

Community engagement

A key strategy for improving outcomes for Australian families

Tim Moore, Myfanwy McDonald, Harriet McHugh-Dillon
and Sue West



There have been growing calls for service providers to seek greater community engagement in the design and delivery of services. However there is no consensus as to what this involves, and there appears to be a gap between the rhetoric and the reality of community engagement. This paper seeks to clarify what community engagement involves, how it relates to other ideas and practices, and the role it can play in improving outcomes for children and families.

KEY MESSAGES

- The major social changes that have occurred in recent decades have altered the conditions under which families are raising young children and challenged the traditional service system's capacity to support them effectively.
- There is a need for service approaches more suited to the needs of contemporary families, with community engagement as a potential strategy for ensuring that services are more responsive.
- In this paper, community engagement is understood as a process whereby actors in a service system proactively seek out community values, concerns and aspirations and incorporate them into a decision-making process, establishing an ongoing partnership with the community to ensure that the community's priorities and values continue to shape services and the service system.
- Community engagement has a strong rationale and accumulating evidence of efficacy, and the potential to be a key strategy for improving outcomes for Australian children and their families.
- Convergent evidence from well-established fields of service delivery suggests a common set of characteristics that underpin effective community engagement.

This paper begins by exploring the societal context that has led to the need for increased community engagement. The concept of "community" is then discussed to help further our understanding of community engagement as it applies to the Australian social service delivery system.

We discuss why community engagement is important for both families and service providers, and the need for such an approach to be embedded in the design of family and welfare services, particularly in relation to the existing evidence about the efficacy of the approach. A case study is presented to show how the approach works in practice, followed by a concluding discussion about how the community engagement approach might help service providers deliver improved outcomes to children and families.

Background

Social change and its challenges

There have been growing calls for governments and service systems to seek greater community engagement in the design and delivery of services (Cavaye, 2000, 2004; Head, 2007; Katz, 2007; Lenihan & Briggs, 2011; OECD, 2001; Moore & Skinner, 2010; US Department of Health & Human Services, 2011; Vinson, 2009). At a societal level, it is recognised that the relationship between

governments and citizens needs to change to allow more participation in decision-making by citizens, and greater inclusion of disadvantaged groups (Cavaye, 2004; Head, 2007; OECD, 2001). It is also recognised that greater community engagement is necessary for effective working with disadvantaged communities (Katz, 2007; Vinson, 2009).

This push for greater community engagement is a response to a number of major societal changes in recent decades. First, the rapid social changes that have occurred over the last few decades have significantly altered the conditions under which families are raising their children (Giddens, 2002; Bauman, 2011; Hayes et al., 2010; Leigh, 2010; Trask, 2010). While most people have benefited from these changes, poorly resourced families can find the heightened demands of contemporary living and parenting overwhelming (Barnes et al., 2006; Gallo & Matthews, 2003), with adverse consequences for their children. Moreover, while most families of young children are well supported socially and make good use of services, some do not (Carbone et al., 2004; Moran & Ghate, 2005; Winkworth et al., 2009).

Second, these changes have also altered the nature of the challenges faced by the service system, creating complex or “wicked” social problems (Australian Public Services Commission (APSC), 2007; Conklin, 2006; Head, 2008; Moore & Fry, 2011; Wexler, 2009). Wicked problems include climate change, poverty, Indigenous disadvantage, child abuse, family violence, and obesity (APSC, 2007; Devaney & Spratt, 2009; Egger & Swinburn, 2010; Fogel et al., 2008; Head, 2008; O’Donnell et al., 2008). Some of these problems—such as poverty, child abuse and family violence—have existed for a long time, but have become more urgent as we become more aware of the damage they do and as our failure to make any headway with these problems becomes more apparent. Other wicked problems—such as climate change and obesity—have emerged relatively recently as a result of rapid social, technological and physical infrastructure changes. These are problems that cannot be effectively addressed by single agencies or interventions, but require a multi-level systemic approach (Ellis, 1998; Moore & McDonald, 2013; Moore et al., 2015; Trickett & Beehler, 2013; Trickett & Schensul, 2009).

Third, there are worsening or unacceptably high levels of poor outcomes among children and young people across a wide range of domains, including physical and mental health, and social and academic functioning (Access Economics, 2009; Eckersley, 2008; Keating & Hertzman, 1999; Li et al., 2008; Putnam, 2015; Richardson & Prior, 2005; Stanley et al., 2005). These poor outcomes are persisting despite continued growth in general prosperity, and follow a social gradient, with the worst results observed among those at the lower end of the socioeconomic scale (Marmot, 2010, 2015).

Fourth, the services and service systems were developed when social and family conditions were different and have not evolved sufficiently to respond effectively to the emergent challenges faced by contemporary families (Adams & Nelson, 1995). This is a particular problem in communities where social disadvantage has become entrenched, leading to intergenerational disadvantage and poorer outcomes for children and families (Denburg & Daneman, 2010; CCCH, 2011; Hertzman & Boyce, 2010; Maggi et al., 2010). In such neighbourhoods, there tends to be a narrower range of health, education and community services available, and services are more difficult to access (Arthurson, 2003). Existing local services also find it challenging to respond effectively to the complex needs of families in disadvantaged communities (Moore, 2008; Moore & Fry, 2011; Wear, 2007), and have difficulties engaging with vulnerable and marginalised families (Carbone et al., 2004; CCCH, 2010; Cortis et al., 2009; Katz, 2007; Watson, 2005). As a result, many children are not receiving the additional help they need (Sawyer et al., 2000; Sayal, 2006). It is often those with the greatest need that are least likely to be able to access available services (Fram, 2003; Ghate and Hazel, 2002; Offord, 1987; Watson, 2005). Such problems are compounded when these families live in rural and remote areas (Alston, 2009; Fegan & Bowes, 2004).

Responding to the challenges

Governments have responded to these challenges in a variety of ways. In Australia, one approach has been to develop *national frameworks* to guide service improvement and coordination. These include the National Early Childhood Development Strategy (COAG, 2009a), the National Framework for Protecting Australia's Children (COAG, 2009b), the National Early Years Learning Framework (COAG, 2009c), and the National Quality Framework for Early Childhood Education and Care (COAG, 2009d). There has also been increased investment in early childhood education and care (COAG, 2008), and funding provided for the national Australian Early Development Census (DEEWR, 2013).

Another response to the challenges posed by social change has been in the form of *place-based* or *collective impact* initiatives (Bellefontaine & Wisener, 2011; Jolin et al., 2012; Kania & Kramer, 2011, 2015; Moore & Fry, 2011; Moore et al., 2014; Wilks et al., 2015; Yeboah, 2005). These involve a focus on the needs of specific communities, usually the most disadvantaged, rather than a population-wide approach. Such initiatives have received support from federal, state and local government levels, as well as non-government and philanthropic agencies.

Place-based approaches have a number of common features, one of which is *community engagement*. While the effectiveness of place-based approaches can be greatly enhanced through meaningful community engagement (Bellefontaine & Wisener, 2011; Price, 2011; Vinson, 2009; Wear, 2007), existing place-based initiatives vary in the extent to which communities are meaningfully involved in determining priorities and collective action plans (Moore et al., 2014). In fact, community engagement represents a challenge for traditional forms of government and service delivery, which are based on forms of service devised and delivered by professionals, usually without the meaningful involvement of consumers.

This paper seeks to understand what community engagement involves, and how it can contribute to improving outcomes for Australian children and families. But before we consider definitions of community engagement, we need to understand what we mean by *community*.

What is a community?

There is little agreement about the nature of “community”, or whether it is synonymous with “neighbourhood” (Barnes et al., 2006; Katz, 2007). While almost all people live in neighbourhoods (unless they live in isolated rural housing), they may not necessarily all be part of the neighbourhood in the sense of taking any active role in local affairs or having any social interactions with neighbours (Barnes et al., 2006). Moreover, a community is not limited to a geographic neighbourhood group, and an individual may belong to multiple communities (e.g., virtual communities, faith communities, special-interest communities) (Barnes et al., 2006; Doherty & Beaton, 2000).

So who or what defines the communities we live in? There is a tendency to think of communities as homogenous and distinct units with a common identity (Barraket, 2004). The word “community” suggests a unified, collective actor, but this does not reflect on-the-ground experiences. Many initiatives focus on administrative boundaries such as postcodes or local government areas, but these are not always recognised as neighbourhoods by local residents (Katz, 2007). People living in the same locality do not necessarily view or value that locality in the same way. What ultimately determines what a person's community is, depends upon that person's perceptions. As Fegan and Bowes (2004) pointed out, what matters is not what size a community is, or what connections exist between members, but how people perceive their relationship to the community:

If families perceive their local area as a community of which they are a part, despite distance from neighbours or lack of facilities, then they will behave as if it is a community. This perception will lead to behaviour that has benefits for the families and the children within it.

Parents and children will be more likely to believe that they have something to contribute to the community themselves.

If, on the other hand, individuals and families believe that they are isolated from their community, even if they do have a network of family and friends, they will behave in ways that reflect their perceptions of isolation. They will be disadvantaged in relation to other families by not making use of the resources that communities can provide. (p. 144)

In this sense, people's sense of community is not based on where they live but on the relationships they have with the people where they live, and on their sense of belonging (Block, 2008; McMillan & Chavis, 1986).

These two meanings of community—as a geographical area and as a set of relationships—are inseparable. The geographical locations where we live provide us with important sources for connections with others beyond our immediate family and friends and thereby play an important role in generating the dense networks of reciprocal relations that are critical to our health, happiness and wellbeing (Moore et al., 2014; OECD, 2001). There is a wealth of evidence showing the importance of positive social networks for family and community wellbeing (Christakis & Fowler, 2009; Cooper et al., 1999; Crnic & Stormshak, 1997; Fegan & Bowes, 2004; Jack & Jordan, 1999). Positive social support is strongly associated with better parental mental health and wellbeing, better parenting, and reduced rates of child abuse, while social isolation is a risk factor for both child development and family functioning (Christakis & Fowler, 2009; Crnic & Stormshak, 1997; Jack & Jordan, 1999).

Both the social and physical environments of a community are known to have an impact on people's health and wellbeing (Barnes et al., 2006; Edwards & Bromfield, 2009; Pebley & Sastry, 2004; Popkin et al., 2010; Sustainable Development Commission, 2009). There is good evidence that our immediate social networks—those people we mix with on a regular basis—have a significant influence on our ideas, emotions, health, relationships, behaviour, and even our politics (Christakis & Fowler, 2009; USDHHS, 2011). Even “consequential strangers”—people outside our circle of family and close friends, such as casual acquaintances—are important for personal and community wellbeing (Blau & Fingerhant, 2009).

However, although the places in which we live are a potential source for a “sense of community”, clearly not every neighbourhood will provide a sense of community to every resident. Furthermore, just as there are differences in the sense of community between individuals within a single neighbourhood, there are also differences between neighbourhoods in terms of levels of community connectedness (Woods et al., 2012). Some Australian neighbourhoods appear to provide a greater sense of community than others—see for example, the “Wellbeing Reports” generated by Community Indicators Victoria (2015). Differences between neighbourhoods in terms of community connectedness are related to socio-demographic, material and structural factors (Woods et al., 2012). Moreover, there appears to have been a decline in the general connectedness of communities, with evidence of greater fragmentation (Putnam, 2000; Hughes et al., 2007; Leigh, 2010; MacKay, 2009).

There is one other sense in which the term community is used that is worth noting. Community is sometimes used to mean *community systems*, the formal institutions such as medical, social service, and school systems that families interact with every day and which provide part of the structural ecology for families and their personal communities (Doherty & Beaton, 2000; USDHHS, 2011). These systems are generally administered by professionals employed in the public or private sectors. Some place-based and collective-impact initiatives focus more on efforts to engage with and integrate these systems rather than engaging with the people the systems serve.

For the purposes of this paper, we define community both in terms of geography and relationships. A community refers to a group of people who reside in a specific location, and to the relationships between them. It may also involve people who do not reside in the area, but have a common interest in it, such as people who work or grew up in the area. As we shall see, effective community

engagement depends upon the relational bonds between members of the community, and therefore strengthening these bonds may be an important focus.

It is important to note that the difference between engaging *individuals* and engaging *communities* is more than just an economy of scale. A community is *more* than simply a group of individuals. We engage communities in order to improve outcomes *for communities* and we seek improved outcomes for communities not only as a means of improving outcomes for individuals, but also to bring about change in the community itself: to improve the social fabric that provides us with a sense of belonging and connection.

In the following sections we outline a definition of community engagement, describe what community engagement might look like in practice and outline why community engagement is important. This is followed by a case study of community engagement, followed by a consideration of the implications of the issues raised in this paper for policy-makers and practitioners.

What is community engagement?

There is no commonly agreed definition of *community engagement* (Butteriss, 2014; Hind, 2010; O'Mara-Eves et al., 2013; Stuart, 2011), and the term is often used interchangeably with a number of other concepts—such as consultation, participation, collaboration and empowerment—all of which are related to community engagement but do not capture all aspects of the concept (Cornwall, 2008; Hartz-Karp, 2007; Melo & Baiocchi, 2006).

For the Tamarack Institute in Canada (<http://tamarackcommunity.ca/g3s11.html>), community engagement means “people working collaboratively, through inspired action and learning, to create and realise bold visions for their common future”. For Cavaye (2004), community engagement is “mutual communication and deliberation that occurs between government and citizens that allows citizens and government to participate mutually in the formulation of policy and the provision of government services” (p. 3). This necessarily means participation with a community of people, rather than an individual citizen, and needs to incorporate the diversity and dynamics of communities.

According to the USDHHS (2011), community engagement is “the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues affecting the well-being of those people” (p. 7).

Community engagement is often depicted as a continuum, ranging from low-level engagement strategies such as consultation to high-level strategies such as empowerment (Arnstein, 1969; Cavaye, 2004; Doherty & Beaton, 2000; Lenihan, 2009; IAP2, 2014; Tamarack Institute, 2003; USDHHS, 2011). The International Association for Public Participation’s public participation spectrum (Table 1) is typical of the kind of distinctions made between different levels of participation (IAP2, 2014).

One key point to note about this continuum is where the power lies at each of the five levels in the IAP2’s Public Participation Spectrum (see Table 1). In the first three levels, the final decisions rest with the professionals, while in the fifth level power has been transferred completely to the consumers or citizens. Only at the fourth level is there a genuine sharing of power. The use of the word “empower” for the fifth level is misleading, as it implies that this is the only level at which empowerment occurs. However, the collaborative partnerships established at the fourth level also entail empowerment: for community members and groups to act as true partners with professionals necessarily involves power-sharing and capacity-building.

One question to be addressed is whether these different forms of participation can all be regarded as forms of community engagement, or whether we should reserve that term for one or more of the different levels. “Informing” and “consulting” are sometimes viewed as forms of community engagement, but informing and consulting with a community are not the same as ensuring that they are meaningfully involved in the decision-making process. The fourth level on the participation continuum—full collaborative partnerships between service systems and communities—can be seen

as incorporating all the practices described at the previous three levels—informing, consulting and involving. These lower level forms of participation can be regarded as necessary but not sufficient to constitute full community engagement.

Table 1: IAP2’s Public Participation Spectrum

	Inform	Consult	Involve	Collaborate	Empower
PUBLIC PARTICIPATION GOAL	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and/or solutions	To obtain public feedback on analysis, alternatives or decisions	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution	To place final decision-making in the hands of the public
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced that decision. We will seek your feedback on drafts and proposals.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decision to the maximum extent possible.	We will implement what you decide.

Although the first three levels might not qualify as community engagement according to our definition, they may be appropriate strategies to use for some purposes. However, it is the fourth level of community participation and engagement that is needed when working with disadvantaged or marginalised communities (CCCH, 2010; Vinson, 2009) and when addressing complex or “wicked” problems (Grint, 2010; Lenihan, 2009). As Grint (2010) noted:

Tame problems might have individual solutions in the sense that an individual is likely to know how to deal with it. But since Wicked Problems are partly defined by the absence of an answer on the part of the leader then it behoves the individual leader to ... engage the collective in an attempt to come to terms with the problem. (p. 4)

Hence, unless they are meaningfully engaged disadvantaged and marginalised groups are less likely to make use of or benefit from services.

In the light of this discussion, we conceptualise community engagement as a process whereby a service system:

- proactively seeks out community values, concerns and aspirations;
- incorporates those values, concerns and aspirations into a decision-making process or processes; and
- establishes an ongoing partnership with the community to ensure that the community’s priorities and values continue to shape services and the service system.

This is in line with the United Nations *Brisbane Declaration on Community Engagement* (International Conference on Engaging Communities, 2005) which envisages community engagement as a two way process by which:

- the aspirations, concerns, needs and values of citizens and communities are incorporated at all levels and in all sectors in policy development, planning, decision-making, service delivery and assessment; and
- governments and other business and civil society organisations involve citizens, clients, communities and other stakeholders in these processes.

The establishment of an ongoing partnership between services and communities is seen as the means by which these processes can be achieved and sustained.

Why is community engagement important?

There is a range of reasons why community engagement should be an important feature of future service development.

Traditional service approaches are not succeeding

There is evidence that existing forms of service are not succeeding in improving outcomes and are not fully utilised, especially by families with multiple and complex needs (Moore & McDonald, 2013; Centre for Community Child Health, 2010a). Despite intensive, well-intentioned and well-designed human service initiatives, some Australian communities have been “left behind” as others prosper (Vinson, 2009; Vinson et al., 2015). In a report investigating community-level disadvantage in Australia, *Dropping off the Edge (DotE)*, Vinson et al. (2015) concluded that the communities that were identified as significantly disadvantaged in 2014 were generally the same as those identified in the three earlier *DotE* studies (from 1999, 2004 and 2007). In seeking to improve outcomes in these communities, we could adopt a person-focused approach rather than a place-focused approach (a distinction noted by Wilks et al., 2015) and seek to help individuals achieve better personal outcomes or even leave the location. However, if overall improvements in these communities are to be achieved, a different approach to the design and/or delivery of services is needed. It may be that the complexity of the problems in these communities is such that traditional approaches to addressing the problems have been ineffective. We cannot know what these communities need without better understanding their aspirations, concerns and values.

Community engagement can play an important role in this respect. It has been argued that conventional public service reform in the UK is failing because its design fails to grasp that neither markets nor centralised bureaucracies are effective models for delivering public services based on relationships (Stephens et al., 2008). The public service reform agenda cannot succeed simply by the top down imposition of centralised targets or more market based choice (2020 Public Services Trust, 2010; Commission on the Future Delivery of Public Services, 2011). A new approach is needed.

If governments fail to move to a partnership approach to client services, they will become increasingly ineffective at achieving the goals of those services. (Lenihan & Briggs, 2011, p. 43)

Community engagement can lead to improved outcomes

A second justification for community engagement is that it can lead to improved outcomes for communities—the “substantive justification” (Burton et al., 2006). Figure 1 outlines the logic of this claim. As this shows: when institutions (a) seek out the aspirations, concerns and values of communities; and communities (b) share their aspirations, concerns and values with institutions; and these aspirations, concerns and values of communities are (c) incorporated into decision-making processes; the institutions are better able to meet the needs of communities—essentially as a result of being better informed. Establishing an effective partnership between service systems and communities results in a greater sense of ownership, greater take-up of services, and better outcomes for children and families (Yeboah, 2005). This would in turn lead to improved outcomes for communities as a result of interventions and approaches that are tailored to the unique aspirations, concerns and values of that community. According to our definition of community engagement, all of the interactions that are involved in those processes would be informed by the principles of integrity, inclusion, deliberation, and influence.

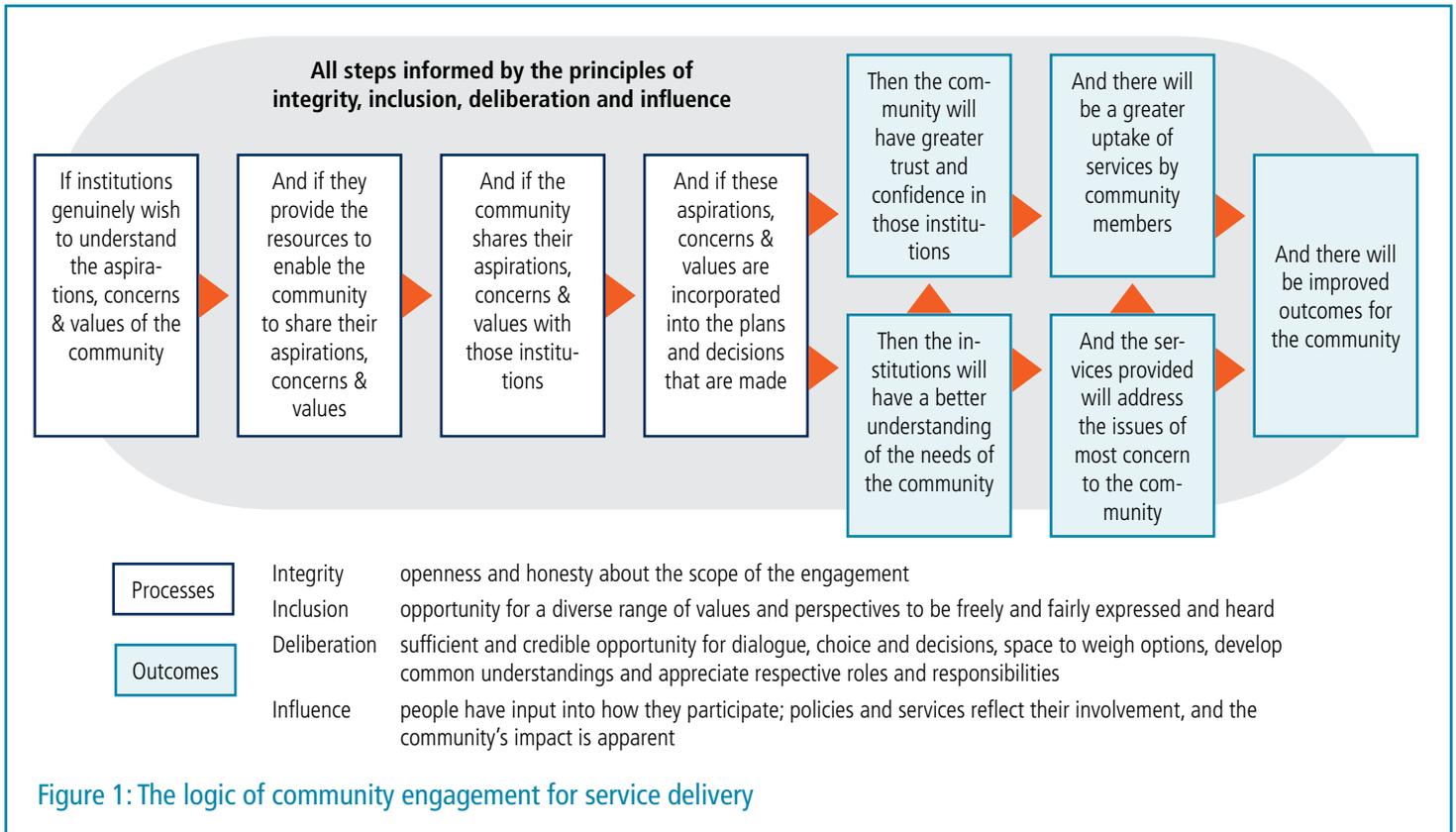


Figure 1: The logic of community engagement for service delivery

The damaging effects of non-participation

Meaningful community engagement is critical because of the evidence that non-participation in its various forms is damaging for health and wellbeing (Marmot, 2004, 2006, 2015; Wilkinson, 2005, Wilkinson & Pickett, 2009). Non-participation is known to lead to feelings of powerlessness, which leads to feelings of chronic stress, with adverse consequences for health and wellbeing.

Participation should be understood both in terms of *access*—being included in valued social settings and activities—and in terms of *agency*—feeling that one is able to contribute meaningfully to those activities. Non-participation may take the form of exclusion from valued settings and activities (e.g., through unemployment, disability, poverty) and/or having no capacity to shape what happens in those settings or activities. Building on these ideas of agency and participation, Moore and Oberklaid (2014) proposed that people’s wellbeing involves *having the functional capabilities to participate meaningfully in all aspects of one’s life*. The notion of functional capabilities is similar to the Capabilities Approach championed by Sen (1985, 2005) and Nussbaum (2011). Community engagement is a way of ensuring that community members have access to valued social settings and activities, feel that they are able to contribute meaningfully to those activities, and develop functional capabilities that enable them to participate fully.

Community engagement as a human right

There is a rights-based argument for community engagement and participation. For instance, the United Nations-sponsored *Brisbane Declaration on Community Engagement* (International Conference on Engaging Communities, 2005) acknowledged “the universal interest and importance of community engagement, founded in the inherent dignity of people and the values, rights and responsibilities of all people expressed in the Universal Declaration on Human Rights” (p. 1). Regardless of the evidence to indicate its effectiveness, it could be argued that community

engagement—that is, the process whereby the public contributes to decision-making processes—is a fundamental civic right. Indeed, proponents of this view hold that community engagement is the key to participatory—as opposed to merely representative—democracy. Community engagement reflects the right of citizens to be involved in governance beyond the ballot box and a necessary constant exchange between governors and the governed (Khan, 2005; Lowndes et al., 2006).

Together, these four reasons add up to a powerful rationale for the use of community engagement strategies in future service development.

Community engagement strategies: evidence they deliver outcomes to children and families

Community participation and engagement are complex and dynamic social processes that can be challenging to evaluate, particularly when assessing longer-term outcomes for children and families. Nevertheless, there is now sufficient evidence for increasingly thorough systematic reviews to be conducted (Attree et al., 2011; Bath & Wakerman, 2015; Milton et al., 2012; O'Mara-Eves et al., 2013; Rogers & Robinson, 2004), allowing us to draw some conclusions about the efficacy of community engagement strategies:

- Rogers and Robinson (2004) concluded that, at its best, community engagement can empower citizens, make a significant difference to the way services are designed and run, and secure widely valued policy outcomes. It evidently also works best when communities are engaged across a range of services.
- Attree et al. (2011) found that the majority of “engaged” individuals in the studies they reviewed reported benefits for their physical and psychological health, self-confidence, self-esteem, sense of personal empowerment and social relationships. However, they also found evidence of unintended negative consequences for some participants in the form of stress and exhaustion resulting from the demands of the engagement process.
- A rapid review by Milton et al. (2012) found no evidence of positive impacts on population health or the quality of services, but some evidence of positive impacts on housing, crime, social capital and community empowerment.
- Bath and Wakerman (2015) found a small but substantial body of evidence that community participation is associated with improved health outcomes. They also found a limited body of evidence that community participation is associated with intermediate outcomes such as service access, utilisation, quality and responsiveness that ultimately contribute to health outcomes.
- The most exhaustive review of the evidence has been conducted by O'Mara-Eves et al. (2013). They concluded that there is solid evidence that community engagement interventions have a positive impact on a range of health and psychosocial outcomes, across various conditions. There is also weak and inconsistent evidence that different types of community engagement interventions can be cost-effective. At this stage, there is insufficient evidence—particularly for long-term outcomes and indirect beneficiaries—to determine whether one particular model of community engagement is likely to be more effective than any other, and there is weak evidence from the effectiveness and process evaluations that certain implementation factors may affect intervention success.

Overall, despite some inconsistencies in the evidence, it is clear that community engagement can have beneficial effects for those involved, with direct effects for the health, wellbeing and empowerment of communities and community members. However, it is not clear what forms or features of community engagement are associated with these effects. This is the question we explore next.

Evidence for key features of effective community engagement

As noted above, the review by O'Mara-Eves et al. (2013) concluded that the available evidence does not provide much guidance regarding the particular features that make community engagement effective. However, we can gain some idea of the key features of effective community engagement strategies by reviewing what is known about effective practices in some closely related fields, and looking for convergent evidence regarding best practices. These fields are: place-based approaches; community development; co-design and co-production approaches; and family-centred and community-centred practice. In what follows, evidence from these different sources is explored for the light they can shed on community engagement.

Place-based approaches

Addressing wicked problems through place-based approaches requires new strategies (APSC, 2007; Head, 2008; Hickie, 2011; Moore & Fry, 2011; Moore, 2014; Moore et al., 2014; Wilks et al., 2015; Wise, 2013). For example, a recent review of Commonwealth place-based initiatives (Wilks et al., 2015) identified common principles for place-based design and delivery including:

- *flexible delivery*—demonstrating a flexible approach to service delivery according to community needs, as well as a flexible approach to expenditure of funding; and,
- *local autonomy*—involving the local community (organisations and individuals) through consultation and active involvement in decisions.

Further, a recent review of the national and international evidence regarding place-based initiatives (Moore et al., 2014) identified the following strategies as critical for effective place-based initiatives:

- use multi-level approaches that simultaneously address the conditions under which families are raising young children and provide direct services and supports to meet their emerging needs;
- engage a wide range of stakeholders in a place-based partnership to provide a strong basis for delivering multi-level interventions;
- improve the communication between communities and services;
- engage service users in co-production/co-design of services;
- build local competencies;
- adapt interventions to local circumstances and needs;
- engage local communities in planning and designing services; and
- allow greater flexibility in service delivery models, and building local capacity.

Community development

The second relevant field of practice is *community development*. Here there has been a long tradition of work aimed at rebuilding communities that have become dysfunctional (Gamble & Weil, 2010; Katz, 2007; Kretzmann & McKnight, 1993; McCashen, 2004; McKnight & Block, 2010; Wiseman, 2006). There are a number of useful summaries of the evidence regarding the key features of effective community development (Hughes et al., 2007; Gamble & Weil, 2010; Katz, 2007; Tucker, 2001; West, 2004; West et al., 2006; Wiseman, 2006). According to Katz (2007), the key principles behind community development approaches are as follows:

- start from communities' own needs and priorities rather than those dictated from outside;
- “On tap not on top”: give leadership to people in the community and act as a resource to them;
- work with people, don't do things to or for them;
- help people to recognise and value their own skills, knowledge and expertise as well as opening up access to outsider resources and experience;
- encourage people to work collectively, not individually, so that they can gain confidence and strength from each other (although this experience often benefits individuals as well);

- encourage community leaders to be accountable, to ensure that as many people as possible are informed and given the opportunity to participate;
- recognise that people often learn most effectively by doing—opportunities for learning and training are built into everyday working;
- support people to participate in making the decisions which affect them and work with decision-makers to open up opportunities for them to do so; and
- promote social justice and mutual respect.

The key themes in this list, echoed in other accounts, are establishing partnerships, basing services on local needs, and building capacity. The idea of building community capacity—that is, strengthening the capacity of communities to solve their own collective problems—is central to community development approaches (Chaskin, 2001, 2009; Chaskin et al., 2001; Lohoar et al., 2013; Noya et al., 2009).

Co-design / co-production

Another relevant body of work relates to the *co-production* or *co-design* of services, which involves a partnership between service providers and service users. This has been proposed as a way of reforming public services (2020 Public Services Trust, 2010; Adams & Nelson, 1995; Boxelaar et al., 2006; Boyle et al., 2010; Bradwell & Marr, 2008; Clarkson, 2015; Commission on the Future Delivery of Public Services, 2011; Dunston et al., 2009; Gannon & Lawson, 2008; Hopkins & Meredyth, 2008; Lenihan, 2009; Lenihan & Briggs, 2011; McShane, 2010; Stephens et al., 2008), and changing how government works together with stakeholders, communities and ordinary citizens to achieve societal goals and solve complex issues (Lenihan & Briggs, 2011). Co-design seeks to make public services match the wants and needs of their beneficiaries (Bradwell & Marr, 2008). The rationale for this approach is that people’s needs are better met when they are involved in an equal and reciprocal relationship with public service professionals and others, working together to get things done (Boyle et al., 2010). The returns from this engagement are more responsive, fit-for-purpose, efficient public services. More broadly, co-design provides an avenue for addressing a disengagement from politics and democracy, and building social capital (Bradwell & Marr, 2008).

Co-production/co-design is not a one-size-fits-all approach but needs to be tailored to the particular circumstances (Pestoff, 2014).

Key features of co-production/co-design have been identified (Dunston et al., 2009; Lenihan & Briggs, 2011; Pestoff, 2014; Realpe & Wallace, 2010). Realpe and Wallace (2010) concluded that co-production/co-design requires:

- users to be experts in their own circumstances and capable of making decisions;
- professionals to move from being fixers to facilitators; and
- a relocation of power towards service users, necessitating new relationships with front-line professionals who need training to be empowered to take on these new roles.

Dunston et al. (2009) showed that co-production/co-design involves a major shift in the relationship between service deliverers and users: “doing *with*, rather than doing *to* and doing *for*”. Rather than privileging professional knowledge and expertise over and above consumer knowledge and expertise, co-production views consumers working with and alongside professionals as “necessary, expert and generative co-producers” (Dunston et al., 2009, p. 40).

In co-production/co-design, the relationship between service providers and users must be balanced, with neither party having too much influence or control: “Both the client and the service provider have a role to play in, and a contribution to make to, the achievement of the goals of the service” (Lenihan & Briggs, 2011, p. 36).

The key features of co-design and co-production include establishing partnerships with consumers in which decisions about what, where, and how services are delivered are made jointly, with power shared equally.

Family-centred and community-centred practice

Family-centred practice is relevant to this consideration of community engagement because it represents the same principles and practices at an individualised level. Family-centred practice involves engaging individual families in partnerships and working with them to build their capacity to meet their own needs more effectively (Bailey et al., 2012; Dunst, 1997; Dunst et al., 2007, 2008; Kuo et al., 2012; Moore & Larkin, 2006; Rosenbaum et al., 1998; Rouse, 2012; Trivette & Dunst, 2000). Numerous statements of the key principles of family-centred practice and family-centred care exist (e.g., Bailey et al., 2012; Dunst, 1997; Dunst et al., 2007, 2008; Kuo et al., 2012; Moore & Larkin, 2006; Rosenbaum et al., 1998; Rouse, 2012; Trivette & Dunst, 2000).

According to Dunst et al. (2008), family-centred practices are characterised by:

- beliefs and practices that treat families with dignity and respect;
- practices that are individualised, flexible, and responsive to family situations;
- information sharing so that families can make informed decisions;
- family choice regarding any number of aspects of program practices and intervention options;
- parent–professional collaboration and partnerships as a context for family–program relations; and,
- the active involvement of families in the mobilisation of resources and supports necessary for them to care for and rear their children in ways that produce optimal child, parent, and family benefits.

Translating these principles into effective help-giving involves three components (Dunst et al., 2007):

- *Relational practices*—include behaviours typically associated with effective help-giving (active listening, compassion, empathy, etc);
- *Participatory practices*—involving parents in decision-making and building their capacities; and
- *Technical quality*—professional knowledge, skills, and competencies.

The evidence indicates that all three of these components need to be present for help-giving to be truly effective in empowering families (Dunst et al., 2007).

Recent literature reviews and meta-analyses of research across a wide range of medical and early intervention service sectors have consistently shown that family-centred practices have positive effects in a diverse array of child and family domains. These include: more efficient use of services; decreased health care costs; family satisfaction with services; family wellbeing; building child and family strengths; parenting practices; and improved health or developmental outcomes for children (American Academy of Paediatrics, 2012; Dempsey & Keen, 2008; Dunst et al., 2007, 2008; Dunst & Trivette, 2009; Gooding et al., 2011; Kuhlthau et al., 2011; McBroom & Enriquez, 2009; Raspa et al., 2010; Rosenbaum et al., 1998).

It is clear that the key features of effective family-centred practices involve the same key features previously identified: establishing partnerships, basing services on individual needs and building capacity. Community engagement shares these same principles, and may be best understood as *community-centred practice*. This means the application of family-centred practice at a community level where, rather than individual practitioners engaging with individual families, the service system seeks to engage the community of families.

Conclusions

Despite the relative paucity of direct evidence regarding the key features of effective community engagement, there is a considerable convergent evidence from the related fields just outlined that provides consistent support for a common set of characteristics that underpin effective community engagement strategies:

Core features of effective community engagement strategies

Community engagement involves:

- starting from the community's own needs and priorities rather than those dictated from outside;
- inviting and building local autonomy, giving leadership to people in the community and acting as a resource to them;
- building the capacity of families and the community to meet their own needs more effectively;
- having a flexible service system that can be tailored to meet local needs;
- balanced partnerships between providers and consumers based on mutual trust and respect;
- working with the community rather than doing things for them or to them;
- information sharing so that the community can make informed decisions; and
- providing the community with choices regarding services and intervention options.

These core features confirm the definition of community engagement provided earlier, and indicate that community engagement is best represented by the fourth level on the continuum discussed earlier.

Building community engagement in practice

Establishing relationships

Community engagement is essentially a relational process that occurs at a local level. It involves professionals who represent services and service systems building personal relationships with community members and groups, based on mutual trust and respect. This provides the basis for the two remaining key aspects of community engagement—joint decision-making and capacity building.

Understanding community engagement as a relational process has implications for service systems and parent groups. For service systems, community engagement requires having professionals whose role it is to build relationships with community groups—this could be either a dedicated role or as part of their more general professional responsibilities. In community engagement, these professionals are building relationships with a community on behalf of a service system. For this to be effective, the service system itself needs to be acting in a coordinated fashion, with effective communication and common goals. Building integrated service systems is desirable in its own right, but it also makes it easier for the system to engage the community.

For parent groups, community engagement involves those groups meeting regularly with the professionals who represent the service system. This means that parents need opportunities to meet on a regular basis. There is a much greater likelihood of obtaining a good understanding of the collective views of community members if they already meet regularly and have opportunities to share experiences and develop emergent opinions about what they need (Moore, 2004). Providing parents with opportunities to meet regularly has direct benefits for parents by building social networks, but also makes it easier for the community to engage with the service system.

Efforts to engage communities are often initiated by governments and service systems, such as those that plan or deliver services to children and their families. However it is important to note that community engagement initiatives may also be initiated by communities themselves. For example, a grassroots environmental group comprising residents of a specific local government area (LGA) may seek to engage the broader community in their LGA to determine the most pressing environmental concerns in the community and ensure these concerns are incorporated into decisions regarding advocacy and environmental campaigning.

When and why to engage communities

Community engagement can be undertaken for any number of purposes. In this paper we have focused upon community engagement as a process undertaken with a subset of the wider community—families of young children—with the ultimate aim of improving outcomes for children and families.

There is a number of points at which an organisation that plans or delivers services to children and families might engage the aspirations, concerns and values of a community, including when they are:

- designing, planning or developing a new resource or initiative;
- changing or amending an existing resource or initiative; or
- at an impasse with a particular problem or issue.

The reasons why they might do so include that they:

- want to ensure a new resource will meet the needs of the local community;
- want to know how to improve an existing initiative;
- think the community can help to address a problem in the community that is especially prevalent or concerning; and/or
- are required to do so as part of a legislative or contractual arrangement.

In this paper we focus upon community engagement by institutions that (a) devise policies pertaining to children and their families or (b) plan and/or deliver services to children and their families. In Australia, examples of those institutions include: government health, welfare and human service departments; non-government community and welfare agencies; universal child and maternal health services; community hubs; early childhood education and care (ECEC) organisations and services; family support organisations and services; community-based service providers delivering targeted support to families (e.g., parenting programs, supported playgroups); and early childhood intervention organisations and services.

Principles to guide community engagement

In its primer on community engagement, the US Department of Health and Human Services (2011) identifies a set of principles to guide community engagement. These are organised in three sections: (1) items to consider prior to beginning engagement; (2) necessary preconditions for engagement; and (3) what to consider for engagement to be successful.

1. Before starting a community engagement effort ...

- Be clear about the purposes or goals of the engagement effort and the populations or communities you want to engage.
- Become knowledgeable about the community's culture, economic conditions, social networks, political and power structures, norms and values, demographic trends, history, and history of efforts by outside groups to engage it in various programs. Learn about the community's perceptions of those initiating the engagement activities.

2. For engagement to occur, it is necessary to ...

- Go to the community, establish relationships, build trust, work with the formal and informal leadership, and seek commitment from community organisations and leaders to create processes for mobilising the community.
- Remember and accept that collective self-determination is the responsibility and right of all people in a community. No external entity should assume it can bestow on a community the power to act in its own self-interest.

3. For engagement to succeed ...

- It is necessary to partner with the community to create change and improve health.

- Recognise and respect the diversity of the community. Awareness of the various cultures of a community and other factors affecting diversity must be paramount in planning, designing, and implementing approaches to engaging a community.
- Identify and mobilise community assets and strengths and by developing the community's capacity and resources to make decisions and take action.
- To engage a community as well as individuals seeking to effect change, organisations must be prepared to release control of actions or interventions to the community and be flexible enough to meet its changing needs.
- A long-term commitment by the engaging organisation and its partners is vital.

To illustrate these key features, we turn to a case study of community engagement in practice (see Box 1 on page 17).

We turn now to a consideration of the common challenges to be addressed when seeking to implement a community engagement approach.

What are the challenges of community engagement?

- *Ensuring representativeness*—One of the challenges is how to ensure that those community members whose voices are heard are representative of the community. As Katz (2007) pointed out, not all members can engage in programs to the same degree, and many interventions actively involve only a small number of people (although the whole community is expected to benefit). But how do community members who actively participate by volunteering for management committees and the like represent other members of their community? For participants to be representative of the wider community it is necessary either that they are elected, or that they identify with it and have its interests at heart. In practice these criteria are seldom met.
- *Ensuring equity*—Communities are diverse, and particular care needs to be taken to ensure that the less powerful voices and groups are engaged and not marginalised. This means including parents of diverse backgrounds, people with disabilities, youth, people from non-English-speaking backgrounds and Indigenous people.
- *Establishing community views*—One can seek to establish community views by summing the separate opinions of individual community members (e.g., via surveys) or by seeking to establish the collective views of community members (e.g., by focus groups or community forums). There is much greater likelihood of obtaining a good understanding of the collective views of community members if they already meet regularly and have an opportunity to share experiences and develop emergent opinions about what they need. This is another reason why families need opportunities for regular contact with other families in safe settings (such as child and family centres)—these allow emergent opinions to develop and make it easier to engage with families at a group level (Moore, 2004).
- *Asking too much of community members*—In seeking to involve community members in decision-making and partnerships there is a danger of asking too much of them, causing stress and exhaustion (Attree et al., 2011; Simpson et al., 2003). It is also important to avoid making community actions too dependent upon a few leaders, rather than building capacity across a wide range of community members.
- *Avoiding disillusionment*—Community members may become disillusioned if the community engagement process does not lead to action that reflects their input. It is imperative that the professional services involved be fully committed to the process and willing and able to respond to the decision reached. A principal barrier to poor or disempowered people becoming involved in initiatives to address poverty is uncertainty regarding whether getting involved will actually achieve anything (Beresford & Hoban, 2005). Whatever else, if people are to be involved, then it is crucial that they can have a strong sense that something tangible and worthwhile will come out of initiatives. Overcoming previous bad experiences can also be a problem: some communities

may be reluctant to be involved if they have been disillusioned by earlier initiatives which they perceive to have demonstrated few benefits (Beresford & Hoban, 2004; Cortis et al., 2009).

- *Establishing governance arrangements*—For community engagement and partnerships to become standard practice and sustainable, they need to be embedded in ongoing governance

Box 1: A case study in community engagement

Tasmanian Child and Family Centres

In 2009, funding for the establishment of Tasmanian Child and Family Centres (CFCs) was announced by the Tasmanian Government in response to an emerging body of research highlighting the importance of the early years (Department of Education Tasmania, n.d.). The Centres are places where families with young children (0–5 years) can gather informally to spend time together, spend time with other families and access a range of services (Department of Education Tasmania, n.d.). There are 12 CFCs in Tasmania, all of which are based in socially disadvantaged areas where there are significant concerns relating to the health and wellbeing of young children.

Community engagement was deemed necessary as part of the Tasmanian CFC initiative to ensure community buy-in to the initiative. Some of the communities—similar to many other socioeconomically disadvantaged communities—had poor rates of service use. There was a risk that if CFCs did not meet local communities' needs and expectations, they would not be used—or, at least, would not be used by the families who really needed them.

Community engagement for the purposes of the CFC initiative is ongoing. Engagement activities are led by the centres themselves, and have also involved the Tasmanian Early Years Foundation and the Murdoch Childrens Research Institute (McDonald et al., 2015; Taylor et al., 2015; Prichard et al., 2015). Although the level of intensity has differed between the 12 locations, the intensity of the community engagement process undertaken as part of the overall Tasmanian CFC initiative has been high.

Actual community engagement activities have included:

- community-wide workshops during the planning phases of the project to establish what parents wanted and needed in their local community;
- the establishment of Local Enabling Groups comprising parents and service providers from the local community who advise CFCs on issues of relevance to local communities;
- the contribution of Local Enabling Groups to aspects of the design of CFC buildings; and
- the development of Working Together Agreements (WTAs) for each individual CFC. The WTAs outline the expectations of parents and staff using the Centres and were developed collaboratively by the community. WTAs continue to evolve as parents, staff and the community develops and changes. The WTA serves as a “structure” for relationships within the Centre (McDonald et al., 2015).

The Family Partnership Model (FPM) (Davis & Day, 2010) has played a key role in the community engagement processes undertaken as part of the establishment and ongoing operation of CFCs (McDonald et al., 2015). The FPM has provided a structure for the process of community engagement, and a set of principles for how that engagement process should occur.

An evaluation by the Telethon Kids Institute (Taylor et al., 2015) found that the CFCs had a positive impact on parents' use and experiences of services and supports for young children. Parents reported that the CFCs were successfully engaging, supporting and working with families to give their children the best start in life. Parents experienced the centres as welcoming, respectful and inclusive places that were helping them develop positive child, family, school and community connections. Centre users judged their experiences of services and supports more positively than non-users on fundamental elements of place-based initiatives (i.e., joined-up working, capacity building, and flexible delivery), as well as best-practice principles from Australia's Early Years Learning Framework (i.e., secure, respectful and reciprocal relationships, partnerships, equity and respect for diversity).

arrangements. Without such arrangements, community engagement is likely to be too dependent upon the personal relationships built between particular professionals and community members, which are easily lost if the people involved change.

- *Government support*—One of the challenges for ensuring that services are based on community engagement and community–service partnerships is what this looks like at senior levels of government. It is not realistic to have community representation at all levels of government. Community engagement is primarily a relational process that operates at a local level. Government’s role is to create the conditions that allow the services they fund to engage effectively with those they serve. That includes giving services a degree of flexibility to respond to the emerging needs of communities, and being willing to respect and support the decisions reached by the partnership processes.
- *Changing professional practice*—Studies of how well professionals are able to deliver family-centred practice have shown that there always tends to be a gap between the rhetoric and reality. This is likely to be the case with community engagement as well. Making community engagement standard practice in human services requires a paradigm shift in the nature of the relationship between professionals and clients, governments and citizens, service systems and communities (Dunston et al., 2009).
- *Changing management practice*—The prevailing positivist tools and instruments of public administration (such as the use of private sector management methods and the competitive tendering out of services) are at odds with the collaborative partnership approaches that characterise effective community engagement (Boxelaar et al., 2006). A recent international survey of the practice of co-design suggested that, although co-design appeared to be maturing from principle to practicality, we have yet to see a consistent emergence of organisational cultures that support increases in collaborative service design (Bradwell & Marr, 2008).
- *Countering “professional drift”*—There is the tendency for professionals to drift back into providing services in ways that best suit professionals and their views.
- *Building community engagement skills*—Engaging communities and building successful partnerships requires new skills of professionals as well as parents (Realpe & Wallace, 2010). These include skills such as relationship building, conflict resolution, negotiation, communication and knowledge management (Boxelaar et al., 2006). The relationship between the consumer and the system or professional is arguably the most important element in the co-production venture (Dunston et al., 2009).
- *Service flexibility*—For community engagement to achieve positive results, the service system needs to be flexible enough to respond to the emerging needs of communities. Typically services lack this flexibility, being tied to particular forms of delivery and locations. Allowing services greater freedom to deploy their resources is one way of enabling them to respond promptly to the emerging needs of families.
- *Restructuring professional roles*—As well as requiring new skills of professionals, community engagement also demands more of their time. Currently few professionals have such time built into their roles and job descriptions.
- *Building supportive communities*—Place-based initiatives tend to focus on building integrated service systems rather than more supportive communities. Yet supportive communities are of greater importance for families. Jack and Jordan (1999) went so far as to argue that building social networks in poor communities is a more effective way of promoting children’s welfare than focusing on formal child protection and family support services, and efforts to increase parenting skills and responsibilities.

Access to services

There is a number of general strategies that could be implemented to enable access to community services by families with young children, including:

- providing multiple opportunities for families of young children to meet;

- ensuring that streets are safe and easily navigable; and
- ensuring that there is an efficient and affordable local transport system that gives families ready access to services and to places where they meet other families (Moore, 2004).

Conclusions and implications for practice

Conclusions

Properly understood, community engagement represents a paradigm shift in the way that governments and services do business. By engaging communities in full partnerships and sharing decision-making with them, governments and services are making a significant shift from traditional ways of determining policies and services. While not easy to achieve, such a change in practice has the capacity to improve the responsiveness and effectiveness of professional services.

Effective community engagement is built upon three key practices whereby a service system:

- proactively seeks out community values, concerns and aspirations;
- incorporates those values, concerns and aspirations into a decision-making process or processes; and
- establishes an ongoing partnership with the community to ensure that the community's priorities and values continue to shape services and the service system.

Community engagement is both an end in itself and a means to an end. It is an end in itself in that families value a service system that understands and is responsive to their needs, and meaningful participation (such as through joint decision-making) has positive benefits for people's health and wellbeing. Community engagement is also a means to an end, in that it enables the development and delivery of services that are more attuned to community concerns and needs, and that ultimately lead to positive changes in parenting and family functioning. Community engagement is thus the medium through which a service system delivers more effective and responsive services, and communities are actively involved in designing services and social supports to meet their needs more effectively. As such, community engagement is a key strategy for improving outcomes for Australian children and their families.

Implications for practice

- To build supportive social networks and reduce social isolation, service systems should provide safe settings for families of young children to meet, ensure that streets are safe and easily navigable, and ensure that there is an efficient and affordable local transport system.
- To avoid inadvertently causing undue stress and exhaustion in community members, professionals should check regularly as to whether they are asking too much of them and coordinate with each other when multiple services are trying to engage with the same community.
- To avoid disillusioning communities, services and service systems must be prepared to honour the choices made through the community engagement process.
- To ensure the community engagement and partnerships become standard practice and sustainable, they need to be embedded in ongoing governance arrangements.
- To support community engagement at local levels, government policies and funding should be designed to support local flexibility, respect local decision-making, and provide funding support to address locally-determined objectives.
- To ensure that professionals are being consistently true to community engagement principles and practices, and are responding to collective family needs, regular feedback from communities should be sought.

- To enable professionals to engage communities effectively, they will need training and support in a range of new skills, including relationship building, conflict resolution, negotiation, communication, and knowledge management.
- To enable the service system to respond flexibly to community needs, agencies will need funding and staffing strategies that enable services to be reconfigured rapidly.
- To give professionals time for community engagement activities, their roles and job descriptions may need to be reconfigured.

Dr Tim Moore is Senior Research Fellow, Policy and Service Development, Centre for Community Child Health. **Dr Myfanwy McDonald** was Senior Project Officer, Policy and Service Development, Centre for Community Child Health, until September 2015. **Harriet McHugh-Dillon** was Project Officer, Policy and Service Development, Centre for Community Child Health, until December 2014. **Sue West** is Associate Director, Centre for Community Child Health, The Royal Children's Hospital, and Senior Manager (Policy and Service Development) and Group Leader (Policy, Equity and Translation), Murdoch Childrens Research Institute.

Acknowledgements: The authors thank Shaun Lohar, Senior Research Officer at the Australian Institute of Family Studies and Zoe Upson, Program Manager Communities for Children at Amity Health, for valuable feedback on an earlier version of this paper.

References

- 2020 Public Services Trust at the RSA. (2010). *From social security to social productivity: A vision for 2020 Public Services. The final report of the Commission on 2020 Public Services*. London, UK: 2020 Public Services Trust at the RSA. Retrieved from <www.2020publicservicestrust.org/downloads/2_From_social_security_to_social_productivity.pdf>.
- Access Economics (2009). *Potential benefits of a national strategy for child and youth wellbeing. Report for Australian Research Alliance for Children and Youth (ARACY)*. Barton, ACT: Access Economics. Retrieved from <www.aracy.org.au/publications-resources/command/download_file/id/119/filename/Potential_benefits_of_a_national_strategy_for_child_and_youth_wellbeing.pdf>.
- Adams, P., & Nelson, K. (1995). Introduction. In P. Adams & K. Nelson (Eds.), *Reinventing human services: Community- and family-centered practice*. New York: Aldine de Gruyter.
- Alston, M. (2009). *Innovative human services practice: Australia's changing landscape*. South Yarra, Victoria: Palgrave Macmillan.
- American Academy of Pediatrics' Committee on Hospital Care and the Institute for Patient- and Family-Centered Care. (2012). Patient- and family-centered care and the pediatrician's role. *Pediatrics*, 129. doi: 10.1542/peds.2011-3084
- Arnstein, S. R. (1969). A ladder of citizen participation. *Journal of the American Institute of Planners*, 35(4), 216-224. doi: 10.1080/01944366908977225
- Arthurson, K. (2003). Neighbourhood regeneration: Facilitating community involvement. *Urban Policy and Research*, 21 (4), 357-371.
- Attree, P., French, B., Milton, B., Povall, S., Whitehead, M., & Popay, J. (2011). The experience of community engagement for individuals: A rapid review of evidence. *Health & Social Care in the Community*, 19(3), 250-260. doi: 10.1111/j.1365-2524.2010.00976.x
- Australian Public Services Commission. (2007). *Tackling wicked problems: A public policy perspective*. Phillip, ACT: APSC. Retrieved from <www.apsc.gov.au/publications-and-media/archive/publications-archive/tackling-wicked-problems>.
- Bailey, D. B., Raspa, M., & Fox, L. C. (2012). What is the future of family outcomes and family-centered services? *Topics in Early Childhood Special Education*, 31(4), 216-223.
- Barnes, J., Katz, I. B., Korbin, J. E., & O'Brien, M. (2006). *Children and families in communities: Theory, research, policy and practice*. Chichester, East Sussex: John Wiley and Sons.
- Barraket, J. (2004). Communities of place. *Griffith Review, Edition 3* (Autumn). Retrieved from <griffithreview.com/articles/communities-of-place/>.
- Bath, J., & Wakeman, J. (2015). Impact of community participation in primary health care: What is the evidence? *Australian Journal of Primary Health*, 21(1), 2-8. Retrieved from <dx.doi.org/10.1071/PY12164>.
- Bauman, Z. (2011). *Collateral damage: Social inequalities in a global age*. Cambridge, UK: Polity Press.
- Bellefontaine, T., & Wisener, R. (2011). *The evaluation of place-based approaches: Questions for further research*. Ottawa, Canada: Policy Horizons Canada. Retrieved from <www.horizons.gc.ca/sites/default/files/Publication-alt-format/2011_0074_evaluationpb_e.pdf>.
- Beresford, P., & Hoban, M. (2005). *Participation in anti-poverty and regeneration work and research: Overcoming barriers and creating opportunities*. York, UK: Joseph Rowntree Foundation.
- Blau, M. and Fingerma, K.L. (2009). *Consequential Strangers: The Power of People Who Don't Seem to Matter. . . But Really Do*. New York: W.W. Norton.
- Block, P. (2008). *Community: The Power of Belonging*. San Francisco, California: Berrett-Koehler Publishers.
- Boxelaar, L., Paine, M., & Beilin, R. (2006). Community engagement and public administration: Of silos, overlays and technologies of government. *Australian Journal of Public Administration*, 65(1), 113-126.
- Boyle, D., Coote, A., Sherwood, C., & Slay, J. (2010). *Right Here, Right Now: Taking co-production into the mainstream*. London, UK: new economics foundation. Retrieved from <www.neweconomics.org/publications/entry/right-here-right-now>.
- Bradwell, P., & Marr, S. (2008). *Making the most of collaboration: An international survey of public service co-design* (Demos Report No. 23). London, UK: Demos. Retrieved from <www.demos.co.uk/files/CollabWeb.pdf>.

- Burton, P., Goodlad, R., & Croft, J. (2006). How would we know what works? Context and complexity in the evaluation of community involvement. *Evaluation, 12*(3), 294–312.
- Butteriss, C. (2014). *What is community engagement, exactly?* Fitzroy, Victoria: Bang the Table. Retrieved from <bangthetable.com/what-is-community-engagement>.
- Carbone, S., Fraser, A., Ramburuth, R., & Nelms, L. (2004). *Breaking Cycles, Building Futures. Promoting inclusion of vulnerable families in antenatal and universal early childhood services: A report on the first three stages of the project.* Melbourne, Victoria, Victorian Department of Human Services. Retrieved from <www.eduweb.vic.gov.au/edulibrary/public/beststart/ecs_breaking_cycles_best_start.pdf>.
- Cavaye J.M. (2000). *The Role of Government in Community Capacity Building.* Brisbane, Queensland: Department of Primary Industries and Fisheries Information Series QI99804, Queensland Government.
- Cavaye, J. M. (2004). Governance and community engagement—The Australian experience. In W.R. Lovan, M. Murray, & R. Shaffer (Eds.), *Participatory governance: Planning, conflict mediation and public decision making in civil society* (pp. 85–102). Hants, England: Ashgate Publishing UK.
- Centre for Community Child Health. (2010). *Engaging marginalised and vulnerable families* (CCCH Policy Brief No. 18). Parkville, Victoria: Centre for Community Child Health, The Royal Children's Hospital. Retrieved from <www.rch.org.au/emplibrary/ccch/PB18_Vulnerable_families.pdf>.
- Centre for Community Child Health. (2011). *Place-based approaches to supporting children and families* (CCCH Policy Brief No. 23). Parkville, Victoria: Centre for Community Child Health, The Royal Children's Hospital.
- Chaskin, R. J. (2001). Building community capacity: A definitional framework and case studies from a comprehensive community initiative. *Urban Affairs Review, 36*(3), 291–323. doi: 10.1177/10780870122184876
- Chaskin, R. J. (2009). Building community capacity for children, youth, and families. *Children Australia, 34*(1), 31–39.
- Chaskin, R. J., Brown, P., Venkatesh, S., & Vidal, A. (2001). *Building community capacity.* New York: Aldine de Gruyter.
- Christakis, N. A., & Fowler, J. H. (2009). *Connected: The surprising power of our social networks and how they shape our lives.* New York: Little, Brown and Company.
- Clarkson, M. (2015). *Walk alongside: co-designing social initiatives with people experiencing vulnerabilities.* Melbourne, Victoria: Victorian Council of Social Service.
- Commission on the Future Delivery of Public Services (2011). *Report on the Future Delivery of Public Service.* Edinburgh, Scotland: Commission on the Future Delivery of Public Services.
- Community Indicators Victoria (2015). *Wellbeing reports.* Retrieved from: <www.communityindicators.net.au/wellbeing_reports
- Conklin, J. (2006). *Dialogue Mapping: Building Shared Understanding of Wicked Problems.* Hoboken, New Jersey: Wiley.
- Cooper, H., Arber, S., Fee, L., & Ginn, J. (1999). *The influence of social support and social capital on health: A review and analysis of British data.* London, UK: Health Education Authority.
- Cornwall, A. (2008). Unpacking “participation”: Models, meanings and practices. *Community Development Journal, 43*(3), 269–283.
- Cortis, N., Katz, I. & Patulny, R. (2009). *Engaging hard-to-reach families and children,* Occasional Paper No. 25. Canberra, ACT: Department of Families, Housing, Community Services and Indigenous Affairs.
- Council of Australian Governments (2008). *National Partnership Agreement on Early childhood Education..* Canberra, ACT: COAG.
- Council of Australian Governments (2009a). *The national early childhood development strategy—investing in the early years.* Canberra, ACT: COAG.
- Council of Australian Governments (2009b). *Protecting children is everyone's business: National framework for protecting Australia's children 2009–2020.* Canberra, ACT: COAG.
- Council of Australian Governments (2009c). *Belonging, being and becoming—the early years learning framework for Australia.* Canberra, ACT: Australian Government Department of Education, Employment and Workplace Relations.
- Council of Australian Governments (2009d). *National quality agenda for early childhood education and care.* Canberra, ACT: COAG.
- Crnac, K., & Stormshak, E. (1997). The effectiveness of providing social support for families of children at risk. In Guralnick, M. J. (Ed.), *The effectiveness of early intervention.* Baltimore, Maryland: Paul H. Brookes.
- Davis, H., & Day, C. (2010). *Working in partnership: The family partnership model.* London, UK: Pearson.
- Dempsey, I., & Keen, D. (2008). A review of processes and outcomes in family-centered services for children with a disability. *Topics in Early Childhood Special Education, 28*(1), 42–52.
- Denburg, A., & Daneman, D. (2010). The link between social inequality and child health outcomes. *Healthcare Quarterly, 14* (Sp), 21–31.
- Department of Education, Employment and Workplace Relations (2013). *Australian Early Development Index 2012: Summary Report.* Canberra, ACT: DEEWR. Retrieved from <www.aecd.gov.au/resources/detail/aecd-2012-summary-report>.
- Department of Education Tasmania. (n.d.). *An overview of child and family centres.* Hobart: Department of Education. Retrieved from <www.education.tas.gov.au/documentcentre/Documents/Overview-of-Child-and-Family-Centres.pdf>.
- Devaney, J., & Spratt, T. (2009). Child abuse as a complex and wicked problem: Reflecting on policy developments in the United Kingdom in working with children and families with multiple problems. *Children and Youth Services Review, 31*(6), 635–641.
- Doherty, W. J., & Beaton, J. M. (2000). Family therapists, community, and civic renewal. *Family Process, 39* (2), 149–161.
- Dunst, C. J. (1997). Conceptual and empirical foundations of family-centred practice. In R. Illback, C. Cobb and H. Joseph (Eds.), *Integrated Services for Children and Families: Opportunities for Psychological Practice.* Washington, D.C.: American Psychological Association.
- Dunst, C. J., & Trivette, C. M. (2009). Capacity-building family-systems intervention practices. *Journal of Family Social Work, 12*(2), 119–143.
- Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2007). Meta-analysis of family-centered helping practices research. *Mental Retardation and Developmental Disabilities Research Reviews, 13*(4), 370–378.
- Dunst, C. J., Trivette, C. M., & Hamby, D. W. (2008). *Research synthesis and meta-analysis of studies of family-centered practices.* Asheville, North Carolina: Winterberry Press.

- Dunston, R., Lee, A., Boud, D., Brodie, P., & Chiarella, M. (2009). Co-production and health system reform—from re-imagining to re-making. *The Australian Journal of Public Administration*, 68(1), 39–52.
- Eckersley, R. (2008). *Never better—or getting worse? The health and wellbeing of young Australians*. Weston, ACT: Australia 21. Retrieved from <www.australia21.org.au/publication-archive/never-better-or-getting-worse-the-health-and-wellbeing-of-young-australians/#.VsKul6bZPIo>.
- Edwards, B., & Bromfield, L. M. (2009). Neighborhood influences on young children's conduct problems and pro-social behavior: Evidence from an Australian national sample. *Children and Youth Services Review*, 31(3), 317–324.
- Egger, G., & Swinburn, B. (2010). *Planet obesity: How we're eating ourselves and the planet to death*. Crows Nest, NSW: Allen and Unwin.
- Ellis, R. (1998). Filling the prevention gap: Multi-factor, multi-system, multi-level interventions. *Journal of Primary Prevention*, 19(1), 57–71.
- Fegan, M., & Bowes, J. (2004). Isolation in rural, remote and urban communities. In J. M. Bowes (Ed.), *Children, families, and communities: Contexts and consequences* (2nd ed.). South Melbourne, Victoria: Oxford University Press.
- Fogel, A., Greenspan, S., King, B. J., Lickliter, R., Reygadas, P., Shanker, S. G., & Toren, C. (2008). Dynamic systems methods for the life sciences. In A. Fogel, B. J. King, & S. G. Shanker (Eds.), *Human development in the twenty-first century: Visionary ideas from systems scientists*. Cambridge, UK: Cambridge University Press.
- Fram, M. S. (2003). *Managing to parent: Social support, social capital, and parenting practices among welfare-participating mothers with young children* (Discussion paper 1263–03). Washington, DC: Institute for Research on Poverty.
- Gallo, L. C., & Matthews, K. A. (2003). Understanding the association between socioeconomic status and physical health: Do negative emotions play a role? *Psychological Bulletin*, 129(1), 10–51.
- Gamble, D. N., & Weil, M. (2010). *Community practice skills: Local to global perspectives*. New York: Columbia University Press.
- Gannon, Z., & Lawson, N. (2008). *Co-production: The modernisation of public services by staff and users*. London, UK: Compass.
- Ghate, D., & Hazel, N. (2002). *Parenting in poor environments: Stress, support and coping*. London, UK: Jessica Kingsley Publishers.
- Giddens, A. (2002). *Runaway world: How globalisation is reshaping our lives* (2nd ed.). London, UK: Profile Books.
- Gooding, J. S., Cooper, L. G., Blaine, A. I., Franck, L. S., Howse, J. L., & Berns, S. D. (2011). Family support and family-centred care in the neonatal intensive care unit: Origins, advances, impact. *Seminars in Perinatology*, 35(1), 20–28. doi:10.1053/j.semp.2010.10.004
- Grint, K. (2010). The cuckoo clock syndrome: Addicted to command, allergic to leadership. *European Management Journal*, 28(4), 306–313.
- Hartz-Karp, J. (2007). Understanding deliberativeness: Bridging theory and practice. *Planning*, 54, 73–132.
- Hayes, A., Weston, R., Qu, L., & Gray, M. (2010). *Families then and now: 1980–2010* (AIFS Facts Sheet). Melbourne, Victoria: Australian Institute of Family Studies.
- Head, B. W. (2007). Community engagement: Participation on whose terms? *Australian Journal of Political Science*, 42 (3), 441–454. DOI: 10.1080/10361140701513570
- Head, B. W. (2008). Wicked problems in public policy. *Public Policy*, 3(2), 110–118.
- Head, B., & Alford, J. (2008, March). *Wicked problems: The implications for public management*. Presentation to Panel on Public Management in Practice, International Research Society for Public Management 12th Annual Conference, Brisbane.
- Hertzman, C. & Boyce, T. (2010). How experience gets under the skin to create gradients in developmental health. *Annual Review of Public Health*, 31, 329.
- Hickie, I. B. (2011). Youth mental health: We know where we are and we can now say where we need to go next. *Early Intervention in Psychiatry*, 5(Supplement s1), 63–69. doi: 10.1111/j.1751-7893.2010.00243.x
- Hind, E. (2010). *Literature synthesis deliberative engagement*. Ringwood, Victoria: Evolving Ways. Retrieved from <www.depi.vic.gov.au/_data/assets/pdf_file/0007/188773/DeliberativeEngagementLiteratureReview.pdf>.
- Hopkins, L., & Meredyth, D. (2008). Coordination or competition: Obstacles and success factors for integrated partnerships at local level. *Journal of Urban Regeneration and Renewal*, 1(4), 316–328.
- Hughes, P., Black, A., Kaldor, P., Bellamy, J., & Castle, K. (2007). *Building Stronger Communities*. Sydney, NSW: University of New South Wales Press.
- International Association for Public Participation Australasia. (2014). *Public participation spectrum*. Wollongong, NSW: IAP2.
- International Conference on Engaging Communities (2005). *The United Nations (Brisbane) declaration on community engagement*. Brisbane, Queensland: Queensland Government. Retrieved from <c.ymcdn.com/sites/www.iap2.org/resource/resmgr/imported/ChapterResources_UNBrisbaneDeclarationCommunityEngagement.pdf>.
- Jack, G., & Jordan, B. (1999). Social capital and child welfare. *Children and Society*, 13(4), 242–256.
- Jolin, M., Schmitz, P., & Seldon, W. (2012). *Needle-moving community collaboratives: A promising approach to addressing America's biggest challenges*. Boston, Massachusetts: The Bridgespan Group. Retrieved from <www.bridgespan.org/Publications-and-Tools/Revitalizing-Communities/Community-Collaboratives/Needle-Moving-Community-Collaborative-s-A-Promisin.aspx#.VsKyYKbZPIo>.
- Kania, J., & Kramer, M. (2011). Collective impact. *Stanford Social Innovation Review*, Winter, 36–41. Retrieved from <www.ssireview.org/articles/entry/collective_impact/?zbrandid=2039&zidType=CH&zid=1634595&zsubscriberId=500518267&zbdom=http://aracy.informz.net>.
- Kania, J., & Kramer, M. (2015). The equity imperative in collective impact. *Stanford Social Innovation Review*, October. Retrieved from <ssir.org/articles/entry/the_equity_imperative_in_collective_impact?utm_source=newsletter&utm_medium=email&utm_content=%20on%20SSIR.org.%20&utm_campaign=20151006SSIREquityBlogFSG>.
- Katz, I. (2007). Community interventions for vulnerable children and families: Participation and power. *Communities, Children and Families Australia*, 3(1), 19–32.
- Keating, D. P., & Hertzman, C. (1999). Modernity's paradox. In Keating, D. P. & Hertzman, C. (Eds.), *Developmental health and the wealth of nations: Social, biological, and educational dynamics*. New York: The Guilford Press.
- Khan, U. (2005). *Participation beyond the ballot box: European case studies in state-citizen political dialogue*. London: Routledge.

- Kretzmann, J. P., & McKnight, J. L. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets*. Chicago, Illinois: ACTA Publications.
- Kuhlthau, K. A., Bloom, S., Van Cleave, J., Knapp, A. A., Romm, D., Klatka, K., Homer, C. J., Newachek, P.W., & Perrin, J. M. (2011). Evidence for family-centered care for children with special health care needs: A systematic review. *Academic Pediatrics, 11*(2), 136–143.
- Kuo, D. Z., Houtrow, A. J., Arango, P., Kuhlthau, K. A., Simmons, J. M., & Neff, J. M. (2012). Family-centered care: Current applications and future directions in pediatric health care. *Maternal and Child Health Journal, 16*(2), 297–305.
- Leigh, A. (2010). *Disconnected*. Sydney, NSW: University of New South Wales Press.
- Lenihan, D. (2009). *Rethinking the public policy process: A public engagement framework*. Ottawa, Canada: Public Policy Forum. Retrieved from <www.ppforum.ca/sites/default/files/Framework%20Paper%20.pdf>.
- Lenihan, D., & Briggs, L. (2011). Co-design: Toward a new service vision for Australia? *Public Administration Today*, January–March, 35–47. Retrieved from <canada2020.ca/wp-content/uploads/2015/05/co-design-new-service-vision.pdf>.
- Li, J., McMurray, A., & Stanley, F. (2008). Modernity's paradox and the structural determinants of child health and well-being. *Health Sociology Review, 17*(1), 64–77.
- Lohar, S., Price-Robertson, R., & Nair, L. (2013). *Applying community capacity-building approaches to child welfare practice and policy* (CFCA Paper No. 13). Melbourne, Victoria: Australian Institute of Family Studies. Retrieved from <aifs.gov.au/cfca/publications/applying-community-capacity-building-approaches-child-wel>
- Lowndes, V., Pratchett, L., & Stoker, G. (2006). Diagnosing and remedying the failings of official participation schemes: The CLEAR framework. *Social Policy and Society, 5*(02), 281–291.
- McBroom, L. A., & Enriquez, M. (2009). Review of family-centred interventions to enhance the health outcomes of children with type 1 diabetes. *The Diabetes Educator, 35*(May/June), 428–438. doi:10.1177/0145721709332814
- McCashen, W. (2004). *Communities of hope: A strength-based resource for building community*. Bendigo, Victoria: Solutions Press.
- McDonald, M., O'Byrne, M. & Prichard, P. (2015). *Using the Family Partnership Model to engage communities: Lessons from Tasmanian Child and Family Centres*. Parkville, Victoria: Centre for Community Child Health at the Murdoch Childrens Research Centre and the Royal Children's Hospital. Retrieved from <www.rch.org.au/uploadedFiles/Main/Content/ccch/150130_Using-the-Family-Partnership-Model-to-engage-communities_Report.pdf>.
- McKnight, J., & Block, P. (2010). *The abundant community: Awakening the power of families and neighborhoods*. San Francisco, California: Berrett-Koehler Publishers.
- McMillan, D. W., & Chavis, D. M. (1986). Sense of community: A definition and theory. *Journal of Community Psychology, 14* (1), 6–23. doi: 10.1002/1520-6629(198601)14:1<6::AID-JCOP2290140103>3.0.CO;2-I
- McShane, I. (2010). Trojan horse or adaptive institutions? Some reflections on urban commons in Australia. *Urban Policy and Research, 28*(1), 101–116.
- Mackay, H. (2009). Real communities. *Griffith Review*, Edition 24. Retrieved from <griffithreview.com/articles/real-communities>.
- Maggi, S., Irwin, L. J., Siddiqi, A., & Hertzman, C. (2010). The social determinants of early child development: An overview. *Journal of Paediatrics and Child Health, 46* (11), 627–635. doi: 10.1111/j.1440-1754.2010.01817.x
- Marmot, M. (2004). *Status syndrome: How your social standing directly affects your health and life*. London, UK: Bloomsbury.
- Marmot, M. (2006). Health in an unequal world. *The Lancet, 368*, 2081–2094.
- Marmot, M. (2015). *The health gap: The challenge of an unequal world*. London, UK: Bloomsbury Publishing.
- The Marmot Review. (2010). *Fair society, healthy lives: Strategic review of health inequalities in England post-2010*. London, UK: Global Health Equity Group, Department of Epidemiology and Public Health, University College London. Retrieved from <www.marmot-review.org.uk>.
- Melo, M. A., & Baiocchi, G. (2006). Deliberative democracy and local governance: Towards a new agenda. *International Journal of Urban and Regional Research, 30*(3), 587–600.
- Milton, B., Attree, P., French, B., Povall, S., Whitehead, M., & Popay, J. (2012). The impact of community engagement on health and social outcomes: A systematic review. *Community Development Journal, 47*(3), 316–334. doi:10.1093/cdj/bsr043
- Moore, T. G. (2004, July). *Blazing new trails: Finding the most direct routes in early childhood intervention*. Invited address to 6th National Conference of Early Childhood Intervention Australia, Melbourne. Retrieved from <www.eciavic.org.au/documents/item/31>.
- Moore, T. G. (2008). *Supporting young children and their families: Why we need to rethink services and policies*. CCCH Working Paper No. 1 (revised November 2008). Parkville, Victoria: Centre for Community Child Health, Royal Children's Hospital. DOI: 10.4225/50/55768169C3CF9
- Moore, T. G. (2014). Using place-based approaches to strengthen child well-being. *Developing Practice: The Child, Youth and Family Work Journal, 40*(December), 41–53.
- Moore, T. G., & Fry, R. (2011). *Place-based approaches to child and family services: A literature review*. Parkville, Victoria: Murdoch Childrens Research Institute and The Royal Children's Hospital Centre for Community Child Health. doi: 10.4225/50/5577CE906382B
- Moore, T. G. (with Larkin, H.) (2006). *"More than my child's disability": A comprehensive review of family-centred practice and family experiences of early childhood intervention services*. Melbourne, Victoria: Scope (Vic) Inc.
- Moore, T. G., & McDonald, M. (2013). *Acting early, changing lives: How prevention and early action saves money and improves wellbeing* (Prepared for The Benevolent Society). Parkville, Victoria: Centre for Community Child Health, Murdoch Childrens Research Institute, The Royal Children's Hospital. doi: 10.4225/50/5578D0A59EA66
- Moore, T. G., McDonald, M., Carlon, L., & O'Rourke, K. (2015). Early childhood development and the social determinants of health inequities. *Health Promotion International, 30*(sup. 2), ii102–ii115. doi:10.1093/heapro/dav031
- Moore, T. G., McHugh-Dillon, H., Bull, K., Fry, R., Laidlaw, B., & West, S. (2014). *The evidence: What we know about place-based approaches to support children's wellbeing*. Parkville, Melbourne: Murdoch Childrens Research Institute and The Royal Children's Hospital Centre for Community Child Health. Retrieved from <www.rch.org.au/uploadedFiles/Main/Content/ccch/CCCH_Collaborate_for_Children_Report_The_Evidence_Nov2014.pdf>.
- Moore, T. G., & Oberklaid, F. (2014). Health and child well-being. In A. Ben-Arieh, C. Ferran, I. Frones and J.E. Korbin (Eds.). *Handbook of Child Well-Being*. New York: Springer.

- Moore, T. G., & Skinner, A. (2010). *An Integrated Approach to Early Childhood Development*. A Benevolent Society Background Paper. Sydney, NSW: The Benevolent Society. DOI: 10.4225/50/5577C09DAD58D
- Moran, P., & Ghate, D. (2005). The effectiveness of parenting support. *Children and Society*, 19(4), 329–336.
- Noya, A., Clarence, E., & Craig, G. (Eds) (2009). *Community capacity-building: Creating a better future together*. Paris, France: Local Economic and Employment Development, OECD Publishing. Retrieved from <dx.doi.org/10.1787/9789264073302-en>.
- Nussbaum, M. (2011). *Creating capabilities: The human development approach*. Cambridge, Massachusetts: Harvard University Press.
- O'Donnell, M., Scott, D., & Stanley, F. (2008). Child abuse and neglect—is it time for a public health approach? *Australian and New Zealand Journal of Public Health*, 32(4), 325–330.
- Offord, D. (1987). Prevention of behavioural and emotional disorders in children. *Journal of Child Psychology and Psychiatry*, 28, 9–19.
- O'Mara-Eves, A., Brunton, G., McDavid, G., Oliver, S., Kavanagh, J., Jamal, F., Matosevic, T., Harden, A., & Thomas, J. (2013). Community engagement to reduce inequalities in health: a systematic review, meta-analysis and economic analysis. *Public Health Research*, 1(4). Retrieved from <hdl.handle.net/10552/3349>.
- Organisation for Economic Co-operation and Development (2001). *The Well-Being of Nations: The Role of Human and Social Capital*. Paris, France: OECD Publications.
- Pebley, A. R., & Sastry, N. (2004). Neighbourhoods, poverty, and children's well-being. In K.M. Neckerman (Ed.). *Social Inequality*. New York: Russell Sage Foundation.
- Pestoff, V. (2014). Collective action and the sustainability of co-production. *Public Management Review*, 16(3), 383–401. doi: 10.1080/14719037.2013.841460
- Popkin, S. J., Acs, G., & Smith, R. (2010). Understanding how place matters for kids. *Community Investments*, 22(1), 23–26, 36–37. Retrieved from <www.frbsf.org/publications/community/investments/1005/S_Popkins.pdf>.
- Price, H. (2011). A seat at the table: Place-based urban policy and community engagement. *Harvard Journal of African American Policy*, 17, 65–73.
- Prichard, P., O'Byrne, M., & Jenkins, S., (2015). *Supporting Tasmania's child and family centres: The journey of change through a Learning & Development strategy*. Parkville, Victoria: Centre for Community Child Health, Murdoch Childrens Research Institute, The Royal Children's Hospital. doi: 10.4225/50/558CD4D667CED
- Putnam, R. D. (2000). *Bowling alone: The collapse and revival of American community*. New York, Simon & Schuster.
- Putnam, R. (2015). *Our kids: The American dream in crisis*. New York: Simon & Schuster.
- Raspa, M., Bailey, D.B., Olmsted, M.G., Nelson, R., Robinson, N., Simpson, M.E., Guillen, C. and Houts, R. (2010). Measuring family outcomes in early intervention: findings from a large-scale assessment. *Exceptional Children*, 76 (4), 496-510.
- Realpe, A., & Wallace, L. M. (2010). *What is co-production?* London, UK: The Health Foundation. Retrieved from <personcentredcare.health.org.uk/sites/default/files/resources/what_is_co-production.pdf>.
- Richardson, S., & Prior, M. (2005). *No time to lose: The wellbeing of Australia's children*. Melbourne, Victoria, Melbourne University Press.
- Rogers, B., & Robinson, E. (2004). *The benefits of community engagement: A review of the evidence*. London, UK: Home Office Communication Directorate on behalf of the Active Citizenship Centre.
- Rosenbaum, P., King, S., Law, M., King, G., & Evans, J. (1998). Family-centred service: A conceptual framework and research review. *Physical and Occupational Therapy in Pediatrics*, 18(1), 1–20.
- Rouse, L. (2012). Family-centred practice: Empowerment, self-efficacy, and challenges for practitioners in early childhood education and care. *Contemporary Issues in Early Childhood*, 13(1), 17–26. Retrieved from <dx.doi.org/10.2304/ciec.2012.13.1.17>.
- Sawyer, M. G., Arney, F. M., Baghurst, P. A., Clark J. J., Graetz, B. W., Kosky R. J., Nurcombe, B., Zubrick, S. R. (2000). *The mental health of young people in Australia*. Canberra: Mental Health and Special Programs Branch, Commonwealth Department of Health and Aged Care.
- Sayal, K. (2006). Annotation: Pathways to care for children with mental health problems. *Journal of Child Psychology and Psychiatry*, 47(7), 649–659.
- Sen, A. (1985). *Commodities and capabilities*. New York: North-Holland.
- Sen, A. (2005). Human rights and capabilities. *Journal of Human Development*, 6(2), 151–166.
- Simpson, L., Wood, L., & Daws, L. (2003). Community capacity building: Starting with people not projects. *Community Development Journal*, 38(4), 277–286.
- Stanley, F., Prior, M., & Richardson, S. (2005). *Children of the lucky country?* South Yarra, Victoria: Macmillan Australia.
- Stephens, L., Ryan-Collins, J. and Boyle, D. (2008). *Co-production: A manifesto for growing the core economy*. London, UK: new economics foundation (nef).
- Stuart, G. (2011). *Definitions of community engagement?* Retrieved from <sustainingcommunity.wordpress.com/2011/03/21/what-is-community-engagement>.
- Sustainable Development Commission. (2009). *Every child's future matters* (3rd ed.). London, UK: Sustainable Development Commission. Retrieved from <www.sd-commission.org.uk/publications/downloads/ECFM_report.pdf>.
- Tamarack Institute for Community Engagement. (2003). *Levels of community engagement*. Waterloo, Ontario, Canada: Tamarack Institute for Community Engagement. Retrieved from <tamarackcommunity.ca/g3s1.html>.
- Taylor, C. T., Jose, K., Christensen, D., & Van de Lageweg, W. I. (2015). *Engaging, supporting and working with children and families in Tasmania's child and family centres. Report on the impact of Centres on parents' use and experiences of services and supports in the Early Years*. Perth, Western Australia: Telethon Kids Institute. Retrieved from <telethonkids.org.au/media/1428013/tas-cfc-evaluation-report-web.pdf>.
- Trask, B. S. (2010). *Globalization and families: Accelerated systemic social change*. New York: Springer.
- Trickett, E. J., & Beehler, S. (2013). The ecology of multi-level interventions to reduce social inequalities in health. *American Behavioral Scientist*, 57(8), 1227–1246, doi: 10.1177/0002764213487342
- Trickett, E. J., & Schensul, J. J. (2009). Summary comments: Multi-level community based culturally situated interventions. *American Journal of Community Psychology*, 43(3–4), 377–381.

- Trivette, C. M., & Dunst, C. J. (2000). Recommended practices in family-based practices. In S. Sandall, M. E. McLean, & B. J. Smith (Eds), *DEC recommended practices in early intervention/early childhood special education*. Longmont, Colorado: Sopris West.
- Tucker, S. (2001). Community development: A strategy for empowerment. In P. Foley, J. Roche & S. Tucker (Eds), *Children in society: Contemporary theory, policy and practice*. Hampshire, UK: Palgrave Press/The Open University.
- US Department of Health and Human Services. (2011). *Principles of community engagement* (2nd ed.). Washington, DC: Clinical and Translational Science Awards Consortium, Community Engagement Key Function Committee Task Force on the Principles of Community Engagement, USDHHS. Retrieved from <www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf>.
- Vinson, T. (2009). *Markedly socially disadvantaged localities in Australia: Their nature and possible remediation*. Canberra, ACT: Department of Education, Employment and Workplace Relations.
- Vinson, T., & Rawsthorne, M. (with Beavis, A., & Ericson, M.) (2015). *Dropping off the edge 2015: Persistent communal disadvantage in Australia*. Richmond, Victoria and Curtin, ACT: Jesuit Social Services and Catholic Social Services Australia.
- Watson, J. (2005). *Active engagement: Strategies to increase service participation by vulnerable families* (CPR Discussion Paper). Ashfield, NSW: Centre for Parenting and Research, NSW Department of Community Services.
- Wear, A. (2007). Place-based partnerships in Victoria. *Public Administration Today*, 2(July–September), 20–26.
- West, S. (2004). *From strength to STRENGTH: Initial learnings from the development and implementation of the Community Building Resource Service* (ICEPA Discussion Paper No 2). Melbourne, Victoria: Institute for Community Engagement & Policy Alternatives, Victoria University.
- West, S., Wiseman, J., & Bertone, S. (2006). Mainstreaming change: Learning from community strengthening in Victoria. *Just Policy*, 41, 34–40.
- Wexler, M.N. (2009). Exploring the moral dimension of wicked problems. *International Journal of Sociology and Social Policy*, 29 (9/10), 531 – 542.
- Wilkinson, R. G. (2005). *The impact of inequality: How to make sick societies healthier*. New York: The New Press.
- Wilkinson, R. G., & Pickett, K. E. (2009). *The spirit level: Why more equal societies almost always do better*. London, UK: Allen Lane.
- Wilks, S., Lahausse, J., & Edwards, B. (2015). *Commonwealth place-based service delivery initiatives: Key learnings project* (AIFS Research Report No. 32). Melbourne, Victoria: Australian Institute of Family Studies. Retrieved from <aifs.gov.au/publications/commonwealth-place-based-service-delivery-initiatives>.
- Winkworth, G., Layton, M., McArthur, M., Thomson, L., & Wilson, F. (2009). *Working in the grey—Increasing collaboration between services in Inner North Canberra: A Communities For Children Project*. Dickson, ACT: Institute of Child Protection Studies, Australian Catholic University.
- Wise, S. (2013). *Improving the early life outcomes of Indigenous children: Implementing early childhood development at the local level* (Issues Paper No. 6). Canberra: Closing the Gap Clearinghouse, Australian Institute of Health and Welfare. Retrieved from <www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2013/ctgc-ip06.pdf>.
- Wiseman, J. (2006). Local heroes: Learning from community strengthening policy developments in Victoria. *Australian Journal of Public Administration*, 65(2), 95–107.
- Woods, L., Giles-Corti, B., & Bulsara, M. (2012). Streets apart: Does social capital vary with neighbourhood design? *Urban Studies Research*. Retrieved from <www.hindawi.com/journals/usr/2012/507503/>.
- Yeboah, D. A. (2005). A framework for place based health planning. *Australian Health Review*, 29(1), 30–36.



Australian Government
Australian Institute of Family Studies
 Child Family Community Australia

© Commonwealth of Australia 2016
 With the exception of AIFS branding, the Commonwealth Coat of Arms, content provided by third parties, and any material protected by a trademark, all textual material presented in this publication is provided under a Creative Commons Attribution 4.0 International Licence (CC BY 4.0) <creativecommons.org/licenses/by/4.0/>. You may copy, distribute and build upon this work for commercial and non-commercial purposes; however, you must attribute the Commonwealth of Australia as the copyright holder of the work. Content that is copyrighted by a third party is subject to the licensing arrangements of the original owner.

The **Child Family Community Australia** (CFCA) information exchange is an information and advisory unit based at the Australian Institute of Family Studies, and funded by the Australian Government Department of Social Services. The CFCA information exchange collects, produces and distributes resources and engages in information exchange activities that help to protect children, support families and strengthen communities.

The Australian Institute of Family Studies is committed to the creation and dissemination of research-based information on family functioning and wellbeing. Views expressed in its publications are those of individual authors and may not reflect those of the Australian Institute of Family Studies or the Australian Government

Australian Institute of Family Studies
 Level 20, 485 La Trobe Street, Melbourne VIC 3000 Australia
 Phone: (03) 9214 7888 Fax: (03) 9214 7839 Internet: <www.aifs.gov.au>

Cover image: © istock/Steve Debenport



ISSN 2200-4106
 ISBN 978-1-76016-084-5; 978-1-76016-085-2 (PDF)