

Developing a model of intervention in social housing transition

Phase 1: Integrative evidence review

**Report
March 2012**

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Suggested Reference

Rose V & Ng Chok H. (2012). Developing a model of intervention in social housing transition. Phase 1 Integrative evidence review. Centre for Health Equity Training, Research and Evaluation (CHETRE), University of New South Wales: Sydney.

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March 2012

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Executive summary

This report outlines evidence, both empirical and practice-based, to support the development of an intervention model in social housing transition to be implemented as part of the Airds Bradbury Renewal Project Public Private Partnership (PPP). The Centre for Health Equity, Training Research and Evaluation (CHETRE) was contracted by the Land and Housing Corporation, NSW Department of Finance and Services to undertake a focused literature review, consult with a small number of key informants and facilitate a community forum on the development of a strategic social plan in Airds/Bradbury. This report represents Phase 1 of a potential broader research collaboration between CHETRE and the Land and Housing Corporation in improving the lives of people undergoing social housing transition. It serves additionally as a guide for service model development to be used by PPP consortia in urban regeneration and social housing redevelopment.

We used a matrix for organizing and integrating intervention evidence from the literature review, consultations and community forum on estate regeneration and social housing transition using three intervention frameworks: the person-centred regeneration model; the place, space and people framework; and levels of intervention intensity. Data was triangulated across sources with each source weighted equally. In this way, interventions derived from multiple sources are seen to be more 'trustworthy'.

The evidence matrix suggests strong recommendations for:

- Ongoing dissemination of project information to the Airds/Bradbury population and continued implementation of high quality community engagement strategies in project planning and implementation
- Providing an ongoing mix of visible community development activities to engage different populations and promote social cohesion as the suburb changes
- Establishing a HUB for community development activities, community training, employment and volunteering activities (such as AB Central) to act as a central point for community connection, information and enablement
- Establishing a strong project governance structure within existing networks and structures supported by continuous monitoring of model fidelity (i.e. quality in implementation) and effectiveness
- Establishing a local employment program (with links to training, programs, services and opportunities in the region) focused on training, work experience, mentoring, job placements and apprenticeships to assist people who are unemployed (including those with disabilities) into the workforce
- Providing a suite of programs and services to individuals and families at-risk of poor transitions to build resilience and enable adaptive transitions (i.e. to facilitate non-passively acquired benefits from the estate regeneration)

The quality of the data included in the review (i.e. largely based on subjective rather than objective evidence) makes us cautious in recommending specific strategies or approaches in supporting social housing transition. With this in mind, we make three recommendations to further this work and guide PPP model development and implementation.

Recommendation 1:

Develop an integrated service intervention framework to assist social housing transition that activates change in people, place and space

Recommendation 2:

Develop a framework for assisting the use of evidence in models of social housing transition

Recommendation 3:

Develop an evaluation and monitoring framework to assess intervention fidelity and effectiveness

Part 1: Scope and purpose

Overview

This report outlines evidence, both empirical and practice-based, to support the development of an intervention model in social housing transition. The Centre for Health Equity Training, Research and Evaluation (CHETRE) was contracted by the Land and Housing Corporation NSW Department of Finance and Services to undertake a focused literature review, consult with a small number of key stakeholders identified by the Land and Housing Corporation and facilitate a community forum on the development of a strategic social plan in Airids/Bradbury. The Airids/Bradbury redevelopment project will be managed by a Public Private Partnership (PPP) and it is intended that this report will be used to inform the PPP service model.

CHETRE and the Land and Housing Corporation have a history of working collaboratively on various projects and activities through the Health and Housing Partnership. The social housing transition project is one of three potential pieces of work outlined below:

Phase 1 Integrative evidence review (the focus of this report)

Phase 2 Capacity building for integrating evidence in social housing transition (comprising for example)

- development of a tool to support the inclusion of evidence in planning for social housing transition and community renewal

Phase 3 Long-term outcome evaluation of social housing transition (comprising for example)

- preparation, submission and administration of a joint ARC Linkage grant for a mixed-methods long-term outcome evaluation of the intervention model of social housing transition
- long-term follow-up of service model participants using agreed quantitative and qualitative measures
- long-term follow-up of a non-intervention control using the same agreed measures
- sub-group analysis of outcomes of those most vulnerable or at-risk of poor outcomes in social housing transition
- preparation of a report and dissemination of findings through publication, industry forums and conferences

The report is in eight parts:

- *Part 1* presents the scope and purpose of the project, including background on the Airds/Bradbury redevelopment, theoretical approaches important to understanding intervention in disadvantaged communities and the approach used in this review
- *Part 2* presents the mixed methodology in detail including literature review search terms and databases and qualitative analysis methods
- *Part 3* presents the results of the critical review of empirical literature and grey literature on interventions addressing social housing transition, redevelopment and locational disadvantage
- *Part 4* presents the practice-based evidence results from the consultations with key stakeholders on aspects of the intervention model, community engagement and resident transitions
- *Part 5* presents data from the community forum in Airds organized within the components of the person-centred intervention model
- *Part 6* presents a framework for intervention in social housing transition integrating evidence from all three data collection methods
- *Part 7* presents a summary and discussion of findings and recommendations arising from the review important for further development of the intervention model and PPP
- *Part 8* presents the references cited in the document

Airds Bradbury renewal project

The Airds Bradbury Renewal Project involves the comprehensive renewal of the social housing estate over the next 10 to 15 years. The project aims to make the area a great place to live by [1]:

- improving homes and public spaces;
- improving services and opportunities available to residents; and
- supporting the local community to build on its strengths, skills and overall capacity.

The renewal project is expected to transform the original 1470 social housing homes into a sustainable mixed income community of 2100 homes of which 30% will be social housing [2]. An integrated master plan or Concept Plan was developed based on a comprehensive series of award winning community participation events held in 2009 and 2010 [3]. The Concept Plan was subject to an Integrated Social Sustainability and Health Impact Assessment (ISSHIA) and is currently in review with Campbelltown City Council.

Public Private Partnership

The Airds Bradbury Renewal Project will be delivered via PPP. The PPP will involve organizations contracting with the NSW Government to complete: development (new roads, parks and community facilities), house construction, facilities management and maintenance, tenancy management and rehousing existing tenants. The group will likely include a developer, a facilities management company, a community housing provider, a community renewal specialist and a bank [4].

Locational disadvantage and social housing transition

Locational disadvantage is a broad term referring to the spatial clustering of social disadvantage through, for example, poor access to recreational, educational, health and other services and infrastructure or high rates of crime, unemployment and poor educational outcomes [5,6]. Locational disadvantage is thought to negatively affect wellbeing through both material deprivation and psychosocial stressors, operationalized as [7,8]:

- diminished access to social networks that link residents to job opportunities
- limited availability of role models to socialize residents into 'appropriate' behaviours of broader society
- postcode prejudice and stigma associated with residing in perceived undesirable areas
- decreased access to essential services resulting from 'service overload'.

Changes to public housing policy over the past few decades has seen a reduction in the availability of public housing and a resulting concentration of locational disadvantage as limited housing is directed to those most in need [9]. Not surprisingly, concentrated disadvantage exacerbates social problems and the Australian media has successfully, over a number of years, painted public housing estates as dangerous beds of welfare dependency, immorality and crime. While this is clearly exaggerated, concentrated locational disadvantage can result in unsafe neighbourhoods that lack trust and community cohesion and are unable to provide support for the people who live there [5].

Policy makers have increasingly used estate regeneration to address the problem of locational disadvantage. This approach assumes the presence of 'neighbourhood effects' or that area disadvantage compounds individual disadvantage [9]. The Airds/Bradbury Renewal Project focuses on both individuals and estate regeneration. This research is concerned with collating evidence and informing the development of a service model to address the 'social infrastructure' of the project – the public housing tenants who will be relocated, those who will stay behind in the new mixed social community of Airds/Bradbury and the processes, services and other infrastructure that will assist them in change.

While it is not the purpose of this research to review the effectiveness of either relocation or social mix policies in estate regeneration (see, for example [6] for a review) it is useful to briefly review potential issues that may prove important to intervention design. Evidence suggests relocation can lead to improved mental and physical health (e.g. reduced obesity) and social outcomes, including reduced experience of social disorder and improved access to employment opportunities [10,11]. US evidence (in studies using vouchers for relocation in mixed neighbourhoods) shows relocation can have negative impacts on income and safety (depending on where a person or family is moved), and disrupt social connections and service access [12,13].

There is currently broad debate about the effectiveness of social mix policies (see, for example, [14] for a review); although evidence seems to suggest that the experience can be positive as long as potential problems are addressed through explicit strategies [6, 15]. According to AHURI [6] these strategies include "building healthy communities, reducing

potential tensions (particularly where there is tenure mix), coordinating residential development with economic revitalization and ensuring that the underlying problems experienced by very low income households or hard-to-house tenants are resolved rather than simply relocated.” (p. 35).

Taken together, these issues – safety and economic security, fostering social networks, health promoting environments, social cohesion, economically productive communities, and coordinated specialist intervention – are reflected in the frameworks for intervention used to propose a model of social housing transition.

Frameworks for intervention

This research is informed by three frameworks for intervention which denote how and where to take action, the type or level of action required and the theoretical underpinnings of action to address locational disadvantage and improve community wellbeing and life opportunities.

Person-centred regeneration

Regeneration of public housing estates has often focused on the physical environment (housing stock, roads and facilities etc) rather than the residents themselves in the belief that positive changes to the environment will produce concomitant positive changes to the population (the ‘neighbourhood effect’) [9]. As both Lilley [9,16] and Goetz [14] have pointed out, changes to the broader environment present *opportunities* for improved health, wellbeing, and social and economic outcomes at the individual level. Improved functioning is not a done deal; these non-passively acquired benefits require resident action to achieve them.

In response, Lilley [9] has developed a person-centred model of estate regeneration drawing on Capability Theory, which posits interactions between adaptive internal capabilities (e.g. a job-seeker’s customer service skills) and facilitative external environments (e.g. a new supermarket chain opening in the area) in producing optimal functioning [17,18]. This interaction is organized into a domain-specific ecological model with residents at the centre of the ‘system’. The person-centred regeneration model identifies five domains for intervention [9]:

- *Person*, through for example, identifying opportunities for health, skill and capacity development
- *Family/Household*, through for example, comprehensive housing assessments and transition planning
- *Social*, through for example, facilitating connections and implementing local activities and events
- *Institutional*, through for example, shared planning by residents, government, NGOs and business
- *Physical*, through for example, implementation of the urban regeneration concept plan

Space, place and people

Another framework for intervention used by CHETRE in both understanding and planning action to address locational disadvantage is space, place and people. This framework emerged from research examining the health effects of locational disadvantage: was poor health related to *context* (i.e. an unhealthy physical neighbourhood environment) or *composition* (i.e. unhealthy people)? Large epidemiological studies show that health is related to both space and people (see, for example [19]) and another factor that seems to encompass the social context between both, place.

The terms ‘space’ and ‘place’ are often used interchangeably and there is some confusion about how each is conceptualized. We define the concepts as following [5,20-22]:

- Space is the physical environment in the community including buildings, physical infrastructure and natural environment
- Place is the social infrastructure of a community including shared norms, values, history and interests
- People are individuals and groups living in the community

In a previous article [21] we further clarified, “while ‘space’ describes where a location is, ‘place’ describes what a location is” (p. 96). The concepts have clear overlap with the domains in the person-centred regeneration model where: *Space* is the Physical domain; *Place* is the Social and Institutional domains; and *People* is the Individual and Family/Household domains. There is also overlap in intervention focus. In this example to address the needs of young people in a locationally disadvantaged community:

- Space-level intervention may focus on the need for physical recreational facilities
- Place-level intervention may focus on enhancing positive social connections
- Person-level intervention may focus on improving job-seeking skills

Targeting intervention

In any locationally disadvantaged community (or housing estate or suburb) there are some people and families who are acutely disadvantaged or have ‘multiple disadvantages’, including intergenerational unemployment, substance abuse, criminal convictions and family dysfunction [23,24]. These residents have difficulty meeting tenancy requirements and are commonly in contact with multiple services which singularly fail to meet their complex needs. At the same time, other residents are more adaptive, participating in the local community, gaining skills and resources to ‘get on their feet’ in a new country or temporarily requiring support to assist them through a major shock such as unemployment or death of a family member.

This suggests intervention needs to be ‘stepped’ to meet the needs of people and families in different life circumstances. A stepped intervention model has programs and services at three levels: using medical language, a *primary* service which is available to everyone (e.g. primary health care), a *secondary* service which is available to some, when required (e.g. allied health care) and a *tertiary* service which is available to those requiring specialist intervention (e.g. specialist medical practitioners).

In the community estate regeneration context, we see three levels for intervention:

- Primary-level intervention for all of the people all of the time (e.g. street fairs, community development activities)
- Secondary-level intervention for some of the people some of the time (e.g. job-skills training, financial literacy skills)
- Tertiary-level intervention for some of the people all of the time (e.g. intensive family case management, intensive living assistance for those with a psychiatric disability)

It should be noted that while tertiary-level intervention requires greater intrusion (and thus control) in the lives of residents than the other two levels, the person-centred regeneration model [9] implies that intervention, even at this level, should enhance personal agency rather than detract from it. This strengths-based approach is known as ‘empowering casework’ [25] and fits well within a broader community development framework.

Social cohesion

Integration of residents from different social strata in regenerated communities is affected by the spatial distribution of tenures, residents’ lifestyles (e.g. employed versus unemployed), the presence of children and local schools and stigma associated with social housing [26]. There is little empirical evidence that social mix results in social cohesion [27]; perhaps, to use Goetz’s [13] analogy at the individual level, because it is a non-passively acquired benefit of community regeneration and social mix.

Larsen [28] has developed a social cohesion model for community regeneration and health. The model posits that social cohesion – defined as “the capacity of a society or community to ensure the wellbeing of all” – is produced through the balance and tension of social capital and social inclusion where:

- Social capital refers to bonding (i.e. links within a group), bridging (i.e. links across groups) and linking (i.e. links to higher social strata to access resources) social networks
- Social inclusion refers to social engagement and participation in the community, service engagement and economic inclusion (through, for example, employment)

The key point is balance. Too much social capital (particularly that related to bonding) leads to insular groups and communities that are unable to escape the boundaries of local socialization, adapt to challenges or take advantage of new opportunities [29]. Too much social inclusion, on the other hand, risks relatively affluent communities with high economic inclusion but little social connection or ‘soul’.

The lesson from this work is that interventions to boost social cohesion following estate regeneration and social mix must balance social capital strategies (e.g. community fairs, school-based community activities and groups etc) with social inclusion strategies (e.g. job-search skills training, access to a ‘service menu’ of appropriate programs etc).

Aims and objectives

The research is guided by the question: *What interventions or elements of programs contribute to successful place, space and people outcomes, at different levels of need, in social housing transition and re-development?*

The aim of this research is to undertake an integrative evidence review of models, services and programs in social housing transition to identify elements important to development of an intervention model in Airds/Bradbury. Evidence in this context is both 'evidence-based research' (i.e. arising from appropriately conducted trials of interventions) and 'practice-based evidence' (i.e. arising from practitioner experience in the development and implementation of interventions). The objectives were to:

- undertake a critical literature of models, services and programs aiming to address locational disadvantage, estate regeneration and social housing transition
- undertake consultations with key informants from the government and NGO sector in the fields of estate regeneration, community capacity building and intensive case management intervention
- facilitate a community forum with residents, government and NGO providers with the goal of informing the development of a strategic social plan for Airds/Bradbury

Part 2: Methods

We used a mixed-methodology, sourcing qualitative data from three different methods (literature review, consultation and community forum) concurrently and weighting each source equally in the development of the integrative evidence review. Detailed methods for each step are outlined below.

Critical literature review of published evidence

A dual search strategy was employed. First, we replicated the search strategy used in the previous review undertaken by CHETRE on place-based interventions and social disadvantage [7]; limiting the dates for inclusion from 2007 to 2011. Second, we broadened the search to include studies focused on social transition, social housing and community regeneration using the search terms social housing, public housing, housing estates, council flats, government housing, and community housing.

We searched the databases: Medline, Cinahl, Embase, Social Science Index, Sociological Abstracts, Australasian Medical Index and APAIS. Google Scholar was searched using the terms 'housing' and 'regeneration' and a general web search of local, national and international housing organisations was also undertaken to gain an understanding of the scope and breadth of urban regeneration material.

- Publications were then screened for inclusion using the following criteria: years 1995 to current
- from a developed country
- empirical research
- describing a model, program, intervention or community initiative

Consultations with key informants

We undertook eight consultations with individuals and small groups identified by Land and Housing Corporation as key informants in estate regeneration, community capacity building and intensive case management intervention. Those consulted reflect government and NGO staff in positions of policy-making, senior management or program administration and frontline service delivery, in the main with existing service connections to Airds/Bradbury. We are unable to give further discriminating information given the potential for identification with the small sample size. Two key informants were unable to be contacted.

All consultations were conducted by the project manager (VR) and research assistant (HN), undertaken on service premises and lasted between 40 minutes and two hours. Questions were open-ended and unstructured, asking those consulted to reflect on the relevant projects they had participated in or delivered and what they saw as the strengths and limitations of each in the context of estate regeneration in Airds/Bradbury.

Table 1: Database search showing articles found and included in the study

Resource	Search terms and frequency of studies found (used)							
	Urban renewal	Neighbourhood **	Urban Regeneration	Public Housing **	Social housing **	Deprived areas **	Area based **	Disadvantage *
MEDLINE	30 (5)	33 (1)	28 (2)	97 (0)	4 (0)	6 (1)	13 (2)	34 (1)
CINAHL	3 (0)	14 (0)	4 (2)	19 (1)	4 (0)	10 (0)	20 (0)	19 (0)
EMBASE	14 (1)	56 (4)	30 (1)	28 (0)	8 (0)	33 (0)	19 (0)	40 (0)
SOCIAL SCIENCE INDEX	286 (8)	*125 (0)	*87 (6)	274 (7)	50 (0)	128 (1)	100 (3)	84 (12)
SOCIOLOGICAL ABSTRACTS	299 (4)	227 (0)	30 (0)	105 (0)	155 (2)	13 (0)	*36 (0)	72 (0)
AUSTRALASIAN MEDICAL INDEX	8 (0)	10 (0)	3 (0)	11 (2)	1 (0)	2(0)	2(0)	66(0)
APAIS	76 (1)	83 (2)	7 (1)	49 (0)	27 (0)	0	0	100 (2)
Total	716 (19)	548 (7)	189 (12)	583 (10)	249(2)	192 (2)	190 (5)	415 (15)

*AND housing, ** AND intervention, () articles included in the study.

NB: Totals do not add up to the number of articles included in the review (n=37) because some articles were identified across multiple resources

Notes of the consultations were hand-written by both researchers (it was decided not to digitally record and transcribe consultations given the short time-frame for the project) and then combined for analysis. A simple qualitative description analysis method [30] was used with open coding of content, keeping close to the data (i.e. minimal interpretation) to better showcase participant responses.

Community forum

The purpose of the community forum was to review project progress in regards to the Strategic Social Plan for Airds/Bradbury and gain information from key stakeholders on issues relevant to the development of a project framework and work plan for the next 12 to 18 months.

We facilitated the forum using a World Café methodology [31], where multiple small time-limited discussions on a focused topic occur within a larger forum. In the first two rounds of the World Cafe, participants were asked to raise issues about regeneration in Airds/Bradbury using the Strategic Social Plan framework (i.e. the person-centred regeneration model). In rounds three and four, participants were asked to form three groups – residents, government and NGO – to discuss the potential opportunities and challenges presented by a PPP and the key principles that might guide such a partnership.

A scribe/table facilitator recorded participant responses for each round on butcher's paper and these were collated, typed and then analyzed using a framework approach [32]; essentially a method of qualitative description using a priori categories or themes (in this case derived from the model and questions for the PPP). As before, minimal interpretation was applied to the data and reporting reflects actual participant words as recorded on the butcher's paper.

Integration of evidence

We used a matrix for organizing and integrating evidence on estate regeneration and social housing transition focused on intervention (see Table 3). The matrix approach has been used previously in integrating data from evidence-based research and practice-based evidence [33]. At the first level are the constructs of people, space and place. Nested within these constructs are the domains of individual, family, social, institutional and physical (consistent with the Person-centred regeneration model). On the other axis are the levels of intervention targeted at primary, secondary or tertiary services or programs.

Table 3: Integrative evidence review matrix

	People		Place		Space
	Person	Family	Social	Instit.	Physical
All the people all of the time					
Some of the people some of the time					
Some people all the time					

As noted previously, data were given equal weighting in populating the matrix. This forms the basis of a social housing transition framework for service intervention.

Part 3: Findings from critical review of empirical literature

The search strategy yielded 37 studies focused on community intervention, regeneration and housing, the majority describing locally based initiatives, although some formed part of a broader city wide strategy for rejuvenation. Table 2 presents the 37 identified studies organized by study description, the domains of space, place and people, reported achievements (this phrase was considered more appropriate than ‘evaluation findings’) and project-specific implications. A summary of findings is included here. The majority of studies were identified in Australia (n=15) and the United Kingdom (n=18), while a small number were identified in the United States (n=3) and Canada (n=1).

Overview of studies

The majority of studies and programs identified described integrated service and program interventions with strategies in the domains of people, space and place. These programs maximized their chances of success with multiple intervention strategies. Place-based interventions focused on community engagement activities and capacity building, often using the arts as a vehicle for development. People-based interventions tended to focus on developing skills for particular groups (e.g. people who are unemployed) including those at-risk of poor outcomes (e.g. early intervention for children). Space-based interventions focused on the establishment of spaces for community development and intensive individual assistance (e.g. a centrally located physical ‘HUB’ for program activities).

Many of the identified studies did not include effectiveness information or project outcomes (e.g. objective or subjective improvements in health or social connection) and instead relied on outputs to suggest project success (e.g. numbers of people who attended event). To some extent (but not exclusively) this reflected the publication type included in the review with program reports (the function of which is to report on activities and inform funding bodies) being more likely to report outputs than papers in the academic literature. There is a paucity of methodologically rigorous research in this area. As a result, it has been difficult to gauge the effectiveness of interventions included. This limitation should be front of mind when interpreting the following information in the table.

Table 2: Interventions and programs identified in the literature search

Program	Description	Intervention domain			Reported achievements	Project-specific implications
		People	Place	Space		
Culture in Regeneration (UK) [34]	The Brightmet Arts project was a community development project that aimed to change perceptions of the area, build capacity and the skills of residents. The intersectoral project targeted vulnerable children, adults and elderly and involved relationship building among generations. It was funded by local government, charities, a housing association and local college.	X	X	X	Over 60 projects were coordinated with local people, delivering 446 sessions which included celebrity artists. The project reported a perceived increased sense of pride among children and young participants and increased respect toward the elderly.	Not all groups (adults) respond to art as a vehicle for increasing community connections.
Local Wellbeing Projects (UK) [35]	South Tyneside: The We Asked, You Said, We Did Campaign focused on tackling high disengagement between local government and residents through showcasing how residents influenced decisions and encouraging collective ownership over changes.	X	X		The project reported that residents are pleased council is being responsive to their needs and are keen to be involved in further consultation.	Transparent reporting of decision-making appears to be useful in addressing resident fear of crime.
	South Tyneside: Neighbourhood Management team focused on building trust between local government and residents by increasing both formal meetings and informal contact between council officers and residents.		X		The project reported strengthened relationships between the Neighbourhood Management team and residents.	Informal relationships between authorities and residents allow for more effective engagement and consultation.
	South Tyneside: Pride of South Tyneside Awards is a local calendar event that recognises and celebrates the achievements and contributions of local people.		X		The project reported an increased sense of pride and belonging among residents and raised awareness of volunteering opportunities.	The Awards work to redress (in a small way) negative stereotyping of community dysfunction.
	Hertfordshire: Youth Charter aimed to inform, empower and improve outcomes for young people through participation and better service provision. The charter was disseminated through workshops, poster campaigns, school resource packs and a website.	X			The project reported a raised awareness and increased confidence among young people in their views being as valid as adults.	The Youth Charter is a useful tool for engaging an often hard to reach group.
	Hertfordshire: Westfield Sure Start Children's Centre is a co-located adult and child centre that aims to support families and promote the	X	X		The project reported increased involvement of parents in decisions about children's services.	The centre's location on public school grounds means that activities and services

Program	Description	Intervention domain			Reported achievements	Project-specific implications
		People	Place	Space		
	wellbeing of children and parents in a multicultural neighbourhood. The centre involves parents and communities in decision-making about services.					have the potential to be integrated into the school agenda.
	Manchester: Community Guardian project involves a volunteer who works closely with local government to ensure efficiency in service provision in the areas of maintenance and waste management. The guardian disseminates information from local government to residents and reports on incidences in the area.	X	X		The project reported increased community connections (the guardian was seen to facilitate links) and a raised resident awareness of staff and resources in local government.	Community Guardians require competent problem solving skills to negotiate complex issues that may arise between local government and residents.
The City Intersection Repair Project (US) [36]	The Intersection Repair Project was designed to address the lack of social connectivity in small housing units in Portland, Oregon. Regular forums were held for residents from low to moderate income neighbourhoods and a series of community development and arts projects were developed to transform the physical environment.	X	X	X	The project reported increased networking among residents and the development of various public features and amenities including an art mural, information kiosk, benches and hanging gardens.	Flexibility in design and shared control of projects assists the engagement of residents across different income and social strata.
Roots and Shoots project (UK) [37]	The Roots and Shoots project in Lambeth provided a range of skills training to support people with a disability to enter the work force. The project consists of building employability through work experience with local employers and experience in retail through the sale of plants and wooden garden furniture.	X			The project reported increased partnerships in the community to support people with a disability and stimulation of the local economy through active workers.	People with a disability remain vulnerable to unemployment outside project support structures.
Promising Practice Profiles Animation Project (AUS) [38]	The Animation Project provides structured training and support for community action among people living in public housing. The grass roots project involves a wide range of activities such as: arts exhibitions, coordination of the running of a laundromat and café that is sustained by the community, and film and media productions.	X	X	X	The project reported participant skill development through formal and informal learning in areas of: public speaking, management, hospitality, first aid, media skills, cash handling and budgeting, and drug and alcohol awareness.	A mix of structured and unstructured skill development can engage disadvantaged residents in learning.

Program	Description	Intervention domain			Reported achievements	Project-specific implications
		People	Place	Space		
Gospel Oak Neighbourhood intensive regeneration (UK) [39]	Intensive regeneration occurred in Gospel Oak between 1998 and 2001. The project focused on improving resident security, facilitating community links between vulnerable groups, including those with a mental illness, partnership building between services and community (e.g. board and community forum for social inclusion), safety and security upgrades in public areas and building and extension of new amenities (e.g. sports centre, library). This paper focused on the perceived outcomes of the redevelopment for people with a mental illness.	X	X	X	The project reported minor positive impacts on wellbeing as a result of the regeneration for people with a mental illness, particularly in terms of perceptions of increased safety.	Perceived improvements in community safety may be more important than other measures (e.g. participation) in increasing wellbeing among the most vulnerable.
Neighbourhood Renewal Evaluation (AUS) [40]	Colac Be Active Eat Well was a 3 year community capacity-building program that promoted healthy eating and physical activity for children and their families in the school setting during urban renewal.	X			The project reported reductions in weight and BMI among primary school children.	Evidence-based health promotion interventions at the individual-level can complement change in community settings.
	Colac Community Hub is a venue for co-located service delivery comprising health, education and community services. The Hub organizes community development activities and provides community space for resident meetings and gatherings.	X	X	X	The project reported delivery of a range of services and programs to support residents including the Job Opps support for people who are unemployed and a Lets Read program for those with low literacy.	A community hub provides a venue for coordinated activity among residents with different levels of need.
	The Heathdale BBQ Festival is a community event that celebrates multiculturalism, promotes the renewal process and fosters community pride and participation.		X		The project reported that the festival is well attended and attracts celebrity chefs and other notables. The festival raises awareness of the Heathdale Neighbourhood Association and leads to volunteering opportunities.	The festival is a useful method of disseminating information about the renewal project to residents.
	The Atherton Gardens Family and Children's Community Hub on the Fitzroy Atherton Gardens Estate is a collaborative partnership among government and non-government agencies. The	X	X	X	The project reported several activities including the physical upgrade of apartments, creation of an IT community hub, basketball court and	A community hub focused on children provides an avenue for intervention among families and communities

Program	Description	Intervention domain			Reported achievements	Project-specific implications
		People	Place	Space		
	hub uses an integrated service delivery model to improve outcomes for children and families.				community garden redevelopment, improved paths, tree planting, and a rain and grey water recycling system.	more broadly.
	The Doveton Cultural Community Garden initiative was designed to provide skills opportunities in construction, landscaping, and horticulture and to involve residents in their local community. The initiative also provides residents access to good cheap and locally fresh produce.	X	X		The project reported the development of a communal garden, the involvement of volunteers and participant appreciation for skill development in responsible garden management including water conservation, mulching, and using recycled materials.	A communal garden provides opportunities for both social connection and addressing food security.
	The Wendouree West Community Learning Hub is a co-located centre that combines education, health, employment and community services into a single location. The hub provides facilities for infant and primary school, meeting rooms, a library, gym, IT centre, art facilities, community garden, commercial kitchen, and men’s shed.	X	X	X	The project reported a 59% increase in preschool participation in Wendouree West since the Hub’s establishment in 2001.	Community hubs maximize intervention success by providing both community development and targeted service delivery.
Art and safe communities: Big hART (AUS) [41]	The Northcott Housing Estate is an inner Sydney housing estate that used artwork as a way of empowering the community to participate and achieve goals during regeneration. The regeneration involved the Neighbourhood Advisory Board, tenants and government and non-government agencies.	X	X	X	The project reported improved social cohesion, surveillance and decreased crime in Northcott. Tenants reported feeling greater value and respect from others, and more safe and comfortable than before the project began.	Expert facilitated community arts projects can increase social cohesion and reduce perceptions of crime.
Breaking cycles by building neighbourhood hubs (AUS) [42]	The Building Neighbourhood Hubs project consists of five community hubs across Hume, Victoria. The community hub model is used to better health outcomes for children and families. The hubs aim to integrate the culture of piece meal service delivery, poor participation rates in early childhood services by vulnerable families and access to early childhood services for all. The hubs are a collaboration among the health, education and	X			The project reported improved language and literacy levels in children; stronger bonds and sharing of expertise, resources, and community engagement between staff and residents; and greater family awareness and efficiency in service delivery.	Service co-location and integrated coordination can increase access for CALD residents and families.

Program	Description	Intervention domain			Reported achievements	Project-specific implications
		People	Place	Space		
	community sectors and targeted mainly at families from CALD background.					
Community activity and service delivery models (AUS) [43]	Communities for Children Hubs assist socially isolated and vulnerable parents and families to engage with services that promote health outcomes.	X	X	X	The project reported the establishment of various services targeting different population groups according to local demographics (e.g. refugees, youth).	A population approach may exclude vulnerable parents and families from specialist service delivery.
CAFE (Children and Families Everywhere) (AUS) [44]	The CAFÉ Enfield project was the first South Australian co-located child centre. The project uses the community hub model with integrated specialist services based at a local primary to support children and families.	X			The project reported increased access through a significant number of families involved in activities and ‘dropping in’ for support and assistance.	Integrated specialist services located in the community school environment promotes access for at-risk and those temporarily in need.
Communities for Children (C4C) (AUS) [45]	Communities for Children (C4C) is a national project developed to maximize positive outcomes for children through a focus on antenatal and maternal health, educating parents and specialist service delivery. The C4C model involves a NGO ‘Facilitating Partner’ who collaborates with local organisations (‘Community Partners’) to deliver a range of activities that meet the identified needs of parents and families in the community.	X	X	X	The project reported a decrease in social isolation of respondents and an increase in connections among different community groups. The availability of early learning and care was linked to improved child cognitive development, social and emotional development.	Comprehensive strategic people-responsive interventions achieve targeted impacts and broader positive impacts in the community.
Glasgow GoWell study (UK) [46]	Glasgow Housing Association funded 22 youth diversionary projects across disadvantaged communities to reduce crime, youth boredom, and anti-social behaviour and to improve community safety, respect for the justice system and increase the long-term life chances of young people.	X			The project reported reduced tension and hostility between youth from different ethnic groups and improved police community relations. The diversionary program reportedly indirectly increased confidence amongst residents to venture outside and use parks.	Intensive support and intervention for young people at-risk can have flow-on effects for the wider community.
Hope IV (US) [47]	Hope IV is the largest housing revitalisation program in the US involving amenity upgrades and relocation. The renewal aimed to not only transform the physical aspects of public housing but also to alleviate major social problems			X	The project initially reported increased satisfaction, feelings of safety, social cohesion and collective efficacy, and reduced crime drug-related problems among relocated residents. However, as	An exclusive focus on physical regeneration and new housing failed to produce long-term stable improvements in family

Program	Description	Intervention domain			Reported achievements	Project-specific implications
		People	Place	Space		
	endemic to the area such as drugs, alcohol, crime, violence, racism and poverty.				time progressed there was an increase in relocated residents requiring financial support and some young people (boys particularly) were at-risk for antisocial and criminal behaviour.	functioning.
Anti-social Behaviour Intensive Family Support Projects (UK) [48]	Intensive Family Support Projects (IFSP) was a coordinated local government program, in partnership with housing associations, to target disadvantaged families with a myriad of problems classed as anti-social behaviour.	X			The project reported a wide range of disciplinary interventions that helped family members to achieve change.	The best opportunity for referral (and change) was before the onset of legal action.
Castle Vale Housing Action Trust (UK) [49]	The Castle Vale regeneration project in Birmingham involved the redevelopment of one of the largest estates in the UK to reverse the physical and social dilapidation of the area. The regeneration was overseen by a Housing Action Trust (HAT), which was managed by a board of 12 members from local government, residents and independent groups, and saw wide physical improvements and demolition of highrise buildings.	X	X	X	The project reported improved school attendance and a reduction in area unemployment thought to result from physical changes to the shopping precinct and social skills-training skills for people who were unemployed.	Individual-level changes (e.g. through training for unemployed) were supported by real opportunities for work in the local area (e.g. through attracting new retailers to the upgraded shopping precinct)
Neighbourhood Alive! (CAN) [50]	The Neighbourhoods Alive! (NA!) project is a revitalisation project which uses a community partnership model targeted to high risk and high need communities to improve dilapidated buildings, increase employment, education, community safety, neighbourhood stability, capacity, wellbeing and economic development.	X	X	X	The project reported significant improvements in community perceptions of the neighbourhood including a decrease in vandalism, thought to result from physical changes made to gardens and green spaces. However, perceptions of safety were mixed.	The community partnership model delivered skill development and physical changes but these did not translate into improvements in safety.
Environmental Employability Programme	The Environmental Employability Programme (EEP) is one of the unemployment initiatives established by Glasgow Housing Association's Neighbourhood	X		X	The project reported that expected attendance targets were exceeded by one third and the majority of trainees	Work experience and placements were embedded within local council giving

Program	Description	Intervention domain			Reported achievements	Project-specific implications
		People	Place	Space		
(UK) [51]	Renewal program with a range of other organizations including local council. The initiative provides employment skills, placements and work experience to people who are unemployed.				transitioned into full time employment.	trainees access to a broad range of skills and contacts.
Families Empowered to Act Together program (AUS) [52]	The Families Empowered to Act Together program (FEAT) is an early intervention program supporting families in a disadvantaged area in South Australia. The project was targeted at families with children between the ages of 5 to 13 years at risk of disengaging from learning.	X			The project reported increases in children's learning capabilities, school attendance, punctuality, links with other services, parenting skills and practical household help.	FEAT is a useful model for providing intensive child support and intervention for small numbers of families (i.e. 10-20).
New Deal For Communities (UK) [53]	The New Deal for Communities (NDC) Programme was developed to close the gap between deprived and well-off communities in England. The 'NDC model' focuses on strategic physical redevelopment of select areas, collaboration between agencies in these areas, learning and innovation.	X	X	X	The project reported significant improvements in mental health and crime and potential indirect improvements to employment and education.	Large scale projects targeting populations had more significant effects than smaller scale projects.
SHARP study (UK) [54]	The SHARP study reports on tenants' health and wellbeing after living for a year in newly regenerated areas in Scotland in Registered. The intervention involved both the re-housing and relocation of low-income groups.	X		X	The project reported improvements in anti-social behavior and tenant satisfaction with the general appearance of the area, the reputation of the area, litter and rubbish, and traffic conditions. However, a lack of facilities for children and young people and lack of safe children's play areas remained a concern for tenants.	Changes in dwelling type can influence perceptions and individual psychosocial processes in the short-term.
The Chicago Family Case Management Model (US) [55]	The Chicago family case management model involves frequent and intensive clinical case management with service brokerage.	X			The project reported increased employment among program clients. High risk families benefited most from the model.	The family case management model is useful for discrete client groups in high-need.
The role of sport in regenerating deprived areas	This report describes a number of sport-led initiatives in the regeneration of urban areas and social inclusion.	X	X	X	The report suggests that sport increases psychological health during regeneration and also promotes social	Sports activity during regeneration requires good facilities, an awareness of

Program	Description	Intervention domain			Reported achievements	Project-specific implications
		People	Place	Space		
(UK) [56]					inclusion, self-esteem, community pride and belonging, social interaction, and health and fitness.	social groups in the community and providing support for like minded people.
The Urban Renewal Employment Enterprise Program (AUS) [57]	The Urban Renewal Employment Enterprise Program (UREEP) was an initiative for unemployed jobseekers that trained participants in the trades of landscaping, gardening and construction.	X	X	X	The project reported a number of initiatives including a Pop-up Park (including synthetic cricket pitches, a barbecue area, community garden and orchard), construction of new walking paths, playgrounds, barbecues and a basketball/netball ring and a Community Hub for community meetings and activities.	A series of innovative and community-relevant projects led to employment opportunities and community improvement.
Housing, place or social networks: What's more important for relocating tenants? (AUS) [58]	Ferryden Park: The Parks Urban Regeneration Project involved the redevelopment and relocation of residents in five suburbs that were highly disadvantaged. The project was implemented by a consortium of state and local government and a private developer.			X	The project reported that residents were satisfied with the quality and location of housing, although resident satisfaction was highest when residents were granted the opportunity to be relocated in close proximity to family and friends.	The quality of housing and dwelling conditions appeared to matter more for resident satisfaction than social interaction.
Neighbourhood walking and regeneration in deprivation (UK) [59]	This study investigated the walkability of 32 regeneration sites in deprived Glasgow (UK) communities. The study targeted participants were from high rise apartments and low storey housing dwellings.			X	The study reported low levels of walking in deprived areas. Walking was highest when residents walked to public amenities and services such as shops, libraries and fast-food outlets.	Public amenities, especially parks, play areas and general shops in close proximity to housing are associated with increased walking.
More than jobs and houses (UK) [60]	This study was conducted in deprived urban regeneration areas in South Manchester as a 2 year follow up to urban housing regeneration and tenant relocation.			X	The study reported that poor housing, transport and employment continued to impact negatively on mental health and wellbeing. Police and housing authorities responsible for changes in the area were perceived to be unsuccessful at addressing people's concerns.	The need for physical changes was viewed as less important than 'sense of place' and the reputation of the area as unsafe.

Part 4: Findings from the consultations

The consultations were wide-ranging in topic, enabling those interviewed to draw on experience in their current job and field and earlier experiences. Perhaps because of the open nature of these conversations, the people interviewed tended to raise questions and concerns about the redevelopment model. As a result it seemed sensible to structure responses in a series of questions loosely grouped to three major themes: the community regeneration model; community engagement; and resident transitions. Some of these questions have answers; some don't. These questions serve as prompts to model design.

The community regeneration model

What is the best model of community regeneration?

A 'whole of community approach' with community development and targeted support to the most disadvantaged and vulnerable residents, was thought to be the most appropriate model. The model should be flexible, allowing the project to bring in specific services at different times in response to changing community need. Major practical steps (e.g. dealing with the stress and shock of relocation, linking with new services, coping with emotions of moving, seeking new opportunities etc) should have both ongoing community level (e.g. project updates, stories and information) and temporary social supports (e.g. 'community support worker', social support groups focused on relocation and skills training) around them.

What is the best model to support at-risk individuals and families?

Intensive integrated service models incorporating specialized case management/coordination with mixed health, housing, welfare, disability etc professionals are useful in addressing individuals and families in crisis or with significant needs.

- The Family Case Management model, being trialed in some suburbs within SWSLHD, intervenes in families with children who are at-risk (but not at significant risk of harm). The model involves clinically trained professionals in assessment and treatment and is supported by funding (up to \$5000 per case). The model is currently being trialed and an evaluation is in progress.
- The Macquarie Fields Case Coordination model involves specialist case management of individuals in the community who are in crisis or at significant risk (including children, the elderly, those with a mental illness or disability etc). The model involves both government and NGO partners from various sectors – disability, health, aged care etc.

Will the model create another layer of services?

There was a concern that the model could create another layer of services in Airds/Bradbury rather than strengthening existing networks and services. Multi-layering of services makes case coordination difficult and can risk people falling through service gaps.

What is the best NGO funding model?

Two models were discussed: a facilitating partner model (e.g. Communities for Children) where the NGO (in addition to providing its own services) competitively allocates funding to other agencies (government and NGO) to deliver services and programs to meet community need; and a 'place management model' where a single NGO (while partnering with other government and NGO services) provides coordination, programs and services to meet community need.

Is the NGO model sustainable?

NGOs were thought to have the flexibility to join together and 'buy-in' different programs and services as the redevelopment progressed; although there was some concern that they would be able to gain funding over the long-term to address needs.

What should the project governance structure look like?

There was general agreement that the project needed strong governance through, for example, the NGO and partners forming an intersectoral committee that reports to Land and Housing Corporation. Alternatively, the day to day work of the project team and partners may be overseen by the Regional Managers' Cluster.

How should project implementation be monitored and assessed?

Minimum standards for community participation, communication and service delivery should be developed and assessed regularly. This would best take place within a framework for continuous quality improvement.

Do NGOs have the capacity to deliver specialized intervention and care?

Concern was expressed about the ability of NGOs to deliver quality specialized services for vulnerable and at-risk individuals. One government worker consulted felt strongly that case managers do not have the required clinical training or clinical supervision to meet the intervention needs of people in crisis and significant distress as a result of the relocation. Funding limitations often mean NGOs have difficulty attracting well qualified workers. Alternatively, an NGO worker felt NGOs had a strong track record in innovative programs and services to assist at-risk individuals.

What is the role of the community housing provider?

The role of the community housing provider was to provide tenancy services. Employing frontline transition workers (perhaps the government staff currently in this role), was one suggestion to assist residents with all practical tasks associated with moving to the new property.

How should tenancy and community support services be delivered?

Tenancy and community support services were seen to have separate goals and responsibilities which could come into conflict (e.g. advocacy and management of rental arrears) if enacted within the same service (or worker). However, it was less clear whether tenancy and support services should be provided by different NGOs or different divisions within the same NGO (which were branded differently and not connected). In the case of Macquarie Fields, for example, the community regeneration arm was physically located separate to the tenancy arm and staff and operational processes were distinct.

What skills does the 'community support worker' need?

The 'community support worker' or 'transition officer' requires skills in assessing resident and/or family needs (e.g. education, training, budgeting, job-search, health etc), linking and/or referring residents to appropriate services and encouraging resiliency and problem solving through goal-setting and shared decision-making. The 'transition officer' therefore must work within an empowerment or 'person enablement' model rather than a case management (or casework) model which restricts residents' rights and control.

Where should service/s be located?

A 'Community HUB' with central physical location in Airds and co-located/integrated service delivery could facilitate community regeneration. The HUB should also provide space for community development activities and resident-led activities. Additionally, community training (e.g. employment, small business course etc) could be held at the school.

Community engagement*What strategies will help to keep communities engaged over the long-term?*

Engagement is dependent on trust and relationships; demonstrating commitment through transparency, following things through and keeping promises. New categories of residents need to be engaged in the ongoing planning and implementation of the redevelopment, such as young people and people who work or have school age children. Activities that have proven successful in the past for engagement (e.g. community events, committees, resident groups etc) should be continued and supplemented with a social networking strategy (comprising blog, facebook, twitter), that allows former residents to continue to participate in the Airds/Bradbury community. A dose of reality is important here: residents do not wish to be engaged all the time. There is a point at which people do not want to be involved.

How can residents achieve more power and control?

Besides strategies to increase personal control and resilience (discussed elsewhere), three NGO workers wondered how to increase residents' collective power in influencing the redevelopment. Community development was suggested as a potential strategy to increase collective power but as one person lamented, "community development is a dying art" and another, "power and control are not in the discourse here".

How can community fear be managed?

This is a different issue to adequate project transparency and communication; although these play a role. The sense of fear moves fast (in one example, there was an increase in children suspended from school one week following the announcement of the redevelopment) and negative stories gain quick traction in the community. Further, as some families move out and others are left behind, there is a breakdown in the social infrastructure and passive surveillance undertaken by neighbours in increasing street safety. One suggestion is to establish street volunteer committees which could feed information to communities, diffuse problems and 'hear what was being said on the street'.

How can relocation be reframed as an opportunity?

Moving to another suburb (or staying within a regenerated one) can present residents and families with opportunities for employment, training and improved health and education. However, these potential benefits may seem distant for residents when their current concerns are dominated by the stress of moving from the comfortable and familiar. In this context, children may be a useful rallying point for families; with community information and services structured around transition points (e.g. schooling) and good news media stories focused on how relocation has resulted in better opportunities for kids.

Resident transitions*What support do residents need in transitioning?*

Resident support fell into four categories: support for service transition; emotional support; resilience development; and employment and training.

- Support for service transition involved building a partnership between services in Airds/Bradbury and the new suburb to ensure important information and continuity of services is provided. This was particularly important for individuals and families with special needs (e.g. disability, child protection, mental health etc).
- Emotional support or counseling could be provided for those experiencing significant stress or mental health issues as a result of the redevelopment and rehousing.
- Skills to develop resilience and problem solving were seen to be important in equipping individuals and families to take advantage of new opportunities presented by the redevelopment.
- A focus on training and employment through skill development and working with local business to create jobs could assist successful transitions.

What support can be given to those rehoused in another suburb?

The future of people who were being rehoused in another suburb was a concern for several workers consulted (“Once people leave the plan, there’s nothing for them” or “All the difficult ones will be moved on”) and there appears little opportunity to support these residents on an ongoing basis (at least from Airds/Bradbury). For this reason, as much work as possible should be undertaken before people are rehoused.

What support can be given to those ‘left behind’ in the new community?

Those consulted saw a risk that the redevelopment could result in a fractured community where vulnerable and disadvantaged residents simultaneously ‘stand out’ from those who are in private housing (“In a mixed community, people stand out who don’t go to work”) but become invisible to mainstream services and agencies. There were no suggestions for how these residents and families may continue to be supported individually, although it may be possible to connect people from different social strata through smaller more meaningful events and community development.

What support do children need?

Children hear their parents speaking about the redevelopment and rehousing and have their own concerns about moving schools and losing contact with neighbourhood friends. They

require information about the redevelopment distinct from their family. This is best disseminated through schools. Kids committees in school and with other young people are useful strategies in participation and targeting information.

Part 5: Findings from the community forum

Over 50 people, including residents and representatives from government and NGOs (program managers and frontline service workers) attended the community forum on developing a Strategic Social Plan in Airds/Bradbury. This led to a large amount of raw data for analysis.

Rounds 1 and 2: Strategic social plan issues and opportunities

Person

Relocation is both a stressor and an opportunity for residents. Change is scary, upsetting and stressful and this anxiety can cloud people's judgment. For some residents, forced relocation may be viewed as a betrayal and moving like losing a part of the self (the workshop notes described this person as a 'survivor'). Residents who struggle to cope with the change (who feel out of their comfort zone) will need specialist service support. All residents require time to get used to the idea of moving (from a home, not just a house) and a person (usually a service provider) who they trust, are respected by, and feel comfortable with is essential to ensuring a safe transition to a new community. Authority figures (i.e. service providers and managers) can support resident change by providing open and respectful communication and not "shutting down" information or concerns.

Moving is also an opportunity for personal change and growth. Relocation presents opportunities for residents to make choices for themselves and to develop new pathways to the future. Residents should be encouraged and supported to articulate their hopes and find ways to achieve them. It is important residents continue to have a voice in the project. Having a voice produces results and it encourages other residents to get involved and gain confidence in speaking up. This could be facilitated by providing governance training to residents to assist their knowledge and understanding of what happens in meetings. There was recognition that the redevelopment affects more than just the current residents. One response questioned whether local workers and services providers might also find the process of relocation unsettling or stressful. Further, new residents to Airds/Bradbury will have little idea of the community's history and may find that current services and activities do not meet their needs.

Home environment

Participant responses showed recognition that redevelopment leads to a disruption of lifestyle and supports and that some residents will require considerable support to manage this transition. General support could be provided by ongoing transparent communication of project progress and changes (through, for example, letterboxing all homes and providing information on a website). Frequent and timely communication of information about the redevelopment was seen to reduce community worry. This could be enhanced by 'good news stories' in the local paper about people who have moved, creating a positive media image for Airds/Bradbury.

Even so, some residents may need specialist support, like counseling. A *Transitional Caseworker* (i.e. someone who works closely with the relocation officer and provides

casework/coordination type services) could assess resident need and link residents to support services in their new community for up to 6 to 12 months post relocation. This transition could be aided by a community resource kit (listing services and activities in the new areas) and a physical orientation to both the new suburb (locations of shops, services, parks etc) and household (location and how to use gas, power, waste disposal etc). Resource kits could be produced to assist people with specialist conditions (such as those with disabilities) to relocate successfully. Orientation information should be sensitive to literacy levels and would ideally be presented in DVD format.

Service continuity (in everything from health service access to registration with a specific energy company) is important in reducing disruption, particularly for those residents with special needs, such as those with disabilities. Identifying residents who are most vulnerable to poor outcomes will require strong coordination across services and sharing of information. One mechanism for this is a one stop shop physical location for service provision in Airds/Bradbury to facilitate case coordination and comprehensive care and provide a central place for resident contact.

Existing services could (and probably do) assist with resident relocation needs. This should be recognized and supported through flexible funding to boost services initially in areas with high intake of new residents. Existing services and facilities must have an eye to the future as well and plan for population change and growth in Airds. New organizations and services, such as Medicare Locals, create opportunities for broader intersectoral work, projects and service delivery. The redevelopment may also produce unintended service changes. One response expressed concern as to the ability of local schools to continue to provide the same quality and scope of services if population changes led to a smaller student body.

Assistance with relocation was not just about providing information and services. There was concern that residents may require financial support to move, particularly if there were rent increases in the relocated area or if they had children attending school. Children were seen to be both vulnerable and resilient to relocation. Where possible, it was thought children should be kept at the same school. If this was impossible families should be given financial assistance to pay for new uniforms (for example) and children should receive a physical orientation to the new area and school. Settling in could be facilitated by both linking children into sporting groups in the new area and ensuring opportunities for children to connect with older friends in Airds/Bradbury.

Participant responses showed a concern with the development of mechanisms for people relocated outside Airds/Bradbury to maintain a connection to the community. Connections could be facilitated by special parking or a bus service for previous residents and allowance for overnight accommodation. Further, former residents could maintain connections by coming along to community meetings and activities and communicating via a website. Responses noted some of the seniors who have already been moved have successfully maintained friendships with former neighbours.

Responses noted that the character of Airds has changed (it now has a good reputation) and that it will continue to change as the redevelopment continues. It is important that the project work to maintain community spirit and find ways of welcoming and creating

interaction among new and existing residents. The best way to ensure this is to continually consult with residents.

Social environment

Participant responses again emphasized the importance of open effective communication between services and residents and the need for a flexible forum or mechanism which can support this as community needs change. Clear communication was necessary for agencies to develop focused, effective and coordinated services to assist residents in transition. Community events and information sessions were seen to be effective vehicles for communication.

Young people were felt to be experiencing complex social and emotional changes associated with the redevelopment. There was a concern that boredom (resulting from the relocation of friends and family) might lead some young people to engage in destructive and antisocial behaviour directed toward the immediate environment and community. Suggestions to support young people in transition (particularly those aged 8 to 14) involved focusing on the development of personal and community pride through for example, engaging young people in positive activities such as sports, arts and Scouts/Girl Guides. This is best supported by physical and social environments that are safe, trusting, open and welcome. In this regard, the school was seen to be an important resource for the community.

Both safety and boredom were also identified as an issue for seniors in the community and it was important that strategies were developed to interest and engage this group. Community safety should be seen as a priority for all local agencies (including Police and community organizations). Ensuring appropriate community facilities can aid resident safety. Participants suggested an outdoor space for young children, a suitable toilet near the ponds and a community café.

Institutional environment

Continuing to support residents to have a say about their community and the redevelopment was seen as central to successful transitions. Engagement strategies need to be varied (e.g. Design OUT Loud) and targeted to different population groups (e.g. young people, CALD groups etc). Mechanisms to support ongoing dialogue with residents and assist resident access to decision-making bodies (e.g. Master Plan Group, CRG, BANC) should be strengthened.

Participant responses showed recognition that supporting residents in transition is an institutional responsibility and not just a responsibility of Land and Housing Corporation/Finance and Services. Given this, there was a need to find mechanisms to support a new way of working or service delivery model that focused on Airds/Bradbury rather than narrow organizational priorities. At the same time, there was recognition that “funding drives everything” and that partnerships were expected among groups who compete for service funding. As a result, relationships among agencies need to be managed by a single driver (possibly government). Working together must be both ‘bottom up’ and ‘top down’, requiring higher level investment and support, through for example, regional Human Service Agency clusters, and frontline service coordination, through either physical connection (e.g. outreach to AB Central) or monthly coordinated service meetings.

It is possible that organizational commitment to Airds/Bradbury may be challenged by short-term funding, other priorities and changing population structure and size. A suggested way forward in developing organizational commitment is to prepare a briefing paper highlighting the challenges for service providers in the redevelopment and to disseminate this to relevant organizations.

Rounds 3 and 4: PPP issues and opportunities

Opportunities

Participants saw a number of opportunities and potential benefits arising from the PPP model, including the inclusion of a for profit organization in a social change venture involving NGOs and in effect, returning some of the profit to a disadvantaged community. The inclusion of local procurement means residents can receive a social benefit through increased employment opportunities. A changing community and the provision of employment opportunities (including training and scholarships provided by the university and TAFE) may facilitate resident aspiration and a model of citizen change. The redevelopment model itself – with an emphasis on people at the centre - may have an influence on program management and place based approaches in disadvantaged areas undergoing community renewal. In the words of one respondent, it “may force longer term commitment from government to recognize its rhetoric” and provide an opportunity for ‘closing the gap’.

The contract model and long-term (20-year) approach presents opportunities for NGOs to work systematically and comprehensively in a community to address social and specialist needs. NGOs have strong connections to communities (and have a recognised role in place management), are better able to advocate for residents (than government agencies) because of their independence, can employ locals to undertake initiatives, have strong connections to other NGOs to build programs and services, and have the ability to source additional funding to improve outcomes for the region. Furthermore, having an NGO at the lead may protect Airds from political machinations.

Residents saw opportunities for increased access to locally based NGO services, including those focused on maintenance of social housing, better response times to all issues, opportunities to continue resident engagement in the redevelopment planning and implementation (including the ability to monitor and review progress), and opportunities to provide work and training for local residents. Some comments (from one table of residents) suggested dissatisfaction with the current process of community engagement and housing management (e.g. a lack of consultation, no personal contract), believing “any improvement is good”.

Challenges

An ongoing issue for the project will be maintaining input, enthusiasm and momentum, particularly across the 3 levels of government. There is a risk that commitment may become tokenistic as populations and geographical boundaries change and this could reinforce resident beliefs that government is withdrawing. The machinery of government change

(policy change and restructuring) presents risks to the level of investment (funding), area of investment (another suburb) and structure of investment (described as ‘fadism’ in one workshop response where language and approach is constantly reinvented by new government). This raises concern in regards to the potential for competing priorities and inequities to be created in funding and service provision.

Participants recognized that the lead NGO agency required diverse skills including the ability to both undertake capacity building with public and private tenants at the community level and develop individual capacities for resilience and change across diverse populations groups (including Aboriginal communities). There is a risk that the emerging community may remain fragmented and the NGO lead agency must be able to listen to all community voices and create opportunities for social interaction and cohesion. This will require the NGO to encompass flexible planning over time and to be realistic about services and outcomes.

Losing control was seen to be a challenge for government agencies (a government table questioned when the appropriate time was to ‘let go’) and NGO table expressed the belief that the government/land developer will still drive the development (how much control will the NGO really have?). Partnership management was raised as an issue several times by participants; concerns focused on the disconnected planning processes, orientation, operations and accountability requirements of different organizations (including the meshing of a ‘hard nose’ corporate partner with ‘soft nose’ community service partner) and the need to establish governance arrangements in overseeing existing initiatives and relationships (e.g. BANC, CRG, Master Plan group, partnerships with council). NGOs also worried about the ‘historical back-log’ of social issues and community problems that need to be addressed as part of redevelopment. This has financial implications (that will not form part of the contract) at a time when NGOs are dealing with their own transitions and movement of staff.

The challenge for residents is to continue to have a voice in the redevelopment. Some of their suggestions for ensuring this have been picked up in the principles section below. Residents also noted some issues in housing design that would need to be tackled by the consortium, such as building 2 bedroom units, separating housing for seniors and young people, no battleaxe driveways and restricting seniors living to one story accommodation. Some comments (e.g. Who will pay for maintenance? Where does the 30% go?) suggest the need for ongoing resident engagement and feedback during the PPP contracting process.

Principles for PPP redevelopment and relocation

1. **Resident engagement:** There was a clear call for residents to continue to be involved in decisions about the redevelopment and relocation process (through, for example, the CRG or MasterPlan Group) and recognition that, over time this process will need to incorporate input from both public and private residents. Residents should be respected and their experience, opinions and vision valued. This could be supported by having a physical presence (e.g. a service hub) for drop-in and community building focusing on the personal stories and history of Airds/Bradbury.
2. **People at the centre of change:** The change process resulting from the redevelopment should be used as a mechanism for assisting residents of

Airds/Bradbury to become more resilient and improve their lives. The consortium should support and continue to grow existing resident projects and provide working aged residents with opportunities for training and employment.

3. **Flexibility and continuity of planning:** The changing demographics and needs of the evolving community will require flexible progressive planning. This may best be accomplished by regular 3 to 5 year reviews (in the context of a continuous planning cycle with opportunities to address issues as they arise), the development of mini-plans and a hierarchy of goals from short to medium to long-term. Further, this planning should fit within broader LGA plans (as they evolve) and have succession planning and sustainability inbuilt.
4. **Accountability:** The project requires a governance structure (comprising lead NGO, government agency, residents) at a very senior level to ensure accountability and encourage transparency, including transparency in funding expenditure and source and a complaints/appeals process if decisions or actions are deemed inappropriate. Transparent reporting (through for example, regular 'report cards') must continue to occur to the community.
5. **Performance measurement:** Outcomes must be clear and supported by discrete key performance indicators to ensure the achievement of project outcomes. Examples of KPIs could include community perceptions and evaluations of service, rates of service provision, community engagement, organizational accessibility and response times, community cohesion. Payments to organizations implementing the model should be linked to identified milestones.
6. **Service development:** The contract should clearly delineate partner/service roles to reduce the potential for overlap or conflicts. This will require mapping of current agency engagement in the Airds/Bradbury community and the appointment of a lead agency with provision for the contracting of sub-agencies to fulfill specialist service needs (e.g. in rehousing, community engagement and employment and training of young people). The contract must provide for services to be flexible so that they are able to expand (and contract) over time (including the provision of generalist and intensive specialist services) as community needs change. This includes maintaining services that are already working well and partnerships that facilitate intersectoral work (e.g. the Health and Housing Partnership which could be expanded to include NGOs).
7. **Evaluation:** Ongoing project monitoring and evaluation (involving residents and partners) focused on process, outputs and outcome for new residents and those who remained was seen to be essential to success of the initiative. The terms of the evaluation must be agreed on by all parties in the consortium.

Part 6: Framework for intervention

Table 4 shows interventions (programs, services, processes and approaches) derived from the literature review, consultations and community forum across domains (people, place and space) and levels of intervention (all the people all of the time, some of the people some of the time, some of the people all of the time). This information has been triangulated and integrated across data collection sources using a simple key: one star for one data source, up to three for all sources. In this way, interventions derived from multiple sources are seen to be more 'trustworthy'.

Quality of evidence

At this point it is useful to highlight data limitations so that the findings may be examined with this in mind. The findings are limited by the small number of people consulted and the extent of grey-literature searched (set because of the compressed time-frame), the delayed public release of the PPP in Airds/Bradbury (which meant we could only discuss the model hypothetically) and the relative lack of published outcome evidence for interventions in social housing transition. Even with a broadening of the search to include locational disadvantage and community regeneration, with some notable exceptions (mostly of the large scale area-based initiatives such as Communities for Children and New Deal for Communities), outcomes (as opposed to outputs) were few and far between, and methodological rigour was low in even the more competent evaluations. Data was further hampered by a lack of intervention or model detail in several published interventions meaning that potentially useful (and rigorously evaluated) information had to be excluded.

As a result, the table is largely an integrative review of practice-based evidence, which while valid in its own right, is necessarily affected by subjective bias; that is, people's perceptions of what works, how and why. This reinforces the need for any interventions built around this evidence to be subject to logic modeling and comprehensive evaluation of process, impacts and outcomes for residents at the individual and community-level.

Summary of evidence

Interventions (programs, services, processes and approaches) with evidence from at least two or more sources (and thus deemed most trustworthy) are summarized below with reference to the person-centred regeneration model.

Person (People)

- Interventions for all residents focused on measures to enhance engagement, trust and reduce fear such as dissemination of project information and 'Good news' stories in the local media.
- Short-term interventions for those at risk focused on promoting employment and developing skills in resiliency and adaptive functioning; some of these may target particular population groups at-risk of poor transitions.

- Interventions for those with significant needs focused on intensive specialized case coordination and service referral systems.

Family/Household (People)

- Interventions for all families and households included tenancy support and financial assistance in relocation.
- Short-term interventions for those at risk focused on services and programs to enhance capacity of at-risk families to make adaptive transitions.
- Interventions for families with significant needs focused on integrated child and family support in school settings.

Social (Place)

- Interventions for all residents focused on community development activities and events (including festivals, drama, arts, music, sports, animation, pop-up parks) to promote social cohesion, enhance community pride and increase safety.

Institutional (Place)

- Interventions for all residents focused on continued support for community participation in project planning and implementation; with focused engagement activities for particular population groups. Other identified interventions at this level focused on project organization, implementation and fidelity, such as establishing a strong project governance structure, strengthening existing service networks and groups, setting minimum standards for resident communication, developing performance indicators and mechanisms for ongoing project monitoring and evaluation.
- Short-term interventions focused on providing training to residents to support effective participation.

Physical (Space)

- Interventions for all residents, and those temporarily at-risk of poor transitions, focused on public schools and a centralized community venue or HUB for community development activities, resident-led groups, co-located programs, community training and service delivery.

How to use the evidence matrix

Evidence presented in the matrix is allocated up to three stars according to whether the strategy was identified in one or more data sources (i.e. review of published academic and 'grey' program literature, consultations with key informants, and community forum). Intervention strategies allocated three stars have therefore the highest level of evidence identified in this review. These strategies should be considered first when designing a service intervention model as they not only have some grounding in the academic or program literature but are likely to have high recognition and acceptability among government and non-government service organizations and the community.

In our view, a comprehensive service delivery model and intervention plan should select strategies across people (person and family/household), place (social and institutional) and space (physical) domains. It should also understand how these strategies are adapted to address the needs of different groups: the whole population, those temporarily at-risk or in need of support; and those who require intensive ongoing assistance. This will maximize the success of intervention in social housing transition for both residents and communities and lead to a network of integrated projects and services.

While the star rating system can be considered a hierarchy of evidence, it is also true that a strategy allocated one star may not necessarily be less effective than a strategy allocated three stars. One star strategies may reflect new ideas and innovation and be awaiting further implementation and testing. The unique strengths and needs of the community, regeneration project and PPP consortia will determine the best mix of integrated strategy for intervention. This is why well-planned ongoing rigorous evaluation and monitoring is essential in the delivery of interventions to support social housing transition.

Table 4: Matrix of evidence in social housing transition at different levels of intervention

All the people all of the time				
People		Place		Space
Person	Family/Household	Social	Institutional	Physical
Disseminate project information updates to reduce fear & enhance trust***	Provide tenancy support in relocation**	Implement community development activities & events (including festivals, drama, arts, music, sports, animation, pop-up parks) to promote social cohesion, enhance community pride & increase safety***	Support community participation in project planning & implementation (through forums, meetings, festivals, committees) to increase engagement, ownership & project validity ***	Establish a community HUB venue for community development activities to enable access***
Publish 'Good news' stories in the local media focusing on those rehoused including children**	Provide financial assistance to relocate, particularly for those with school children (to buy school clothes)**	Develop a IT based social networking strategy to maintain connections among rehoused residents with Airds/Bradbury*	Establish strong project governance structure to promote transparency and outcomes***	Use public schools as venues for community activities to enhance access**
Release project updates through social networking to engage younger groups*	Develop & disseminate a community resource kit listing services in new suburb to ease transition*	Trial volunteer 'street committees' to assist residents & disseminate project information *	Develop a suite of community engagement strategies to engage different population groups (e.g. Aboriginal community, CALD, disability, seniors, children, young people)**	Identify community space for use by residents (e.g. IT HUB, community café, meetings, activities, laundromat)**
Disseminate project updates direct to children through schools to reduce fears*	Allow former residents to stay overnight in homes of friends and family located in Airds/Bradbury to enhance community linkages*	Create & disseminate a community history to enhance sense of place*	Establish guidelines/minimum standards for interactions & communication between community & institutions**	Fund community murals, gardens (food & landscaped) & art exhibitions to beautify area*
Give children a physical orientation to their new school before transition*		Undertake awareness raising of unique community features (e.g. pond) to enhance sense of place*	Strengthen existing service networks & groups to enhance community strengths (e.g.	Establish community information kiosks to enhance information dissemination*
		Establish a community café to promote social interaction, volunteering, jobs & training opportunities*	community strengths (e.g.	Build outdoor facilities for families & children (e.g. play equipment, BBQ, seating, toilets) to create space for social connections*
				Provide parking to enable

All the people all of the time				
People		Place		Space
Person	Family/Household	Social	Institutional	Physical
		<p>Establish an IT HUB to promote access to the internet & social & economic connections (job-seeking, training, education, social media)*</p> <p>Establish community gardens to promote access to training, fresh food & social connections*</p>	<p>Master Plan Group, CRG, BANC)**</p> <p>Implement a process for continuous program review & planning in response to population growth & change**</p> <p>Establish performance indicators to measure project implementation fidelity & effectiveness**</p> <p>Establish mechanisms for ongoing project monitoring & evaluation**</p> <p>Select & support a volunteer 'community guardian' to oversee community & report on project & services*</p> <p>Increase community control in planning through resident-led activities*</p> <p>Map existing services to prevent service redundancy*</p> <p>Build trust by linking resident input to observed local changes</p>	<p>former residents to visit friends in Airds/Bradbury*</p> <p>Undertake upgrades to facilities (including shopping precinct & sporting grounds) to promote community safety*</p> <p>Landscape gardens & walking paths to promote healthy living & exercise*</p>

All the people all of the time				
People		Place		Space
Person	Family/Household	Social	Institutional	Physical
			<p>through 'report cards'*</p> <p>Instigate awards to celebrate achievements of local people & increase community pride*</p> <p>Develop & undertake staff training in working with residents undergoing social transition to enhance care & communication*</p> <p>Establish a joint agency & resident board to implement events & activities designed to develop community cohesion*</p> <p>Establish links with local & regional business to promote access to work for local unemployed*</p>	

Some of the people some of the time				
People		Place		Space
Person	Family/Household	Social	Institutional	Physical
<p>Provide job-related activities such as accredited skills training, work experience & placement, mentoring, apprenticeships & traineeships to promote local employment ***</p> <p>Provide a suite of services & programs to enhance capacity of at-risk people to make adaptive transitions (e.g. literacy, budgeting, goal setting & enablement, resilience training, social skills, volunteering, self-esteem, healthy eating)***</p> <p>Undertake capacity-building & employment-focused projects targeted at population groups at-risk of poor transitions (e.g. Aboriginal community, CALD, disability, seniors, children, young people)**</p> <p>Perform a needs assessment of people at-risk for poor transitions (e.g.</p>	<p>Provide a suite of services & programs to enhance capacity of at-risk families to make adaptive transitions (e.g. parenting skills, play groups, family goal setting & enablement, resilience training, practical household assistance)**</p> <p>Perform a needs assessment of families at-risk for poor transitions (e.g. child at-risk for school failure) & coordinate services*</p>	<p>Establish resident-led social support groups to assist people in transition*</p> <p>Provide community training on emerging areas of interest (e.g. drug & alcohol awareness, gardening, landscaping)*</p>	<p>Provide training to residents to support effective participation (e.g. governance skills, public speaking, management & media) **</p> <p>Provide volunteering opportunities to support social inclusion & participation*</p>	<p>Establish a community HUB of co-located programs & service delivery to enhance access***</p> <p>Use public schools as venues for community training & child & family programs to enhance access*</p>

Some of the people some of the time				
People		Place		Space
Person	Family/Household	Social	Institutional	Physical
unemployed) & coordinate services*				
Provide small business skills training to encourage local business development & economy*				

Some of the people all of the time				
People		Place		Space
Person	Family/Household	Social	Institutional	Physical
Establish an intensive specialized case coordination & service referral system for people with significant needs (e.g. mental illness, disability) to make adaptive transitions**	Provide integrated child & family support in school settings to assess & address needs of families with significant issues**		Include parents & carers in service planning for specialist intervention to ensure validity & effectiveness*	Establish an integrated child & family support HUB in schools to increase access to services*
Provide specialized case management to support people with significant needs (e.g. mental illness, disability) to make adaptive transitions*	Provide a physical or virtual (i.e. DVD) orientation to new suburb & house for households with significant needs*			
Provide medium-term casework & service coordination for people with significant needs who have				

Some of the people all of the time				
People		Place		Space
Person	Family/Household	Social	Institutional	Physical
been rehoused (i.e. 6-12 months post rehousing)* Provide specialized job-related skills & training for people with disabilities who are working age*				

Part 7: Summary and discussion

The integrative evidence review led to the identification of a variety of interventions to assist individuals, families and communities undergoing estate regeneration and social housing transition. We used a matrix to synthesize information based on the person-centred regeneration model, and the people, space and place framework across three levels of intervention. The findings were based on the identification, collation and analysis of data from three sources: a literature review of published and grey literature, consultations with key informants, and a community forum with over 50 residents, government and NGO representatives.

The evidence matrix suggests strong recommendations for:

- Ongoing dissemination of project information to the Airds/Bradbury population and continued implementation of high quality community engagement strategies in project planning and implementation
- Providing an ongoing mix of visible community development activities to engage different populations and promote social cohesion as the suburb changes
- Establishing a HUB for community development activities, community training, employment and volunteering activities (such as AB Central) to act as a central point for community connection, information and enablement
- Establishing a strong project governance structure within existing networks and structures supported by continuous monitoring of model fidelity (i.e. quality in implementation) and effectiveness
- Establishing a local employment program (with links to training, programs, services and opportunities in the region) focused on training, work experience, mentoring, job placements and apprenticeships to assist people who are unemployed (including those with disabilities) into the workforce
- Providing a suite of programs and services to individuals and families at-risk of poor transitions to build resilience and enable adaptive transitions (i.e. to facilitate non-passively acquired or active benefits from the estate regeneration)

The evidence matrix has however produced a series of interventions for person-centred regeneration rather than a model in itself. It is more like a suite of activities, integrated into a broader program model, some of which may prove more trustworthy (and thus more likely to effect appropriate outcomes) in implementation than others. Here, findings from both the consultations and community forum become important. Two competing models for NGO funding and service organization were suggested (a facilitating partner model and a single organization place management model) yet there is no empirical evidence that one is better than the other; in fact, both styles of models seem to produce useful impacts and outcomes. The best model will likely be the one that best suits the needs of local conditions (e.g. existing services and governance structures) and the requirements of the PPP.

A similar situation exists with competing models for at-risk individuals and families and those with significant needs; although perhaps here there is a clearer indication of what is needed:

- Parenting support programs, co-located child services and integrated child intervention (including intensive intervention) located in public schools; and

- Specialist intensive case coordination and support (from an intersectoral body) of individuals with significant needs.

It should be noted that the integrative evidence review generated more data and strategies for assisting residents who will stay in Airds/Bradbury than those who will move to other suburbs. This reflects the availability of evidence both in terms of the literature (i.e. a paucity of Australian specific research following those who undergo social housing transition) and the qualitative data from the key informant interviews and community forum (i.e. respondents tended to focus more on those who stay behind rather than those who move to other suburbs). Discrete strategies to support residents who move to new areas should be included in social housing transition planning. This review suggests there are as yet few agreed strategies for improving the wellbeing and life opportunities of residents who are re-located as part of estate regeneration.

Recommendations

The quality of the data included in the review (i.e. largely based on subjective rather than objective evidence) limits our ability to make strong recommendations for one intervention, approach or process over another in assisting communities in social housing transition. With this in mind, we make three recommendations to further this work and guide PPP model development and implementation.

Recommendation 1

Integrated social housing transition interventions that organize and target action at the multiple levels of people, place and space and within varied intervention intensity (i.e. for everyone or for few) are more likely to be effective than interventions that target a single domain.

Develop an integrated service framework to assist social housing transition that activates change in people, place and space

The most 'trustworthy' (i.e. in that they were identified across all three data sources) processes and intervention approaches to include in this model are:

- Community engagement and capacity building
- Activities for community development and social cohesion
- Co-located integrated service delivery
- Mechanisms for project governance and monitoring
- Employment support structures
- Targeting of individuals and groups at-risk for poor transitions

Recommendation 2

The evidence matrix comprises a mix of ‘what’ (e.g. community engagement) should be done and ‘how’ (e.g. mechanisms for engagement and trust) it should be done. These need to be unpacked and developed into a process for organizational capacity building in planning and implementing social housing transition in community regeneration projects.

Develop a framework for assisting the use of evidence in models of social housing transition

This will likely involve the development of a tool to assist planning and intervention (e.g. checklist) and a ‘learning by doing’ organizational capacity building approach to support service orientation and behavior change.

Recommendation 3

Any intervention model based on the evidence matrix needs to be rigorously evaluated (including measures of process, impact and outcomes) to assess whether it has benefited residents undergoing estate regeneration, at the individual and community-levels, in the long-term.

Develop an evaluation and monitoring framework to assess intervention fidelity and effectiveness

This should involve the development of Key Performance Indicators with service partners identified, community and service consultation to identify and problem solve barriers to effective implementation, measures of implementation fidelity and formative evaluation comprising quantitative and qualitative measures of key agreed indicators.

Part 8: References

- [1] Lilley, D. (2011). Developing a strategic social plan for Airds/Bradbury. Unpublished.
- [2] Housing NSW. (2011). Airds Bradbury Renewal Project.
- [3] Housing NSW. (2011). Airds Bradbury Concept Plan.
- [4] Family & Community Service, Housing NSW. (2011). Airds Bradbury Public Private Partnership. Fact Sheet. November 2011.
- [5] Travaglia J, Harris E, Madden L, Sainsbury P, Wise M, McDonald J, Gill B. (2006). Locational Disadvantage: focusing on place to improve health. Sydney: CHETRE, UNSW.
- [6] Ware V-A, Gronda H, Vitis, L. (2010). Addressing locational disadvantage effectively. Research synthesis. AHURI Research Synthesis Service.
- [7] Larsen K. (2007). The health impacts of place-based interventions in areas of social disadvantage: A review of the literature. Sydney: CHETRE, UNSW & SSWAHS.
- [8] Arthurson, K. (2004) Social mix and disadvantaged communities: policy, practice, and the evidence base. *Urban Policy and Research* 22: 101-6.
- [9] Lilley D. (2011). Re-thinking estate regeneration: What can capability theory and social ecology contribute? Paper presented at the State of Australian Cities National Conference 2011.
- [10] Ziersch A, Arthurson K. (2005). Social networks in public and community housing: the impact on employment outcomes. *Urban Policy and Research* 23: 429-45.
- [11] Gibson M, Petticrew M, Bambra C, Sowden AJ, Wright KE, Whitehead M. (2011). Housing and health inequalities: A synthesis of systematic reviews of interventions aimed at different pathways linking housing and health. *Health and Place* 17: 175–184
- [12] Atkinson R, Kintrea K. (2004). “Opportunities and despair, it’s all in there”: Practitioner experiences and explanations of area effects and life chances. *Sociology* 38: 437-55.
- [13] Goetz E. (2010). Desegregation in 3D: displacement, dispersal and development in American public housing. *Housing Studies* 25: 137-58.
- [14] Bond L, Sautkina E, Kearns A. (2011). Mixed messages about mixed tenure: Do reviews tell the real story? *Housing Studies* 26: 69–94.
- [15] Berube A. (2005). Mixed communities in England: A US perspective on evidence and policy prospects. York: Joseph Rowntree Foundation.
- [16] Lilley D. (2010). Expanding the de-concentration research agenda. Paper presented at the Australasian Housing Researchers’ Conference 2010.
- [17] Sen A. (1999). *Development as freedom*. Oxford, UK: Oxford University Press.
- [18] Nussbaum M. (2000). *Women and human development: The capabilities approach*. Cambridge, UK: Cambridge University Press.
- [19] Kawachi I, Berkman L. (2003). *Neighbourhoods and health*. New York: Oxford University Press.
- [20] Macintyre S. (2002). Place effects on health: How can we conceptualize and measure them? *Social Science and Medicine* 55: 125-39.
- [21] Harris E, Rose V, Kemp L, Chavez R. (2007). Strengthening the effectiveness of “Whole of Government” interventions to break the cycle of violence in disadvantaged communities. *NSW Public Health Bulletin* 18: 94-6.
- [22] Rose V, Thompson L. (2012). Space, place and people: a community development approach to mental health promotion in a disadvantaged community. In press *Community Development Journal*.

- [23] Fahey T, Norris M, McCafferty D, Humphreys E. (2011). Combating social disadvantage in social housing estates: The policy implications of a ten-year follow-up study. Combat Poverty Agency Working Paper Series.
- [24] Sellick V, Mguni N, Russell C, Bacon N. (2010). Building resilient communities. The Young Foundation.
- [25] Goldsworthy J. (2002). Resurrecting a model of integrating individual work with community development and social action. *Community Development Journal* 37: 327-37.
- [26] Arthurson K. (2010). Operationalising social mix: Spatial scale, lifestyle and stigma as mediating points in resident interaction. *Urban Policy and Research* 28: 49–63.
- [27] van Kempen R, Bolt G. (2009). Social cohesion, social mix, and urban policies in the Netherlands. *Journal of Housing and the Built Environment* 24:457–75.
- [28] Larsen K. (2010). A conceptual model of social cohesion for community renewal and health. Master of Public Health Thesis University of NSW.
- [29] The Young Foundation. (2009). *Sinking and swimming*. London: Young Foundation.
- [30] Neergaard MA, Olesen F, Andersen RS, Sondergaard J. (2009). Qualitative description – the poor cousin of health research? *BMC Medical Research Methodology* 9: 52
<http://www.biomedcentral.com/1471-2288/9/52>
- [31] Carson L. (2011). Designing a public conversation using the World Cafe method. *Social Alternatives* 30: 10-4.
- [32] Pope C, Ziebland S, Mays N. (2000). Analysing qualitative data. *British Medical Journal* 320: 114–6.
- [33] Candy B, King M, Jones L, Oliver S. (2011). Using qualitative synthesis to explore heterogeneity of complex interventions. *BMC Medical Research Methodology* 11: 124
<http://www.biomedcentral.com/1471-2288/11/124>
- [34] Evans G, Shaw P. (2004). The contribution of culture to regeneration in the UK: A review of evidence. London Metropolitan University.
- [35] Hothi M, Bacon N, Brophy M, Mulgan G. (2007). Neighbourliness and wellbeing + empowerment = wellbeing. Is there a formula for happy communities? Young Foundation.
- [36] Semenza J, March T. (2009). An urban community-based Intervention to advance social Interactions. *Environment and Behavior* 41: 22-42.
- [37] Edwards C. (2009). Regeneration works? Disabled people and area-based urban renewal. *Critical Social Policy* 29: 613-633.
- [38] St Vincent de Paul Society. (2003). Promising practice profiles. Communities and Families Clearinghouse Australia.
- [39] Whiteley R, Prince M. (2005). Can urban regeneration programmes assist coping and recovery for people with mental illness? Suggestions from a qualitative case study. *Health Promotion International* 21: 19-26.
- [40] Department of Human Services Victoria. (2008). Neighbourhood renewal evaluation. State Government Victoria.
- [41] Coggan C, Saunders C, Grenot, D. (2008). Art and safe communities: the role of big hART in the regeneration of an inner city housing estate. *Health Promotion Journal of Australia* 19: 4-9.
- [42] Brotherhood of St Laurence. (2006). Breaking cycles by building neighbourhood Hubs. Australian Institute of Family Studies.
- [43] Brotherhood of St Laurence. (2010). Community activity and service delivery models: An overview of Brotherhood centres.

- [44] Moore T. (2008). Evaluation of Victorian children's centres: Literature review. Department of Communities and Local Government. Victoria.
- [45] The Benevolent Society. (2010). Position paper investing in children's development: The importance of early relationships. The Benevolent Society.
- [46] Kearns A. (2010). Youth diversionary programme evaluation. Glasgow community health and wellbeing research and learning programme. Briefing Paper 9.
- [47] Popkin S, Levy D, Buron L. (2009). Has HOPE VI transformed residents' lives? New evidence from the HOPE VI panel study. *Housing Studies* 24: 477–502.
- [48] Department for Communities and Local Government. (2006). Anti-social behaviour intensive family support projects: An evaluation of six pioneering projects for families at risk of losing their homes as a result of anti-social behaviour. DCLG Publications.
- [49] Mitchell A, Kirkup, M. (2003) Retail development and urban regeneration: A Case study of Castle Vale. *International Journal of Retail and Distribution Management* 31: 451-458.
- [50] Ekos Research Associates. (2010). Neighbourhoods Alive! Community outcomes evaluation. Ekos Research Associates.
- [51] Glasgow Housing Association. (2008). Community janitors evaluation results. Environmental employability programme.
- [52] Lawless A, Biedrzycki K, Hurley C. (2008). Families empowered – A strengths based approach an evaluation of FEAT – Families Empowered To Act Together. South Australian Community Health Research Unit.
- [53] Fordham G. (2010). The new deal for communities programme: Achieving a neighbourhood focus for regeneration the new deal for communities national evaluation: Final report – Volume 1. Communities and Local Government Publications.
- [54] Petticrew M, Kearns A, Mason P, Hoy C. (2009). The SHARP study: a quantitative and qualitative evaluation of the short-term outcomes of housing and neighbourhood renewal. *BMC Public Health* 9: 415 <http://www.biomedcentral.com/1471-2458/9/415>
- [55] Popkin S, Theodos B, Getsinger L, Parilla J. (2010). An overview of the Chicago family case management demonstration. Supporting vulnerable public housing families. Urban Institute.
- [56] Coalter F, Allison M, Taylor J. (2000). The role of sport in regenerating deprived areas. The Scottish Executive Central Research Unit.
- [57] Mission Australia. (2012). The urban renewal employment enterprise program. Mission Australia <http://www.missionaustralia.com.au/community-services/1863-urban-renewal-employment-enterprise-program-vic>
- [58] Baker E, Arthurson K. (2007). Housing, place or social networks: what's more important for relocating tenants. *Australian Planner* 44: 28-35.
- [59] Mason P, Kearns A, Bond L. (2011). Neighbourhood walking and regeneration in deprived communities. *Health and Place* 17: 727-737.
- [60] Rogers A, Huxley P, Evans S, Gately C. (2008). More than jobs and houses: mental health, quality of life and the perceptions of locality in the area undergoing urban regeneration. *Social Psychiatry and Psychiatric Epidemiology* 43: 364-372.