



Evaluating Area-based Interventions: The Case of 'Communities for Children'

Author/Contributor:

Cortis, Natasha

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Evaluating area-based interventions: the case of ‘Communities for Children’

Abstract Increasingly, governments in wealthy countries are designing early intervention initiatives around principles of ‘community regeneration’ or ‘place management’. Because these initiatives are multi-site, aimed at long term systemic change, and implemented amidst a range of other initiatives, assessing their quality and outcomes demands departure from conventional program evaluation approaches. This article analyses the challenges of evaluating area-based interventions in the child welfare field, and shows how the National Evaluation of Australia’s ‘Communities for Children’ initiative seeks to overcome these through its mixed method design and the longitudinal Stronger Families in Australia study.

Introduction

Governments in wealthy English-speaking countries are increasingly directing their welfare interventions toward geographic areas with high-need populations, rather than to disadvantaged people regardless of where they live. Usually described with language like ‘place management’, ‘community regeneration’, or ‘coordinated community initiatives’, these attempts to ‘govern through community’ (Rose, 1996) now flourish beyond the housing policy context in which they were conceived.

Significantly, area-based initiatives are being harnessed to enhance the health and wellbeing of disadvantaged children and families and to co-ordinate responses to problems within child and family service systems. In New Zealand and in Canada,

government supported area-based initiatives developed in the 1990s (Peters and others, 2004), while grant-making foundations led the development of place-based initiatives in the United States (Annie E. Casey Foundation, 1997). In the United Kingdom, Sure Start typifies the paradigm, with programs aimed at families with children under five living in the poorest quintile of neighbourhoods. Also targeting resources to specific areas, The Children's Fund aims to divert five to thirteen year olds from social exclusion in all local authority areas, while the overlapping On Track initiative (modelled on the United States 'Fast Track') aims to intervene early to reduce crime by targeting four to twelve year olds in twenty-four deprived areas.

In Australia, governments have adapted these models to recast early years interventions around principles of place management, service co-ordination and community involvement. Most significantly, the Commonwealth's 'Communities for Children' initiative funds lead non-government 'facilitating partners' to broker local responses to disadvantage in forty-five communities nation-wide. Focusing on children aged under five and their families, 'Communities for Children' is a component of the Australian Government's Stronger Families and Communities Strategy 2004-2009, managed by the Department of Families, Community Services and Indigenous Affairs to implement the key action areas in the National Agenda for Early Childhood (promoting healthy young families; early learning and care; supporting families and parenting; and creating child friendly communities). Funded activities differ between Communities for Children sites, but include parenting support, local early learning and literacy initiatives, nutrition programs and community building events. Funding decisions are guided by local committees to ensure activities are tailored to local needs, and build on (rather than replicate) existing infrastructure. Area-based initiatives have also been implemented by the

Australian states including Victoria's 'Best Start' program and New South Wales' 'Families First' initiative, a state-wide program promoting localised health and welfare collaboration for expectant parents and young children.

The proliferation of area-based initiatives in the early intervention field responds to evidence of the spatial concentration of social disadvantage, and follows the logic that locally (rather than nationally) coordinated social policies and services will most effectively promote health, education and welfare outcomes for young children and their families. However, area-based interventions have been adopted before rigorous evidence of their quality and impact has clearly emerged. Indeed, some of the core characteristics of these interventions make them particularly difficult to evaluate, making it unsurprising that emerging evaluation findings, such as those from the National Evaluation of Sure Start are complex and mixed (eg NESS, 2004; NESS 2005).

This article outlines how the logic and characteristics of area-based interventions enhance the dilemmas of evaluating child and family services. The challenges of dealing with context, confounding evidence, and counterfactuals are particularly challenging where initiatives are multi-site, aimed at subtle but fundamental long term systemic change, and implemented amidst a range of other initiatives and social and economic forces. The article then outlines how the design of the National Evaluation of Australia's 'Communities for Children' initiative seeks to confront these challenges. Although the effectiveness of this evaluation will only become apparent as its findings emerge (in late 2008), its design (itself the product of extensive collaboration and planning) can inform how others negotiate the challenges of evaluating initiatives in the area-based paradigm.

The area-based paradigm in early intervention and prevention

Internationally, area-based child and family welfare interventions vary greatly, yet they share some common foundations. Firstly, targeting welfare resources to geographic areas responds to inter-neighbourhood inequality, a clear characteristic in the United Kingdom and North America as well as in Australia, where there is well established evidence of the spatial concentration of risk factors for children, such as social security receipt and lone parenthood (Birrell, Maher and Rapson, 1997; Birrell, Rapson and Hourigan, 2002; Hunter, 2003). A second and related foundation of these initiatives is their recognition that managing social geographies can *mediate* experiences of hardship and bolster personal resilience (Lister, 2004: 69-70). Locally constituted social and environmental conditions are understood to shape children's experiences and welfare outcomes, including access to quality health and education services; levels of exposure to crime, drugs and violence; and geographic and social isolation. Exemplary American research shows, for example, how regulating access to alcohol in residential areas can trigger reductions in child maltreatment, reinforcing arguments that coordinating social policies and infrastructure for small areas can alter potentially harmful living situations for children, without stigmatising individuals (Freisthler, 2004).

A further feature of area-based initiatives is their common aim to carve a middle or 'third way' in the planning and delivery of social services, to mediate between top-down and bottom-up models of reform (Alcock, 2004). Area-based initiatives usually involve top-down structural reforms to devolve the organisation and delivery of social services from government to community partnerships, invoking community

development models that seek to involve local community members and non-government organisations, and invigorate community ownership of community affairs. The logic is that flatter, localised, participative organisational structures and networks will help enhance the relevance and appropriateness of services to local needs, interests and conditions. This ideal ‘new governance’ of localised, participative ‘social coalitions’ builds on established principles of new public management (Reddel, 2002). Power is decentralised and vested in interagency partnerships as a way to ‘join up’ service systems, restore democratic legitimacy, and overcome problems of fragmentation, duplication and poor responsiveness ascribed to ‘old’ public administrative structures (like government departments) that reinforce centralised, top-down bureaucratic control (Osborne and Gaebler, 1992).

While community targeting seems to be emerging as the ‘new’ conventional wisdom of early intervention policy and service delivery, some commentators argue the contrary: that ‘community’ is an *inefficient* target for scarce welfare resources. One line of critique stresses the futility of attempts to address social problems at the local level when they are generated by broader economic structures (Parkinson, 1998). Others distinguish between ‘people poverty’ and ‘place poverty’ (Powell and others, 2001), to point out that not all individuals and households in disadvantaged areas are themselves disadvantaged, and to argue that these initiatives risk *failing* disadvantaged people who live outside the most depressed areas (Kleinman, 1999).

A distinctively Australian line of critique challenges the authenticity of stated political commitment to community renewal strategies, with the description of community as a ‘spray on’ policy solution enduring over two decades (Bryson and Mowbray, 1981; Bryson and Mowbray 2005). Such critique contends that the very concept of

‘community’ has been colonised by the state. Initiatives supposed to enhance local self-determination are criticised for operating to the contrary, for being tightly regulated around top-down priorities set by government (Brennan and Cass, 2002; Mowbray, 2004; Herbert-Cheshire and Lawrence, 2005). Such arguments call for caution in using ‘community’ as a basis for distributing welfare resources, as dominant discourses of ‘community’ can detract attention from the underlying political agendas that shape social policy and service delivery (such as cost-cutting and individual responsibility); and risk marginalising ‘genuine’ (grassroots) community advocacy.

This critique has strong ideological foundations, but gives only a partial assessment of the value, meaning and effectiveness of area-based initiatives. Indeed, the strongly political flavour of Australian critique reflects a lack of evidence, perhaps even ambivalence, as to whether area-based initiatives actually work to alleviate disadvantage. The missing link – evaluation research – offers to reunite theoretical critique with empirical evidence of how well area-based targeting can prevent and alleviate complex social problems. Rethinking the challenge of evaluating comprehensive community initiatives is timely, as lessons from ‘first wave’ evaluations like the Health Action Zones and the National Evaluation of Sure Start emerge, offering to guide other large evaluations, like the National Evaluation of Communities for Children. Indeed, rigorous evaluation is key to embedding debates about the *politics* of community targeting in *empirical* evidence as to how such initiatives operate and how well they achieve local and national welfare goals.

Challenges in evaluating area-based interventions

Evaluation reports and articles published in international child welfare and evaluation journals since the mid-1990s were appraised to develop an understanding of the challenges associated with evaluating area-based interventions for disadvantaged children and their families in developed, industrialised countries, and possible strategies for addressing them. This shows that some of the challenges of evaluation are practical in nature, and do not arise specifically from the area-based model. Regardless of whether initiatives are area-based, evaluation is fraught if methodologies are designed hastily and post-hoc, after interventions have been established (Coote and others, 2004: 3). Collecting evaluation data also depends on frontline co-operation, and practitioners committed to their clients may prioritise time spent with vulnerable families over research and evaluation. Yet while evaluation timing is problematic for conventional and area-based child and family welfare initiatives, the consultation and partnership building necessary to achieve change is greater in area-based initiatives, so that outcomes can take a matter of years to emerge. Evaluation of UK area based initiatives have been argued to have been carried out too early for results to properly emerge, to be piecemeal, and often, to be conducted by initiatives themselves, compromising the validity of having an independent, arms-length evaluator (Neighbourhood Renewal Unit, 2002: 112).

While these, largely practical challenges are not unique to the area-based model, area-based interventions raise other conceptual and epistemological challenges for evaluators, and demand departure from conventional program evaluation approaches. Drawing on Bradford and Robson's urban policy research (1995: 39-40), Burton and others (2004) succinctly outline the challenges intrinsic to evaluating area-based initiatives: addressing differences in *context*; capturing *counterfactuals*; assessing *confounding* evidence; ensuring *contiguity*; accounting for *combinatorial* problems

and understanding *change*. These problems may be confronted in any evaluation, but are enhanced by the complexity of the area-based model, in particular, the fact that communities – essentially open systems – are the target for change and the unit of analysis, not individuals.

Devolving and tailoring interventions to community needs enhances inter-site differences, increasing the challenge of assessing confounding evidence and establishing the counterfactual. Social and participatory dynamics, as well as personal and organisational leadership usually differ between communities and interact with a range of confounding contextual factors, shaping paths of change. What would have happened without interventions is likely to vary in each site and to be difficult to identify, making it challenging to account for overall program impact.

Burton and others (2004) also identify the challenge of evaluating community-based initiatives, which necessarily engage with other programs and initiatives, causing outcomes to entangle. Further, children and families both change and are changed by communities (Annie E. Casey Foundation, 1997), and complex community initiatives can themselves change as they are being evaluated and in response to evaluation (Barnes et al, 2003:269; Annie E. Casey Foundation, 1997), or for political reasons, with Sure Start programs for example being altered before their evaluation began (Glass, 2001).

Finally, the problem of contiguity relates to the fact that geographic boundaries adopted for area-based interventions may seem more bureaucratic than reflective of service or ‘lived’ communities, and migrations in and out of communities can both dilute and enhance the apparent effect of area-based initiatives (Annie E. Casey Foundation, 1997). Moreover, boundaries may change over time or be followed more

strictly by some sites than others, complicating definition of communities (as in the 'On Track' initiative) (Finch and others, 2006).

The implicit challenges of the area-based paradigm raise questions about the appropriateness of the linear conceptualisations underpinning conventional program evaluation approaches, which assume that inputs lead directly to outputs and outcomes in closed systems. To obtain meaningful data, evaluation of area-based initiatives must diverge in important ways from these conventions. Firstly, what counts as relevant evidence of outcomes in area-based evaluations necessarily differs from the evidence considered sufficient for assessing non-area-based programs. The American social work academic Rino Patti (1987) for example identified three ways to determine social service effectiveness: assessing changes in user status or condition, assessing the quality of service provision, and determining levels of user satisfaction. Although this way of thinking about effectiveness has been adopted into program evaluation in Australian child and family services (e.g. Ainsworth, 1998), it fails to recognise the complexity of area-based interventions. These initiatives differ in different circumstances, seeking to operate through more complex partnerships and to affect change both directly (by improving the wellbeing of service users, and by altering practices and institutional structures throughout service systems. Indeed, Patti's (1987) identification of what counts as valid evidence of social service performance (user status, service quality and user satisfaction) does not capture the goals of area-based interventions in improving the organisation of social infrastructure and service systems (not just service delivery), and of achieving community-wide change for children and families (not just for service users).

Evaluating Communities for Children

Those seeking to assess the quality and impact of area-based initiatives can share experiences and help others to negotiate the inherent practical, conceptual and methodological choices. To this end, the remainder of this article shows how the National Evaluation of Australia's Communities for Children initiative is designed to respond to the key challenges of evaluating area-based initiatives (reflected in the evaluation framework document, see SPRC and AIFS, 2005). Although findings have not yet emerged, outlining how the National Evaluation of Communities for Children is responding to key challenges of evaluation can inform others attempting to assess community-based initiatives, contributing an Australian case study to debates about the role and value of these initiatives in child and family welfare policy and practice.

Through the Communities for Children initiative, the Australian Department of Families, Community Services and Indigenous Affairs is spending A\$142 million between 2004 and 2009 to enable lead non-government 'facilitating partners' to establish and manage local service planning and delivery, with the goal of improving the wellbeing of children aged up to five (and their families) in 45 disadvantaged communities around Australia. The areas were selected on the basis of demographic factors, such as evidence of disadvantage and numbers of children; and service-related factors, including the presence of a non-government agency with the capacity to perform the catalytic role of 'facilitating partner'.

The intention is for facilitating partners to invigorate local planning structures by establishing and convening 'Communities for Children Committees', designed to bring government and non-government stakeholders together to define priorities for

service development and co-ordinated service delivery. With responsibility for allocating local funding, the facilitating partner and committee models aim to better target scarce welfare resources and help services work together in more coordinated and effective ways. Results should thus be evident in systemic efficiency, as well as in health, wellbeing and education outcomes for young children and their parents. Moreover, the initiative aims to improve the ‘child friendliness’ of local communities, to the extent that outcomes are evident in community level measures of social capital, and in the social experiences of families with children aged under five generally, not just users of funded services.

Communities for Children has not been designed as a classic research experiment, in contrast to some area-based initiatives in the United States, where large sample sizes and a favourable ideological climate more commonly allow interventions to be introduced as the idealised ‘gold standard’ of evaluation research: randomised controlled trials (Duggan, Fuddy and others, 2004; Duggan, McFarlane and others, 2004; Nix, 2004; Conduct Problems Prevention Research Group, 2002). Opportunities for random designs are limited and controversial in Australia, and welfare programs are rarely planned as ‘trials’ from the outset. Randomising selection (of either communities or participants) can be considered ethically inappropriate, potentially withholding assistance from the neediest families, and overly simplistic in child and family welfare, as this is unlikely to capture or control for the full range of relevant socio-cultural variables (Ghate, 2001).

Pursuing rigour in the National Evaluation of Communities for Children

Without a fully experimental design, Communities for Children utilises a dual local and national evaluation design, with the National Evaluation consisting of mixed

methods and multiple comparators to deal with the problems of context, confounding evidence, counterfactuals, contiguity and change. The National Evaluation is designed around the core research question of *what works, for whom, under what conditions, and why* (Pawson and Tilley, 1997). The project logic or theory of change (Kubisch and others, 1998) posits that facilitating partners will allocate resources to establish or stimulate service delivery in local areas of need, and will catalyse service collaboration and coordination to improve how services work together, and enhance child and family wellbeing in each community. To capture the quality of implementation of the initiative and service outcomes, the National Evaluation of Communities for Children aims to establish:

- the extent to which the initiative improves service systems (process evaluation); and
- the extent to which the wellbeing of families and the strength of communities is enhanced (outcome evaluation).

The process evaluation involves analysing performance indicators for services funded in each Communities for Children site (relating to client characteristics and service outputs); mapping developments in the socio-demographic profile of intervention communities and in their service networks; and conducting questionnaires and interviews to ascertain how services and partnership models are working in Communities for Children sites. The outcome evaluation utilises a longitudinal design, through the ‘Stronger Families in Australia’ study; analysis of administrative indicators of child and family wellbeing in Communities for Children sites (the ‘outcomes indicators framework’); and service user questionnaires to help providers to track change in the perspective of parents using funded services. The use of local

evaluators who have freedom in their evaluation design reflects the influence of other evaluations of comprehensive community initiatives, including Sure Start, Health Action Zones and The Children's Fund (Allen and Black, 2006).

Assessing co-ordination and collaboration in Communities for Children sites

The process component of the National Evaluation involves comprehensive profiling of patterns of service provision, linked to demographic trends, in each of the 45 Communities for Children sites. Conducted to obtain a baseline in 2006, this component is drawing on facilitating partners' knowledge of local service networks to identify how they change in size, structure and composition throughout the initiative.

On the surface a simple task, this has proved conceptually challenging, largely because of the problem of contiguity outlined above. Social service communities are not perfectly fixed entities bounded by strict geographies as the area-based paradigm implies, and although resources are distributed to services within the boundaries of Communities for Children sites to serve children and families in those locations, entitlement to participate in Communities for Children funded activities does not rest strictly on users' residential address. As for the 'On Track' initiative (Finch et al, 2006: 9), sites' adherence to geographic boundaries varies, and resources may be targeted unevenly within boundaries or may service populations living beyond bureaucratic boundaries. Services funded in Communities for Children areas may deliver services to residents living outside site boundaries, and funded services may collaborate in networks that extend outside the sites, requiring cooperation, collaboration and coordination outside funded areas. While the fluidity of boundaries can enhance the quality of service delivery (as strict boundaries can interfere with effective targeting of needy families), it also heightens the difficulties of capturing

changes in service networks in Communities for Children sites, as the unit of analysis (the intervention community) is not a strictly discrete entity, and may not neatly capture either services, partnerships, or target families.

Recognising this complexity, the National Evaluation of Communities for Children has defined service networks as those identified by Facilitating Partners as providing services directly to children aged 0-5 and their families within the geographic site. The service networks identified in these sites were then used as the basis for sampling for the more substantial component of the process evaluation (in progress during mid to late 2006), which aims to establish a baseline for identifying changes in perceptions about how services work together in each community.

How Communities for Children affects service co-ordination and collaboration and how this may change over the life of the initiative is being examined using questionnaires distributed throughout the defined service network in Communities for Children areas. Findings from these questionnaires, supplemented with intensive qualitative fieldwork in ten sites, will be repeated toward the end of the initiative and will help the evaluators to ascertain how agencies work together in the pursuit of outcomes for children and families. An additional feature of the process component of the evaluation is a qualitative study of the sustainability and effectiveness of the partnership model of decision-making (the 'Communities for Children Committee' operating in each site). When linked with findings from the outcome evaluation, this will help providers, policy makers and researchers understand whether and how different organisational structures and approaches affect the relative effectiveness of Communities for Children in different sites.

Assessing the outcomes of Communities for Children

The outcome evaluation consists of two main instruments: ‘Stronger Families in Australia’ (a longitudinal study of young families in ten communities and five contrast sites), and analysis of secondary administrative and survey data monitoring changes in health, welfare and education status of populations in each site. Given the time taken to obtain and analyse secondary outcome data and the fact that large sample sizes for Communities for Children areas are not assured in existing survey data (which have been carried out by statistical agencies for other purposes), the rigour of the National Evaluation comes largely from Stronger Families in Australia. In its first wave in mid-2006, Stronger Families in Australia collected data on approximately 2000 families with a child aged two spread amongst the ten Communities for Children sites. Data come directly from carers about family health and relationships; service use and satisfaction; and community participation, with the survey instrument based on ‘Growing Up in Australia: the Longitudinal Study of Australian Children (LSAC) and outcomes compared between intervention and contrast sites, and the national LSAC sample. It is the National Evaluation’s main means of ascertaining changes in health, development and wellbeing for children in Communities for Children compared to others.

Stronger Families in Australia represents a decisive break from a conventional program evaluation approach. Participants in the study are drawn from a sample of families with children aged two (at the time of Wave One in 2006), *regardless* of whether they have used funded services. This is necessary because within the area-based paradigm, *families in communities* are the object of change, and the appropriate unit of analysis for capturing how the effects of the initiative disperse throughout the

community. In this way, outcomes are being assessed using population-level trends in each community, rather than evidence drawn only from service users.

Establishing the counterfactual in Communities for Children

As other evaluations of area-based initiatives have noted, establishing what would have happened had initiatives not taken place, and attributing change to initiatives is a major challenge, given the complexity of community contexts and the range of potentially confounding factors. Evaluation literature highlights three ways that area-based evaluations might achieve this in the absence of an experimental design. Each of these strategies are utilised in the National Evaluation of Communities for Children, ensuring the rigour of the outcome evaluation.

The first and weakest way to establish the counterfactual is to simply compare individuals (or communities) before and after the intervention. A disadvantage of this simple ‘pre and post’ design is its vulnerability to bias from natural growth and change in individuals and communities. This strategy is thus argued to insufficiently attribute cause, as it simply documents changes occurring in the lives of clients, without supporting claims these were produced directly by programs (Fischer, 2001:566). Because of this weakness, the National Evaluation has prepared pre and post questionnaires for service users to complete in order to provide evaluative information to service provider organisations. However, these are designed to suit the needs of service providers and as an optional resource for local evaluators: analysis of service user questionnaires does not form a core part of the National Evaluation of Communities for Children.

A second way to establish the counterfactual is to compare participants with non-participants (or Communities for Children sites and similar non-intervention

communities), where it can be assumed that the characteristics affecting participation do not affect outcome. This assumption can substitute for random assignment to control and intervention groups in evaluations of area-based initiatives. In the National Evaluation of Sure Start for example, the impact of home visiting services in Sure Start Local Programs was determined by comparing child development and family functioning with those in 'Sure Start to be' communities with similar characteristics (NESS, 2004). In Sure Start, such a strategy was possible as the initiative was rolled out in stages, but Communities for Children was rolled out before the National Evaluation began collecting data. The National Evaluation instead uses the Stronger Families in Australia study to compare Communities for Children intervention sites with contrast communities, selected on the basis that they share comparable child-related socio-demographic and geographic factors.

A variation of this means of establishing the counterfactual, comparing whole populations (rather than only target groups) in Communities for Children sites and contrast sites, is adopted in the outcome indicator framework, which, along with Stronger Families in Australia, form the core of the outcome evaluation component. However, pre and post survey and administrative data for whole communities can be compared only cautiously. As Weiss (1995) points out, population based indicators are likely to be 'sticky' and not amenable to change, as they include the whole population of the area, rather than those affected most directly by the initiative (Weiss, 1995). Comparing participant and non-participant communities may therefore dilute any evidence of change for individual service users and for the initiatives target group.

However, while outcome assessment should not rely completely on population-based indicators (and in this case does not, given the role of Stronger Families in Australia), this remains a useful way to depict the aggregate impact of the initiative, as the impact of area-based initiatives should, ideally, be discernable across the whole community, and reflected in mainstream survey data. A conceptual challenge remains, however, to ensure any community level data fits the boundaries of the intervention area, as the real communities targeted in multi-site interventions are unlikely to share the geographic boundaries used in administrative datasets. A practical challenge is that the time between the initiative's implementation and emerging evidence of change can lag and vary between communities. The time lag for evidence of outcomes was revealed in the evaluation of the US 'Fast Track' preventative intervention with children at risk of conduct problems in kindergarten. The evaluation showed more consistent evidence for the effectiveness of the intervention when children were in third grade than at the end of first grade (see Conduct Problems Research Group, 2002). For this reason, the National Evaluators are recommending that communities continue to monitor data for their own areas even after the National Evaluation winds down.

A third means of establishing the counterfactual is to use existing survey data as a basis against which to compare data collected in intervention sites. This option was used in the outcome component of the Sure Start National Evaluation, by drawing a control group of economically disadvantaged families being studied as part of the Millennium Cohort Study (MCS). Child and family measures used in the MCS were specifically selected for use in the evaluation of Sure Start, allowing children in Sure Start communities to be compared with other disadvantaged children. Such a strategy controls for the characteristics of children, and results can be calculated that account

for community differences that may impact on outcomes. In the National Evaluation of Communities for Children, this strategy is also being used, enhancing the rigour of the overall design. Basing the Stronger Families in Australia questionnaire on relevant items from the Longitudinal Study of Australian Children (LSAC) means controls can be drawn from LSAC respondents living outside Communities for Children sites, as well as from contrast sites.

Conclusions

This article has identified the characteristics of the area-based initiatives proliferating in child welfare policy and practice in western countries. While these interventions respond to clear evidence of the spatial concentration of social disadvantage, they rest on modest empirical evidence, although findings from large evaluations are beginning to emerge. While some evaluation challenges are common to both area-based and conventional social programs, the conceptual and epistemological difficulties are enhanced for area-based initiatives. Using ‘the community’ as the target for change and the unit of analysis raises a series of challenges relating to contextuality, confounding evidence, establishing the counterfactual, and addressing contiguity, combination problems, and change.

The article has introduced Australia’s National Evaluation of Communities for Children into debate about strategies for addressing these challenges. Drawing lessons from the small but growing body of other evaluation studies, the National Evaluation of Communities for Children derives its rigour from its use of mixed methods and multiple means of establishing the counterfactual, most notably, the longitudinal Stronger Families in Australia study.

In coming years, data emerging from the National Evaluation of Communities for Children along with local evaluations will help establish how area-based initiatives operate in practice, and will contribute to the knowledge underpinning the design of area-based initiatives. In doing so, emerging evaluation research will enhance the empirical basis of debates about the politics of community targeting, to strengthen knowledge about how welfare resources can best enhance child and family wellbeing to achieve local and national welfare goals. Sharing strategies for working through evaluation challenges is a necessary step toward this goal.

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