Community-level change: Applied resources for Communities for Children initiatives.

Centre for
FAMILY RESEARCH
and **EVALUATION**

Contents

Introduction

WHO IS THIS FOR?

This practice guide is primarily designed for Facilitating Partners within the Communities for Children (CfC) program, as well as Program Managers of their community partner agencies, who would like to further their understanding of community-wide change.

WHAT DOES THIS GUIDE COVER?

This practice guide has been designed to provide CfC staff with knowledge of behaviour change theory and how it can be applied to program planning and design. By further unpacking the nature of social behaviours, program managers are better able to target the types of behaviour that relate to the aims of their programs.

CfC sites not only face the challenges of tailoring appropriate interventions, they must also look at instigating broader levels of social change if they are to have any chance at truly addressing their community's concerns. The problems they target are usually complex and intersect with multiple other issues. Solutions must therefore be community-wide in order to achieve the desired outcomes that are long-lasting. This guide covers a number of steps for planning and designing programs, with practical ways to engage other people in this process.

This practice guide also offers suggestions about using evidence and evaluation to inform the steps in planning and design. One of the choices available in the family service sector is to either select a program that has been determined as evidence-based, adapt an existing evidence-based program, or establish a new one. For each approach, it is important to cover the steps in program design and planning, as well as evaluation planning. This is true even when implementing a pre-existing program, as it is vital that the selected program does indeed match a need; it must be relevant for the community, delivered to a high standard and meet the desired program outcomes.

HOW TO USE THIS GUIDE

We have divided the practice guide into sections that cover some of the questions that program managers may have concerning behaviour change. We have also used a case study to situate theory within a relevant example and to provide the opportunity to further demonstrate the ways in which theory and practice can be combined. For those interested in further exploring the evidence that underpins theory, a useful reference list at the end will provide you with relevant readings.

Moving towards social change

The Communities for Children (CfC) initiative is a place-based community-led approach which aims to ensure that all children across Australia are given the best start in life. To do this, the CfC initiative focuses on changing the behaviours of individuals, families and communities. It is important for CfC sites, as well as the projects they fund, to have a comprehensive understanding of behaviour and how behaviours can change, not only at an individual level, but also at a community-level.

Using a place-based approach recognises that the health and wellbeing of an individual depends on the people around them, their environment and the opportunities that exist in the place where they live. For example, many communities face challenges of high rates of poverty, unemployment, housing instability and under-performing schools and health services. This results in unequal access to opportunities and a disproportionate ability of everyone in the community to thrive and prosper. As a result there can be misuse of alcohol and other substances, overcrowding, poor sanitation, unhealthy lifestyle choices, violence that compound the issues already present in the community.

One way to understand this is that behaviours can be **adaptive**, in that they support healthy functioning. Or they can be **maladaptive**, in that the behaviour is no longer helpful or appropriate for the situation at hand, and may even be destructive to the individual or others. Maladaptive behaviours often originate as a reaction or compensation for a sense of fear, stress or anxiety and can manifest as common problem behaviours such as self-harm, over-eating or under-eating, substance misuse and aggression towards others. Usually, social programs are either aimed at **changing** behaviours that are maladaptive, **preventing** maladaptive behaviours, or **strengthening** adaptive behaviours.

Therefore, the CfC initiative focuses on supporting and strengthening communities and families to enhance the circumstances in which children live and grow, to improve child safety, wellbeing and development. CfC sites can deliver a wide range of possible programs. They may target anything from parenting skills, school readiness and transition, early learning or community development. They may also support the expression of a specific culture, including language and learning.

However, to do this at a scale that is meaningful for place-based initiatives, it is important to consider not only the behaviour of individuals, but also the social context of behaviours and collective practices in the planning, design, implementation and evaluation of community-level initiatives.

Yet, the field of behavior change can be overwhelming, with a vast array of theory and research evidence across diverse disciplines. There are also different levels of change to consider, from psychological interventions focusing on human mind and behavior, family and community interventions focused on changing social behavior and norms, to interventions for broader change through policy, social and environmental planning or legislation. This guide sets out useful frameworks and tools to help CfC Facilitating Partners think through the issues in their community and find appropriate solutions that will be effective at creating change at the desired scale.

An approach to understanding behaviour change

The concept of human behaviour is a complex one, and designing a behaviour change program is not an easy task. There are many different aspects that drive behaviours, from the complex interrelationships between our mental processes, physiology and genetics, to our social context including language and social norms, and our environment at large. The Behaviour Change Wheel (BCW) is a useful and practical framework for making sense of the complexity of behaviour, so that we can design targeted and effective programs.

The BCW was developed from 19 separate frameworks of behaviour change identified in a systematic literature review (Michie, Atkins and West, 2014). It forms one comprehensive model to assist program planners to design interventions based on the latest evidence on how behaviours change. The BCW is based on the COM-B model which proposes that to change behaviours, the focus must be on changing the Capability, Opportunity, and/or Motivation that relates to that behaviour. Behaviours are often collective, in that they are shared amongst a group, and might reflect customs, traditions or expectations. Therefore, this model can help us think about how behaviours are shaped by the physical and social context, as well as what is needed to change behaviours of a community (Michie et al., 2011).

Sources of behaviour

Intervention functions

Policy categories
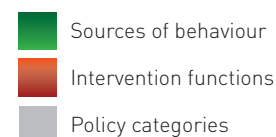
The following process guides the use of the BCW:

1 Identify the specific behaviour to be changed

2 Identify the sources of the behaviour (green section)

3 Consider which types of interventions you would like to implement (red section)

4 Identify which areas of policy it fits within (grey section)
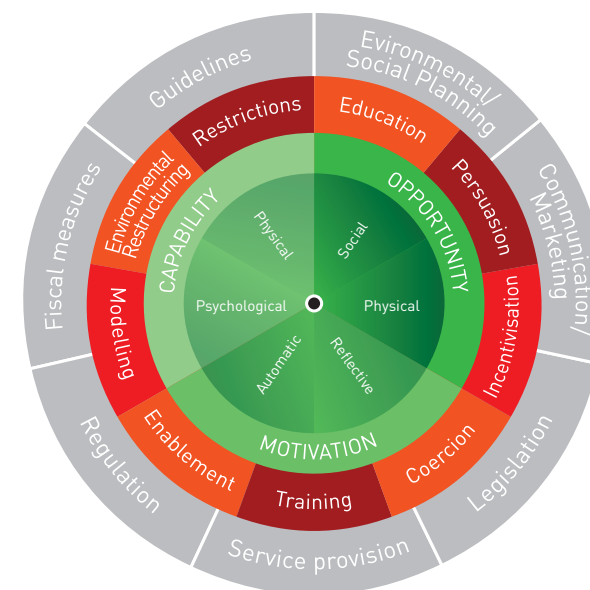
This framework for understanding behaviour fits well with the socio-ecological model of health and the social determinants of health approach. The social determinants of health approach recognises that wellbeing is influenced by the social and environmental context in which a person finds themselves, as well as their individual traits and characteristics. These factors are called 'determinants' as they determine, or influence, individual behaviours. Some determinants, such as age, sex, beliefs and attitudes relate to the individual, while others relate to peer, family and community influences and the broader socio-economic environment.

This practice guides outlines the BCW and the COM-B model to describe how it can be applied to a CfC site to facilitate community-level change, but first we need to meet Judy (our case study) and understand her community and what they need.

Part 1:
Defining community

Meet Judy, the manager of a Facilitating Partner for a CfC site in the outer suburbs of a major capital city. Judy has lived here for some time and therefore knows key aspects about her community, such as:

• how decisions get made and who is influential
• key stakeholders in the community
• how local information is shared across the community
• who the local groups are
• what local events are important
• the local geography and where services and populations are located

Judy has a good understanding of her community, however she is now at a point where she is considering what the future strategic priorities are for the CfC site, and where to best allocate resources. Which projects should she fund? How can she increase her confidence in the decisions she makes? To determine what type of approach she may need to help the community meet their aims for better health and wellbeing, she is thinking about how her community actually works.

WHAT IS A COMMUNITY?

A community may have a physical (or virtual) location, with shared beliefs, identity and values that are organised and expressed through relationships and social networks. Communities will differ in the strengths and resources needed to accomplish their goals, based on the combination of characteristics that make their community unique. Involving different people from the community is important for defining a community as there are likely to be different perspectives about how the community is to be defined.

The ability of a community to function effectively depends on the degree to which people in the community believe that the community is strong enough to help itself, and whether the community has the skills and resources to develop and implement successful decisions and projects (Breiger, 2017).

TYPES OF COMMUNITIES (Brieger, 2017):

→ Integral – strong identity, links to resources, integrated through shared projects and events, close contact with each other.

→ Parochial – strong identity, not much interaction with external resources, self-contained and don't let others in easily.

→ Diffuse – strong sense of identity, common characteristics, but no internal connections and linkages outside.

→ Stepping stone community – people are actively engaged to gain social status but only to move on.

→ Transitory – changing population with no sense of ownership.

→ Anomic – weak interaction and identity, no cohesion.

Judy's community has a strong identity and is resourceful, however in some ways the connections are weak and the community could be more collaborative. Therefore, bringing people together to share ideas, resources and to create shared projects that reach all of the community will be a useful approach for this community.

Part 2:
Needs analysis
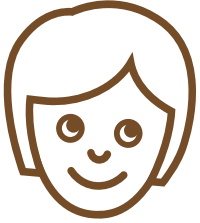
Judy knows her community, but what she isn't sure about is how the needs in the community have changed over time, or whether she is still up to date with population changes and trends. So she decides to conduct a community needs analysis to explore this further. She will then create a strategic plan for their work in the community.

WHAT IS A COMMUNITY NEEDS ASSESSMENT?

A community needs assessment is used as a first step for either designing and planning a new program, or restructuring an e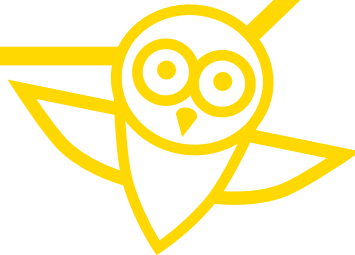xisting program. It can identify what services are needed and how that might best be delivered to those who need them. It can also determine whether an established program is responsive to client needs and can guide program improvement. It is important to assess the nature, magnitude and distribution of a social problem, and the extent to which there is a need for an intervention to address this issue.

PROCESSES THAT CAN BE USEFUL IN A COMMUNITY NEEDS ASSESSMENT:

Co-design	A participatory process that actively involves all relevant stakeholders in the design process to ensure it will produce the intended outcomes, for example this could include service providers, participants, family members, cultural leaders and referral sources. This approach supports and values community involvement in decisionmaking.
Problem/Solution Tree	A pictorial mind map of the causes and effects of a specific problem. Once the causes of a problem are better understood, the activities can be specifically targeted to achieve change.
Theory of Change and Program Logic	A process and visual product that outlines the components of a program and the theory of how the program will achieve change. This is important for establishing the links between program components and the steps towards behavior change.
Client Journey Mapping	A collaborative process that maps the client's experience from initial contact with the service through to closure to identify their key interactions with the organisation. This process also maps the aspects important for behaviour change such as the environmental triggers, emotions they experience, their motivations, barriers and enablers.
Community Engagement	Community engagement as part of the needs assessment may involve interviews, focus groups, surveys or analysis of demographic and social data such as national census data, state or local government data. The resulting description of social problems, service usage, and perceived needs can then be assessed against a view of desired conditions. Consultation takes resources, and you may have to balance your ideals with your finances, but consulting your community can be done in many ways. Look for a process that will both give you the information you want and move you along the way to finding solutions within your present resources.
Stakeholder Mapping	Stakeholder mapping looks at all the relevant people or organisations to the community issues to consider what is of interest to the stakeholder, what they might want to see happen, and how are they affected. The skills and attributes they bring to the project. The level of engagement that would be appropriate, the processes of engagement that would be suitable and any issues that might prevent engagement.

Part 2: Needs analysis

Judy and her team conduct a range of activities to analyse the needs of her community. First, they examine the data from the Australian Bureau of Statistics (ABS) and Australian Early Development Census (AEDC), as well as recent reports from the local council to determine the primary needs of families with children aged 0-12. The team also consult with various community members and community groups to see what their concerns are, how they experience living in the community and canvas their interest in further involvement with the CfC.

Once they have this information together, Judy gathers key stakeholders and community representatives to see whether they think the data reflects the key issues from their experience and what they think are the priority needs are for the community. She uses a co-design process and draws from a range of public health models to conceptualise the ideas that came from discussions.

The group identify 3 top priority areas of concern, to be targeted in the next round of funding:

• 'Helicopter parenting' was identified by the schools and parenting services as a key issue that was preventing kids from becoming independent.

• Child obesity was the key concern that was present in the population health data and was confirmed by community reps.

• Social isolation was also seen as a big issue contributing to poor outcomes for children.

After the group has agreed on the key priorities they examine the causes and effects of each issue using the problem/solution tree method. This activity helps Judy and her team specify a primary behaviour to target their interventions: They discover that the majority of parents drive their children to/from school rather than walking or cycling.

Out of this process, Judy and the team decide to form an advisory group from the key people that have been involved thus far, including a mixture of school representatives, parents, community groups and local council. The advisory group will help the CfC with the strategic direction, ensuring the community is involved and development of the projects.

WHERE CAN YOU FIND EVIDENCE FOR A NEEDS ASSESSMENT?

There are many sources that can be used to understand the needs of the community, for example public databases, as well as research conducted by institutes and universities. There are also state government and local sources such as surveys and records. For example, school attendance records, police records, hospitals, maternal child health nurse, local government surveys etc. These sources can help collect evidence of the types of issues, as well as the magnitude and distribution of problems in the community. This evidence can be used with any of the processes outlined above.

Freely available government databases:

• Australian Bureau of Statistics (ABS) census data for regions

• Australian Early Development Census (AEDC)

• Australian Institute of Health and Welfare (AIHW)

• Australian Institute of Criminology

• Medicare Local/Primary Health Network data

• Public Health Information Development Unit

• National Report on Schooling in Australia (NAPLAN)

Part 3:
Understanding behaviour and how it can change
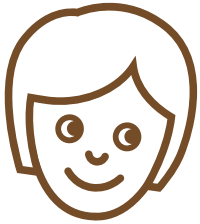
Judy feels that parents driving their children to school is such an entrenched, habitual behaviour that she wonders whether change is really possible. She recognises that a sedentary lifestyle is a significant contributory factor to a range of health problems in the community and that obesity is one of the top risk factors for adults and children alike. Encouraging more active forms of school travel seems like a good place to start. But she feels that in order to change it, she needs to explore in further detail the possible influences on this behaviour.

Now that the priority is set and Judy has been able to identify the behaviours to focus on, she needs to know the causes of behaviours in order to know how to address the issue. Judy uses the COM-B model to understand the fundamental nature of the behaviour she is looking to address.
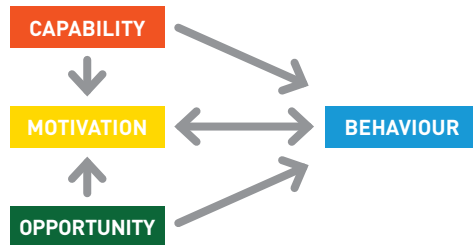
COM-B MODEL OF BEHAVIOUR CHANGE

The COM-B model is the concept at the heart of the BCW. It is comprised of three sources of behaviour – capability, opportunity and motivation.

Capability is the ability of an individual to enact the behaviour, including both the psychological capability and physical capability. Psychological capability includes knowledge, cognitive and interpersonal skills, memory, attention, decision processes and behavioural regulation.

Motivation includes both the unconscious decision making processes such as automatic thought processes, emotions and habits, as well as the conscious decision making processes such as reflective thinking, beliefs, intentions and critical analysis.

Opportunity is considered to be the contextual factors that enable the behaviour, including physical resources and infrastructure, as well as social elements such as culture and language.

The COM-B system - a framework for understanding behaviour. Michie et al. (2011).

In the BCW, the COM-B model is the hub of the wheel, the starting point for understanding and changing behaviour, and the three components described above (each of which has two aspects) are represented by the central green circle (refer to BCW diagram on page 5).

The COM-B model is the starting point for Judy to understand the individual behaviours of parents and unpack the sources of this behaviour. A critical component to effective behaviour change is addressing the social and cultural impacts upon behaviour because research has shown that lasting change relies on interventions that target these factors. Judy is aware that parents operate within a context and their parenting behaviour is driven by social norms, beliefs and expectations. The BCW assists Judy to understand and apply COM-B to behaviour change, by taking into account these social factors and how they impact upon the behaviour of parents in her community. In order to apply this model effectively, Judy would like to understand more about collective behaviours and how they change.

UNPACKING COLLECTIVE BEHAVIOUR

Behaviours that are shared amongst a group are referred to as collective behaviours. Just as behaviours can be maladaptive for an individual, so too can collective behaviours be maladaptive for the group or community. Behaviours at a population level can impact the whole community such as poor sanitation practices leading to wide-spread disease and ill-health. On a community level, collective behaviours such as gambling, alcohol and substance misuse can lead to poverty, violence, homelessness and increased hospitalisation rates, to name just a few. Therefore, collective behaviours can also be destructive and disrupt the ability of an entire community to function well.

People don't always agree with the behaviour they adopt, and behaviours that were once adaptive can become maladaptive over time. Often a behaviour will persist because people feel that they will be ostracised in some way if they don't comply, they are unaware that other people may also have doubts, or there are religious or economic motivations.

Q: Have you ever found yourself doing something you didn't really want to do for a social or cultural reason?

# Part 3: Understanding behaviour and how it can change

COLLECTIVE BEHAVIOURS CAN BE DRIVEN BY:

- A shared need. For example, enjoying a coffee every morning is a shared behaviour that may be driven by a physical craving for caffeine or a habit driven by time of day or activity, rather than an expectation from others in the social group.
- A descriptive norm. For example, if people line up in a queue you may do this as well.
- Beliefs about social norms (what others think you should do). For example, how you conduct yourself on public transport might depend on a shared expectations of how others will behave. You may expect to line up at a tram or bus stop, wait for others to get off before you get on, choose whether to spread out on the seat, watch a video on speaker, have a loud conversation on the phone, or silently read.

WHAT ARE COLLECTIVE PARENTING BEHAVIOURS?

Collective parenting behaviours that impact upon child wellbeing are varied and complex, and can include:

- rates of health appointment attendance, school or early childcare enrolment and attendance rates
- levels of engagement with community facilities such as libraries, playgroups, parent groups, playgrounds
- recreation centres and other public spaces
- participation in out-of-school activities such as music lessons, scouting groups, sports clubs, activity groups
- levels of engagement with neighbours and attitudes towards others including levels of volunteering and
- direct parenting behaviour such as reading to children, discipline practices, monitoring of screen time, food and recreation choices, and engagement with child development and learning.
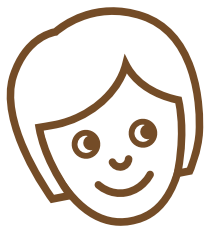
Judy now feels more confident that she has an increased understanding of collective behaviours that exist in her CfC community but still feels unsure that she knows how to effectively bring about collective behaviour change. People appear pretty stuck in their ways and comfortable with their existing habits. She's not sure that it's going to be that easy for the CfC to change the behaviour of an entire community.

HOW DO COLLECTIVE BEHAVIOURS CHANGE?

Ever tried to change a habit such as smoking, eating or healthy eating?

Behaviours can be difficult to change as they take effort to learn and may become a deeply ingrained habit (Binder, 2011). Because of this, behaviours are more likely to be defended, or adjusted, rather than abandoned altogether (Binder, 2011). However, researchers have found that behaviours are not fixed, they can change over time and between different groups of people. For instance, many of the behaviours we do now would not have been appropriate in bygone eras.

Behaviours change when the people engaging in them can no longer justify them or when the setting that prompts a habit is changed, such as a new location or social group (Binder, 2011). To enable a community to change behaviour, it is important to change the social environment in which they operate. For example, wearing a hat may have been considered a 'proper' behaviour before the 1920s, but is generally not a social expectation today. Furthermore, a behaviour may change depending on the group you are with. This can become obvious on holiday in another country, where the group customs may differ from your own. When a collective behaviour is impacted by social influences, it is considered a social norm.

Q: Can you think of a behaviour you, or someone you know, have personally tried to change?

How successful was the change in behaviour?

What made it easier or more difficult to change?

Changing social norms

To establish whether a behaviour is influenced by others (i.e. is subject to social expectations or norms), it is important to understand the motivations behind the behaviour, as well as what influences the actions of those who engage in it. Is the behaviour shaped by what other people are doing? Or is it based on an individual need? Is it shaped by key people whose opinions matter? It may be a combination of these aspects, however, if the behaviour is impacted by the opinions of people who matter, then it is subject to a social norm.

To change a norm, all members of the community need to acknowledge and understand that there is a collective problem, share reasons to change the issue, have an experience of changing their social expectations and change must be coordinated across the community (Bicchieri, 2017). For example, to change a community norm in regards to alcohol consumption, what would you need to do first?

- Change collective beliefs about what people should do?
- Change the behaviour of important social networks first, such as friends and family?
- Change the behaviour of enough people in the community first before others change?

It is likely that groups of people will respond differently to different approaches and this is why a combination of approaches to the issue is usually the most effective.

Part 3: Understanding behaviour and how it can change

Judy wants to further examine whether there were any social norms underlying parent behaviours so she puts together a survey on the CfC Facebook page that asks parents questions such as:

- How do you take your child/ren to/from school each day?
- What are the factors that you consider when deciding how to transport your child to school?
- What do you believe is the best method for your child to get to school? Do you use this method? If not, why not?
- What do you think other parents believe is the best method for getting their child to school?
- Do you support the idea of children walking/cycling to school? Why/why not?
- Do you think other parents would approve if your child walked/cycled to school? Why/why not?

Some approaches that may assist an intervention to change norms can be engaging 'trendsetters', those that are willing to take social risks against established practices and who may not have significant personal costs for doing so (Bicchieri, 2017). Another option is to change stereotypes by providing visible alternatives such as role-models (Bicchieri, 2017). For example, the visibility of a strong, caring and respectful footballer championing a cause may provide a positive example that provides young children with an alternative way to behave. Holding community discussions, or providing information about what people actually believe, is also a useful way of increasing the awareness of the amount of disagreement with a behaviour if people feel it is largely supported.

The survey found that the majority of parents drive their children to school, although they were also supportive of children walking or cycling to school. Whilst ideally they'd like to walk their children to school, key concerns were time and distance, plus concerns about the safety of children getting to school alone. Overall, the survey respondents felt that other parents would say that driving was the best method as this was safer and that they might not approve of their children walking or cycling as they would not think it's safe.

APPLYING THE COM-B MODEL TO COLLECTIVE BEHAVIOURS IN CFC SITES

Judy and her team identify some of the possible reasons why parents choose to drive their children to school, rather than walking or riding their bike. Judy and her team consult with the advisory group to identifythe capabilities, opportunities and motivations that influence the behaviour. They come up with the following ideas:

Physical capabilities: while the majority of families are physically capable of walking/riding to school, some families may have a chronically ill or disabled family member who requires motor transport to/from school. Therefore, an intervention should consider a range of abilities.

Social opportunities: parents choose to drive their children to school because they believe it is safer, and other parents will disapprove and think they are irresponsible parents if they don't drive too. Parents also report a perception that when they were children, they had to walk to school due to limited financial resources but that now that they can afford it, they feel that they should drive their children to school.

Psychological capability: some families may not know about the health impacts of a sedentary lifestyle. They might no have the language and social skills to interact with others or manage emotions and could struggle with decision-making, memory and attention.

Physical opportunity: it was identified that some families live too far to walk or cycle to school or that their area or route to school does not have footpaths or cycle paths. Some children do not have bicycles and safety equipment or appropriate footwear. Some families report that they work long hours and travel long distances to work which make it difficult to change the morning/evening routine.

Reflective motivation: parents believe that it is safer and more responsible in their parenting role to drive children to school. They may not believe that negative health consequences are realistic or accurate or relevant to their own situation.

Automatic motivation: parents were identified to be in the habit of driving children to school and consider it more convenient than the alternative. Some parents report a fear of 'stranger danger'.

Part 4: Strategic Plan

Judy is now able to appreciate the complexities that exist behind this seemingly straight-forward behaviour of parents driving their children to school. They have identified a range of sources that underpin the behaviour including ability, awareness and knowledge, access, safety and physical resources, beliefs, perceptions and social expectations. Therefore, the projects they need to address this behaviour will need to take these into account in order for it to change. Her next step is to design a plan for a range of interventions to attempt to change the rates of parental driving behaviour in her community.

Judy has carefully assessed the aspects of families' behaviours that need to change. She is now ready to identify the types of interventions (according to their function) that have been found to be effective for the specific aspect of the behaviour that they were targeting. This will help Judy and her team to compile their community strategic plan and to determine the types of programs that they will fund community partners to deliver.

EVIDENCE-BASED PRACTICE

Research evidence provides information about what types of interventions work in what settings for whom. Child Family Community Australia **(www.aifs.gov.au/cfca)** is a hub for evidence, resources and support for parenting professionals.

DESIGNING FOR BEHAVIOUR CHANGE

Understanding and identifying behaviours, as well as how an intervention may change a behaviour are all vital stages in programming for behaviour change. Once a behaviour has been identified and explored, the community and program managers will need to decide on an intervention they can implement to support the community to address these issues. In the BCW, interventions are categorised according to the function they serve:
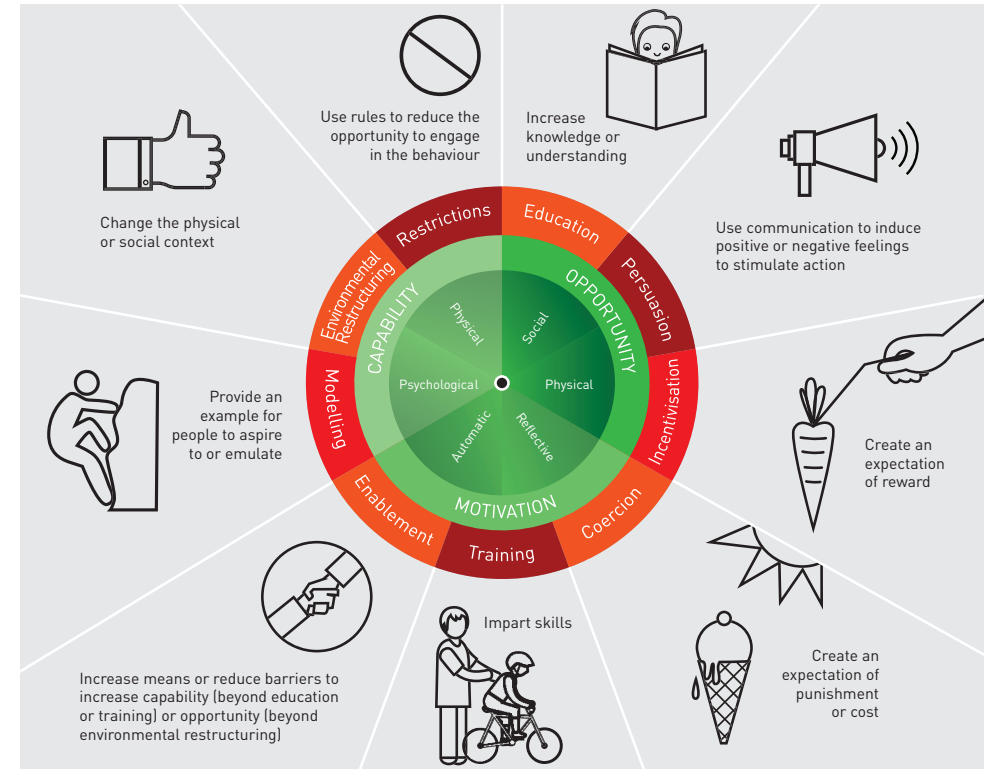
Adapted from the UCL Centre for Behaviour Change course materials

Common intervention functions used in CfC are:

- **education** (providing information),
- **training** (building skills),
- **modelling** (using role models or demonstrations) and
- **enablement** (behavioural support).

To a lesser extent, CfCs use:

- **persuasion** (using emotion or imagery),
- **incentives** (using rewards),
- **coercion** (punishment or cost),
- **restrictions** (rules) or
- **environmental restructuring** (changing physical or social context) are also used.

Part 4: Strategic Plan

Judy puts out a call for agencies who are interested in receiving funding to solve this problem. She facilitates a workshop with all possible providers of parenting programs within her location (including existing and potential community partners) and presents the information that they had collected in the community needs assessment and COM-B analysis. In discussion groups, community partners and relevant stakeholders brainstorm program ideas that could serve the functions identified. By using this method, informal partnerships begin to develop between agencies who share enthusiasm for a particular approach or component of behaviour.

Beverly, Assistant Principal of the local primary school teams up with Fatima from the local council's 'active kids' program to design a 'walking school bus' which would be able to provide a safe and easy way for children to walk to school together. In addition, increased signage on the footpaths about safe routes to school is identified as a method for making walking to school safer, which the local Rotary Club is interested in sponsoring in conjunction with the local council.

The local bicycle user group representative Paul, in conjunction with the local sports equipment store, suggest that they could arrange for subsidised bicycles and equipment to be provided and run regular bicycle health-checks at the recreation centre. Awatef, the social worker from the high school proposes that young people interested in cycling and developing leadership skills could guide cycling groups for children to ride together to school each morning. This could be combined with the curriculum-based units of media studies in the form of video 'vox-pop' case studies featuring families who have successfully changed their behaviour and projects that could evaluate the time effectiveness of walking/cycling and driving. She also suggests that an incentive program, such as a passbook that gets stamped each time the child rides or walks to school with a monthly prize draw for children with a certain number of stamps, could increase child motivation. Beverly agrees that this would be a great idea for the primary school student representative council to lead.

Jonah, from the local council children's services and Maria from the community health centre's health promotion team volunteer to run some information sessions throughout the year on healthy family lifestyles, and provide fact sheets for distribution. They also offer to write a regular column in all the local school newsletters and in the local paper on hot tips for active families.

Sally, from the local parenting centre identifies that some parents will require help to develop the skills that they will need to interact with other parents and children, or manage the discomfort that can come with trying a new parenting approach. She suggests that a range of evidence-based parenting programs that focus on inter-personal skills and behaviour regulation or anxiety-reduction skills may be useful, as well as provide a soft-entry into other community supports as needed. The group determines that programs that use modelling and enablement would best support parents to develop the social reference points and form new habits regarding parenting behaviour and Sally undertakes to research the most rigorous programs available according to their community's identified need.
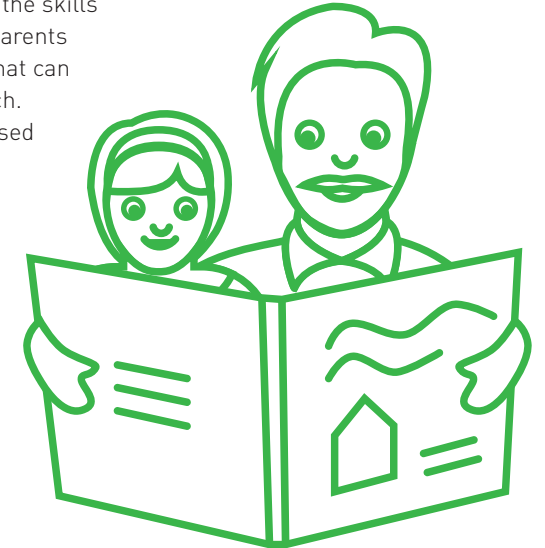
Judy then looks back at the BCW diagram to see how well these ideas reflect the intervention types across the BCW to ensure there is a mixture of projects. These intervention types will form the basis of the guidelines that Judy will distribute to inform potential community partners in the next funding round.
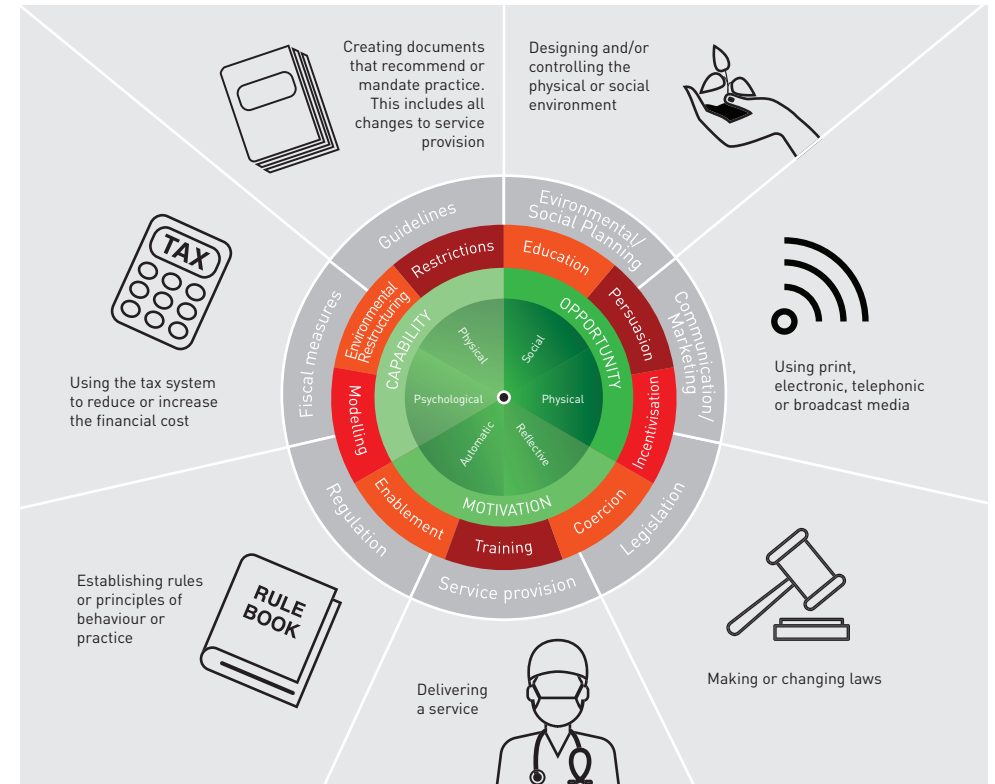
Part 5: Community change through policy

In her strategic facilitation role, Judy sees an opportunity to look at the ways the CfC could influence the policies that would support the delivery of the projects. Whilst she isn't in a position to directly change laws or taxes, there is a role for Judy's CfC to drive systemic change that would support targeted behaviour change beyond service provision. For example:
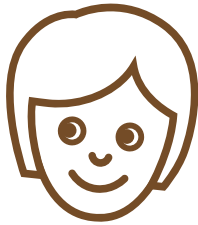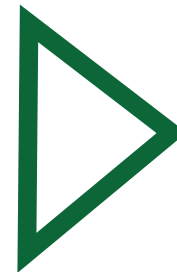
- Promoting the use of the existing 'Physical Activity and Sedentary Behaviour Guidelines' from the Department of Health.

- Using existing print and local media, such as school newsletters, the local newspaper, radio and television interviews to talk about the importance of using active methods to get to/from school.

- Participating in local networks for school and council staff to inform environmental planning and regulation regarding traffic and parking, as well as develop policies for supporting active families.

The BCW details a range of types of policy interventions that can support behaviour change in the outer grey circle. Each policy category is defined below:

Creating documents that recommend or mandate practice. This includes all changes to service provision

Designing and/or controlling the physical or social environment

Using the tax system to reduce or increase the financial cost

Using print, electronic, telephonic or broadcast media

Establishing rules or principles of behaviour or practice

Making or changing laws

Delivering a service

Adapted from the UCL Centre for Behaviour Change course materials

By using the COM-B model to design her community strategic plan, Judy feels confident that her community strategic plan includes a range of intervention types that are targeted at the needs of the community. By having a range of types of interventions focused on a central goal, and serving multiple functions, families with diverse needs can receive an intervention best suited to their capacity. In addition, Judy participates in a range of working groups and drives systemic change by using her strategic facilitation role.

Part 6:
Evaluation

As Judy begins to determine which projects to fund, she has started to wonder what she needs each project team to report back to her. As a starting point she knows what she needs to include in contracts to meet Department of Social Services (DSS) reporting requirements. She has already integrated the SCORE data system into her CfC site. But what can she implement to track whether programs are making an impact? And what data does she need to learn from the process? She wants to know who the program was and was not beneficial for, to ensure they can better meet the needs of the community and extend their reach in future.

At this stage Judy engages an evaluator to help her design a monitoring and evaluation framework. The evaluator works with Judy and the projects to determine what success looks like and how this will be measured.

The resulting monitoring and evaluation framework outlines how each project team will monitor the delivery of their project, as well as any intended outcomes. However, as the aim is to change the behaviour of students and families, Judy wants to be sure this has been the result. Therefore, she wants to avoid relying only on measures of attitudes, knowledge, satisfaction and awareness as she knows these don't always correlate with a behaviour change. She also knows self-reports can be unreliable.

EVALUATION OF COMMUNITY INITIATIVES ASSISTS US TO:

- Tell the story of the program
- Improve the community's ability to address issues that matter to them.
- Ensure a program is appropriate for the community and not doing harm.
- Ensure the program is implemented effectively.
- Evaluate the type and effectiveness of partnerships and networks.
- Provide feedback for funding bodies and develop a case for further funding.
- Ensure whether the program effected change, how extensive or meaningful the changes were, and how the program achieved this change.
- Understand the impact a service is making and whether the outcomes are sustainable and meaningful.
- Enable communities to be involved in shaping the services that are delivered to them.

There is no one best approach to evaluation, as the methods need to be fit for purpose to gain the most relevant and useful evidence according to the questions asked. Furthermore, standards of evidence can be different according to the world view that is held (Superu, 2016).

When selecting an evaluation approach and methodology, it is important to consider:

- The types of evidence required for different types of evaluation/research questions.
- How feasible and useful your chosen method is for examining social problems.
- The relevance of the chosen approach according to place-based, therapeutic, educational, community development and cultural requirements.
- Any ethical considerations including whether it is appropriate and accurate according to the historical, social and environmental context.
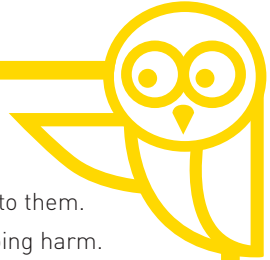
Part 6: Evaluation

Therefore, several measures are chosen to track behaviours:

• The number of students participating in the walking school bus and cycling program.

• Records and observations of how students came to school to see how this changes over time.
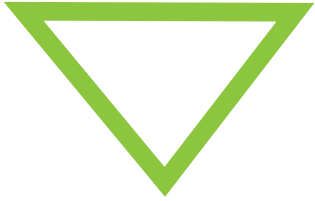
However, this data doesn't tell Judy whether the program has resulted in students being more active at home as well. The evaluator holds several student focus groups to discuss the program and asks what they took away from it, what changed for them as a result and what they'd like to see change in future. She also interviews parents to see what beliefs they have about driving to school, healthy eating and being active to establish whether there have been changes or new social expectations created. Judy sends an email survey to all the schools in the area to find out their perceived impact of the program, and includes those schools who did not participate in the program to identify barriers or challenges to engagement. Judy and her team also go back to the data sources they originally looked at to see if there was any overall changes for the community. This included data from the Australian Bureau of Statistics and Australian Early Development Census, as well as recent reports from the local council.

DATA COLLECTION METHODS

Behaviour change and community-level initiatives can be complex and hard to measure. Therefore, it is beneficial to use several data sources to assess whether a behaviour has changed. This might include observations, records, quantitative surveys, qualitative interviews, vignettes, stories or case studies to provide a well-rounded picture of whether the program is creating change, for whom and how.

Observations of how people act can determine frequency or quantity of certain behaviours, whilst removing the possibility of bias in self-reports. Observations may be conducted by a separate onlooker, or a participant in the activity, depending on how much this is likely to influence the behaviour of the participants. However, observations cannot be done with all types of behaviour, and they do not indicate why someone is performing that action, so the researcher must be cautious if making interpretations. To strengthen this approach, it is useful to have very clear definitions of what is being observed, multiple observers to compare observations and reduce bias, as well as multiple observations over time.

Records of behaviour, which may include personal journals or activity logs in real time (digital or paper-based), as well as population statistics. Collecting data consistently over time can be more accurate that asking participants to reflect on how their behaviour has changed after the program has ended. This is because it can be difficult to remember and quantify your own behaviour, particularly where change is incremental.

Self-reports of behaviours, through an interview or survey, can give an indication of what behaviours a person may perform. However, self-reports can be unreliable as participants are usually not able to accurately estimate the frequency or likelihood of engaging in different activities (Schwarz and Oyserman, 2001). To strengthen this approach it is important to thoroughly consider the questionnaire context, structure and design, as well as conduct a cognitive pilot of the questionnaire with the target audience (Schwarz and Oyserman, 2001). Other guidelines are to use a recent time period, focus on unique or memorable behaviours, allow recall time, ask specific questions or provide recall cues or an event history calendar (Schwarz and Oyserman, 2001).

Part 7:
Review and re-design

Judy holds a workshop to share the evaluation results. She is pleased to share with the partners that 18 months following the introduction of the COM-B model, there have been remarkable and measurable changes to activity levels of families in the area. Fatima from the council has reported that the walking school bus has been very successful and continues to operate at three of the five schools in the local area. For two of the schools, the number of students walking to school has increased by 50%. However, one school did not have consistent data over the timeframe due to a change in staff.

There are also positive reports back from each partner:

- Beverly reports that at her school, there has been a 40% increase in the number of parents attending social groups as a result of their incidental contact with each other on the walking school bus.
- Awatef reported that now that cycling mentorship is part of the high school's young leaders program, there is an increased sense of confidence and leadership capacity in the senior school, as indicated by the annual 'attitudes to school' survey.
- Paul, from the bicycle user group is thrilled to have increased membership and family engagement with cycling.
- Sally reported that the parenting programs had some positive outcomes in parenting confidence and wellbeing, and has some ideas to increase participation.

The feedback from the student focus groups showed a high satisfaction with the program, as well as examples of games, activities and sports that students had participated outside of school. The improvements students suggested were to have more acceptance of alternative transport options such as skateboards, scooters and roller blades, and more time for activities during the day. The interviews with parents showed that the perceptions of driving to school had shifted with the majority of parents now

believing that there is no longer an expectation to drive to school and is in fact quite the opposite. Parents who lived far from school felt like this had put pressure on them, however a number of parents had come up with the option of following the walking school bus root and dropping their children off there instead of directly at the school.

The schools that didn't participate already felt they had good physical education programs and some of them reported having seen results using existing programs such as a healthy canteen policy, Jump Rope for Heart and 'Live Life Well @ School'. Neighbouring schools reported that they heard about the program via the case studies shared by the media studies students about families being more active and popularity of the passbook and monthly prize draw. As a result, they were keen to become involved in future iterations of the program. Whilst the community-level data hasn't shown considerable change over this timeframe, Judy determined it had been overly-optimistic to expect significant change in such a short duration.

The group decide to do planning for the next year and consider how to continue the work they have done and how to embed it in the community long-term. In addition to focusing on activity levels, they also consider a new emphasis on healthy eating. This may offer new ways to engage parents into the parenting program and increase uptake. With the partnerships they have established and the efforts to engage the school communities, they feel well-placed to continue their work. Whilst some staff were initially skeptical of attempting community-level change and reticent to collect the required evaluation data, once they were able to see the effectiveness of what they are doing through evaluation, they reported a greater sense of job satisfaction and felt inspired to make further changes in their community. They also felt in a better position to attract additional funding, as they could demonstrate where the program has worked well, and what they could do to enhance this program further.

As demonstrated by Judy's story, the BCW is a useful tool for community planning of placed-based interventions that address collective behaviours rather than focusing exclusively on individual change. By using the methods detailed in this case study, CfC sites can feel more confident in their ability to address community needs, and identify and implement effective and targeted interventions according to their community strategic plan. This will empower and enable community members to participate in collective change and move towards a world in which every child has every opportunity to thrive.

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Useful Resources and where to find more information

→ Centre for Behaviour Change at University College London:
http://www.ucl.ac.uk/behaviour-change

→ Evaluation resources from Better Evaluation:
http://www.betterevaluation.org

→ Problem Tree/Solution Tree information from Evaluation Toolbox:
http://evaluationtoolbox.net.au/index.php?option=com_content&view=article&id=28&Itemid=134

→ Program Logic Model resources from the University of Wisconsin Extension:
https://fyi.uwex.edu/programdevelopment/logic-models

→ VicHealth Partnerships Analysis Tool:
https://www.vichealth.vic.gov.au/media-andresources/publications/the-partnerships-analysis-tool 25/9/2017.
VicHealth Partnership Analysis Tool

→ Australian Institute of Health and Welfare, Report on Australia's Health 2016:
www.aihw.gov.au

About Us

The Centre for Family Research & Evaluation (CFRE) is a collaborative applied research centre located within drummond street services. CFRE was initially founded by the academic teaching and research institution, Deakin University, and an innovative and research-based family and community service provider, drummond street services. CFRE has since developed academic partnerships across a range of fields and institutions and is committed to engaging expertise in the relevant content areas for our work.

CFRE is led by Karen Field, CEO of drummond street services and Chair of the National Stepfamilies Australia Network. CFRE personnel bring with them a wealth of experience and expertise in the area of family-based interventions and child and family health risk, across the spectrum of interventions from promotion, prevention, early intervention, treatment and recovery, but with a special focus on upstream interventions, and mental health and wellbeing prevention and early intervention.

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CFRE aims to promote the health and wellbeing of all Australian families by contributing to the evidencebase of family-based interventions. We understand social policy, and the needs of contemporary and vulnerable families, and this is demonstrated through our leadership in the sector by having conducted research and evaluation capacity building activities for many years.

Services available by CFRE include:

- Consultancy Support: Tailored support to agencies seeking to build their capacity to plan for, and implement evidence-based programs or to conduct outcome evaluations of their programs.

- Evaluation Projects: Evaluation of family, relationship and child and adolescent programs or services. CFRE has developed evaluation skills, methods and protocols relevant and appropriate to these services.

- Workshops and facilitation: A range of workshops for agencies or program teams, with a focus on Program Design, Strategic Planning and Monitoring and Evaluation, plus facilitation for community consultation and planning.

In 2014, the federal Department of Social Services (DSS) funded an Expert Panel project, managed by the Australian Government's Australian Institute of Family Studies (AIFS). The purpose of the panel was to build the capacity of Families and Children Activity services in planning and implementing programs, evaluating outcomes (towards being evidence-based) and disseminating results. CFRE was selected to be on the Industry List of this Expert Panel, and continues to assist building the capacity of services in evaluation and evidence-based practice, nationally, while we continue to build our own evidence-informed services and practices.

CFRE has worked with 18 Communities for Children (CfC) sites across Australia over the last two years to assist in the design and evaluation of projects, as well as community level strategic planning and evaluation frameworks for coordinated evaluation across projects.

For more information contact
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