

# The effectiveness of place-based programmes and campaigns in improving outcomes for children

## A literature review

Melanie Crew

April 2020

### Executive Summary

- Place-based initiatives aim to achieve change by bringing cross-sector organisations together to address the underlying causes of complex social problems in a more holistic and joined-up way. Many initiatives try to tackle long-standing disparities in housing, employment, education, and health by tailoring programmes to specific groups, and combining the insights, knowledge and key strengths of multiple organisations to address diverse and interconnected challenges in local areas.
- Evaluating place-based approaches can be challenging due to issues with attribution, timescale, complexity and external factors. It is unclear just how effective place-based approaches are, due to the relative lack of substantive evidence on impact. However, evidence does support a role for place-based approaches in helping to mitigate the effects of inequalities and improve outcomes for individuals and families living in disadvantaged areas. Place-based initiatives have been effective in:

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- **Engaging disadvantaged people in programmes and services** by creating new services and activities, raising awareness of existing services, tailoring activities to specific groups, and ensuring services meet people’s needs in a more joined-up way.
  - **Building supportive communities** by ensuring people have positive personal support networks, including peer support from people with lived experience of social issues.
  - **Building an infrastructure and creating the conditions for impact** by developing leadership and organisational capacity, leveraging new resources, improving holistic partnership working, and building a community’s capacity to respond to challenges.
- Although there is no one-size-fits-all model when it comes to implementing place-based initiatives, the research reviewed in this literature suggests there are a number of key features of place-based programmes and campaigns that have proved to be effective.
    - **Shared vision and evaluation framework:** defining goals and identifying desired outcomes
    - **Clear and consistent message:** being clear about expectations, assumptions and interests; having a consistent message
    - **Clearly defined roles:** being clear about responsibilities; co-ordinating activities; developing shared values
    - **Use of data to understand the local area:** developing an understanding of neighbourhood context; analysing data and sharing key learning
    - **Use of local assets:** focusing on the strengths of a local area and how to maximise these; selecting the right partners
    - **Realistic ambitions:** managing expectations of partners; creating ambitious goals combined with realistic strategies
    - **Medium-term commitment:** thinking about sustainability; transferring power to the local community; linking local activity to regional and national policy
    - **Engaging communities in design and delivery:** building an understanding of the problem and tailoring programmes to the needs of local communities

## Background to the review

### Context

This review coincides with the Department for Education's Hungry Little Minds national behaviour change campaign<sup>1</sup>, which aims to increase awareness of the ways in which parents and carers can improve outcomes for their children through conversations, books and play. Research shows that the quality of the home learning environment (i.e. the physical environment of the home, and the learning support received from the caregiver) is a key predictor of a child's future success, and is as important to a child's intellectual and cognitive development as parental factors such as occupation and education (Sylva, Melhuish, Sammons, Siraj-Blatchford & Taggart 2004). The National Literacy Trust will be supporting six local partnerships to develop and deliver the Hungry Little Minds campaign.



The National Literacy Trust has been developing place-based solutions to low literacy for over 20 years. Research shows that the characteristics of the neighbourhoods where children live, and the systems they encounter, shape educational outcomes over and above the effects of social class (Dyson, Kerr, Raffo, Wigelsworth 2012; Moore and Fry 2011). The local Hungry Little Minds campaigns bring together public, private and voluntary sector organisations to tackle literacy issues in specific geographic areas through influencing and supporting attitudes and behaviours. This place-based approach allows multiple organisations to support children's language development across all aspects of children's lives – not just the hours they spend in early years' settings.

This review considers the effectiveness of place-based working in improving outcomes for children and families by analysing the impact of place-based programmes and locally driven behaviour change campaigns.

### Methodology

This review focused on research and literature published in English from 2000 onwards, primarily in the United Kingdom, Australia, Canada, and United States. Literature searches were carried out using search terms identified by the National Literacy Trust. Following these searches, 271 pieces of literature were selected for review, including literature reviews, policy reviews, and both quantitative and qualitative data. This review aims to draw out common learning from the literature in relation to the effectiveness of place-based programmes and campaigns.

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<sup>1</sup> <https://hungrylittleminds.campaign.gov.uk/>

## Introduction

### What do we mean by place-based working?

Place-based initiatives aim to achieve change by bringing cross-sector organisations together to address the underlying causes of complex social problems in a more holistic and joined-up way. Place-based initiatives often build on the assets, confidence, capacity and connectedness of local communities, and support people to improve their life opportunities and outcomes. Place-based initiatives vary because they are shaped by specific local circumstances and, often, quite unique issues and opportunities (Burns and Brown 2012; Crimeen, Bernstein, Zapart, Haigh 2017), but they typically focus on areas and communities with entrenched disadvantage or deprivation (Wilks, Lahausse, Edwards 2015).

Place-based approaches are not new in the UK. In the public sector, previous government-run initiatives include Enterprise zones in the 1980s, and the Single Regeneration Budget, Regional Development Agencies, and New Deal for Communities in the 1990s. However, the move towards place-based working has been increasing in recent years (Harder + Company 2011) with the introduction of the Localism Act and the devolution of power to the Home Nations and new Combined Mayoral Authorities. In its Civil Society Strategy published in 2018, the government committed to ‘a more collaborative place-based approach’ for public services. Similarly, in the charity sector, while place-based working is not a new concept, there are a large and growing number of place-based giving schemes (Walker 2018), and an increased interest amongst foundations in how best to deliver place-based funding (Taylor and Buckley 2007).

In Australia, federal level place-based initiatives date from the early 1970s but increased in earnest from 2000 onwards (Davies 2019), with a growing number of location-based initiatives to address the complex problems faced by children and families (Laidlaw, Fry, Keyes, West 2014). Similarly, in the US, while public, private and non-profit organisations have been implementing targeted neighbourhood revitalisation strategies to tackle poverty for more than five decades, place-based strategies are receiving increased attention (Cytron 2010) in recent years. In Canada, place-based programmes are increasingly being adopted in a variety of policy fields, including poverty alleviation, public safety, and public health (Bellefontaine & Wisener, 2011).

### What is the rationale for place-based working?

#### Place and inequality overview

Place-based work is often in response to external factors and forces (Davies, 2019), such as cuts in statutory funding, growing financial pressures, and increasing demand for services (IVAR, 2017; Munro, 2015; Gardener et al 2010). Many initiatives try to tackle long-standing disparities in housing, employment, education, and health (Cytron 2010). While some areas have had considerable investment, others remain poorly served by funders and local government (Taylor and Buckley 2017) and are characterised by high concentrations of poverty (Matthews 2012; Brotherhood of St Laurence 2015; Katz, 2004; Kubisch et al 2002; Smart

2017; Dyson et al 2012; Centre for Child Community Health 2011). In the UK, for example, issues such as homelessness, poverty and poor mental health are rising in many 'left behind' places (Walker 2018), while in Australia there is persistent locational disadvantage that means many areas have seen little change in issues such as unemployment and homelessness over the last decade (Smart 2017).

Children's life chances are shaped significantly by the areas in which they live and grow up (McBride 2018; Moore and Fry), and those who live in the most disadvantaged areas are particularly likely to do badly (Dyson et al 2012; Moore, McHugh-Dillon, Bull, Fry, Laidlaw, West 2014). Neighbourhoods with concentrated poverty often lack the infrastructure needed to support children's development: there are often fewer safe places for them to play, lower-quality education facilities, and lower-quality, denser housing conditions (Bowie 2011). There is a clear relationship between deprivation and educational attainment (Dyson et al 2012). Children who live in poor urban neighbourhoods in the US, for example, are at greater risk of failing at school (Katz 2004). Evidence also shows that greater levels of neighbourhood socioeconomic disadvantage are associated with increased social, emotional and behavioural problems in children (Moore and Fry), as well as negative health implications (Axford and Albers 2018) such as asthma, obesity, and diabetes (Katz 2004). When social disadvantage becomes entrenched in a particular locality, a disabling social environment can develop, leading to intergenerational disadvantage (Centre for Community Child Health 2011).

### **Developing locally tailored solutions**

Local areas are very different from one another in their levels of disadvantage, and disadvantaged areas may themselves be very different from each other (Dyson et al 2012). Different local areas have different local needs: each town, city and region has a different demographic make-up, context, history and ways of working, and interventions should reflect those differences (Science and Technology Select Committee 2011). Effective solutions will not be brought by stand-alone policies and 'one size fits all' models (Inspiring Communities and Tamarack 2014). Broad-brushstroke strategies for improving children's outcomes are unlikely to be enough unless they are supplemented by local area approaches (Dyson et al 2012) that pay attention to geographical diversity and different socioeconomic, political, and funding contexts (McBride 2018).

Locally delivered programmes and campaigns can tailor activities and key messages to specific groups. Individuals often respond best to messages about behaviour from those within their local community (Science and Technology Select Committee 2011): referencing 'local' social norms ("Kent is recycling") can enhance the relevance of a message when compared with more universal norms ("the UK is recycling"). For example, research shows that 'regionalisation' is key to the effective targeting and delivery of initiatives to influence healthy living, because regional and local authorities and agencies are better able to accurately assess the needs and attitudes of people in their communities (Rabinovitch, Celia, Brutscher & Conklin 2009). Developing an understanding of the factors that influence behaviour within each target group can help create effective programmes, particularly when minority groups

require targeted messages that take into account their cultural and social environment in order to be able to fully engage (Rabinovitch et al 2009).

### **Addressing multiple and complex issues**

There is an increasing recognition that the complexity of today's policy problems requires more collaborative and integrated approaches, particularly when many negative outcomes within localities are interlinked and mutually reinforcing (Baczyk, Sckenk, McLaughlin, McGuire, and Gadsden 2016; Brotherhood of St Laurence 2015; Kania & Kramer 2011; Inspiring Communities and Tamarack 2014; Smart 2017; Department of Education 2012). Some place-based programmes incorporate a collective impact model, an approach developed in the US from 2011 onwards, which is based on the notion that complex problems will be unmovable by singular interventions (Rodrigues & Fisher 2018).

There is little evidence that isolated initiatives are the best way to solve many social problems in today's complex and interdependent world; no single organisation is responsible for any major social problem, nor can any single organisation cure it (Kania & Kramer 2011). Addressing disadvantage in one area of a child's life (such as education) can be easily undermined by neglecting another (such as health) (McBride 2018). For example, although school-focused strategies can help to raise attainment overall, they have done little to narrow the gap between children from the most disadvantaged backgrounds and their wealthier peers, which indicates that schools alone cannot overcome the impacts of disadvantage grounded in local contexts (Dyson et al 2012). Even the most successful education policy interventions can only reduce and not eliminate disparities in educational outcomes when working in isolation (Bertram & Pascal 2014).

Evidence suggests that the economic and social changes that have occurred in developed nations over the past 50 years have significantly altered the conditions under which families are raising young children (Centre for Child Community Health 2011; Moore et al 2014; Moore & McDonald 2017; Moore & Fry 2011). In the UK, the reduction in the availability of services to support families at risk, and an increase in risk factors like unemployment, poverty and maternal mental health suggest that the needs of families may become more complex (Bertram & Pascal 2014). Individuals and families living in disadvantaged areas tend to face multiple problems linked to disadvantage, and these problems are interconnected, with one compounding another (Dyson et al 2012). Local services, designed at a time when the demands on families were simpler, struggle to meet the needs of families facing multiple challenges in a holistic way (Moore et al 2014).

Place-based programmes aim to address the diverse and interconnected challenges that many families face (Kubisch et al 2002; Moore & Fry 2011; Inspiring Communities and Tamarack 2014, Moore et al 2014) by bringing public, private and third sector services together (Bynner 2016; IVAR, 2017), combining the insights, knowledge and key strengths of multiple organisations (Walker, 2018). Many organisations carry out the same activities in the same locations, leading to duplication and waste (Spath 2016). Initiatives like children's zones,

centres, communities or neighbourhoods aim to ensure services are integrated to address the broader needs of families living in disadvantaged areas (McBride 2018) and prevent families from having to deal with several agencies.

### **Challenges with evaluating place-based initiatives**

The majority of the literature agrees that evaluating place-based approaches can be challenging. Evaluation is not always valued as a central component of place-based programmes (Laidlaw et al 2014), and where evaluations have been carried out, they are not always considered to be robust (Spath 2016). Similarly, evaluating communication campaigns are fraught with difficulties and evaluations are either limited in their rigour or non-existent.

One of the difficulties is that the kinds of changes place-based initiatives are expected to produce will be manifested over a much longer period than their evaluation processes typically track (Auspos and Kubisch 2004; Inspiring Communities and Tamarack 2014; Kubisch et al 2002; Taylor and Buckley 2017; Bellefontaine & Wisener 2011). Meaningful change can take a long time and place-based programmes may take years to overcome the complex and severe disadvantages that communities face (Renaisi, 2018; McBride 2018; Brotherhood of St Laurence, 2015; Gardener et al 2010; Davies, 2019; Burns and Brown, 2012; Inspiring Communities and Tamarack 2014; Children's Community Network; Kubisch et al 2002). By the time a programme ends, policy makers in particular have moved onto the next big idea and there is little appetite for investing in research to see what has been left from the last one (Taylor and Buckley 2017).

Another issue is that partners may have their own evaluation approaches, with conflicting ideas of what to measure and how to measure it (Munro, 2015, Gardener et al 2010; Bellefontaine & Wisener 2011; Coote, Allen, Woodhead 2004; Renaisi 2018; IVAR, 2017). In other cases, national and local evaluations are running alongside each other but do not always have integrated or even compatible aims or methods (Coote et al 2004). For national programmes, success will mean something different in each place it is implemented (Bellefontaine & Wisener 2011; Crimeen et al 2017). It can be difficult to compare results across initiatives with different goals and approaches being implemented in different kinds of communities: what seems like a promising approach in one community might fail in another (Burns and Brown, 2012; (Maxwell, LaMonte, Halle 2017).

Some programmes do not have a theory of change to provide clear and explicit expectations about what outcomes might be anticipated from the initiative, meaning that evaluation findings are interpreted after the event (Wilks et al 2015). In addition, some place-based approaches are seen as opportunities for trialling new ways of working, meaning there may not be a predetermined end point to measure (IVAR 2017). Place-based programmes are often complex and dynamic, and strategies can change and evolve throughout the life of the project (Smart 2017).

A lack of data has also impacted on organisations' ability to monitor progress (Baczyk et al 2016; Brotherhood of St Laurence 2015; Fyfe 2009; Bellefontaine & Wisener 2011). Low levels

of data literacy among practitioners has been identified as a significant gap in knowledge and expertise (Laidlaw et al 2014): local practitioners may not have the resources and capacities to collect, interpret and reflect upon data (Gardener et al 2010; Baczyk et al 2016).

Attribution is also an issue. Within place-based programmes, there are multiple pathways by which interventions and processes can influence outcomes: understanding these pathways and how they affect short-term, intermediate and long-term outcomes pose significant hurdles to evaluation (Sridharan and Lopez 2004). The complexities involved with behaviour change make it difficult to attribute the desired changes to the intervention, as behaviour change is often as a result of a wide range of variables. Place-based programmes often involve shared community ownership, which means pooled resources and entangled accountabilities, creating confusion about who is responsible for what, and raising questions about which results individual funding partners can claim for their evaluations (Bellefontaine & Wisener, 2011). If there is not sufficient rigour in documenting the services that are delivered as part of the place-based programme, then it is very difficult to ascertain what made the initiative effective (Wilks et al 2015).

The lack of control groups has been highlighted as a limitation of some evaluations, which can make casual attribution difficult (Wilks et al 2015; Sridharan and Lopez 2004). Many programmes don't meet the requirements for Random Control Trials, which are designed to assess relatively discrete interventions: place-based programmes tend to be sprawling efforts with multiple moving parts (Cabaj 2018). Evaluations involving a randomised control group can also be expensive and time consuming. It is difficult to assign impact to specific interventions when there are wider influences in social policy, economy, and society (Adamson 2010; Renaisi 2018; Bellefontaine & Wisener 2011). Few place-based initiatives are able to demonstrate that the outcomes measured by their evaluation were strictly as a result of their work in the area (Wilks et al 2015). It can also be challenging to isolate and attribute impacts that are observed to one particular intervention when there are several place-based programmes operating simultaneously in one area (Wilks et al 2015).

Other challenges include measuring systems change and so-called 'softer' outcomes such as relationship building, behaviour change and participation (Munro 2015; Taylor and Buckley 2017). In addition, residential mobility (which is often more pronounced in areas of disadvantage) means that people who could benefit from place-based initiatives may leave the area, making it difficult to evaluate impact (Wilks et al 2015; Taylor and Buckley 2017; Smart 2017).

### **Summary of the impact of place-based initiatives**

It is unclear just how effective place-based approaches are, due to the relative lack of substantive evidence on impact (Laidlaw et al 2014; Baczyk et al 2016; Taylor and Buckley, 2017, Brotherhood of St Laurence, 2015; Bellefontaine, Wisener 2011; Fyfe, 2009; Harder + Company 2011; Crimeen et al 2017; Spath 2016). Despite the growth in place-based approaches, a lack of well-designed evaluations of place-based initiatives makes it difficult to make firm conclusions about their effectiveness (Centre for Child Community Health 2011).



The evidence remains limited, for example, as to their effectiveness in improving outcomes for children and young people (McBride 2018; Laidlaw et al 2014; Moore et al 2014). However, the uncertainty around results is more an issue of ‘absence of evidence’ rather than the ‘evidence of absence’ (Inspiring Communities and Tamarack 2014; Moore et al 2014). We are still at an early stage in our use of the place-based approach (Moore et al 2014). Similarly, collective impact is in the early stages of development as a framework for change and, as a result, there has been limited evaluation (Smart 2017).

One of the issues with place-based programmes is that the root cause of problems often derives from outside the locality: they can be city and/or countrywide (Matthews 2012; Taylor and Buckley 2017; Moore and Fry 2011). Some disadvantages facing children and young people are deep-rooted and have their origin in factors beyond the local situation (Dyson et al 2012) such as government policies and funding (Moore & McDonald 2017). Although place-based approaches seek to address the conditions under which families are raising young children, they can only address those factors that can be modified at a community level: there are other factors that are beyond their control (Centre for Community Child Health 2011). For that reason, much of the literature argues that place-based programmes have failed to address the structural causes of poverty (Cytron 2010; Fyfe, 2009; Brotherhood of St Laurence 2015; Kubisch et al 2002; Taylor and Buckley 2017; Munro 2015; Matthews 2012; Bailey 2012; Burns and Brown 2012; Kubisch et al 2002). Reversing growing inequalities in income, health and life chances requires a long-term commitment at both national and local levels (Bailey 2012; Adamson 2010). Change cannot be achieved simply at neighbourhood level – local action needs to connect with what is going on elsewhere and with regional and national policy (Taylor and Buckley, 2017; Chaskin 2000; Annie E Casey 2014).

However, evidence does support a role for place-based approaches in helping to mitigate the effects of inequalities and improve outcomes for individuals and families living in disadvantaged areas (McBride 2018).

### **i) Engaging disadvantaged people in programmes and services**

Some place-based approaches have increased the number of services in a local area (Kubisch et al 2002). Evidence suggests that there tends to be a narrower range of health, education and community services available in disadvantaged communities, and/or that services are more difficult to access (Crimeen et al 2017; Moore et al 2014; Moore & McDonald 2017). The children and families most in need of support are often least likely to access it or receive it (Moore and McDonald 2017). Low-income families are less aware of services and feel less comfortable in using them, owing to a lack of support and information (Joshi, Wallace, Williams 2015), transport or other costs, or perceived stigma (Health and Select Committee 2019), while others struggle to negotiate a fragmented service system (Centre for Community Child Health 2011). When families are not accessing support services, there is a risk that problems will not be identified or rectified (McDonald, O’Byrne, & Prichard 2015): children from families who make limited or no use of early child and family services are at increased risk of poor health and developmental outcomes (Moore, Fry, Lorains, Green & Hopkins

2011). High-quality early-childhood services have been shown to make a significant difference to children's school readiness and performance in later life (Moore et al 2011; Axford and Albers 2018). For example, they have an important role to play in supporting parents' engagement with their children's learning in terms of academic attainment, related learning outcomes (e.g. attendance, positive attitude, persistence) or behaviour (Axford and Albers 2018).

#### **Case study: Communities for Children Initiative, Australia**

*Source: Muir, Katz, Edwards, Gray, Wise, Hayes & Stronger Families and Communities Strategy Evaluation Team*

Communities for Children Initiative, launched in 2004, was designed to enhance the development of children in 45 disadvantaged community sites around Australia by improving the coordination of services for children under five, providing services to address unmet needs, building community capacity to engage in service delivery, and improving the community context in which children grow up. Under the \$100m programme, non-government organisations were funded as Facilitating Partners to develop and implement a strategic and whole-community approach to early childhood development, and then distribute funding to local Community Partners to run activities, including programmes on child nutrition, parenting support, and early learning and literacy. The logic of the model is that service effectiveness depends not only on the nature and number of services but also on the coordination of those services.

The programme had a significant impact on the number, types and capacity of services available. By December 2007, 641 funded activities had been delivered, with the total number of services in the Communities for Children Initiative increasing by 12% between 2006 and 2008. Service gaps were addressed with new preventative services. These increases in service provision and capacity were accompanied by an improvement in the recruitment and engagement of families who had previously been disengaged from early-childhood services.

#### **Case study: Flying Start, UK**

*Source: Knibbs, Pope, Dobie & D'Souza 2013*

The Flying Start programme aims to improve outcomes for children in some of the most disadvantaged areas across Wales. This is done through providing four key entitlements to children under four years old: enhanced health visiting, parenting support, support for early language development, and free high-quality part-time childcare for two-to-three-year-olds.

To estimate the impact of the programme, respondents in Flying Start areas were matched with respondents in the comparison group on a range of factors such as age, family size, education, type of housing, lone-parent status and other socioeconomic variables. The

evidence showed that the programme resulted in greater engagement with family services than would have been the case without the programme. Parents in Flying Start areas had on average 5.7 more contacts with health visitors or the health visiting team since their child's birth than those from the matched comparison sample. 17.9% more families in the Flying Start group were aware of parenting programmes than the matched sample, and 12.5% more families reported they had attended at least one session. Parents from Flying Start areas were also 13.7% more likely to rate the quality of childcare available locally as very or fairly good.

Some programmes use volunteers to help change parents' perceptions of support programmes and services (January, Duppong Hurley, Stevens, Kutash, Duchnowski & Pereda 2015). Volunteers can use their life experience, cultural awareness and social connections to communicate in a way that people understand, and to reach those not in touch with services (South 2015; McLeish et al 2016).

#### **Case study: Birth and Beyond Community Supporter Service, UK**

*Source: National Institute for Health and Care Excellence, 2016*

The Birth and Beyond Community Supporter Service was a community development programme delivered by NCT and funded by the Department of Health that provided volunteer peer support training and perinatal peer support to vulnerable parents during the first 1,000 days of parenthood, including refugees and asylum seekers, BME communities, younger parents and those living in difficult social circumstances. The programme was developed and piloted in East Lancashire, North Yorkshire and West Yorkshire. Volunteer befrienders had a direct understanding of the experiences and concerns of local families, awareness of cultural beliefs and values and understanding of the day-to-day challenges for mothers.

The programme trained 121 volunteers who supported 253 mothers. 85% of mothers reported an improved knowledge of services, 89% felt more confident in accessing services, 83% reported that contact with the service made a positive difference to their mood, and 91% reported feeling more positive about their life and situation as a result of contact with the service.

Genuine engagement of previously disengaged families is complex and time consuming. It is important for programmes and services to be attuned to the emerging concerns of parents (Moore et al 2014) and more responsive to particular family needs and circumstances (Moore 2008).

#### **Case study: Get Healthy Get Active, UK**

*Source: Cavill, Adams, Gardner and Ruane 2017*

Sport England's Get Healthy Get Active fund invested £13.8m in 33 pilot projects aiming to tackle inactivity, improve public health, and prevent long-term health conditions. The projects focused on non-competitive informal physical activity in community locations. Partners were given funding to deliver projects that were two to three years in length. Over 145,000 people were engaged, of whom 48.5% were classed as 'inactive'. 41% of those people became 'active' and 57% of those people were still active after three months.

Projects found that targeting sessions at specific groups and marketing the activities using appropriate media, messages and images can help engagement and recruitment. For example, promotional materials that reflect 'people like me' are effective in engaging inactive people. One of the most effective ways of increasing participation was through targeting existing groups to offer activities that people would like. In Hull, the Us Mums and Us Mums To Be project removed the hassle factor for new mums by encouraging them to get active with their babies during existing toddler sessions they were already attending, with no need for babysitters or crèches.

#### **Case study: A Better Start, UK**

*Source: Big Lottery Fund 2018*

A Better Start is a 10-year (2015-2025) £215m programme funded by the National Lottery Community Fund aiming to support services and activities for babies and children under the age of four and their families. The programme is testing new approaches in relation to diet and nutrition, social and emotional skills, and language and communication across five local areas: Blackpool, Bradford, Lambeth, Nottingham and Southend-on-Sea. It aims to improve the way that local authorities, the NHS, other public services, and the voluntary and community sector work together to improve outcomes for children.

The partnerships have adapted, improved and introduced over 100 services for families, including childcare, children's centres, health visiting and speech and language therapy, taking into account the partnerships' improved understanding of local needs, and changes in local context, as well as feedback from parents. Each of the five local areas has a strong local vision and they are adapting interventions to fit local needs by mapping out existing services and seeking feedback from local parents. In Blackpool, for example, a parenting course was adapted based on feedback from local parents, while marketing materials addressed barriers to attendance by reminding expectant mothers who work full time that they had the right to paid time off work.

#### **Case Study: Change4Life, UK**

*Source: Department of Health 2010*

Change4Life was the government's national campaign aiming to tackle the rise in obesity by encouraging people to eat well and exercise more. The intervention incorporated a joined-up approach from Department for Health, Department for Culture Media and Sport and Public Health England. The programme utilised schools, NHS providers, businesses,

local authorities, charities and community leaders to spread the brand and message. Families were targeted with a specific action plan formulated through responses to an initial questionnaire.

The success in the first year was due to the way in which local communities supported the campaign. To enable local use and implementation, the brand and its assets were made available to local authorities, the regional and local NHS and to local partners. The local areas were given the flexibility to decide what they needed and create their own marketing materials, as well as more lateral solutions (for example, a Change4Life advice centre was opened in Luton, and a Change4Life van toured East Lancashire).

## ii) Building supportive communities

While services are important, they are unlikely to make substantial and sustainable differences on their own unless they are complemented by efforts to build more supportive communities (Moore & Fry 2011). Some place-based programmes aim to improve children's neighbourhood environments by bringing together people who live, work, care and invest in a place to enhance local quality of life (Inspiring Communities and Tamarack 2014), and ensure families have positive personal support networks, regular opportunities to interact with other parents and young children, and easy access to family-friendly settings (Moore et al 2014). Positive social support is strongly associated with better parental mental health and wellbeing, better parenting and reduced rates of child abuse (Moore and McDonald 2017).

Gaining community support around local issues is also a crucial way of making positive change happen (Department for Communities and Local Government 2011). We are embedded in a network of social relationships, and those we come into contact with shape our actions (The Behavioural Insights Team). A large long-term American study, for example, which captured health information across more than 12,000 people, found that smokers and non-smokers tend to cluster in social groups, whole clusters of people seem to quit in concert, and smoking behaviour spreads across both close and distant social ties (Christakis and Fowler 2008).

### Case study: Mind's Get Set to Go

*Source: Get Set to Go Research Consortium 2017*

Mind's Get Set to Go campaign aimed to help people with mental health problems benefit from being physically active. The national communication campaign aimed to help people with mental health problems overcome barriers to participating in physical activity. This was coupled with a local campaign strand delivered by eight local charities affiliated to Mind who provided group-based activities to introduce people to sport and physical activity within a supportive setting.

An evaluation found that Get Set to Go successfully supported people with mental health problems to become more active. After three, six and 12 months, participants who engaged with the evaluation were doing 30 minutes of physical activity on more days a week than when they joined the programme. This was a significant change and was not seen in the

control group. At the three-month follow-up, there was significant change in participants' perception of their social support. This was as a result of the increased social interaction and connection built through group activities. Peer navigators, sports coordinators and other participants were all important sources of support, and took on certain effective behaviours like encouraging participation, focusing on fun and enjoyment, demonstrating trust and providing advice on overcoming barriers. Group sessions were beneficial in enabling participants to provide social support to one another.

Evidence suggests that programmes and campaigns can be effective when they incorporate a peer support model, which involves people sharing knowledge, experience or practical help with each other (Nesta & National Voices 2015). This might include using volunteers to act as community champions and cascade information to family and friends, lead structured or unstructured groups, or work one-to-one with parents (McLeish, Baker, Connolly, Davis, Pace & Suppiah 2016). The evidence shows that offering peer support from volunteers with 'lived experience' of the parents' own issues gives vulnerable parents the assurance they would be understood and not judged or patronised (McLeish et al 2016; Big Lottery Fund 2018). Peer support can help people feel more knowledgeable, confident and happy, and less isolated and alone (Nesta & National Voices 2015; McLeish et al 2016; Big Lottery Fund 2018). A literature review of peer support programmes for parents of disabled children found that the most common outcome was a sense of social identity, which included a sense of belonging, support and empowerment, reduced feelings of isolation, loneliness and guilt (Shilling, Hawton, Bailey & Morris 2014), while an evaluation of 10 community parent support programmes, which offered mothers structured home visits, found that the 114 parents visited showed positive change on a wide range of health and parenting issues, including feeling confident about handling children's behaviour (Suppiah 2008).

#### **Case study: Parents 1<sup>st</sup>, UK**

*Source: Renaisi*

Parents 1<sup>st</sup> is a social enterprise dedicated to building Community Parent volunteer peer support initiatives in less advantaged communities during the key life transition of pregnancy, birth and post birth. Based on the principles of active listening, mutual respect and self-help, the peer supporter volunteers enable parents to explore, reflect on and achieve self-selected goals. Volunteers are mothers, fathers, grandparents and carers with specific personal qualities who are recruited for their potential to build trusting peer relationships. They receive accredited training and supervision and then 'walk the journey' with parents through pregnancy, birth and the early months of parenthood.

An evaluation found that the programme was having a highly statistically significant impact on parents' resilience during pregnancy, birth, and early parenting, and was giving them a sense of progress about issues they were worried about. There is also good evidence that the approach is reducing isolation.

### **Case study: Home Start, UK and Netherlands**

*Sources: Hermanns, Asscher, Zijlstra, Hoffenaar, Dekovic, 2012; McLeish, J., Baker, L., Connolly, H., Davis, H., Pace, C., and Suppiah, C 2016*

Home Start offers one-to-one trained volunteer social support to families with young children (particularly families who are socially and economically vulnerable). Volunteers carry out regular home visiting for women during pregnancy, at birth, and up to six weeks postnatal to help them deal with problems in family life and parenting.

Several qualitative studies of Home Start in the UK find it highly valued by parents. Parents who receive Home Start consistently report it helps them parent better, manage their children's behaviour better, and be more involved in child development. An evaluation using data from 300 local Home Start charities found substantial improvements in parental coping for a large national cohort of families in receipt of Home Start intervention. A series of controlled studies in the Netherlands have found Home Start support more effective than comparison groups (more positive changes in parental wellbeing, competence, and behaviour), with follow-up studies showing benefits compared with controls to be sustained on an array of measures for up to 10 years.

### **iii) Building an infrastructure: creating the conditions for impact**

Place-based initiatives have produced outcomes such as developing leadership and organisational capacity (Kubisch, Auspos, Brown, Buck, Dewar 2011), leveraging new resources (Burns and Brown, 2012; Kubisch et al 2002), and improving holistic partnership working (Matthews 2012; Davies 2019; Fiester 2011; Harkins 2017; Fyfe 2009; Telfer 2013). The Joseph Rowntree Foundation concluded that one of the key achievements of their 10-year place-based work in Bradford was creating the conditions for impact (e.g. brokering new partnerships, strengthening evidence, and providing safe space for debate) rather than having a direct impact on the city itself' (Telfer 2013). Similarly, one of the most important legacies of the government's New Deal for Communities programme was the fact it developed a level of understanding, skills, and capacity that did not exist previously (Muscat 2010).

### **Case study: Stronger Families' Alliance, Australia**

*Source: Press, Wong & Wangmann 2016*

The Stronger Families' Alliance (SFA) is a broad alliance of multi-sector organisations aiming to improve outcomes for children and families across the Blue Mountains, an area with pockets of extreme disadvantage. The work of the SFA is supported by the local council, and aims to improve how services are delivered to young children and their families by enabling agencies to work together and facilitate the ability of services to intervene early when problems occur.

A mixed-methods evaluation found that the programme instigated and embedded evidence-based strategies designed to improve outcomes for children and families, and made the best available research evidence accessible to services. A shared vision for change was developed, and a Child and Family Plan reinforced shared understandings about what works for children and families. By being part of a wider network, staff and agencies developed a greater awareness of the types of services available for children and families in the region, which led to staff being able to connect families to relevant services. For example, a School Centred Community Hub programme linked early childhood education and care services to support young people's transition to school, and this led to interventions and support being provided at an earlier stage. The programme had a positive impact on service providers who felt their work was more evidence-based, and that collaborations between agencies were stronger and more effective. Organisations also spoke of how their understanding of how to work effectively with children and families had fundamentally changed.

Place-based initiatives can also build people's capacity to respond to challenges. Programmes that involve people in design and delivery can lead to increased confidence, engagement, social connections and relationships, which can give people the ability to build experience and influence and provide a pathway to leadership (McLeod & Clay 2018; Woodall, Davison, Parnaby, Hall 2019). Strengthening and empowering communities can lead to more active communities who will also be able to engage in other issues relating to local services and the environment in which they live, improving civic engagement (South 2015).

#### **Case study: Making Connections, US**

*Source: Annie E Casey Foundation*

Making Connections was a \$500m place-based initiative delivered by the Anne E Casey Foundation in the 2000s. It was initially delivered in 22 places, and eventually focused on seven sites. Interventions included 'neighbourhood pipelines' to connect residents to jobs, and improvements to the quality of childcare to help children entering kindergarten be ready to succeed in school. To engage families and residents in its efforts to strengthen communities, the programme made small grants to residents to help them join projects and take on responsibilities, organised meetings to give residents opportunities to shape programmes, and provided leadership training to help residents serve as board members.

Over time, as residents gained experience in leadership, they took on more responsibility and – in many cases – came together to design and lead neighbourhood projects. In San Antonio, for example, local residents had a major voice throughout the initiative through group meetings, family councils and focus groups that were held in English and Spanish and brought more than 200 residents together to help shape the initiative's effort to improve reading in the early grades. Leadership training classes helped parents learn how to serve on a board or committee.



### **Case study: Good Neighbourhoods, US**

*Source: Fiester 2011*

The Good Neighbourhoods initiative in Detroit, developed by the Skillman Foundation, aimed to improve outcomes for children and families in one of the poorest cities in the country, where nearly half of all children were living in poverty, and services were struggling to meet residents' needs. The 10-year \$100m intervention aimed to build the capacities, assets and resources, and wealth of six Detroit neighbourhoods that contained the greatest number of children, the greatest need, and the greatest opportunities for success.

Residents were involved in meaningful decision-making roles and given multiple opportunities to go on leadership courses. They were encouraged to take on new roles, including running for election to governance groups, working on concrete tasks with stakeholders, partnering with businesses, and applying for small grants (a grants programme administered by residents made grants to other residents for youth-related neighbourhood-improvement projects). An evaluation found that community members were highly engaged and had developed new leadership skills.

Skillman also committed \$3.5m to a Youth Development Alliance that built the capacity of youth-serving organisations through training, programme quality assessment and data tracking. An evaluation found that some small and midsize community organisations had better infrastructure and capacity to lead or participate in change.

### **Key features of successful place-based programmes**

Many evaluations of place-based initiatives have focused on process and how programmes have been implemented, rather than their impact (Fyfe 2009; Auspos and Kubisch 2004).

Although there is no one-size-fits-all model when it comes to implementing place-based initiatives (Moore et al 2014), the research reviewed in this literature suggests there are a number of key features of place-based programmes and campaigns that have proved to be effective.

#### **A shared vision and evaluation framework**

Organisations involved in place-based initiatives have found the ability to develop a shared agenda or vision to be fundamental to the success of the programme (Laidlaw et al 2014; Gardener et al 2010; Maxwell et al 2017; Poon, Rowcliffe, Forer, Wiens, Matean & Biferie 2015; Churchill, Coster & Whalley 2019; Prichard, Purdon & Chaplyn 2010). Not defining goals clearly enough can make it difficult to track outcomes, evaluate impact, and make the case for investment (Gardener et al 2010). Developing a shared vision might include defining and agreeing the issue to be solved; identifying desired outcomes; and developing a strategic framework for action (Hanleybrown, Kania, Kramer 2012) along with a timeline for

achievement (Jolin, Schmitz, Seldon 2012). Developing a common vision is one of the most time-consuming and challenging of all the tasks a place-based programme undertakes (Jolin et al 2012), but a sense of clarity is vital when people are attempting to work in ways that are fundamentally different from what they are used to (Weaver 2014; Department of Education 2012). Establishing quantifiable goals can catalyse support and build momentum (Jolin et al 2012; Centre for Regional Economic and Social Research and Centre for Development and Research in Education, Sheffield Hallam University), as well as enable process stakeholders to specify their roles and expectations (Kubisch, Auspos, Brown, Buck, Dewar 2011).

#### **Case study: Early Years Centres, Canada**

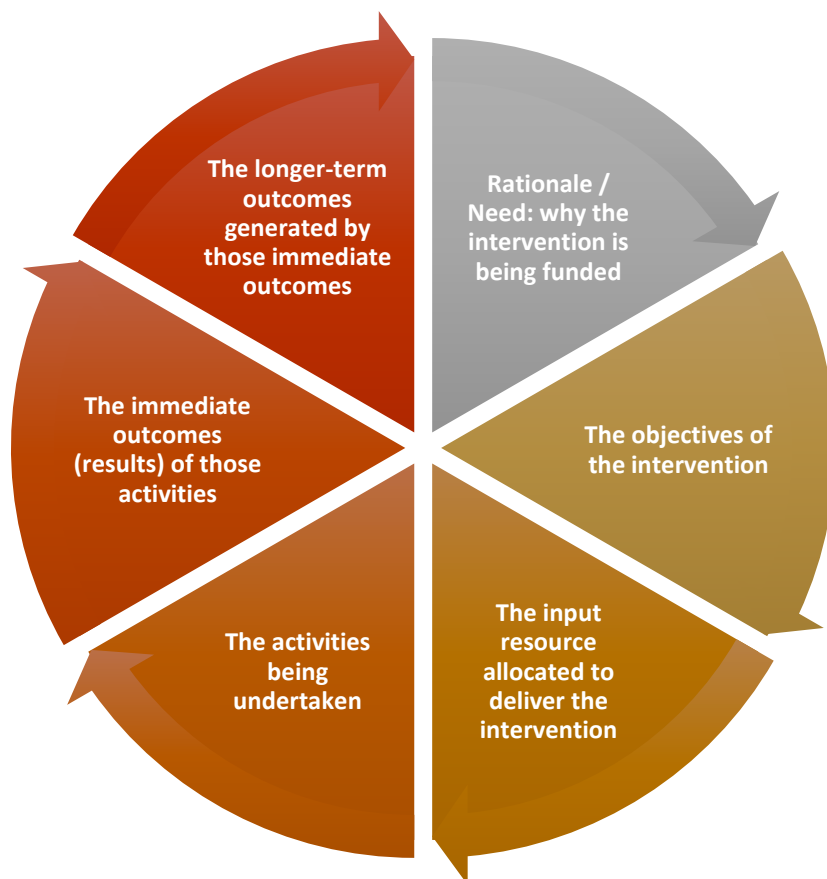
*Source: Poon, Rowcliffe, Forer, Wiens, Matean & Biferie 2015*

The British Columbia government funded 12 Early Years Centres (EYCs) in 2014 to enable parents and families to connect to early learning, health and family services through a single window. Centres are supportive physical and/or virtual places and involve communities working together to ensure that families have access to services and support that promote the health and wellbeing of children.

The development of the EYCs required that different people and organisational partners worked together toward a shared purpose and common vision. Developing a shared vision required time, reciprocity across partners and ongoing dialogue to understand each other's priorities and perspectives. To do this, the partners made the effort to speak 'the same language', understand community needs and the challenges that different organisations may be facing, and develop a shared value of being 'in it for the kids' and their families. This family-centred philosophy, where organisational partners placed the utmost value on being responsive to the community and what families needed, was central to the programme. The shared vision that developed provided a strong foundation for the development of strategies for measurement and documentation of EYC processes and outcomes.

Place-based initiatives often draw together disparate resources, organisations and leaders, so a shared vision can help connect organisations' work (Department of Education 2012). Behaviour change campaigns, for example, often deal with complex behaviours that do not easily sit within one policy area, so it is necessary to involve organisations across multiple areas. An intervention to reduce the number of cars may need input from departments responsible for transport, public health, environment, town planning, education, as well as local businesses, local councils, schools, charities, transport providers and parents. In these cases, it is important that a vision is clearly adopted and shared in order for all parties to be combined in their efforts to achieve a single goal or behaviour change.

When developing a shared vision, it can be useful to have a Theory of Change as an initial framework (Churchill et al 2019). A Theory of Change ensures that programmes and campaigns are underpinned by an understanding of how planned actions might achieve change, and forces organisations to think about the specific strategies that could or should be adopted, and the expected impact they may have (Coffman 2003).



The most effective initiatives have a clear vision of what success looks like (Gardener et al 2010; Corwin, Pecora, and Ostrum 2016) and what metrics will be used to demonstrate their progress (Weaver 2014). Developing a shared measurement system is essential to ensure that efforts remain aligned and participants can hold each other accountable (Kania & Kramer 2011).

#### **Case study: United Way of Central Iowa, US**

*Source Department of Education 2012*

The United Way of Central Iowa (UWCI) was allocated funding through the Department of Education's Promise Neighbourhoods programme, a place-based initiative aiming to improve educational outcomes for children by building a continuum of cradle-to-career solutions of both educational programmes and family and community supports with great schools at the heart.

The UWCI selected three results to guide nearly all of its investments and direct services work: all youths are ready for work, college and life; all families are economically self-sufficient; and all children and adults are healthy and avoid risky behaviour. For each result, UWCI gathered indicator data to establish a baseline for how well local residents fared. Having this outlined in the scorecard allowed leaders to think about what strategies would help change the curve on their selected results. They then selected and funded more than 70 agencies whose services aligned with their strategic plan. Using the scorecard, programmes entered their data into a common platform, reported on their activities, set up projects, and demonstrated progress to UWCI, other partners, and the public. The dashboard allowed UWCI leaders to determine whether their collective efforts were making a difference by looking at individual programme performance, aggregating programme performance, and mapping outcomes against their population results.

Successful programmes often have a single individual organisation or governance body (a “backbone organisation”) responsible for maintaining a clear vision by guiding, supporting and challenging other organisations, and keeping everyone focused on the mission (Trent and Chavis 2009; Kania & Kramer 2011). This might be a local organisation that is already pursuing a locally defined community-change agenda, a new entity created by a funder to accomplish their goals (Burns and Brown 2012), or a steering committee (Hanleybrown et al 2012). Planning agendas, gathering data and coordinating schedules takes work, and the backbone organisation can do many of these behind-the-scenes tasks (Phillips, 2011).

### **Case study: Bright Beginnings, US**

*Source: Spark Policy Institute*

Bright Beginnings aimed to transform systems to better support every child and family in Monterey County, California, an area where only 1 in 4 children are ready for kindergarten. The programme enhanced community efforts to improve early childhood development outcomes through effective coordination, capacity building, empowerment and strategic action. Collaborative Action Teams developed activities across four areas: improving the way that parents and carers interact with children (e.g. embedding literacy support into healthcare settings and providing more effective parenting programmes); ensuring that families are surrounded by social supports (e.g. joining up services, and scaling up home-visiting programmes); developing parents’ resilience (e.g. improving support for parents’ mental health); and ensuring systems support children’s holistic development (e.g. improving access to early childhood services).

A survey conducted as part of the evaluation found that Collaborative Action Teams valued the backbone support provided by Bright Beginnings. This support included providing facilitators at meetings and training events, creating opportunities for Collaborative Action Teams to come together and share ideas and resources, and providing technical assistance including data and shared measurement support and policy advocacy support. For

example, Bright Beginnings formed a policy advocacy network to guide public policy, created materials and processes to unite and support the initiative, delivered presentations to organisations across the county, and hired a communications consultant to advise local areas.

### **A clear and consistent message**

Effective messaging about a place-based initiative can be beneficial when engaging a local community: a lack of clarity about the motivation for working in a particular place can lead to confusion (Taylor and Buckley 2007). An initiative's mission should never be so big or broad that partners find it hard to describe (Giloith, Hayes, Libby 2014). Organisations can be accused of needless meddling unless their roles and responsibilities are clearly defined (Trent and Chavis 2009): they should be clear from the beginning about their expectations, assumptions and interests (Chaskin 2000). For example, local residents found that JRF could have been clearer about the purpose of its 10-year programme in Bradford, and communicated more throughout the projects (Telfer 2013). Initiatives that created momentum around a vision for change were more successful than those that tried to mobilise the community around a programme or set of activities (Trent and Chavis 2009).

There is also evidence that having a consistent message that is repeatedly communicated through multiple channels can be effective in bringing about changes in behaviour.

### **Case study: Making Every Contact Count, UK**

*Source: Making Every Contact Count website, and Nelson, de Normanville, Payne & Kelly 2012*

Making Every Contact Count is a behaviour change approach that uses the day-to-day interactions between the public and key members of staff within a range of organisations, including NHS bodies, fire and rescue services, children's services, schools and leisure centres to deliver a consistent message about improving health and wellbeing. The approach recognises that staff across health, local authority and voluntary sectors have thousands of contacts every day with individuals and are ideally placed to promote health. NHS Yorkshire and Humber adopted this approach to address health issues associated with unhealthy behaviours such as smoking, over-eating, lack of exercise and alcohol misuse. They developed a framework to upskill members of a wider workforce with basic skills in health promotion. This training provided non-specialist staff with the potential to deliver advice and signpost people to services as part of their everyday contact with the public. Previously, these messages were only communicated through public health professionals.

The model was a success based on its simplicity and low costs. Training was relatively inexpensive, which helped with securing buy-in from organisations. Upskilling staff from a wider range of organisations led to more opportunities to deliver key messages around health promotion and disease prevention.

### **Clearly defined roles**

Clarity about roles and responsibilities is important (Taylor & Buckly 2017; Davies 2019; Trent & Chavis 2009; Renaisi 2018; Munro 2015; IVAR 2017; Harder + Company 2011; Chaskin 2000; Sridharan & Lopez 2004; Corwin et al 2016): specifying the rules of engagement early on can help to produce a robust and sustainable partnership (Burns and Brown 2012). Place-based programmes often involve multiple partners, and a lack of clarity about roles and responsibilities can lead to uncertainty about who is leading the work (IVAR 2017). Confusion about roles and lines on accountability have derailed a number of programmes (Trent and Chavis 2009; Harder + Company 2011; Burns and Brown 2012). Even when roles and responsibilities are clearly defined upfront, this issue must be revisited periodically throughout the initiative to ensure that definitions remain clear and continue to best serve the needs of the initiative (Trent and Chavis 2009; Harder + Company 2011).

It is useful to establish each organisation's capacities, resources and limitations to help reach agreement on roles and expectations (Burns and Brown 2012). Partnership structures should ensure wider institutional commitment so that if individuals leave, the partnership isn't put at risk (IVAR 2017). Organisations should think about their work as part of a wider context and consider how their contribution fits into the larger puzzle of activities (Kania, Hanley-Brown, Splansky Juster 2014). Each organisation should be encouraged to undertake the activities in which it excels in a way that supports and is coordinated with the actions of others (Kania & Kramer 2011). There should also be clear mechanisms for sharing credit (Chaskin 2000; Kania et al 2014; Giloth et al 2014).

Some place-based programmes have established and developed a set of values or principles to underpin the partnership activity (Taylor and Buckly 2017). Collaboration, trust and a focus on horizontal distribution of power and hierarchy are important in place-based work (Beer and Clower 2013). Initiatives in which the funder set a clear strategic direction but allowed organisations the flexibility to chart their own course for achieving goals were more successful than initiatives in which the funder played a more active micromanaging role (Trent and Chavis 2009). Communication is important in terms of developing trust (Kania & Kramer 2011). Initiatives use a variety of methods to keep partners updated, including regular in-person meetings, away days, and file-sharing sites (Giloth et al 2014). Some research argues that meetings and mandates are not necessarily helpful for building relationships: informal relationships can enable participants to have difficult conversations and help organisations weather the storm in the face of uncertainty (Rodrigues & Fisher 2018). Other practitioners have found that working groups are essential to moving from vision to implementation, and play a central role in ensuring sustained commitment by multiple stakeholders (Phillips 2014).

### **Using data to understand the local area**

There is a growing recognition of the value of high-quality geographically specific data to inform the design of place-based programmes (Burns and Brown 2012; Harder + Company 2011; Taylor and Buckly 2017; Maxwell et al 2017; Big Lottery Fund 2018). Organisations

should be aware of the existing evidence base about the problems they are trying to solve, so they can think more systematically about what it will take to promote and sustain the changes they want to bring about (Auspos and Kubisch 2004).

Local data can promote a shared understanding of neighbourhood context, improve planning and help decision-makers target resources effectively (Brotherhood of St Laurence 2015). For example, data can highlight achievement gaps by neighbourhood, identify resources directed towards a particular issue, or map populations that receive services and those that don't (Phillips 2014). Successful initiatives usually conduct extensive research and data collection to understand how systems will need to shift over time (Jolin et al 2012; Smart 2017). This might include undertaking various forms of asset mapping, needs assessment, service gap analyses, and other local research (Gardener et al 2010) to get to know the area's history and culture, social and political dynamics, and institutional strengths (Burns and Brown 2012).

#### **Case study: West London Zone, UK**

*Source: West London Zone 2018*

West London Zone used a place-based model to improve children's wellbeing, relationships, confidence, and progress at school by bringing together existing opportunities for children and young people in the local area, and providing personalised support through Link Workers who helped each child define and achieve their goals. Over 700 children have participated in the programme, which focused on four areas: emotional and mental wellbeing, positive relationships, confidence, and progress at school.

West London Zone were keen to ensure that the people who needed the support the most were able to access it. On the basis of the premise that the people who need support the most may not be the ones actually accessing it, they developed a method for proactively identifying children and young people who could benefit. This data and relationship process was completed in partnership with the school and the council's Early Help team, and involved developing a long list of children from those who had at least two of the following key risks: pupil premium/free school meals (prioritised); school attendance below 96%; English attainment below age-related expectations; maths attainment below age-related expectations, then using teacher judgement to understand additional risks in wellbeing, and parental involvement. Children who were at risk in at least three of these six areas were then identified. The final list was verified, in partnership with schools, by looking at data collected through a child survey focusing on anxiety, peer relationships, conduct, parental engagement and emotional wellbeing.

Data is also at the heart of continuous learning: the regular gathering, analysis, and reporting of data allows organisations to learn what's working (Phillips 2014; Big Lottery Fund 2018) and celebrate success along the way (Renaisi 2018). Even if precise measurement and attribution isn't possible, analysis of qualitative and quantitative data can illustrate broad directions of travel (Children's Community Network).

There should be opportunities for organisations to come together (e.g. through peer networking, group exercises, meetings, learning retreats and social networking sites) to analyse data and reflect on learning (Hanleybrown et al 2012; Harder + Company 2011), particularly when a range of interventions are being trialled, so partners can adjust their actions (Kania, Hanleybrown, Splansky Juster 2014) and enhance or scale up what is effective (Smart 2017). Reflecting on data can also ensure that leaders are aware of changes in context and conditions, and adapt to the ever-evolving environment (Preskill, Parkhurst, Splansky Juster 2014). Knowing what others are doing and what has worked well elsewhere is an important enabler to understanding child-focused place-based work (Laidlaw et al 2014).

**Case study: Sustainable Childhood Obesity Prevention through Community Engagement (SCOPE), Canada**

*Source: Amed, Naylor, Pinkney, Shea, Masse, Berg, Collet & Higgins 2015*

SCOPE was a childhood obesity initiative in British Columbia that brought together local stakeholders from multiple sectors to influence environments in which children live, learn and play, and encourage children and families to make healthy choices.

Due to the number of stakeholders participating in the initiative, the need for knowledge translation and exchange was apparent from the outset. Through regular engagement with community stakeholders, SCOPE's central team collated best practices, ideas for action and solutions to barriers, which they then shared across the programme. This included sharing lessons learned with other organisations interested in similar ideas through workshops, webinars and an online resource map. Resources, including community action plans, marketing resources, best-practice toolkits, and community engagement tools, were freely available for download and could be tailored and adapted to other local areas.

**Case study: Smarter Choices, Smarter Places, UK**

*Source: Scottish Government 2013*

The Smarter Choices Smarter Places programme was established by the Scottish Government in 2008 and aimed to combine efforts to encourage behaviour change. The campaign required seven local areas to implement a programme of activities to influence behaviour and promote sustainable travel options. The programme was able to demonstrate a number of successful outcomes relating to attitudes towards sustainable travel including improved perceptions of local neighbourhoods and communities; more positive attitudes towards walking and cycling; improved perceptions of bus travel; and changes in attitudes towards car use. In addition, recognition of the local campaign branding was good and changes in travel behaviour were observed across the campaign period including a higher proportion of trips made by foot, an increase in cycling, decrease in the number of bus trips motivated by switching to more active travel modes, and a



decrease in the number of trips made as a car driver (leading to an increase in the number of trips made as a car passenger).

Local authority monitoring activities were seen from the outset as an integral part of the evaluation. Local counts of vehicle, cycle and pedestrian flows provided valuable corroborative evidence of area-wide behavioural changes, while local user surveys provided feedback on initiatives, and focus groups helped to understand existing attitudes and behaviours. When the delivery of the programme was drawing to a close, interviews were held with the main organisations involved, enabling them to share views about their experiences and learning points. National data was also reviewed to show trends in Scotland during the period of the programme and to place the observed travel behaviour and attitudinal changes in the pilot areas in context.

### **Using local assets**

Emphasis has recently shifted to place-based approaches that focus on the assets an area possesses and how to maximise these rather than focusing on the problems (a deficit approach) that can disempower residents and local services (Taylor & Buckley 2017). Programmes should be created in places where data suggests there is a critical need, but where capacity and momentum already exist (Phillips 2014). Having an existing strategy or partnerships, or a history of community engagement already in place, can lead to successful implementation of place-based programmes (Renaisi 2018; Trent and Chavis 2009) by building from what already exists, honouring current efforts and engaging established organisations (Hanleybrown et al 2012).

Rather than trying to start again with a whole new initiative, there are existing networks in many places that could be strengthened (Brotherhood of St Laurence 2015; Gardener et al 2010; Moore et al 2014; Corwin et al 2016; Phillips 2014). No community is a blank slate waiting for an initiative to 'save' them – there will already be work going on (McDonald et al 2015) – so it is important to map existing campaigns and capacities and see where there is potential for productive overlap (Annie E Casey Foundation 2014). The costs of not aligning collaborative efforts can be high: it's not just a loss of positive synergy but the diffusion of community effort in terms of leaders, resources and community credibility (Annie E Casey Foundation 2014).

### **Case study: Together for Childhood, UK**

*Source: Churchill, G., Coster, D., and Whalley, P 2019*

Together for Childhood is a place-based evidence-informed approach that brings local partners and families together to make communities safer places for children. The NSPCC is working with local agencies, organisations and communities in four areas (Plymouth, Stoke-on-Trent, Grimsby and Glasgow) to develop a shared vision for preventing abuse.

The specific wards that are part of each Together for Childhood site were in part chosen because of the strong community activism already present. Newly created community engagement posts and NSPCC practitioner resources were helpful in engaging with these passionate community members at the start of the Together for Childhood journey. In Grimsby, for example, there were already established and developing community groups. A community engagement worker, seconded from the local council to the programme, built trusting relationships with key community members and groups by understanding community priorities, providing support and information to community members, and identifying where community priorities aligned with those of Together for Childhood. The NSPCC programme lead then worked to identify ways in which the community could take ownership of activities that met their own agenda as well as Together for Childhood outcomes.

In terms of selecting partners for a place-based initiative, the literature suggests it is often necessary to start with the 'usual suspects' who are willing to put in the time and effort and may have good links with local communities (Taylor and Buckley 2017). However, by continuing to work only with the people who are already engaging in change locally, there is a danger of further widening the void between those who are engaged and those who are not (Munro 2015). For example, some people felt that JRF's place-based work in Bradford was too reliant on people it knew and trusted, limiting networks to the 'usual suspects' and not engaging enough at the grassroots/community level (Telfer 2013).

The most successful approaches are those that do not invite everyone to the table, but select partners who can provide a holistic and accurate picture of the issue (IVAR 2017), and have the capacity, interest, and positioning to take on the work (Trent and Chavis 2009). Individuals who have a deep passion for the issue will dedicate the time and energy needed for frequent meetings, and bring others to the table by sheer determination and perseverance (Phillips 2014; Spark Policy Institute 2017). Having a champion or a group of champions who can bring together senior leaders and keep them engaged is one of the most critical factors in achieving success (Giloith et al 2014). Complementary strengths and a mix of diverse skills and experience is also important (Katz 2004). In addition, when organisations employ staff who live in the local area, the staff can use their local knowledge, relationships and legitimacy to ensure that implementation is appropriate in the local context (Kubisch, Auspos, Brown, Buck, Dewar 2011; Prichard et al 2010), help build trust by demonstrating a commitment to genuinely local work (Telfer 2013), and mediate between resident and other interests (Chaskin 2000).

### **Realistic ambitions**

It takes time to understand an area and build relationships (Harder + Company 2011; Fiester 2011, Chaskin 2000; Auspos and Kubisch 2004; Burns and Brown 2012; Phillips 2014; Hanleybrown et al 2012; Rodrigues & Fisher 2018; Churchill et al 2019) – and this needs to be reflected in practical plans for the implementation of place-based initiatives (Taylor and

Buckly 2017; Renaisi 2018; IVAR 2017). Not all organisations and communities are ready on day one to implement a successful place-based strategy (Department of Education 2012). It is not uncommon for the planning, capacity building, and start-up phases of a place-based initiative to take three or more years (Auspos and Kubisch 2004), while collective impact initiatives require up to five years to fully develop and begin showing concrete results (Weaver 2014). A shared vision and evaluation framework represent a sharp deviation from how many organisations function: working beyond silos to develop and focus on community results takes time, energy, and a commitment to doing things differently (US Department of Education 2012; Cabaj 2018).

Collaboration can be challenging for a host of reasons, including conflict between organisations' aims, power imbalances, partnership fatigue, and changes in context, leadership, and governance (Smart 2017), as well as organisational, structural and cultural barriers (Moore and Fry 2011). Some organisations may feel that existing ways of working don't need to be updated, or have already undergone restructuring, making them wary of further change (Big Lottery Fund 2018). Collaboration requires practitioners to develop new skills and practices (Moore and Fry 2011) and some place-based programmes have found it challenging to support skill development within existing resources (Laidlaw et al 2014), particularly when there are other pressures on their time in an environment of growing demand for services (IVAR 2017). An evaluation of the Early Years Centres found that staff often felt stretched for time (Poon et al 2015), while progress with the delivery of place-based approaches in Scotland was often slower than expected due to place-based working being only one part of people's jobs (Baczyk et al 2016).

Many early initiatives pursued goals that were inconsistent with the resources (Taylor and Buckley 2017). Some place-based projects will operate at scales or with resources that mean they cannot expect to enact change at the neighbourhood level through that intervention alone (Renaisi 2018): while they may create positive results for some individuals or families, they are unable to 'move the needle' of a social problem or condition for the community as a whole (Trent and Chavis 2009). Failure to achieve systemic and transformational change may invite disillusionment and even cynicism, so it is important to manage expectations of funders, partner agencies and community groups about what initiatives can achieve (Children's Community Network). Insufficient funding and/or short-term horizons can lead to disappointment for those living locally if not discussed from the outset (Munro 2015). JRF's 10-year timeframe for its work in Bradford signalled substantial commitment but raised correspondingly substantial expectations that have largely been disappointing (Telfer 2013).

The challenge is to have ambitious goals for action that can galvanise and inspire, but combined with realistic strategies and plans that can improve people's lives (Gardener et al 2010). Goals should be audacious – a stretch, but achievable (Giloith et al 2014). The scale of the project needs to be appropriate to the policy challenges it addresses (Centre for Community Child Health 2011). There is also a strong argument for focus: initiatives that pursue too many goals simultaneously are likely to spread their capacity and resources too thin to accomplish meaningful change (Trent and Chavis 2009). Starting small and investing

resources in a defined geographic radius that displays the greatest need can ‘move the needle’ on community-level outcomes in areas such as juvenile crime, education, and teen pregnancy (Center for Promise 2014). In addition, focusing on a relatively small area (i.e. neighbourhood level) may make it more possible to measure and work in an engaged way (Taylor & Buckly 2017).

**Case study: Save the Children, Children’s Communities, UK**

*Source: Centre for Regional Economic and Social Research and Centre for Development and Research in Education 2019*

Save the Children’s Children’s Communities bring together local stakeholders (including commissioners, funders, service providers and local residents) in three local areas (Pembury in Hackney, Wallsend in North Tyneside, and Smallshaw-Hurst in Manchester) to bring about changes in local systems to improve outcomes for children and young people.

An evaluation found that working across multiple aspects of children’s lives is more manageable at neighbourhood level: change in larger geographical areas is more difficult. All three Children’s Communities had a broad remit and were working across multiple aspects of children’s lives, meaning they were subject to shifting contexts in relation to local and national economic, political and social environments, and associated changes in key local partners and the needs of changing local communities. The Children’s Community that was furthest ahead in terms of influencing local systems change (Pembury) had a tight geographical focus that facilitated close collaboration and joint working, as well as significant local investment from the local authority. Addressing multiple issues in larger geographic areas would require more resources than was currently available to the Children’s Communities.

Given the impact of place-based programmes can take many years to show (Brotherhood of St Laurence 2015; Laidlaw et al 2014), it can be difficult to balance the long-term effort and focus required with the need to keep partners and communities engaged. Balancing the need for a strategic long-term approach with the need to show results typically involves planning for ‘quick wins’ – investing in short-term projects that allow residents to work together towards tangible goals and demonstrate that change is possible (Taylor and Buckly 2017; Harder + Company 2011). These quick wins help to build trust and commitment (Chaskin 2000; Giloth et al 2014) by demonstrating the value of working together (Hanleybrown et al 2012); as well as boosting confidence and enthusiasm for the harder work to follow (Burns and Brown, 2012); and maintaining local interest and political momentum (Brotherhood of St Laurence 2015; Phillips 2014; Annie E Casey 2014). At the same time, the search for simple ‘quick wins’ can be illusory in complex problems and programmes cannot spend too much time focusing only on immediate returns (Gardener et al 2010). Another approach is the frequent reporting of progress against outcomes to build interest and engagement (Brotherhood of St Laurence 2015).

### **Medium-term commitment**

Complex programmes aiming to bring about a shift in culture, behaviours, systems, policies and spending need oversight from leaders with vision and long-term commitment (Big Lottery Fund 2018). When attempting to change people's behaviour, it is important to bear in mind that longer campaigns, although more resource intensive, allow more time for exposure to campaign messaging and can result in better awareness and knowledge (Rabinovitch et al 2009). A global study into the effectiveness of mass-media campaigns for HIV prevention between 1986 and 2013 found that the longest campaigns, stretching over four years, were approximately three times more effective in encouraging condom use than those that lasted a year, while mass-media interventions of short duration were more likely to fail (LaCroix, Snyder, Huedo-Medina, Johnson 2014).

Organisations should consider at the start of the initiative how it will be sustained and what legacy they plan to leave at the end (Taylor and Buckley 2017; Trent and Chavis 2009). This might include thinking about how additional sources of revenue or investment can be obtained, and what the appropriate legacy vehicle is to sustain operations (Renaissi 2018, Trent and Chavis 2009), as well as building the capacity of a community to maintain the work (Trent and Chavis 2009). Many place-based initiatives do not effectively address sustainability (Davies 2019): time-limited funding for programmes often resource activities rather than the processes and structures that can support future sustainability (Trent and Chavis 2009). Transferring control to the community is easier said than done (Taylor and Buckley 2017): it isn't just about helping a community implement a particular initiative – there should be a broader mission of building the capacity of a community more generally to set agendas, gain access to resources, and respond to community needs (Kubisch et al 2002). This might include developing residents as leaders through formal training or on-the-job training in which participants become members of boards or planning teams (Kubisch et al 2002).

The sustainability of place-based approaches also depends upon the extent to which they are acting jointly with broader demographic and market forces and larger government forces (Katz 2004). Place-based programmes require relationships with organisations beyond the local area in order to leverage funding strategically and access expertise and skills (Trent and Chavis 2009; Maxwell et al), but can lack a strategic focus in terms of how to link localities to wider socioeconomic networks and public services (Baczyk et al 2016). A common pitfall of place-based work is focusing so closely on a neighbourhood that its wider regional context is ignored (Cytron 2010): it is important to work at different levels in order to link the very local with the wider system in which it is embedded (Taylor and Buckley 2017). The political context is crucial in the establishment of and potential success of place-based initiatives: if political support at a national level is not present, locally based initiatives can be compromised (McBride 2018). One of the challenges with New Deal for Communities was that it had to ride the waves of changing regeneration policy, change in government, and national and global trends (Muscat 2010). Stable, dependable and predictable policy is imperative in the successful delivery of place-based programmes (Wilks et al 2015).

## Engaging local communities in design and delivery

### Rationale for engaging communities in design and delivery

Buy-in and involvement of communities is crucial to the success of place-based interventions (Crimeen et al 2017; Giloth et al 2014; Moore & McDonald 2017; Centre for Community Child Health 2011; Inspiring Communities and Tamarack 2014; McDonald et al). One of the most widespread criticisms of collective impact to date has been its failure to address the need for meaningful community engagement and leadership (Smart, 2017; Raderstrong & Boyea-Robinson 2016). Significant progress in addressing disadvantage won't be made unless the affected local communities are deeply invested in place-based solutions (Brotherhood of St Laurence, 2015): the key ingredient for success is whether the people who live and work there believe that change is possible, and whether they are committed to achieving that change (Annie E Casey Foundation 2008; Churchill et al 2019). Engaging community members in the needs and assets analysis at the beginning of the place-based initiative creates a sense of ownership of the community's challenges (Department of Education 2012; Moore and Fry 2011). Communities are more likely to embrace and support programmes developed in partnership with residents, in contrast to programmes created in a vacuum (Annie E Casey Foundation 2008).

Bringing residents and community groups into an initiative helps to make an initiative's efforts legitimate, and provides useful information about the community's needs, strengths, and internal dynamics (Kubisch et al 2002). Without the full engagement of community members, actions and solutions to issues may not be appropriate, acceptable or compatible (Smart 2017; McCleod & Clay 2018; Woodall et al 2019). There tends to be significant differences between the people leading an initiative and the people whom the initiative is intended to benefit in terms of socioeconomic background, education, race, and employment status (Smart, 2017), meaning that projects can rely on assumptions about what community members need and how it should be delivered (Raderstrong and Boyea-Robinson 2016). Too often, the people who will ultimately benefit from programme or policy changes are excluded from the process of understanding the problem, and then identifying and implementing solutions (Kania et al 2014).

Residents are the experts on issues in their neighbourhood: any initiative that doesn't involve them in planning and design will lack crucial information (Annie E Casey Foundation 2008). The sensitivity and skill with which a funder uses local knowledge is the most important aspect of a place-based initiative (Burns and Brown, 2012). This is particularly relevant for national funders and others who plan to work in an area where they are not based, as they can be viewed with suspicion, seen as a threat, or criticised for not understanding the local situation (Taylor and Buckley 2017) by communities who have 'seen it all before' (Churchill et al 2019). Many past place-based approaches have failed by "parachuting in" rather than allowing development time to get to know the area, find out what is already going, and build relationships with local agencies and residents (Taylor and Buckley 2017). It is important to build a solid understanding of the problem (Harder + Company 2011; Kubisch et al; Moore et al 2014) and pursue initiatives that fit the community's history, capacity, and readiness for

change (Trent and Chavis 2009), as well as considering local priorities (Wilks et al 2015) and local assets (Cytron 2010; Corwin et al 2016).

#### **Case study: Parramore Kidz Zone, US**

*Source: Center for Promise 2014*

Parramore Kidz Zone was a place-based programme that aimed to create a ‘cradle-to-career pipeline’ of support to help young people succeed in a neighbourhood with very high rates for child abuse and neglect. This ranged from expanding childcare subsidies to increase enrolment in childcare, investing in community centres to expand their capacity to serve school-age children, and connecting young people to recreational, cultural and educational opportunities.

Center for Promise found that previous efforts to revitalise the area had fuelled distrust among residents because conditions did not visibly improve and residents experienced few concrete benefits. Locals felt that earlier efforts to gather data on poverty and academic achievement made them little more than subjects to be studied and shamed. Sensitive to this history, the programme strived to engage a diverse range of stakeholders from child service organisations to school officials and the private sector to understand pressing needs and generate ideas. They did this by surveying households to assess current needs and priorities, and encouraging residents to participate in the Parramore Task Force. Consulting with residents shaped Parramore Kidz Zone’s decision to focus increasingly on education.

#### **Case study: Stoke-on-Trent social marketing pilot project, UK**

*Source: nsmc*

NHS Stoke-on-Trent’s Smoking in Pregnancy social marketing pilot project aimed to reduce the number of women who smoke during pregnancy and increase the number of women accessing the Quit for a New Life service in the city. The project started by exploring what it was like to be a pregnant smoker in Stoke-on-Trent to better understand the reasons for smoking and the barriers for stopping and the factors that influence the behaviour of pregnant smokers in Stoke. This research, conducted through focus groups, led to a review and redesign of the Quit for a New Life service based on customer insight and the needs of the client group.

The project’s research showed that the women wanted a support service to be very local, informal and non-judgemental, run at convenient times to fit childcare arrangements, offer relaxed group sessions, and be flexible to their individual needs. The project took time to interpret this information, and develop a set of core values for the service, which was then tested with women in the target groups. The response was highly positive. The project then developed a new service based on what women wanted, and what the project could offer within the constraints of resources, time and budgets. When the new service model was implemented, there was a marked increase in the number of women who engaged with

the service, and the number of four-week quitters increased from 38 in 2006/2007 to 121 in 2007/08.

### Methods of engaging people

The type of community engagement differs across place-based initiatives, ranging from simple consultations with residents to supporting people to run services themselves or set up community organisations (Bailey 2012). The choices made about how to engage a community are uniquely local and will depend on the current conditions within the target community, the range of resources available locally, and the preferences and capacities of the funder (Burns and Brown 2012).

Research suggests that it is important to involve people throughout, rather than for one-off consultation (McDonald et al 2015; Maxwell et al 2017). Involvement for involvement's sake results in tokenistic practice that damages trust (McCleod & Clay 2018; Beresford 2013; Raderstrong & Boyea-Robinson 2016). A large-scale qualitative research project conducted by NCVO, Institute for Volunteering Research and Involve found that accounts of consultation processes led by public bodies were almost entirely negative: several people felt they were tokenistic and repetitious, with no sense that anyone was bringing together the results (Brodie, Hughes, Jochum, Miller, Ockenden, Warburton 2011). Over time, people may disengage from the initiative if they do not see their opinions contributing to the overall goals (Raderstrong & Boyea-Robinson 2016): it's important to keep people regularly informed about the outcomes of their work and show they are being heard and respected (Woodall et al 2019). Funders should also specify what is meant by terms like 'community ownership' and 'resident-driven' (Harder + Company 2011), and to be clear about their expectations for community participation (Chaskin 2000; Burns and Brown, 2012; Churchill et al 2019), to manage people's expectations and avoid them feeling used or undervalued (McLeod & Clay 2018).

Some place-based programmes create opportunities for local residents to co-produce projects. Co-production is about transforming the perception of people so they are seen as equal partners in designing and delivering programmes and services (McCleod & Clay 2018), combining their perspectives with those of practitioners who understand how to deliver services and navigate wider systems (Woodall et al 2019). There is no standardised model for co-production approaches but they build on people's capabilities and assets, and are based on the idea that involving communities in the design and development of solutions will result in services and programmes that are better matched with needs (South 2015).

### Case study: Glasgow Lone Parent

*Source: Harkins 2017*

The Glasgow Lone Parent project aimed to improve the way services in Glasgow supported lone parents, encouraging collaborative practices across relevant service providers. A lone



parent was defined as a parent with a dependent child living in a household with no other adults.

A critical aspect of the model was ensuring the priorities and direction of the project were driven by lone parents. A Lone Parent Adviser was funded as part of the project, as well as a lone parent advisory group who were consulted throughout the project, including at the beginning to inform priorities. The parents' experiences highlighted new issues and ensured that policy was grounded in their realities. Group meetings took place during school hours and childcare was provided. The project was empowering for lone parents who appreciated being listened to while their opinions and experiences were trusted and valued. For some parents, membership of the advisory group led to increased self-confidence.

Although ongoing, meaningful engagement of citizens is crucial to sustaining momentum (Trent and Chavis 2009; Renaisi 2018), it is necessary to be realistic about the degree to which people will want to commit time and effort (Taylor and Buckley 2017). Boards, panels, and local advisory groups are frequently adopted by place-based programmes, but individuals may struggle to commit to regular meetings over the period of time needed, and numerous programmes have experienced either difficulty recruiting a panel or a drop in attendance (Davies 2019). The likelihood of people getting involved is ultimately dependent on how easy involvement is made (Beresford 2013). Organisations should use a personal approach to invite and welcome people (Brodie et al 2011) rather than complex terminology, jargon or acronyms (Woodall et al 2019; McDonald et al 2015). Face-to-face contact should be made in areas where particular groups feel comfortable, like sports clubs, religious buildings, or community centres (Cardiff Council 2009; McDonald, O'Byrne & Prichard 2015). When consulting with service users, research has found there is a need for innovative approaches that move beyond traditional reliance on meetings and surveys, which can be intimidating (Beresford 2013; Woodall et al 2019). It is important to develop a trusting environment so that people feel safe to say what they think (Harder + Company 2011).

As beneficiaries of initiatives, residents in low-income communities can play a central role in shaping and implementing change by offering constructive challenge and pushing professionals to think beyond their existing ways of doing things (Woodall et al 2019), but can lack opportunities and support for these roles (Kubisch et al 2002; Raderstrong & Boyea-Robinson 2016). Disadvantaged communities are typically characterised by a sense of disempowerment (McDonald et al 2015). Special efforts may be needed to engage the views and participation of less visible, less connected residents so they feel they are able to contribute meaningfully and engage in local decision-making (South 2015; Raderstrong & Boyea-Robinson 2016). It is crucial that barriers to participation (e.g. confidence and self-esteem, language and culture, and financial resources) are acknowledged and that proactive steps are taken to overcome them, from covering travel expenses to helping people develop their skills and confidence (Beresford 2013). Communication about local initiatives should be transparent and accessible to everyone (Renaisi 2018).

Improving participation opportunities requires starting where people are and taking account of their concerns and interests: some people want to be involved in their communities and will contribute deeply to activities; others don't have the time or interest, while others may doubt their right to participate or their ability to do so (Kubisch et al 2002; Beresford 2013). Assessing community readiness to engage at the inception of a place-based initiative is important (Churchill et al 2019). It is also important to remember that local people have a diverse range of local concerns and perspectives: it isn't possible to do everything that everyone wants to do (Telfer, 2013). Communities are typically complex, often with conflicting interests and priorities (Baczyk et al 2016; Bailey, 2012): community members and groups do not fit neatly into categories (Raderstrong & Boyea-Robinson 2016).

### Using social media

Even if a programme or campaign has engaged diverse stakeholders, it may not be sustained or expanded if others do not know about it: social media can be critical in spreading and sustaining early childhood initiatives by talking about the evidence and sharing stories (Maxwell et al 2017). In recent decades, the way in which the public seeks out and digests information has changed considerably, and social media is becoming more influential in the lives of many. With advances in technology, access to social media has greatly improved, enhancing audience reach and engagement (Adewuyi & Adefemi).

Social media is increasingly being used as a tool for campaigns that promote behaviour change (Benetoli, Chen, Aslani 2014; Adewuyi & Adefemi). One of the benefits of this approach is the wide reach that social media can achieve, making it a more cost-effective method than other forms of media like TV and radio (Gough, Hunter, Jurek, McKeown, Hong, Barrett, Ferguson, McElwee, McCarthy & Kee 2017; Adewuyi & Adefemi). Whilst costs associated with generating the content will be largely in line with those costs for creating traditional campaign content, the costs of amplifying the transmission across a range of demographics will be small (Schein, Wilson, Keelan). When deployed well, social media has the potential to influence attitudes across many population groups irrespective of age, race, education or location (Adewuyi & Adefemi). Furthermore, social media is participatory, socially engaging and reciprocal and therefore provides opportunities not only for information sharing, but also for social networking and interactive engagement (Benetoli, Chen, Aslani 2015). The interactive element is unmatched in conventional media outlets and can turn campaign communications from transmitting information to passive audiences to offering multi-way interactivity (Adewuyi & Adefemi; Schein, Wilson, Keelan 2010). In this respect, social media also has the potential for providing peer, social and emotional support (O'Dea & Campbell 2011).

The ability to profile and target certain audiences is another advantage over traditional media outlets. Social media can provide detailed demographic information and continuous statistics about users, meaning that messages can be tailored to specific groups (Schein, Wilson, Keelan). A review into the use of social media in public health indicated that many organisations are turning to social media to reach demographics, who are abandoning traditional broadcast technologies, such as teenagers (Schein, Wilson, Keelan). One example

of how targeted groups were identified effectively was the Edinburgh Council's behaviour change campaign to reduce littering and fly tipping. This campaign incorporated several phases including comedy-themed signs and bin stickers that were placed in targeted areas during the Edinburgh Fringe Festival. The themed bins and social media campaign were positively received and achieved a social media reach of over 400,000, including many celebrities. One image had over 1.5 million views on Reddit. The evaluation highlighted the effective use of business insight and demographic profiling to target key audiences.

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