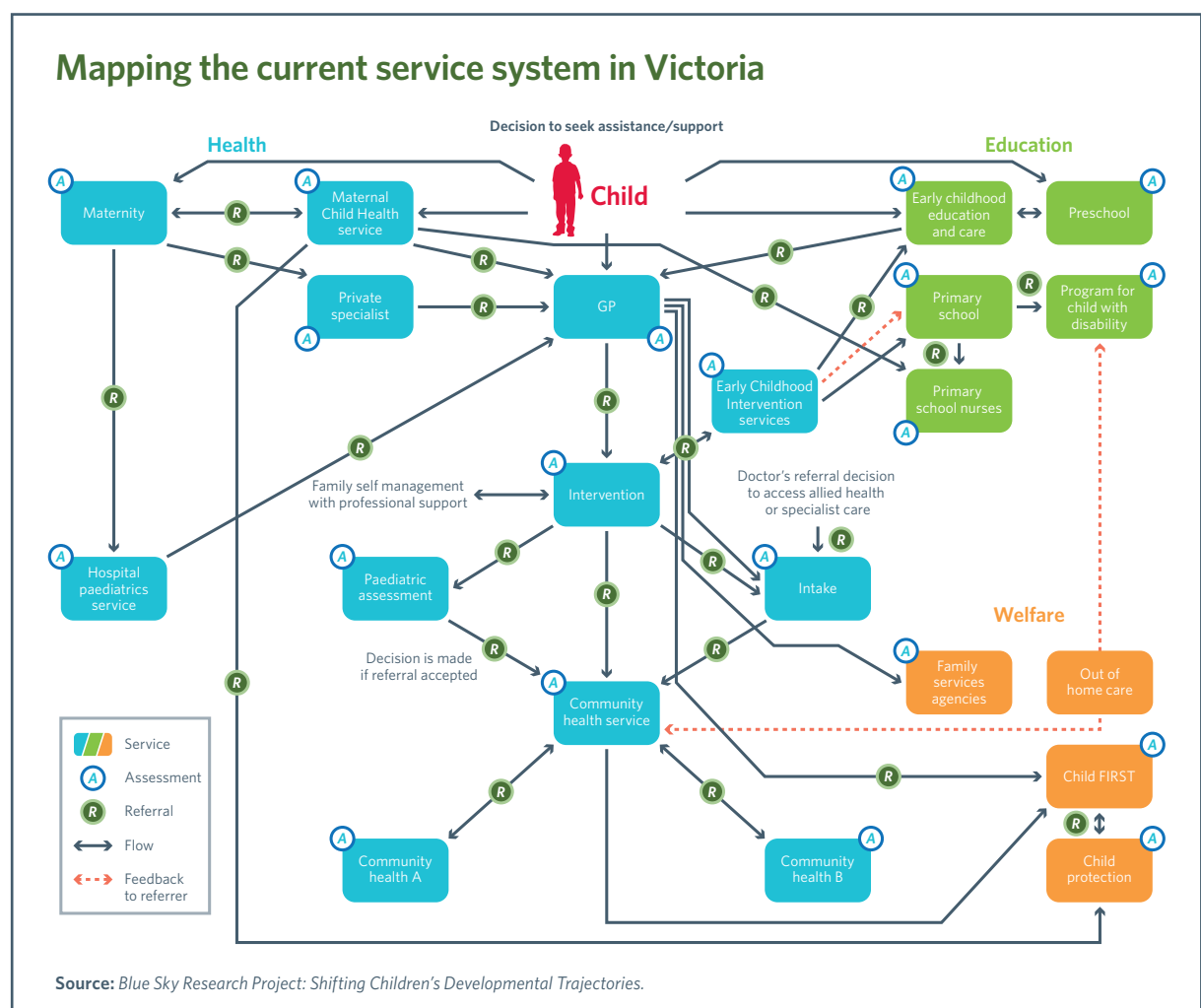
Conceptual challenges | Sharon Goldfeld

"The challenge of a place-based approach is not only determining how a service delivery system can optimise the developmental trajectory for Australian children, but also how to measure the effectiveness of place-based reform."

Complex service systems that are characterised by poor integration and communication between services create inefficiencies and blockages. This can result in families and children being unable to easily access the services they need. The *Blue Sky Research Project*¹ mapped the processes of a single child seeking a referral for a speech and language assessment. The illustration below reflects the complexity of the task and demonstrates the existing inefficiencies in service systems.

In addition to access, the quantity, quality and coordination of services impact on children's development. Service systems are complex and can be difficult for families to navigate – how can we make a difference, measure the difference and ensure that we achieve sustainable change? Key challenges include:

- How do we make a system that is efficient and works for families?
- Can the developmental trajectory of children be optimised by enhancing the service delivery system?
- What do we mean by 'place-based' and is 'place' the best vehicle for bringing about the change we seek?



1. Blue Sky Research Project (in press): *Shifting Children's Developmental Trajectories, Final Report (Phase One)*. Melbourne: DEECD.

The KICS Framework



The Kids in Communities study uses a nested ecological model to conceptualise the challenges faced to deliver change at the interface between communities and services for families. The model identifies five areas for community-level action to improve outcomes for families and children.

The Kids in Communities Study Goldfeld S, Mathews T, Brinkman S, Woolcock G, Myers J, Kershaw P, Katz I, Tanton R, Wiseman J. 2010.

Methodology

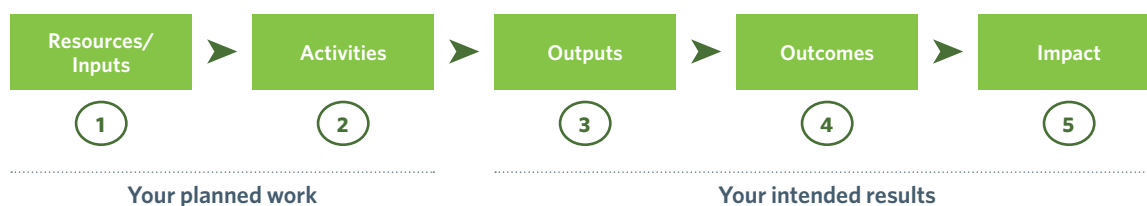
Program logic is a linear model that illustrates and explains casual relationships in addressing a problem. While its simplicity and clarity may assist with planning and thinking, is it sufficient for dealing with the complex and interactive nature of place and systems? While it may help us to think through system change and identify desired outcomes, does this approach need to be augmented or replaced to satisfactorily tackle inefficiencies in service systems?

Measurement

What are the measurement principles that will underlie our approach, and help us to identify opportunities for improvement and potential solutions?

- **Equity** – equitable distribution
- **Evidence** – to ensure the right programs are put in place
- **Excellence** – to ensure the best outcomes every time.

Program logic



How effective is a linear logic model in understanding complex systems?

Achieving lasting impact at scale | Michael Little

“How do we change public systems? How do we create an enduring impact on child health and development that affects the population?”

The Social Research Unit is a small independent charitable organisation that has sought to influence legislation in the UK for nearly 50 years. While this effort has been reflected in achievements such as children’s protection legislation, the abolition of training schools for young offenders and limiting the number of children in secure accommodation, amending legislation doesn’t ensure change. While the role of government is very important, it’s what people do on a day-to-day basis that makes the most profound difference.

In Birmingham a place-based reform effort to change the way the city invests in children is almost complete. It was designed to transform the way the city spends £1.3 billion on 230,000 children per annum. If you want to make a difference at a public health level you need to engage with a very broad population.

A system is a network of organisations and individuals trying to achieve a common goal. Systems may:

- be complex and dynamic
- lack a clear alignment between what they are achieving and their outcomes
- be driven by what they were funded to do
- compete with each other
- fail to communicate effectively with other systems.

While systems may be complex, they are also adaptable and predictable. By understanding the dynamics of a system and what it is trying to achieve, there is capacity to effect change. System dynamics can be used to bring about change for children – every time you inject something into a system, it will react. Individual organisations are part of a system and separate systems may fail to communicate with each other, and potentially may compete with each other. Subsequently, it is useful to consider the capacity of

a system as a whole. Every system will have a point of equilibrium, a place where a system will settle. It is advisable to reach collective agreement about what you want the equilibrium point to look like and clarify the desired outcome of driving systems change.

Systems themselves do not focus on place, but they can effectively scale an innovation. Britain’s disastrous child migrant scheme provides an illustration of the relationship between innovators and a system. From the 1860s until the 1960s many children were sent to Commonwealth countries under Britain’s child migration scheme. With the support of governments, and charitable and religious organisations, 100,000 children were relocated as the program:

- tapped into an existing demand. People in other countries wanted children. Pull is a vital ingredient in successfully taking innovation to scale. You cannot simply push innovation into a system.
- was functional to the system. Children were being relocated from institutions that had exhausted foster placements. Migration was an efficient option for the system.
- captured the zeitgeist; taking poor children from industrial centres and providing them with a fresh start and new opportunities.
- had strong leadership.

While there was huge suffering as a result of Britain’s child migrant policy based on under the mistaken assumption that it was improving outcomes for children and communities, it provides an example of the capacity of a system to successfully scale impact.

Systems change requires innovation. It is reliant on a number of parties – leaders, philanthropists and organisations – capable of leading change that makes systems more functional and reduces inefficiencies. Innovation, invention and dissemination are important in attempting to scale impact, however the desire for change is a critical ingredient for innovation and an essential catalyst for systems change. Bringing about change isn’t reliant on legislation; it’s what people do on the ground that makes a difference. Individuals

have the capacity to effect change, however they need the authority to act. The challenge is to harness the demand and adopt a wide palette of evaluation tools.

Systems change requires:

Pull

Demand is a vital ingredient for change.
A system needs to be able to respond to need.

Landscape

There needs to be an environment that enables co-production – governance and community working together.

Alignment

There needs to be practice and system change – a parallel process where systems and communities share accountability.

Consideration of infrastructure

Policy and process should be able to effectively navigate the infrastructure.

A common language

A common language enables people to engage with each other.

Measurement

Measuring change helps to fuel further change.

Research is important to building our understanding and knowledge, however sometimes you cannot wait for evidence in order to bring effective intervention to scale. We need to think more broadly about new methodologies and evaluation tools. When action is required, a step-by-step approach may not be responsive and could pose barriers to implementation. We should be informed by science, but we can't be driven by science that doesn't exist. There may not be time to test interventions with trials, develop prototypes and evaluate before determining the best approach. Perhaps an alternative approach that reflects real-world complexity, such as Don Berwick's non-sequential evaluation paradigm,² is what is required to bring about improvement at scale: a way of modelling system dynamics without data, being responsive to local settings, building capacity to make multiple changes, and evaluating and adjusting on the way.

2. *Achieving Lasting Impact at Scale*. Convenings hosted by the Bill & Melinda Gates Foundation in La Jolla, California. Synthesis and summary by the Social Research Unit at Dartington, UK.

Joined up government | Dr Zara Lasater

“The terminology of joined-up government used in relation to place-based approaches reflects a certain partnering logic: if communities – via project-funded community infrastructure – engage in the process of community building; articulate issues; and develop plans to address these issues, government will be able to reform its systems and structures to improve service delivery.”

Community place-based approaches tend to be linked with outcomes such as joined-up government, but the links need to be tested to understand the implications for system level change.

The Victorian Community Building Initiative (CBI) provides an example. The CBI aimed to change the social, economic and environmental circumstances of involved communities through facilitating coordinated and collaborative governance to identify and respond to local issues. CBI was conceptualised in 2000, launched in 2001 and completed in 2005-06. The underlying principles were to:

- develop active partnerships with stakeholders
- strengthen the capacity and cohesiveness of the community
- use bottom-up and joined-up approaches.

The key components were:

- Major programs:
 - Community Building Demonstration Projects
 - Community Capacity Building Initiative
 - Neighbourhood Renewal Program
 - Community Support Fund
- Issue-based community building programs
- Contributing programs.

Major programs were either grant based or took a place-based community planning, partnership building approach. Structural features of the program included: the establishment of the Office of Community Building within the Department of Premier and Cabinet; the Community Building Interdepartmental Committee (CBIDC) within the Office of Community Building to establish evaluation, training and information systems to support the overall strategy at a whole of government level; an external reference group; and a website.

By the end of the CBI the whole of government features had proved to be unsustainable and the Initiative was synonymous only with the ten place-based Community Building Demonstration Projects. The joined-up expectations of the project were realised only through the community place-based integration mechanisms such as project staff, local auspice organisation, assigned lead agency from within the state government, a project management group with community membership (and some task or community based subgroups), and a link with a regional government senior managers group.

Strategies that strengthen and engage communities have the capacity to address disadvantage and improve outcomes at a local level but in this case, there was tension between government and community governance. For this Initiative, the emphasis on a place-based approach was not enough to influence governmental change or induce ‘joining-up’. While place-based project mechanisms lasted for the duration of the funded period, the governmental mechanisms, such as the CBIDC did not. The community place-based integration mechanisms could not effect wider governmental coordination and collaboration.

From this example we see that joined-up government is reliant upon governmental institutional change rather than being brought about by a community place-based effort. This suggests the following questions for sustained systems change:

- 1 If institutional change needs to come from within government, what are its dimensions?
- 2 How do we make governmental integration mechanisms sustainable given staff changes, shifts in political imperatives, time limited committees, etc?
- 3 What structures support ‘innovation heroes’ within government?
- 4 How do we ensure that in using broad policy language to unite, such as with the terminology of ‘joined-up government’, we retain an agreed understanding of policy design?
- 5 How can we institutionalise and improve the capacity to change without stifling innovation and disempowering communities?

Institutionalising change versus outside innovation

| Rob Kahn

"Everyone should have the skill set to drive change and improvement – people should be doing their job and improving their job. We need to tap into the energy of dissatisfaction and provide the tools for change. The key question is what can we do today and tomorrow to effect change?"

The Cincinnati initiative evolved from Early Development Index (EDI) work and an overall aim to improve the developmental and physical health outcomes for children 0-5 years. Working collaboratively, social service agencies, physicians and others playing key roles in early child care created a platform to connect with families. With a focus on clear shared outcomes and objectives, the aim was to begin to shift the system as a whole starting with small testable change – it is not enough to aim for broad change in a system that is unlikely to respond.

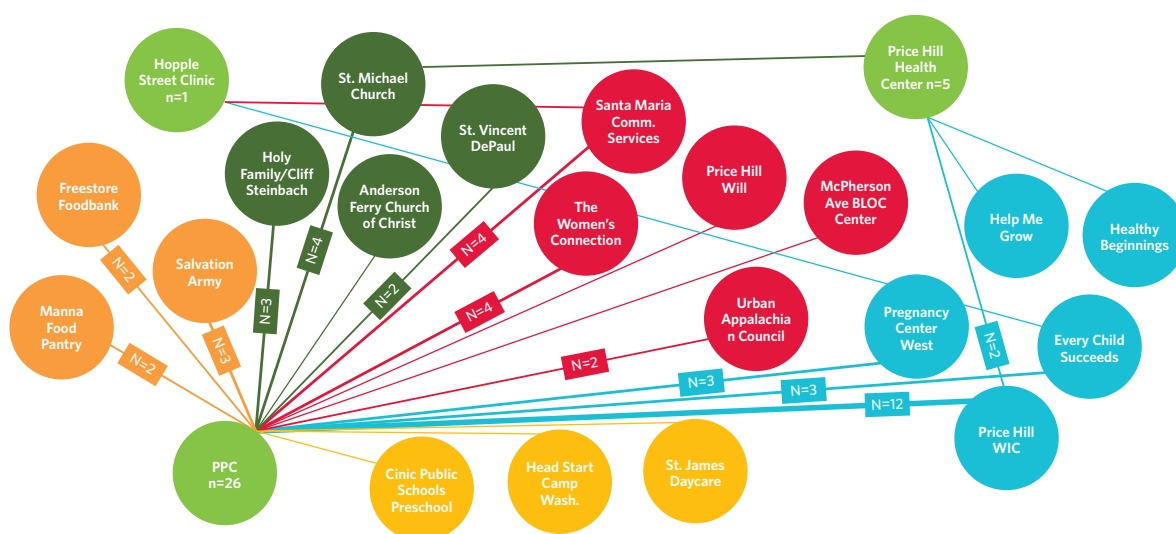
Fundamental to the initial success being experienced in Cincinnati is tapping into the desire for change: the day-to-day anger that the system isn't working; concern that inequity isn't being addressed; wastage; and failure to improve outcomes for children.

Over 50% of children in Price Hill Cincinnati live in poverty. With a population of approximately 1,700 children, and an additional 350 babies born into the community each year, improving developmental and health outcomes is a challenge. It is important to set objectives as clearly as possible when using quality improvement methodology, so we established a global aim around child development and specific interim goals:

- <30% children "vulnerable" on U1 EDI domain at kindergarten
- >3% increase in children who score U 19 on kindergarten literacy tests
- <15% moderate risk on the 36 month, Ages and Stages Questionnaires (ASQ)
- <20% at risk on the ASQ:SE (Social Emotional)
- >10% annual increase in the percentage of families reading to children daily.

In working with families to identify agencies that they had been involved with, it was clear that there was considerable overlap in their general goals, but there were no shared objectives, messages or frameworks. Organisations were sharing families but not talking to each other.

Multiple agencies but no system – agency silos



The mapping of families engaging with agencies highlighted the lack of communication between organisations.

Model for Improvement



Action learning was used as a model for improvement

We applied the Model for Improvement (developed by Associates in Process Improvement) to address key questions:

- What are you trying to accomplish?
- How will you know that a change is an improvement?
- What sort of innovative ideas can we test?

The aim was to derive improvements with small tests of change, scaled down to as short a timeframe as possible. The measurement principles were:

- the purpose is learning not judgment
- you can't improve what you can't (or don't) measure
- measures tell a story; goals give a reference point
- measures should be meaningful. They reflect the aim, make it specific, and tie it in with key changes.
- measures should be useful, not perfect. Seek practicality rather than comprehensiveness.

Sustainable change can be achieved by institutionalising change – rewriting roles to incorporate innovation and change. Seek to identify the key elements required to get the outcome that you desire and monitor micro-change – establish baselines, monitor data, share results, chart the change and document success.

By working together as a team there is an opportunity to change the relationship between healthcare and the community, identify dominant failures, build solutions that might work, create accountability and build a sense of capacity.

While micro-surveys may be an imperfect data measure, they can push out data rapidly and monitor impacts quickly. An action-oriented approach can encourage clinics and agencies to consider how they measure and contribute to a community data dashboard. Items that don't yet have data can be included on a dashboard with the aim of integrating additional information once it becomes available, building the capacity to deliver both place and population outcomes.

It is possible to take action and achieve positive change by building a system from within.

The draft Price Hill data dashboard



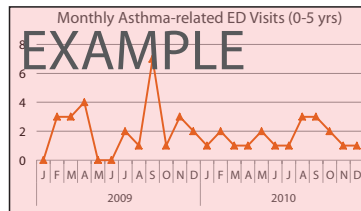
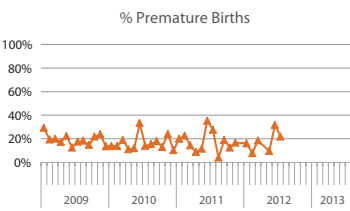
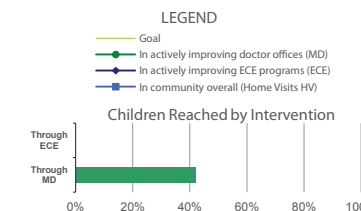
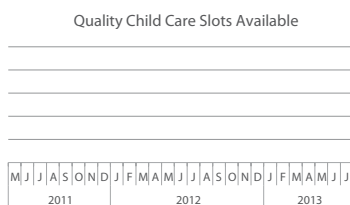
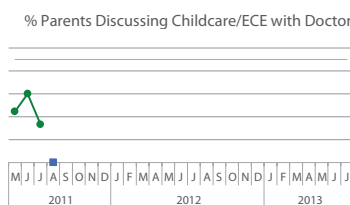
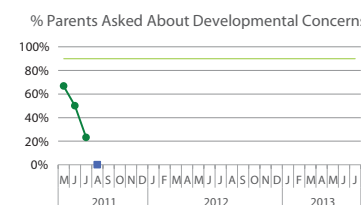
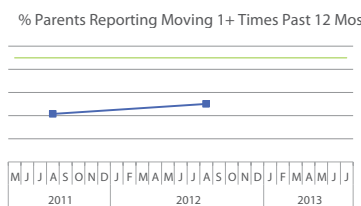
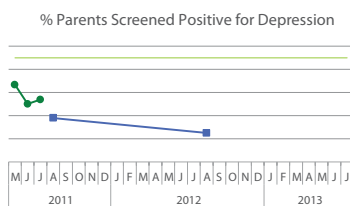
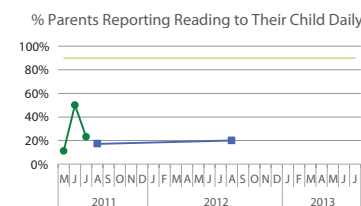
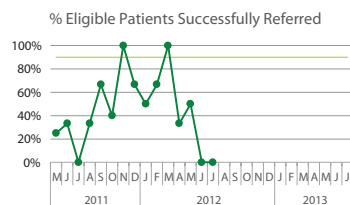
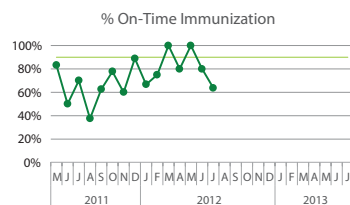
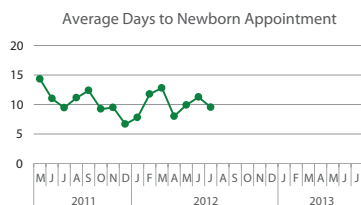
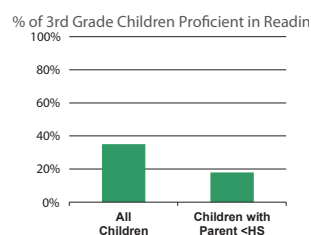
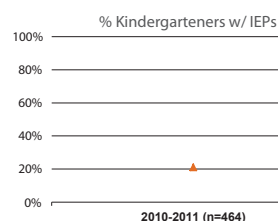
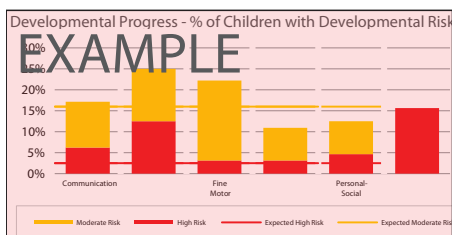
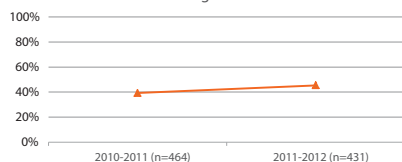
Price Hill Improvement Collaborative 11 September 2012

Area - Year	No.	Proportion of Kindergarten Children Who Are Developmentally Vulnerable (%)						On track	
		Com	Phys	Lang	Soc	Emo	1+	2+	Has IEP
Lower PH - 2011	28	4	21	32	0	11	43	18	57
Lower PH - 2012	25	8	12	12	0	4		8	21
East PH - 2012	156	13	15	25	18	14		26	

No.	EDI Abbreviations		
Com	Total number of children assessed		
Phys	Communication and general knowledge		
Lang	Physical health and wellbeing		
Soc	Language and cognitive skills		
	Social competencies		

Emo	On track	
1+	Emotional matur	
2+	Vulnerable on one or more domains	
On track	Vulnerable on two or more domains	
Has IEP	On track in all domains	
	Has special education plan	

Kindergarten Readiness Assessment - Literacy (KRA-L)
% Scoring 19 or Above



		Number of Forms per Month -- All Sites											
MD	10	12	13	-	-	-	-	-	-	-	-	-	-
PPC	6	12	10	8	8	9	10	9	9	8	6	10	8
ECE	-	-	-	-	-	-	-	-	-	-	-	-	-
HV	-	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	29	-	-	-	-	-	-	-	20	-
	M	J	J	A	S	O	N	D	J	F	M	A	M
	2011				2012				2013				

Measures provide focus and a reference point.

The conceptual challenges of measuring change

| Sharon Ruyg and Margaret Kent

“Place-based approaches present many challenges including how to measure change – intended or unintended – at a community, service or intervention level.”

The Go Goldfields alliance is a multi-agency partnership with representatives from health, education, training, justice, disability, employment, the arts, the community, local government and other strategic groups. The partnership is a response to significant social health needs in the community that have not been addressed through traditional funding and policy responses. The alliance works from the basis that it is only by working together with combined strategies based on community need that we will be able to improve significant health and social indicators in the Shire.

The initiative was funded by a \$2.5 million grant from the Victorian Government to build a place-based approach to achieve the following outcomes:

- reduce child protection reporting
- improve communication, numeracy and literacy skills
- increase positive social connections
- facilitate connecting youth to education and training to achieve employment outcomes.

A key challenge was how to measure change – both positive and negative – and achieve sustainable outcomes. Key questions about measuring change needed to be addressed. What are we doing? Is it working? Have we achieved what we set out to do? The process began with a linear evaluation framework, but it became clear that such a model wasn't going to provide a satisfactory or comprehensive evaluation framework. A number of conceptual challenges needed to be overcome:

- Evaluation is not linear. It doesn't fit neatly within an evaluation framework – this was not a simple project evaluation. There are many interactions, strategies,

activities, processes and impacts that need to be understood and captured. We were working out what to do and how to measure it at the same time.

- Place-based work is complex. Those doing place-based work don't necessarily have the evaluation expertise and evaluation experts may not have the skills or tools to meet the complexity.
- Solutions come from a range of places and there are many different views on place-based work. The challenge for evaluation is to capture, distill and incorporate all of the ideas and use these to address everyone's evaluation agenda.
- Knowledge and evidence need to be balanced with new thinking and innovation. Distill information for the local environment, challenge roles and boundaries, and be open to new ways of thinking, doing and measuring.

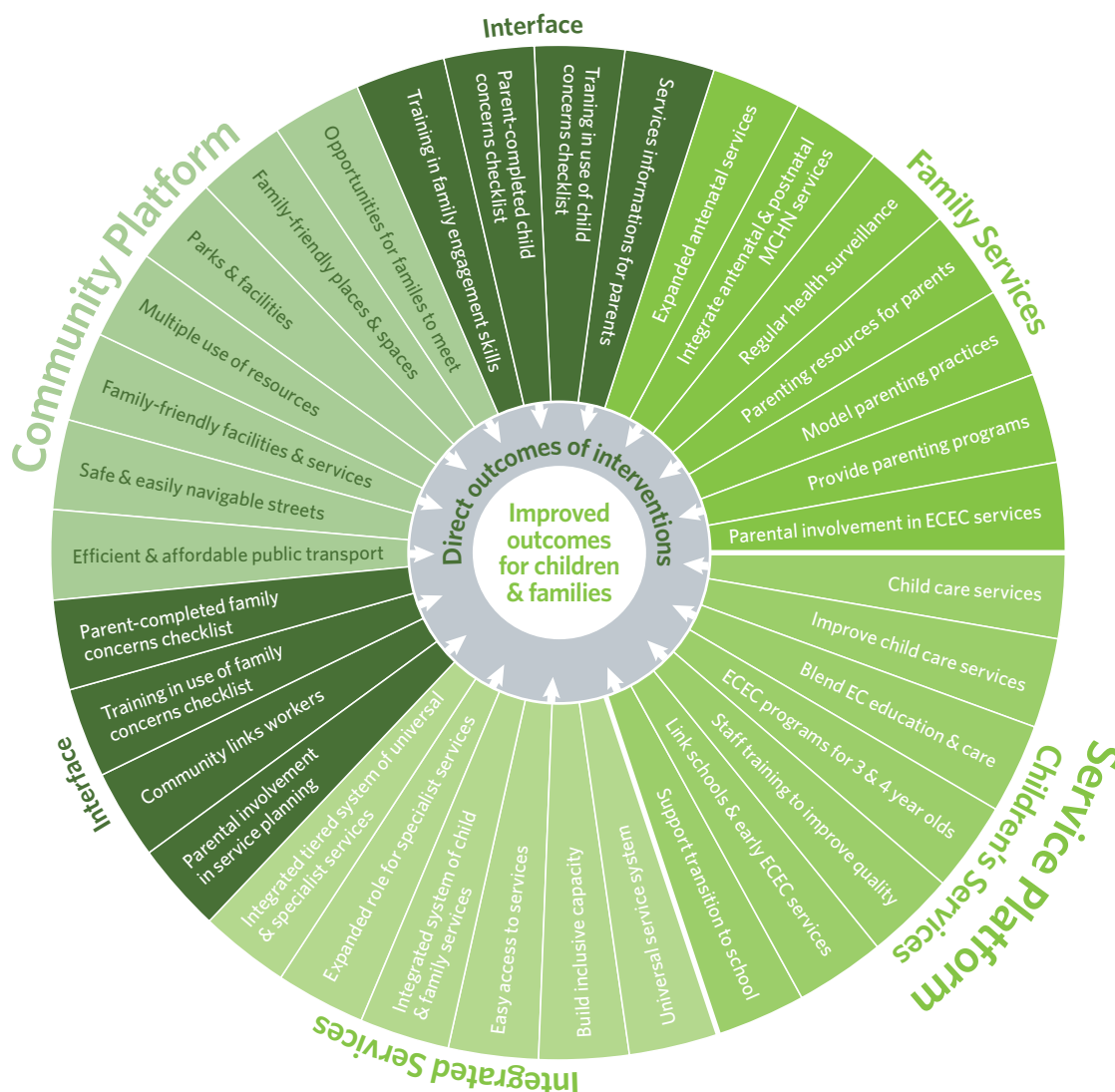
Addressing these challenges was a mixture of trial and error, systems and strategy. We aimed to create a supportive environment that enabled a paradigm shift and allowed experts to say 'I don't know'.

The best tools for tackling the challenge of change within a place-based approach included:

- communication – consulting with a variety of experts early and often
- literature reviews – considering the views of others
- employing people with the skills we needed – eg research and evaluation – rather than relying on consultants
- ensuring the evaluation working group included a broad range of skills such as strategic thinking and problem solving
- reflecting on and challenging our thinking and being prepared to change direction
- picking up on the concepts of collective impact³ as the overriding framework for outcome, process and impact evaluation

3. Hanleybrown F, Kania J, and Kramer M. (2012). Channeling Change: Making Collective Impact Work. Stanford Social Innovation Review 2012

The Wedge Model



The Wedge Model provides a model for understanding and responding to community issues.

Note: ECEC = early childhood education and care EC = early childhood.

Source: Reconfiguring early childhood services: what to change, Dr Tim Moore 2010.

- adopting the 'wedges' approach to determining indicators against funded outcomes
- being creative about reflection on practice by incorporating multimedia
- mapping the outcome, impact, and process evaluation against our resources within a program logic approach
- identifying realistic resourcing.

A collective impact approach and the Murdoch Childrens Research Institute's Wedges Model helped

us to get to the heart of the issues in the community, provide clarity, consider our process and communicate it in a powerful way to others.

A place-based approach offers a way of addressing community needs where previous strategies have failed, however measuring change is challenging. Trying to tackle these challenges in a meaningful way requires bravery, creativity and honesty, and a safe environment in which to encourage stakeholder contributions. For Go Goldfields, this is an ongoing journey.

Measure what you value | Alan Shiell

"If you value something make sure that you measure it otherwise economists will only value what you've measured."

The rationale behind the Centre of Excellence in Intervention and Prevention Science initiative is to work with the Victorian Department of Health to build a prevention system. A large part of the investment is in the form of a new prevention workforce that will act as a catalyst for system change.

Systems are complex networks. There are at least three ways that people talk about systems:

- as a collection of service elements working together for the common goal (eg the healthcare system or the education system)
- as the systemic drivers of problems. Dynamic systems react and respond to intervention and stimuli. Change is a constant process of injecting and reflecting.
- as the science behind systems. There is a way of thinking about systems that can inform how we understand, intervene in and evaluate systems.

Equilibrium is a point of balance in a system. Systems tend to gravitate towards this equilibrium. Change is neither external nor internal but both – people working from within the system for change plus a catalyst, something new from outside the system, helping bring about change. Systems don't often change gradually but in big disjointed steps, called phase transitions, when all the right circumstances come together in the right order and the right way. This is much like a child learning to walk – considerable development must occur before a child is capable of walking. If we are unaware of this and only measure outcomes there's a danger that we'll miss the process or misattribute what has happened to what has occurred immediately prior to the change without acknowledging preparatory measures.

System change is difficult, but there is an easy formula! The cost of change needs to be less than the product of three factors:

- the degree of discomfort people feel with the existing circumstances
- the vision for the improvement
- the set of small steps that can be taken toward the change

That is: **$D \times V \times M = > P$**

D = the degree of discomfort people feel with the existing circumstances.

V = vision for what improvement would look like.

M = simple, small steps that people can take that incrementally add up to change that moves a system closer to the vision.

P = price or cost of change.

Change can be encouraged by maximising the degree of discordance between the current situation and the vision for the future. It is easier also if people can see simple steps that they can take now.

In measuring change, language helps frame the vision and the method. We should not be talking about this OR that, but this AND that – ie process AND outcomes, not process OR outcomes.

Opportunity cost is critical to measurement. It is essential that we evaluate what we do in terms of the opportunity cost of what we are trying to achieve. According to an economic evaluation, the Walking School Bus project was phenomenally inefficient, but this may have been because it was measured only in terms of the benefits of reducing obesity. By beginning from a poor premise, other valuable and important outcomes were not mentioned or measured – they were missing from the economic evaluation.

Individual interventions can be isolated. There is a risk that these may not be seen in the wider context, or as part of a system. We are usually ill equipped for measuring marginal intervention and system change is about leverage that sparks ongoing change. Marginal intervention can add up to whole of system change and perhaps when considered in retrospect, such interventions may be seen as valuable.

Roundtable discussion

Discussion following the presentations considered key issues around place and systems change.

Data collection and measurement

When you design the data that you are going to collect, are you doing it in a way that encourages people at the frontline to work together to produce the outcomes that the data seeks to measure? Rather than research assistants collecting data, the data collection needs to be small enough to be undertaken by an operating team – this is a feature of quality improvement.

In rapid cycle improvement, the key thing that we are talking about is small tests of change. Small tests to see if an idea will work, and repeated tests to make sure it works – this is very different from what we normally do. Consistently measuring what we do is not common, but this approach is a strict methodology that requires constantly testing your prediction and assessing what you have done until there is certainty about the outcome. You may also want to test it in another environment to determine whether it works elsewhere.

Within a non-sequential approach to evaluation it is important to consider:

- sharing the stories of the community sites. The qualitative stories are important.
- transaction costs. Different methods incur different costs – how much money needs to be spent to achieve change?
- measuring the impact of multiple interventions on population change. We lack agreement on how to evaluate multiple interventions in a single system or community. It would be good to collaborate on establishing consensus on measurement and evaluation.

By measuring one key performance indicator, there is a risk that other objectives will be overlooked. Having several steps in a logic model will help to provide a broad view. Balancing measures help to ensure that while focusing on the headline you're not, as an opportunity cost, failing to do many other things.

With process and outcomes measures there needs to be constant consideration of balancing what you are doing with what you are not doing. If you ask people to do something new, it's likely they will stop doing something they are currently doing, so you need to consider balancing measures. There is an opportunity cost of a new intervention. A key question is how, without adding more money to the system, can you increase efficiency?

If you value it you should measure it, but who determines what is of value? Whether adding, subtracting or intervening, it shouldn't be on behalf of people, but as a part of a shared responsibility. It should be done in proper partnership with those using the service otherwise it is unlikely to be used. Systems need to be designed 'with' communities not 'for' them, with governments enabling development.

Authority, co-creation and policy

The interdependence between the state and society needs to be recognised. Governments and bureaucracies cannot simply hand decision making over to communities. Concrete structures, accountability and the ability to mobilise to address complex problems is required. The system needs to share accountability for spending. Governments need to work with communities and systems to devise a joint narrative – it's important to create, capture and share stories.

There is existing 'pull' in communities that may not be recognised, and that current systems lack the ability to respond to. Governments have a role in enabling citizens to have a voice, and in facilitating co-creation.

Government policy can be subject to limitations posed by portfolios, systems, budgets, the election cycle and the multiple tiers of government. However, there is much to be optimistic about in respect of coordinated and coherent approaches. In Australia, governments are committed to new social policy approaches, and working with communities and across silos to find solutions. A key challenge for governments is to create environments that enable innovation, and help communities to build the tools

that they need. Shared accountability is extremely important – for communities and systems. If communities are going to be more accountable, then they need to feel okay about making mistakes.

Scale

We are interested in scale but there are few examples of scaled interventions. Most things that are proven are not scaled and most things that are scaled are not proven. There is a tendency to focus on innovation though addition, ie what can I add to this community? Great innovation is also about subtracting – what can we take away to improve outcomes for children, what is not working? It can be politically unattractive for governments to ‘take away’ and pilot programs often lead to pressure to continue with an initiative. Agencies and services can be asked to identify things that are happening that do not improve outcomes for children and families, or could even be harmful. Governments can set the context and create the pull for this to happen. Subtracting may be politically more viable, when governments are working in an environment where responsibility and accountability are decentralised.

What next?

As part of the discussion, further questions were posed:

- How do you build enabling and concrete structures that work with government? How do we share accountability? What is the role of devolution?
- How can governments and communities improve the process of co-production? Do we understand community-centred practice?
- Do communities have the expertise and authorising environment to drive systems change?
- What is the role of business in the co-production of community-based systems change? What mechanisms help bring business into the picture?
- Do we need to change the way people think about their needs?

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