Demonstrating community-wide outcomes
Exploring the issues for child and family services

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**Key messages**

- Area-based (or place-based) initiatives often seek to have a whole-of-community impact. This recognises the way in which neighbourhoods can impact upon the health and wellbeing of children and families. Improvements in the community as a whole, such as increased “child-friendliness”, may improve outcomes for children and families.

- Measuring the impact of an initiative on an entire community can be challenging. It may take a significant period of time before the impact of an initiative is felt at the community level. It can be difficult to attribute changes in the community directly to a specific initiative. An experimental or quasi-experimental design is the best method to use in order to estimate what the outcomes for children, families and communities would have been in absence of the intervention, however, for community-based agencies, experimental evaluation designs can be difficult to undertake.

- Methods that can be used to collect data for the purpose of demonstrating the impact of a community-wide initiative include: surveying a representative sample of the community; key informant interviews and focus groups; using secondary source data; and mixed methods research.

- There is a paucity of practical tools to measure many typical community-wide outcomes such as a child-friendly community and community empowerment. Universal tools for these types of outcomes are often viewed as inappropriate as the concepts are highly context specific.

The neighbourhoods in which children and families live impact upon their health and wellbeing (Capsi, Taylor, Moffitt, & Plomin, 2000; Edwards, 2005; Edwards & Bromfield, 2009; Homel & Burns, 1989; Leventhal & Brooks Gunn, 2000; McCulloch & Joshi, 2001; Prior, 2005). Characteristics such as levels of informal social support within a community, availability and accessibility of services and even the nature of the physical environment can influence the health and wellbeing of children and families (Goldfeld et al., 2010).

In recognition of the impact of neighbourhoods upon children and families, area-based (or “place-based”) initiatives, such as Communities for Children in Australia and Sure Start in the United Kingdom, often have a whole-of-community focus. These types of initiatives seek to alleviate adverse negative neighbourhood effects, based upon the premise that a more cohesive, supportive, healthy community will be good for children and families.
This focus upon whole-of-community raises issues regarding how to evaluate the impact of such broad initiatives. Evaluating whole-of-community initiatives can be a complex task for a range of reasons. For example, it may take a long time for the effects of an initiative to be felt at the community level (Judge & Bauld, 2001; Susser, 1995). Moreover, to attribute changes at the community level to a specific initiative can be difficult. An experimental or quasi-experimental design is the best method to use in order to estimate what the outcomes for children, families and communities would have been in absence of the intervention (Edwards et al., 2009). However, for community-based agencies, experimental evaluation designs are difficult to undertake (Parker, 2010a).

This Practice Sheet is not designed as a “how to” guide for evaluation, rather it investigates some of the issues pertaining to the evaluation of initiatives that seek to have a community-wide impact. The Practice Sheet begins by clarifying the definitions of “community” and “community-wide outcomes”. Three methods that could be used to collect data for the purposes of demonstrating community-wide outcomes are then investigated. The Practice Sheet concludes with an exploration of three common community-wide outcomes—discussing the meaning of these outcomes, how they relate to outcomes for children and families, how they might be measured, and issues relating to their measurement.

As this Practice Sheet is designed for community-based agencies, experimental approaches to evaluation (e.g., randomised controlled trials) are not explored in depth. The aim of the Practice Sheet is to provide an overview of issues pertaining to community-wide evaluation in a way that reflects the realities of working in a community-based agency environment.

What is a community-wide outcome?

In order to define a community-wide outcome it is necessary to define a community. As with many commonly used terms, the definition of community is often assumed to be self-evident, however there is in fact a range of perspectives regarding what “community” actually means.

Typically a community is understood as a group of people living in a specific locality. In Australia, postcodes are often used for the purposes of research and evaluation as an approximation of community (Katz, 2006). However, some researchers view this definition of community as too limited (Chappell, Funk, & Allan, 2006). For example, a community can be a group of people living in a specific geographical area, however it may also be a group of people who do not live in the same geographical area but share bonds with one another based on affinity, similarity and belonging (e.g., cultural heritage) (Chappell et al., 2006).

Although these critiques of community as a geographical concept are valid, for the purposes of this Practice Sheet community is understood as a group of people living in a specific locality. The reason for this is that although community is defined in different ways, the evidence clearly demonstrates that geographical location does have an impact upon the outcomes of children and families who reside in that location (Capsi et al., 2000; Edwards, 2005; Edwards & Bromfield, 2009; Homel & Burns, 1989; Leventhal & Brooks Gunn, 2000; McCulloch & Joshi, 2001; Prior, 2005).

1 For a description of experimental designs and quasi-experimental designs, see Parker (2010b).
2 The Stronger Families in Australia (SFA) evaluation provides an example of a quasi-experimental design (Edwards et al., 2009). Families with 2-year old children in ten sites that had a Communities for Children (CFC) program were compared to families with 2-year old children in five sites that did not have a CFC program. (The sites without a CFC program were similar to those with a CFC program in terms of location, size and socioeconomic status). In contrast to evaluations that only collect data from service users or clients, the SFA study collected data from any family in the site with a 2-year old child as the CFC initiative had a whole-of-community focus (Edwards et al., 2009).
3 See Parker (2010a–e) for more information on how to undertake evaluations.
A community-wide outcome therefore, for the purposes of this Practice Sheet, is any outcome that pertains to a group of people living in a specific location. For area-based initiatives that target children and families, that location is typically a local government area (LGA). A community-wide outcome differs from a parent or child outcome in that the unit of analysis is the community, rather than an individual or individuals.

In the following section methods for collecting data to demonstrate community-wide outcomes are considered.

Collection of data to demonstrate community-wide outcomes

There is a range of data collection methods that could be used to demonstrate community-wide outcomes, including: surveys, in-depth interviews, focus groups, and the utilisation of secondary source data. Although these data collection methods are commonly used by many community-based agencies for the purpose of evaluation, there are specific issues to consider when using these methods in order to demonstrate community-wide outcomes. These issues are explored below for each of the aforementioned data collection methods.

Surveying a representative sample of a community

Evaluations of initiatives that seek to demonstrate a community-level impact often rely upon surveys of community members. The findings from these surveys are then collated to provide a picture of the community as a whole (Stone, 2001). A recent report by Goldfeld et al. (2010), investigating how to best measure community or neighbourhood level factors that affect child development, claimed that for many of the domains they were seeking to measure (e.g., social ties and community cohesion): “a community survey [is] … the most appropriate methodology for gauging the view of the “community” on a number of issues (p. 20).

Many of the domains Goldfeld et al. (2010) referred to will be the same domains that community-based agencies focus upon in their evaluations.

In order for the results of a community survey to be considered a reliable estimate of community-wide effects, a specific number of people need to be surveyed (Goldfeld et al., 2010, p. 20).4 The minimum number of survey participants varies according to the types of outcome measures that are being used.5

In order to be viewed as a representative sample, the characteristics of the people surveyed (e.g., gender, ethnicity, age), should also reflect the demographic profile of the community. For example, if 40% of a community’s population are between the ages of 25–54 years, then the proportion of survey participants who are between the ages of 25–54 years should also be close to 40%. In those cases where an initiative is only seeking to impact upon children and families, then only children and/or parents should be surveyed.6

In some cases the views of the entire community will be valid. For example, in order to measure community level factors that influence child development Goldfeld et al. (2010) surveyed all members of a community about community cohesion. An initiative that seeks to improve community

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4 Goldfeld et al. (2010) noted that one of the key challenges of estimating neighbourhood level effects is “determining the minimum number of subjects per neighbourhood who will need to be surveyed in order to reliably estimate the neighbourhood level effects” (p. 20).


6 See McDonald (2011) for more information on how to collect data from children for the purposes of evaluation.
cohesion in order to improve child and family outcomes could also undertake a similar type of survey.

Advantages

A community survey enables the perspectives and views of a large sample of people to be taken into account. In this sense, the results of a community survey could be seen as the most reliable representation of the community as a whole. Unlike qualitative data collection techniques, the quantitative data typically collected via surveys allows researchers to conduct statistical analyses to identify, for example, the strength of the relationship between variables. Community surveys can also facilitate a sense of community and may prompt participants to reflect upon their community.

Disadvantages

Community-based agencies may experience significant practical difficulties undertaking a large-scale survey of community members. For example, undertaking a large-scale survey requires adequate staff resources to survey community members. Furthermore, phone surveys are a common method for collecting data for large-scale surveys however this can be costly because of the number of calls needed to achieve a sufficient sample size. Collecting data “on the street” (instead of, or in addition to, using the phone) may pose safety concerns (Goldfeld et al., 2010).

Further to these challenges, people in the general community may be less willing to undertake a survey than individuals who are actually involved in a specific program or activity. Organisations may also need to consider ways to assist people with low-level English language skills (Donnelly, 2010; Larkey & Staten, 2007; Parker, 2007) and offset any concerns about confidentiality and anonymity (see McDonald, 2011).

Collecting data via online surveys may be less resource intensive and may be the easiest way of ensuring a survey provides children with the opportunity to contribute their views. However, using online surveys does not preclude some of the aforementioned difficulties regarding collecting data from community members (e.g., low levels of English language and/or literacy skills) and if children do participate, consideration needs to be given to their specific needs (see McDonald, 2011).

When considering the use of online surveys it is also important to note that in Australia, low income households are less likely to have Internet access than other households (Australian Bureau of Statistics [ABS], 2009) and a common feature of disadvantaged communities in Australia is limited computer use and Internet access (Vinson, 2007). This suggests that online surveys will not be as effective at engaging participants from low-income households and/or residing within disadvantaged communities, when compared to engaging participants from other households and/or residing in non-disadvantaged communities.

Interviews and focus groups with key informants

Key informant interviews and focus groups are other methods that can be used for determining the impact of a community-wide initiative. Key informant interviews and focus groups involve the collection of descriptive data from an “insider” (i.e., the key informant) (Eng & Parker, 1994). Eng and Parker stated that a key informant:

7 As an indication of potential costs of a phone survey, an evaluation of the Communities for Children initiative in Lismore, NSW involved phone calls to 7,000 households in order to achieve the required sample of 250 people (Newell & Graham, 2009).

8 For more information on how to collect data from parents and children for the purpose of evaluation see McDonald, 2011.

9 For more information about using technology to facilitate data collection see Parker, 2010c.
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does not necessarily have to be a community leader, influential person, or even a participant in all community activities. Rather a key informant is a hub of community information, knowing what is happening, the various reactions and opinions held, and who is involved. (p. 207)

By using key informants as a “data source” the aim is not to ask them about the impact of the initiative upon them individually but about their understanding of the impact of the initiative upon the community as a whole (Petersen, 2002). In contrast to a community-wide survey that relies upon the views of a large sample of people, the key informant methods relies upon the views of a small number of people who have a good overall knowledge of and understanding about the community.

Advantages

The benefit of key informant interviews and focus groups is that during the data collection phase this method may be less resource intensive than other methods such as a large-scale community survey. Focus groups are generally less resource intensive than interviews because multiple participants can participate at the same time. Typically, in-depth interviews and focus groups are used to collect qualitative data and for qualitative methodologies a relatively small sample size is acceptable.

Another benefit of key informant interviews is that as “insiders” with an overarching understanding of the entire community, key informants may be able to pinpoint the extent to which a specific initiative has led to changes within the community. It may be difficult, via a community-wide survey, to undertake this type of analysis as quantitative data is “not always able to convey the complexities of participants’ experiences or points of view” (Parker, 2010c, p. 16). Similarly, the rich qualitative data collected via in-depth interviews and focus groups may provide an insight into why certain aspects of an initiative are not working as a result of, for example, conflicts or tensions undermining social change (Adams, Whitten, & Conway, 2007).

Children could be considered “key informants” thereby providing them with an opportunity to provide input on community-wide outcomes. However, it is important to take into account the research that suggests that children aged under 6 years of age may not have the skills to participate meaningfully in interviews (Coyle, Russell, Shields, & Tanaka, 2007).

Disadvantages

The disadvantages of key informant interviews are common to qualitative data collection techniques in general. Unlike quantitative data, qualitative data cannot provide a precise indication of “how much” or “how many”. Furthermore, although a key informant may have a good understanding of their community, the extent to which their views can be seen as truly representative of an entire community can be called into question. As Laverack and Wallerstein (2001) noted, it is important to consider who are the “legitimate representatives” of a community (p. 180). It is important that the views of a small minority in the community do not dominate discussions about community needs (Laverack & Wallerstein, 2001). The process of analysing qualitative data can be resource- and time-intensive (Parker, 2010c).

Using secondary source data

For agencies that do not have the resources to undertake data collection on a community-wide scale, secondary source data (i.e., data collected by another agency or organisation) can be a valuable resource to demonstrate community-wide outcomes. Data collected by local government is likely to be especially useful as it provides an indication of any changes within the local community. For example, any changes in the utilisation of local government services (e.g., child
health services, library services) could be used to indicate the impact of a whole-of-community initiative. Preschool and school attendance figures may also be used as indicators of the impact of a whole-of-community initiative. Other sources of community-level data include:

- ABS local community data;
- Australian Early Development Index (AEDI) data;
- Community Indicators Victoria;
- Community Indicators Online (SA); and
- Wellbeing and Monitoring Framework (WA).

**Advantages**

The key advantage of using secondary source data is that it does not require the same level of resources as the collection of primary source data (i.e., data that the agency collects itself via surveys and/or in-depth interviews). Some secondary source data are relatively easy to access and in those cases this method is also more convenient for community-based agencies. Moreover, because administrative data are often collected continuously or regularly over a long period of time, agencies can continue to use that data for the duration of the intervention (Katz, 2006).

Secondary source data such as ABS local community data can be used to provide information about the demographic make-up of a community. Secondary source data from sites such as Community Indicators Victoria can also provide information about social indicators (e.g., proportion of people who volunteer, feeling part of the community, social support) by local government area in Victoria.

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**What is “mixed methods” research?**

Mixed methods research is defined as: "research in which the investigator collects and analyses data, integrates the findings and draws inferences using both qualitative and quantitative approaches" (Tashakkori & Creswell, 2007, p.3). In mixed methods research the qualitative and quantitative findings are typically integrated during the data collection, analysis or interpretation phase (Kroll & Neri, 2009).

An example of mixed method research is a project that involves the collection and analysis of quantitative data pertaining to parenting behaviour (e.g., levels of hostile parenting) in addition to the collection and analysis of qualitative data from key informants about the experience of raising children in a specific community. The quantitative data provides information about trends, whereas the qualitative data tells the researchers what is going on in the community (Bouma, 1996).

One of the key advantages of a mixed method approach is that it draws upon the strengths and perspectives of both qualitative and quantitative approaches (Johnson & Onwuegbuzie, 2004). Mixed methods research has been found to be especially useful in fields such as health where the phenomena being studied is especially complex (Ostlund, Kidd, Wengstrom, & Rowa-Dewar, 2011).

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10 The development of partnerships and collaborative relationships between agencies and local councils may facilitate greater access to relevant local government area data.
11 ABS local community data <www.ausstats.abs.gov.au/ausstats/abs@.nsf/n@ew+GmapPages/national+regional+profile>
12 AEDI data <www.rch.org.au/aed/index.cfm?doc_id=13051>. For examples of how communities have used AEDI data to plan and deliver services see www.rch.org.au/aed/resources.cfm?doc_id=13160.
13 Community Indicators Victoria <www.communityindicators.net.au/>
14 Community Indicators Online <www.aisr.adelaide.edu.au/cio/data>
16 Administrative data is data produced by other organisations for their own purposes but which can be used for the purposes of evaluation, for example, hospital admission rates (Katz, 2006). See Katz (2006) for further discussion on the limitations of administrative data for the purposes of evaluating community programs.
Disadvantages

It may be difficult for community-based agencies to access secondary source data that provides them with the type of data required to indicate changes such as increased social capital. Goldfeld et al. (2010) found a lack of quantitative data at the community level on factors relating to “social capital”, which included aspects such as social ties and community cohesion, safety, neighbourhood attachment and child-friendliness. Another disadvantage in the Australian context is that there is a lack of datasets available in Australia at postcode level or below, thereby making it difficult to evaluate community level initiatives using secondary source data (Katz, 2006). Furthermore, administrative secondary source data rarely includes measures of outcomes, and care needs to be taken when using these indicators as proxies (Katz, 2006). For example, an increase in notifications to child protection authorities could indicate an increased awareness of child abuse/neglect or an increase in the actual occurrence of abuse/neglect (Katz, 2006).

Questions to consider

- Is it feasible to survey a representative sample of the community in order to demonstrate community-wide impacts? Are adequate resources available? Are adequately skilled staff or external consultants available to assist? (see Parker, 2010b, for a flowchart to assist decision-making regarding who should undertake an evaluation).
- If a large-scale community survey is not feasible, is it possible to undertake in-depth interviews or focus groups with key informants? Who could be considered a key informant in the community?
- If a large-scale community survey is not feasible due to resource constraints, could both secondary source data and key informant interviews/focus groups be used (i.e., in accordance with a mixed methods research approach)? Which sources of secondary data can your service access in order to help you evaluate the impact of your initiative?

Measurement of community-wide outcomes

In this section, the measurement of community-wide outcomes is considered by referring to three common outcomes sought by services that work with children and families:

- a child-friendly community;
- community empowerment; and
- community social capital.

Each of the above concepts is outlined and a brief review of the evidence to demonstrate that this particular outcome brings about improved outcomes for children and families is provided. This is followed by a consideration of how that outcome might be measured.

It is important to note at the outset that for each of these common community-wide outcomes there are few available universal tools to measure them. This may be the result of the view within the evaluation field that developing universal tools for some of these outcomes is not appropriate, as they are highly context specific (Laverack & Wallerstein, 2001; Zimmerman, 1995). Developing universal tools is also complicated by the fact that concepts such as “child-friendly communities” and “social capital” are defined in different ways. The definition of these concepts will guide which tools are used to measure them. Those agencies wishing to develop tools to measure these concepts could scan existing tools that other agencies have used to inform the development of their own tools.
A child-friendly community

What is a child-friendly community?

A child-friendly community is one that supports and enhances children's wellbeing in terms of:

- agency;
- freedom of movement; and
- self-determination (Woolcock & Steele, 2008).

A child-friendly community has a physical environment that is child friendly (e.g., accessible parks and public spaces, encouraging of child modes of transport such as walking, cycling and public transport) (Woolcock & Steele, 2008) and a social environment that is child friendly (e.g., children's views are respected, community activities respect children's autonomy) (Malone, 1999).

UNICEF's global Child Friendly Initiative highlights the importance of child friendly communities. In the Asia-Pacific region the initiative is a joint collaboration between city councils, children, families and schools to create child friendly cities; the development of which constitutes not only physical change but also cultural change (Malone, 1999).

How do child-friendly communities bring about improved outcomes for children and families?

In Western countries such as Australia there is increasing prevalence in the population of overweight and obesity issues (Richardson & Prior, 2005) along with a range of other physical and mental health problems—including asthma, type 2 diabetes, depression, anxiety and behavioural problems (Woolcock & Steele, 2008). The increased prevalence of these problems have been associated with a range of factors including:

- chronic physical inactivity and passive, indoor play
- parental concerns about child safety;
- reduced independence of children;
- restricted mobility of children;
- a lack of prioritisation and availability of spaces for children within communities; and
- a reduction of opportunities for exploratory play in natural surroundings (Woolcock & Steele, 2008).

A child-friendly community seeks to redress some of the factors that restrict children's physical activity and free play by providing more spaces to play freely, more opportunities to exercise responsibility and choice, and by making the community safer for them.


Measuring the degree of child-friendliness in a community

There is a lack of practical tools to assess and improve practices relating to child-friendly communities. There is also no standard model to indicate what a child-friendly community looks like (Woolcock & Steele, 2008).

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17 For resources relating to child friendly communities from the UNICEF's global Child Friendly Initiative in the Asia Pacific region see <www.childfriendlyasiapacific.net/content/resources>
In the 2009 Stronger Families in Australia report, which reported upon the evaluation of the short-run impacts of the Communities for Children initiative, Edwards et al. (2009) assessed the “child-friendliness” of communities in terms of:

- support in raising children from partner/spouse, partner’s/spouse’s parents, own parents, other family friends, neighbours, and community organisations;
- parent involvement in community service activities, such as volunteering activities;
- parent assessment of the neighbourhood as a place to raise children;
- community social cohesion (parent perceptions of trust, reciprocity and shared values between individuals in the community);
- community facilities (e.g., access to basic services and public transport); and
- unmet service need.

In a review of quantitative and qualitative approaches that could be used to measure community level factors that affect child development, Goldfeld et al. (2010) tested the utility of a community survey and focus groups to determine the child-friendliness of a community. Both surveys and qualitative data from focus groups were deemed useful.

Goldfeld et al. (2010) looked at the physical aspects of a community separately and suggested that the following community factors could be investigated in order to determine their impact upon child development:

- physical characteristics of buildings;
- building and housing ownership;
- park, leisure facility and other community assets;
- proximity and accessibility of services and transport;
- walkability;\(^\text{18}\) and
- crime (e.g., evidence of vandalism).

Community empowerment

What is community empowerment?

Community empowerment is “a political activity, which enables people to take control of their lives” (Laverack & Wallerstein, 2001, p. 180)\(^\text{19}\). It is distinct from community competence, community capacity, and social capital because it focuses on social influence and the transformation of power relations (Laverack & Wallerstein, 2001). Community empowerment is a central theme in health promotion as there is a well-recognised link between community empowerment and health outcomes (World Health Organization [WHO], 2006).

Community empowerment can either be a process (i.e., a “tool” to solve larger problems such as poor health outcomes) or an outcome in itself (Kasmel & Andersen, 2011; Laverack & Wallerstein, 2001).

Laverack and Wallerstein (2001) claimed that community empowerment occurs along a continuum, which ranges from:

1. personal empowerment;
2. the development of small mutual groups;
3. community organisations;
4. partnerships; to
5. social and policy action.

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\(^{18}\) Walkability can be measured via a “Walkability audit tool”. This tool can be used to assess how easy and how pleasant it is to walk around a local area with a young child (Goldfeld et al., 2010). Goldfeld et al. also refer to the Walk Score ©. For more information about both tools see Goldfeld et al. (2010, p. 37).

\(^{19}\) Individual, organisational and community empowerment are closely linked: “In empowered communities, empowered organisations exist, and an empowered organisation is reliant upon the empowerment levels of its members” (Kasmel & Andersen, 2011, p. 800).
How does community empowerment relate to improved outcomes for children and families?

Empowerment strategies have been widely used in the health sector to alleviate long-standing, complex problems such as poverty, social exclusion and health disparities (WHO, 2006). Community empowerment is closely linked with citizen participation and a sense of community and there is evidence to suggest that community empowerment initiatives lead to increases in these two factors (WHO, 2006). It is difficult to link community empowerment directly with improvements in health, however there is some evidence to suggest that community empowerment can lead to improvements in self-reported health and depressive symptoms (Parker, cited in WHO, 2006). Community empowerment activities can also enhance the overall impact of a program (MacLeod & Nelson, cited in WHO, 2006).

Measuring community empowerment

As with child-friendliness, there is no consensus on agreed methods or any universally accepted tools to measure community empowerment (Kasmel & Andersen, 2011) and there have been few attempts to answer the practical question of how to measure community empowerment (Laverack & Wallerstein, 2001). Zimmerman (cited in Laverack & Wallerstein, 2001) argued that:

The development of a universal and global measure for empowerment is not an appropriate goal because it may not mean the same thing for every person, organisation or community everywhere. (p. 182)

Laverack and Wallerstein (2001) argued that the interpretation of community empowerment as a process that occurs along a continuum “provides most insight into the measurement of the competencies and capacities developed toward social and political change” (p. 183). In other words, measuring the progress of a community along this continuum (starting with personal empowerment, then the development of small mutual groups and so on) may provide an indication of the extent to which community empowerment is being achieved.

In order to guide the evaluation of community empowerment initiatives, Laverack (2001) developed a set of domains, known as the Organisational Domains of Community Empowerment:

- **Participation**: the involvement of individual community members in groups and organisations.
- **Leadership**: the guidance and structure of strong leadership (although they may have the management skills and expertise, external leaders are unlikely to have the same level of insight as local community leaders).
- **Problem assessment**: the identification of problems and solutions to problems are led by the community.
- **Organisational structures**: the existence of small groups such as committees and youth groups within a community, as well as a sense of cohesion and belonging amongst and between those groups.
- **Resource mobilisation**: the ability of a community to mobilise resources within the community and negotiate resources beyond the community.
- **Links to others**: links between people and organisations in the form of partnerships, coalitions and alliances serve as catalysts for community empowerment.
- “**Asking why**”: the ability of the community to critically assess the causes that contribute to their disempowerment (e.g., social, political and economic causes).
- **Program management**: program management that empowers the primary stakeholders (i.e., the local community) to make decisions and access resources.

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20 Although participation alone does not equate to empowerment. Laverack (2001) highlights the importance of an empowerment approach to community participation.
The role of outside agents: outside agents that provide support and expertise such as infrastructural support, financial support and technical expertise.

The Organisational Domains of Community Empowerment is viewed as a straightforward method for viewing, measuring and evaluating changes in community empowerment (Kasmel & Andersen, 2011; Laverack & Wallerstein, 2001). The domains can be used to focus attention upon the strengths and assets of a community, as well as a means to organise and mobilise individuals and groups within a community to work towards commonly defined goals of social and political change (Kasmel & Andersen, 2011; Laverack & Wallerstein, 2001).

In a discussion on methodologies for assessing community capacity, but equally relevant to community empowerment, Labonte and Laverack (2001) argued that the development of questions and a ranking system to measure change in each of the aforementioned domains should be undertaken as part of a workshop with community members. Otherwise, there is a risk the questions and the ranking system will not be relevant to, or reflect the unique characteristics of the community. Laverack and Wallerstein viewed an empowerment approach to evaluation as a critical aspect of a community empowerment initiative.21

Community social capital

What is community social capital?

Social capital—at the level of the community—is typically defined as “strong and healthy social norms and networks, and the numerous benefits they engender” (Price-Robertson, 2011). Petersen (2002) painted a picture of a community with high levels of social capital as one that would:

be full of individuals who trust, know, and take care of each other while working toward the common good of the entire community. (p. 60)

For more information about social capital see What is community disadvantage? Understanding the issues, overcoming the problem <www.aifs.gov.au/cafca/pubs/sheets/rs/rs2.html>

How does social capital relate to improved outcomes for children and families?

Lee and Croninger (1996) claimed that social capital plays two key roles in children’s development—enhancing the capabilities of children (e.g., helping them to work more effectively with others) and promoting the efforts of those who help to support children.

Community social capital is especially important to at-risk children and families as it can act as a buffer against the effects of financial and educational disadvantage (Runyan et al., 1998). In this sense, social capital has been used as a way of explaining the phenomenon of resilience—whereby some children are able to succeed despite significant disadvantages (Bernard, 1991).

In the same way that community social capital acts as a “buffer” for vulnerable and at-risk children and families, social capital also appears to “protect” disadvantaged communities (Vinson, 2007). For example, communities with a high rate of low income households and high social cohesion are less likely than communities with low social cohesion to have child maltreatment reports and non-attendance at preschool (Vinson, 2007). It is the mutually supportive relationships and social
support systems that characterise communities with high rates of social capital that appear to protect them from phenomena such as child maltreatment (Jack & Jordan, 1999).

**Measuring social capital**

As with the two aforementioned community-wide outcomes, there is a lack of theoretical and practical conceptualisations of measuring social capital (Petersen, 2002). Runyan et al. (1998) claimed that measurements of social capital are highly diverse in content and can include a number of factors ranging from the composition of households to family relationships to community support. Petersen (2002) called for an improvement in social capital measurement tools:

Unpacking and reducing social capital to measurable, knowable, and buildable elements may serve us well in discerning effective ways of steering communities toward better health … If … social capital, is objectively measured, and is proven to relate to health status, then the effectiveness of communities in fulfilling the goal of improving the health and well-being of children can better be ascertained in the short-term. (p. 62)

In line with this call, Goldfeld et al. (2010) developed a set of measures for community social capital and community health and wellbeing that includes four overarching “items”:

- social ties and community cohesion;
- crime/safety;
- neighbourhood attachment; and
- child-friendliness.

Details regarding each of social capital items Goldfeld et al. (2010) listed can be found at: <www.vichealth.vic.gov.au/~media/ResourceCentre/PublicationsandResources/Health%20Inequalities/KICS%20VicHealth%20Report%20final.ashx>

In terms of sources of data to demonstrate changes in these areas, Goldfeld et al. (2010) stated that qualitative methodologies such as focus groups and interviews “provided rich contextual information for the communities under investigation and were an excellent methodology for collecting these types of qualitative data” (p. 35). They also reported that there were few quantitative data sets available at the local area level relating to community social capital.22

Petersen (2002) identified some indicators from the literature that have been used to measure social capital including:

- perceptions of strong help networks;
- community spirit;
- trust in civic institutions;
- willingness to intervene in the maintenance of public order and in the supervision of children;
- volunteerism;
- altruism;
- generosity;
- shared values;
- frequency of face-to-face interactions; and

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22 Petersen (2002) suggested that observation of behaviour in public spaces is another way of measuring social capital (e.g., are community members talking and engaging with one another), however, Parker (2010b) noted that observational techniques can be extremely resource-intensive.
active membership in voluntary groups such as neighbourhood associations, sports clubs, and cooperatives.

Stone (2001) developed a framework for measuring social capital that incorporated the structure of social relations and the quality of social relations. Stone (2001) identified three key dimensions of social capital: networks, trust, and reciprocity with each of three dimensions having specific characteristics that can then be measured.


For a description of how the ABS measures social capital, see: ABS. (2006). Aspects of social capital, Australia, 2006 (4911.0). Canberra: ABS.

Conclusions

The measurement of community-wide outcomes that pertain to complex social phenomena such as social capital and community empowerment is rarely straightforward. Currently, there are few tools to measure these outcomes and, as these outcomes are likely to mean different things within different communities, it has been argued that universal tools to measure them are inappropriate. However, some agencies are beginning to develop their own tools for this purpose, some of which are accessible and can be adapted to meet the needs of child and family services.

For community-based agencies, the measurement of community-wide outcomes is complicated by the fact that the “gold standard” methodologies that are likely to be the most appropriate for measuring community-wide change are not viable or appropriate in a community-based setting. Nevertheless, there are other methods that child and family services can use to gather data pertaining to community-wide outcomes.

References


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