Evaluating family centres:
The importance of sensitive outcomes
in cross-national studies

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Abstract

This paper explores the domain of family centres from the perspective of outcomes. Family centres are a cross-national phenomenon of complex, integrated services for children and their families, located in one site. The paper argues that centres are evaluated from an over-simplified and under-negotiated perspective of distal outcomes – the longer term outcomes owned by the agency and its professional stance. Instead, the authors propose a theory of change enabling more effective planning and evaluation of practice. The implication of the theory of change leads us to construct a *triangular outcome framework* embracing: a) *distal* outcomes, and also, b) *proximal* outcomes – steps-on-the-way, part of the journey of care and change; and, *mediating* outcomes – outcomes put in place to establish a milieu, disposing the centre to effective care and change. There is a concluding discussion about the methodological promise of collaborative enquiry in identifying and categorising different outcomes.

Key words: theory of change, programme evaluation

Introduction

New visions about developing child-centered communities include a range of community-based comprehensive programmes, such as family centres or family resource centres that provide early intervention (Lightburn & Kemp, 1994; Local Government Association, 2002; Warren-Adamson, 2002). These centres are important because they provide an accessible, friendly, supportive community for at-risk families. There are unique possibilities in family centres to combine supportive services and opportunities for learning and growth, with protection for children and parents. Parents and staff members join together to form a community that becomes a safe haven for many. The strengths of family centres are the capacity they build amongst participants and the contribution they make to the development of safe communities and new visions for children's services. There is also an emphasis on the tandem development of young parent and small child.

In our collaborative work over the past decade through cross-national comparisons we have expanded our understanding of what contributes to positive outcomes for families involved in centres (Warren-Adamson & Lightburn, 2006). We have been impressed with how much family centres across the globe have in common. Consequently, we have pooled our experiences

to develop a theory of change for family centres as a foundation for cross-national outcome evaluation. Drawn from our case studies of family centres and those of others in the United Kingdom and the United States, in this paper we propose a theory of change as a starting point to help evaluators to develop sensitive outcomes that are useful indicators of change and that through a co-constructive process with stakeholders will result in more effective evaluations.

Over the past two decades, family centres in the United Kingdom and the United States have continued to develop. Their central features are also evident in many other countries (Canavan, Dolan & Pinkerton, 2000; Warren-Adamson, 2002). Compared to short term family preservation programmes, these centres can be effective in meeting the needs of high risk families because they provide a system of care that offers enough time for recovery, development and much needed continued support (Hess, McGowan & Botsko, 2003). Family centres also go a long way in meeting the needs of poor, marginalized families in their communities, where more than traditional child welfare services are needed to help families stay together and protect their children (Comer & Fraser, 1998; Garbarino, Kostelny & Grady, 1992).

Many family centres are mandated by legislation, but all too frequently they are underfunded. Broad scale support has been lacking for these important community-based programmes, in part due to the lack of evidence that they constitute an essential resource for the welfare of children. In order to influence policy-makers that family centres should have a central role in fulfilling the intent of child welfare legislation, we need to conduct more effective outcome evaluations. While there is wide agreement about the virtues of these flexible, responsive neighbourhood programmes, evaluators have consistently called for more adequate conceptualization of how family centres work, with greater participant involvement and use of responsive and consistent outcome measures (Ireys, Divet & Sakawa, 2002; Lightburn, 2002; McCroskey & Meezan, 1998; Warren-Adamson, 2002).

This paper addresses some of the central concerns evaluators have raised in an effort to develop evaluative outcome measures that are more effective in providing information for policy and practice. In particular, outcome evaluations of family centres have lacked theories of change and descriptions of the black box of practice to direct enquiry and evaluative measures. Moreover, they have focused on distal outcomes, such as reducing the need for child placement. At the same time, they have failed to attend to proximal outcomes that are the steps-on-the-way to major outcomes. These proximal outcomes are valuable indices of the change process and provide a more "sensitive", progressive measure of the programme impact. Therefore, we propose a theory of change based on a cross-national conceptualization of how family centres work. A central part of the theory involves a framework describing the "black box" of intervention which enables the complexity and developmental nature of interventions used in these centres to be understood. This theory of change also provides a foundation for identifying important "sensitive outcomes," that is, the steps-on-the-way to long term outcomes, so often neglected in outcome evaluations (Patton, 1997). We will emphasize evaluating sensitive outcomes that identify processes within the family centre system or community, including the processes involved in therapeutic and supportive interventions, as well as developmental processes for individual parents. In the future, we hope that through use of sensitive outcomes, an understanding of how programmes work and families change results in responsive evaluation practice that enables us to be more confident in outcome evaluations of these important community based programmes.

We see the role of evaluators as collaborators who can present the complexity of family centres in a meaningful way for stakeholders, providing a map to guide the development of sensitive outcome measures. We believe it is important to bring together staff and families in all phases of the evaluation to work with evaluators who can offer a special perspective based on cross national experience as grist for the mill in developing responsive theories of change that reflect local culture, values, and priorities (Lightburn, 2002; Warren-Adamson, 2002). With input from the evaluator, stakeholders will be part of the development of a theory of change to guide their programme strategies. Additionally, this collaborative work will focus and refine

evaluative measures that have salience in defining both how their family centres work and what their families are able to accomplish.

The need for sensitive outcomes

It has been frequently noted that the conceptualization and measurement of outcomes present a challenging task for community-based family support programmes. The complexity inherent in the involvement of parents in a comprehensive programme has been represented by primary outcomes, such as improved parenting, access to resources and reduced need for out-of-home placement. While important, these distal outcomes do not capture the changes that contribute to the family's, child's and family centre's development. For example, it is equally important to assess system impact (such as the development of community in the family centre and in the neighbourhood), social support and family and child wellbeing (Cash & Berry, 2003; Hess, McGowan & Botsko, 2003; Lightburn, 2002; Pecora et. al., 1995; Warren-Adamson & Lightburn, 2006). Therefore, based on the theory of change presented in this paper and more fully developed elsewhere (Warren-Adamson & Lightburn, 2006), we suggest a range of sensitive outcomes as useful indicators of change for both family centres and their participants. These sensitive outcomes identify developmental processes basic to family, organizational and community life. It is important to measure such steps because they are essential developmental processes that mediate distal outcomes, such as child placement and child well being.

We take a developmental perspective, drawing from the work in developmental science where psychological and behavioural functioning and adaptation are influenced by dynamic, integrative processes in which "integrative internal and external factors come together" (Farmer & Farmer, 2001, p. 171). It is therefore important to evaluate the dynamic inter-relationships amongst systems such as the parent's or family relationship with the family centre. We are interested in capturing the integrative processes where internal and external factors come together.

One way of conceptualizing this integrative work is to describe mediating processes that are integral to development that need to be considered as sensitive outcomes, such as synergy and containment. Mediating processes such as synergy and containment have been noted as important descriptions of outcomes in family centres, however neither of these mediating processes have been developed into outcome measures (Hess, McGowan & Botsko, 2003; Warren-Adamson & Lightburn, 2006; Warren-Adamson, 2001). It has long been recognized that the most effective and dynamic programmes are social organisms (Pecora et al., 1995; Schorr, 1997). Both synergy and containment are dynamic processes of the social organism recognized as family centres, which we believe contribute in essential ways to successful programmes (i.e.: programmes that are flexible and responsive to the changing needs of families and their communities). As we proceed with our examination of sensitive outcomes, we will examine both synergy and containment as examples that are central mediators of change. We anticipate that measuring these mediating processes will advance our understanding of change.

In the next section we introduce family centres, and then present a theory of change that is the foundation for our discussion of sensitive outcomes. Proposed methods for evaluation and research follow, based on a constructivist approach where participant involvement in the research process is indispensable.

Locating family centres

Sites for family centres are located in schools, housing projects, community centres, churches and neighbourhood service centres. Such centres are supported by local authorities or govern-
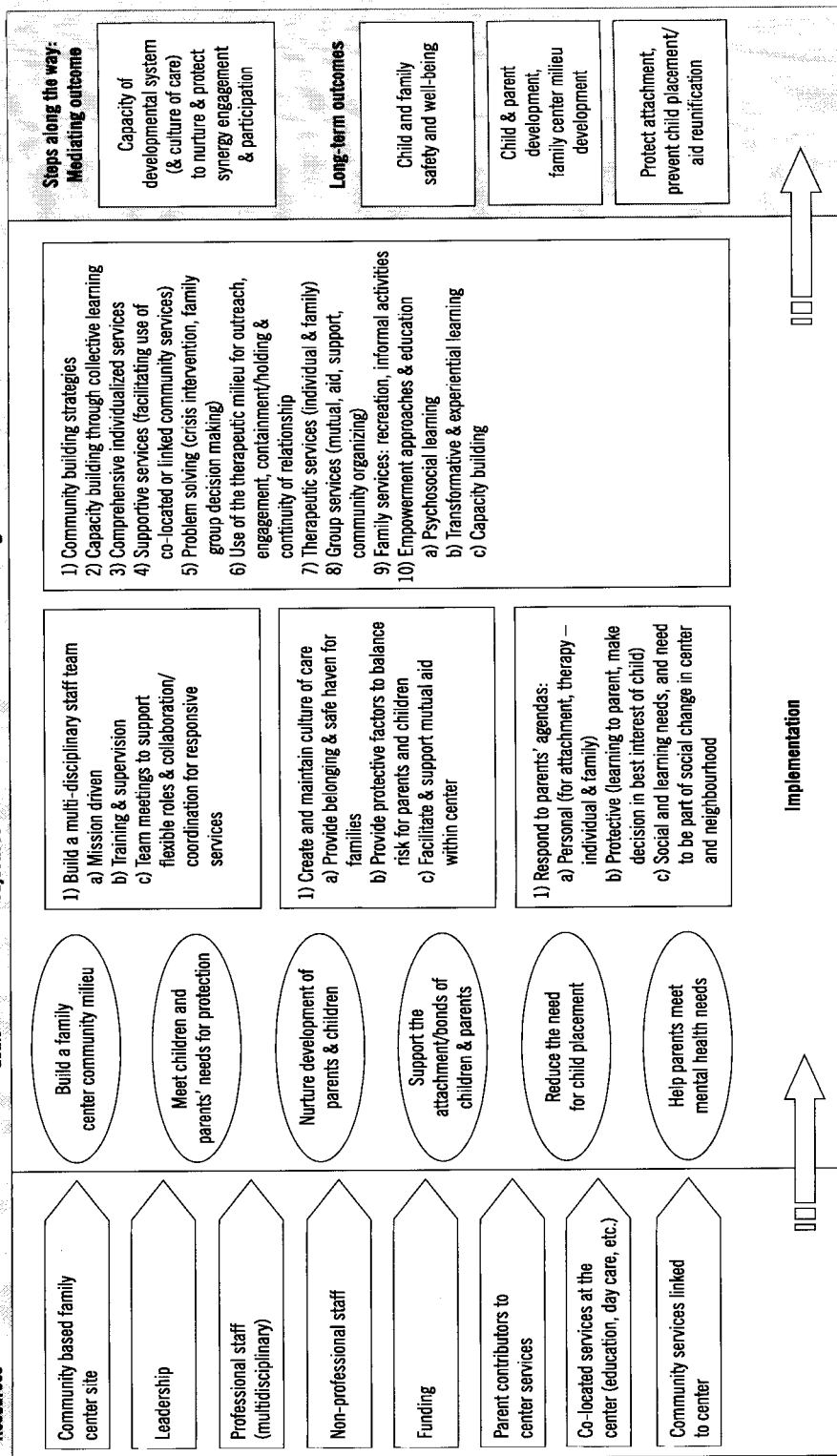
Resources

- Community based family center site
- Leadership
- Professional staff (multidisciplinary)
- Non-professional staff
- Funding
- Parent contributors to center services
- Co-located services at the center (education, day care, etc.)
- Community services linked to center

Goals

- Build a family center community milieu
- Meet children and parents' needs for protection
- Nurture development of parents & children
- Support the attachment/bonds of children & parents
- Reduce the need for child placement
- Help parents meet mental health needs

Objectives

1) Build a multi-disciplinary staff team
   a) Mission driven
   b) Training & supervision
   c) Team meetings to support flexible roles & collaboration/ coordination for responsive services

1) Create and maintain culture of care
   a) Provide belonging & safe haven for families
   b) Provide protective factors to balance risk for parents and children
   c) Facilitate & support mutual aid within center

1) Respond to parents' agendas:
   a) Personal (for attachment, therapy – individual & family)
   b) Protective (learning to parent, make decision in best interest of child)
   c) Social and learning needs, and need to be part of social change in center and neighbourhood

Strategies

1) Community building strategies
2) Capacity building through collective learning
3) Comprehensive individualized services
4) Supportive services (facilitating use of co-located or linked community services)
5) Problem solving (crisis intervention, family group decision making)
6) Use of the therapeutic milieu for outreach, engagement, containment/holding & continuity of relationship
7) Therapeutic services (individual & family)
8) Group services (mutual, aid, support, community organizing)
9) Family services: recreation, informal activities
10) Empowerment approaches & education
    a) Psychosocial learning
    b) Transformative & experiential learning
    c) Capacity building

Implementation

Outcomes

Steps along the way: **Mediating outcome**

- Capacity of developmental system (& culture of care) to nurture & protect synergy engagement & participation

Long-term outcomes

- Child and family safety and well-being
- Child & parent development, family center milieu development
- Protect attachment, prevent child placement/ aid reunification

Figure 1
Integrated family center theory of change & implementation guide (reprinted from Warren-Adamson & Lightburn (2005)).

ment programmes, and in many instances depend on aggressive fund raising and foundation support. There is a mixed tradition of professional and grassroots leadership and staffing. Often the centres are sites for co-located services or serve as an important coordinator of community services. Family centres are there for community families, including parents who may be mandated to participate by protective services who use centres as a resource to help parents become better able to keep their children safe. The continuum of services provides a wraparound effect consistent with the system of care programmes that support families with children with serious emotional disturbances in the U.S.A. This concept is based on the perspective that a combination of individualized supportive and therapeutic help provided in both traditional and non-traditional ways in the community is more effective than out-of-home placement (Stroul, 1996).

The above-noted approach is also consistent with the direction for policy and service provision set out in the Framework for Assessment of Children in Need and their Families (HMSO, 2000) and in the Children Act 1989 (Schedule 2, paragraph 9) in England and Wales, and in legislation in the U.S.A., the 1997 Public Law 105-89 (see Aldgate, 2002; Ronnau, 2001). The philosophy and guiding principles of these centres are based on developmental and empowerment practices, which view the family as collaborators with staff and professionals, and promote family-centered work (McCroskey & Meezan, 1998; Ronnau, 2001; Warren-Adamson, 2002).

A family centre theory of change

Based on our experiences with family centre programme development and evaluation, we offer the beginnings of a theory of change that emphasizes the synergy of the family centre in the negotiated activity or work of professionals and parents. A theory of change has been largely implicit for family centres. Researchers agree that such a theory – whilst generating new uncertainties in the humbling process of enquiry – offers a more coherent route to what we need to know, and points to interventions and actions we need to work with in programme development and evaluation (Chaskin, 2002). Our theory of change is detailed in Figure 1. The theory is based on a fully developed rationale supported with research evidence and drawn from social science theory discussed in Warren-Adamson and Lightburn, (2006). We propose this theory as a way to organize our thinking about outcomes for families, those that are agency linked and long term, and those proximal, more sensitive outcomes which are more indicative of families' rich day to day journeys in their centres and communities.

This conceptualization is based on eco-systemic theory that emphasizes the inter-relationships between parts as a dynamic process that is related to all outcomes. As noted earlier, the family centre should be conceptualized as a developmental system, similar to a family. Such a multi-systemic, interactive centre grows and differentiates in response to individual needs as staff and participants are mutually involved. In its fullness, the centre provides a community for participants, centre staff, volunteers and parents. The *family centre community* is central to the way the centre works and promotes change, bringing together all of the resources identified in Figure 1 to achieve its varied goals and objectives.

Specific to our conceptualization are strategies in Column Four that indicate the broad range of activities involving staff and parents. How all of this work occurs depends on the mission or primary goal to build a family centre community milieu that provides a special focus for all activities. These community mileux can be the unique life force that melds together goals and resources which achieve a rich array of possible outcomes. It is our hypothesis that the quality of the family centre community milieu influences the centre's capacity to function and therefore its synergy frequently characterized as *more than the sum of all its parts*. This synergy mediates the desired outcomes identified in Column Five of Figure 1. In the fifth column we describe two types of outcomes, those that are proximal outcomes or steps-on-the-way for both

the centre and the parents, and those that are longer term outcomes. Steps-on-the-way are also identified as mediating outcomes. These outcomes reflect the broad agency agenda, along with outcomes which mirror the *containing* and day-to-day processes of the centre, as well as the agendas of participating families.

Altogether, Figure 1 amounts to what we describe as a family centre milieu which supports and develops a "culture of care" – a family centre community – with an enhancing capacity *to contain*, hold and support growth through learning, therapy, mutual aid, empowerment, and social action. Building on this conceptualization we will explore ways to identify critical components of the change process that are important to long term outcome, such as child and family safety, well being and development. It is our hope that these change processes will be valued as outcomes as well, as they represent the energy and/or synergy of the centre, the phenomenon of being "more than the sum of the parts", the life force that we hypothesize contributes more to change than specific interventions or even specific combinations of interventions.

Defining synergy as a sensitive outcome

The following section describes further the varied parts of the centre and suggests how synergism or the centre's special life force works. Specific attention is given to two of the major ways synergy develops and works. The first way synergy develops is through the parents' involvement in helping relationships that are a result of formal help. The "black box of centre practice" shown in the four-part grid in Figure 2 characterizes the possible ways parents can be engaged in work on their personal and community goals. The second way synergy develops is through the collective experiences in the family centre that provide containment and support that comprise the family centre's culture of care. Collective experiences are a result of both formal help and informal relationships in the centre between parents and staff. This cultural synergy supports development and protection for families and is an integral mediating force or factor influencing all outcomes.

Formal help: Describing the black box of family centre practice

There are a range of possible helping relationships that form the backbone of intervention, such as individual therapy, learning, and collective interventions for each family and for different groups of parents. These focused interventions comprise the "black box of intervention" that has been previously described in terms of discrete services, such as parenting classes. This view leaves out the broader range of helping experiences that occur for parents and families, and the inter-relationship and the developmental nature of those experiences. Our model proposes parent and professional agendas (responsibilities, mandates, goals, hopes and activities) that contribute to the evolving developmental experiences and outcomes for both staff and families. This model, described in Figure 2, suggests the interactive complexity that we know as family centre practice, where the sum of the work of parents and staff and other contributors to the centre milieu and to families is integral to all. It is the developmental synergy that supports change.

One version of centre activity accounts for the varied helping relationships in centres as a set of negotiated agendas. The negotiated agendas serve to conceptualize the reason and way parents become involved in centre activities. This perspective is based on – and adapted from – an epistemological grid developed by Howe (1987) as an organising framework to embrace

theories of intervention. The grid is based on two continua, firstly between subjective knowledge and objective knowledge, and secondly ideas of society and change, based on consensus and conflict perspectives.
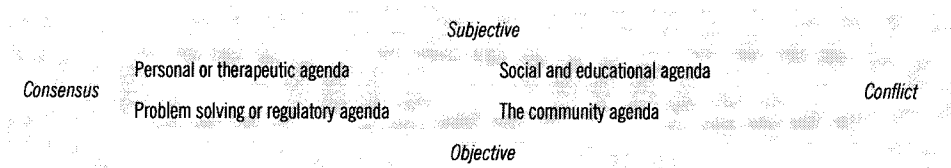

Figure 2
Intervention grid. (Reprinted from Howe, 1987 with permission.)

Such a perspective enabled Howe (1987) to propose four domains of intervention:
• regulatory, protective activity;
• personal development;
• a collective world of learning, support and change; and
• social change activities.

In Figure 2 we have developed this grid to describe the parent and professional agendas in centres.

The grid allows us to organize ideas about parent and professional agendas in four clusters. In each domain, services provided by the centre can be described in familiar ways. For example, in the *regulatory, protective activities* domain parents may bring complex and hard-to-solve issues often tied to the professional's duty to influence positive parenting and protect children. Conventional interventions include crisis intervention and parenting programmes. The domain of *personal development* would include therapeutic activities; for parents who aspire to change – from the elimination of destructive, sometimes dangerous behaviours to all manner of self-development. Conventional interventions include counseling, cognitive behavioural therapy, and so on. The domain of the collective world of *support* and *learning* occupies a spectrum of activities from adult education to group support and care. The fourth domain reflects parents' growth and engagement in centre and community action, as well as the centre's involvement in developing community initiatives.

The agendas reflected in the above-noted domains will of course be responded to and negotiated according to the emphasis of programmes in the centre. Moreover, centres respond to parent agendas in a complex, interrelated fashion and with varying emphasis, depending on parents' interests, pressing need, and individual strengths and goals. There is also, in the accounts of parents and practitioners, a "more than the sum of the parts" synergy in the ways families connect with offered services. We recognize this synergy as it influences engagement, development, commitment and involvement in the life of the centre community. For example, a parent's work on individual problems may be enhanced by participation in a parenting group or a mutual aid group that focuses on women's issues. Or a parent's mandated involvement in a parenting workshop may be enhanced by family therapy and case management that makes it possible to gain critical resources to meet basic needs, as well as attending family centre activities.

The version above tries to account for some of the complex activity of the centre. This version notwithstanding, we are challenged to understand how outcomes are achieved. With comprehensive programmes it is important to describe the pathways, accumulated experiences, and intensity of services that can help us understand what contributes to outcomes. The grid in Figure 2 provides a way to identify point of engagement and to track development through choice and use of interventions. We need to have outcomes that are relevant to consumers –

for example, consumers' goals, as they work within each of the domains. In working with multiple goals within the grid, it is possible to link outcomes and to see how certain outcomes can be steps-on-the-way to other outcomes. So, for example, it is possible that involvement in a mutual aid group, the development of a sense of belonging, and self efficacy and group efficacy are all steps-on-the-way to becoming a more competent parent?

Mediating factors that define synergy

The intervention grid that has just been reviewed describes a range of formal helping relationships that function as part of the family centre's developmental system. Often therapeutic relationships and specific interventions are viewed as the major means by which a participant's development is supported and enhanced. However, such relationships and interventions appear to be half of the picture. As presented in this theory of change, there are other dimensions of centre life which also make up the developmental system of the centre, such as the culture of care and the ways the community works together to support staff and families and to celebrate centre life.

The culture of care includes the way staff work with each other, and how staff are supported by administration. Each family experiences the culture of the centre, that is, they are recipients of the culture of care that the centre as a whole provides. At the same time each family is a participant in this culture, influenced by and influencing the norms and rituals through involvement in activities, participating in governance meetings, and contributing to the daily life and needs of the centre. For one family it may mean helping to develop the centre's library, preparing afternoon tea, and supporting new parents through home visits. For another family it can involve leadership in developing a lending-hand programme and taking a turn in facilitating weekly governance meetings, as well as taking photographs during holidays for all of the centre's families. Other families may be recipients of these contributions for many months before they join in to provide for others in ways that build their confidence and sense of belonging to the centre. All of these activities are part of the centre's developmental system that grows as families become increasingly involved in the family centre's life.

The work of Farmer and Farmer (2001) cited earlier suggests that such a complex developmental system is critical to outcomes, and that there are complex mediating factors that have a part to play. In the foregoing we develop further the idea of mediating factors as they relate to family centre experiences. Specifically, we return to the notion of synergy and explore additional ways in which synergy represents both an outcome and an essential mediating factor, as a product of the developmental system and as creating the developmental system that supports parents and centre staff.

Case studies from different communities and countries describe how parents and staff value the importance of the family centre community. Some refer to this community as their family. Others speak about the synergy that occurs, and how it all works together. For these parents, this quality of the centre's community influences their participation, engagement, and probably other outcomes. Therefore, it is important to find a means for understanding how the centre staff works together to create community for families. Again, some refer to the idea of complexity, and others to synergy – that previously noted "something" in centre practice which is greater than the sum of its parts and which creates an energy and a permission amongst the parts to interconnect creatively and supportively.

Farmer and Farmer (2001) and others also are grappling with these ideas in the emerging domain of developmental science where psychologists and those in related disciplines seek to understand that complex and correlated world of activities which determine people's positive (*people doing better and better*) and negative (*people spiralling into decline*) developmental careers. A parallel contribution that explains similar phenomena is prevention scientists' identification of protective factors that act as buffers to risk, thereby enhancing resilience (Durlak,

1998; Fraser, 2004; Gilligan 2001). Supported by this theoretical work, we propose that the *quality* of the culture of care and the developmental systems of the family centre represent the correlated world of activities that are protective factors. They are as important as the intervention activities that are represented in Figure 2, the intervention grid (the black box of practice). The quality of the culture of care and the developmental system are inextricably connected and act as the holding or facilitating environment. It is this environment that is important to development and that enables parents to develop a sense of belonging and connection to community. Below we further explore this synergy by drawing conceptually from parents' characterizations of their experiences in centres and utilizing parallel concepts drawn from developmental theory.

Containment and support

One emerging message from parents is that such centres offer "containment" to them (Ruch, 2004; Warren-Adamson, 2002). The idea of containment is one that belongs to a number of respected theoretical traditions described in detail elsewhere (Warren-Adamson & Lightburn, 2006). It is a concept that is associated with ongoing positive development. Focusing on understanding how containment works, in a similar manner to synergy within the community, will tell us much more about what children and their families think works for them and therefore how we should respond to it. Containment in this sense implies a safe-haven, a holding environment that supports *and* challenges. It is also akin to Chaskin's (2002) idea of social fabric, and the community programme which becomes the family that does not go away (Lightburn, 2002).

In developing our understanding of how the family centre contains, we initially draw from object relations theory and the capacity of the parent figure to "hold" and "manage" the projected emotions of those being cared for. This behaviour is said to reproduce itself over the life span, especially in times of stress. For the parent, or in this case the centre staff, it implies understanding, being, unconditional love, empathy and challenge, and it creates a creative energy that is responsive, problem-solving and nurturing. Whilst we recognize that the experience of containment can occur between a parent and therapist or staff member, it is also possible for containment to occur because of the centre's functioning as a developmental system, like a family, or like parents. It can also be that the broader community offers containment, through the nurturing that makes it possible for a family to stay the course because others care in a deep and abiding way. Such containment is possible because of the quality of the culture of care that the centre provides.

The focus of our attention is, then, that domain of supportive activity which goes beyond the known effects of specific interventions and which has been identified and struggled with by colleagues over time. For example, Whittaker, Schinke and Gilchrist (1986) introduced the ground-breaking idea of informal social support to account for this hard-to-know world of change; such concepts have found their way, for example, into the cross-departmental initiative "The Framework for the Assessment of Children in Need and their Families in the U.K." (HMSO, 2000). The challenge is to define support as it works in a family centre community, both in informal and formal ways similar to the way this works for families.

We hypothesize that containment, which parents and staff talk about as an important experience, is a mediating factor that enables parents to remain involved in centre activities, counselling, and working on their personal goals. Containment influences participation and development. It is likely that containment is a primary mediator for change and represents a qualitative dimension of the programmes that has been partly represented as intensity. Research has shown that intense programmes, with continua of care, produce stronger outcomes (Hess, McGowan & Botsko, 2003; Layzer & Goodson, 2001; Nelson, Landsman & Deutelbaum, 1990). And while intensity can be defined in many ways, including number of sessions and

available services, as well as service provided over time, it is also probable that intensity refers to the quality of programmes that endure. In fact all of these characteristics contribute to the growth of a developmental system which requires time and nurturing of relationships that would facilitate containment.
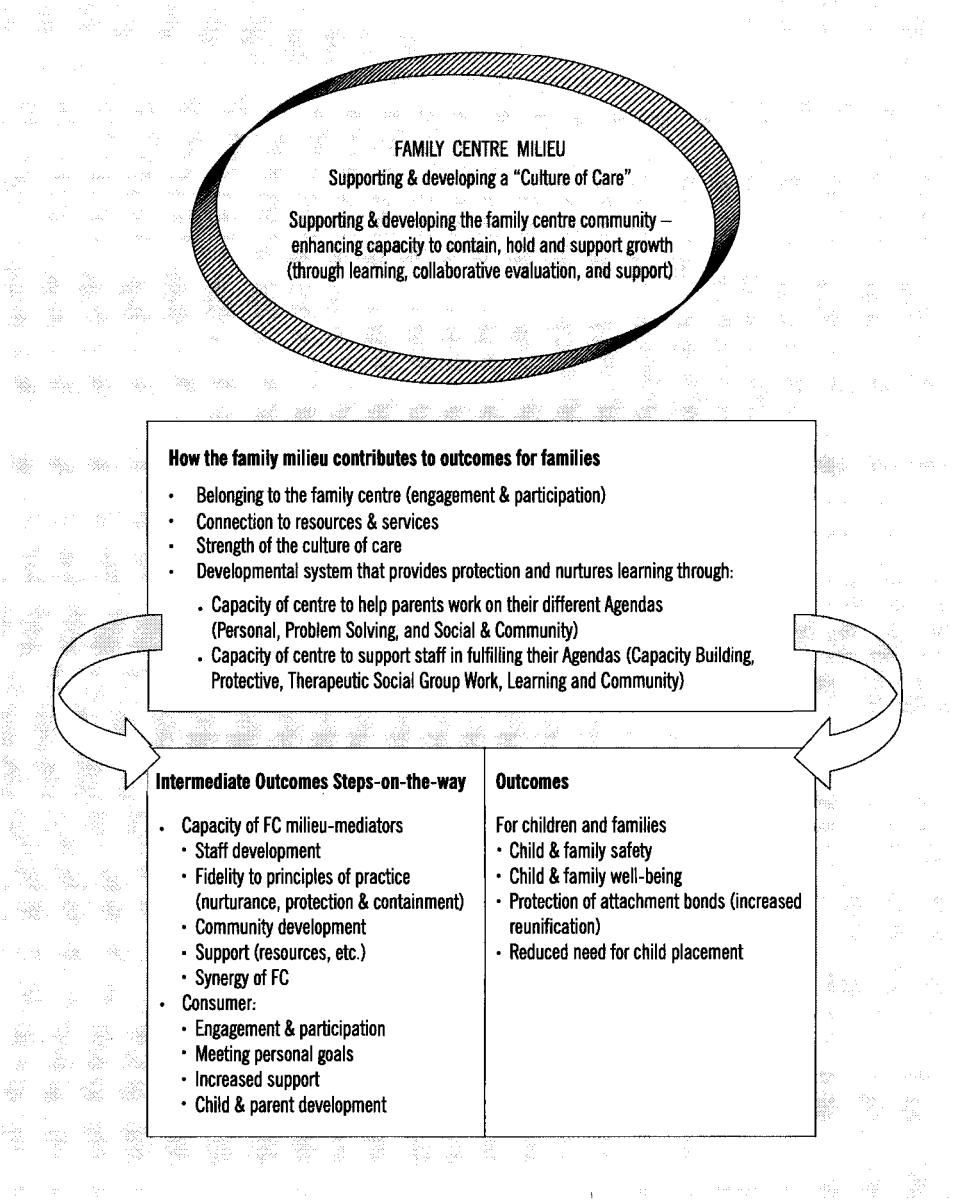
FAMILY CENTRE MILIEU
Supporting & developing a "Culture of Care"

Supporting & developing the family centre community –
enhancing capacity to contain, hold and support growth
(through learning, collaborative evaluation, and support)

How the family milieu contributes to outcomes for families

- Belonging to the family centre (engagement & participation)
- Connection to resources & services
- Strength of the culture of care
- Developmental system that provides protection and nurtures learning through:
  - Capacity of centre to help parents work on their different Agendas (Personal, Problem Solving, and Social & Community)
  - Capacity of centre to support staff in fulfilling their Agendas (Capacity Building, Protective, Therapeutic Social Group Work, Learning and Community)

Intermediate Outcomes Steps-on-the-way	**Outcomes**

- Capacity of FC milieu-mediators
  • Staff development
  • Fidelity to principles of practice
    (nurturance, protection & containment)
  • Community development
  • Support (resources, etc.)
  • Synergy of FC
- Consumer:
  • Engagement & participation
  • Meeting personal goals
  • Increased support
  • Child & parent development
	For children and families
	• Child & family safety
	• Child & family well-being
	• Protection of attachment bonds (increased reunification)
	• Reduced need for child placement

Figure 3
The contribution of centre milieu to outcomes.

Revisiting sensitive outcomes

In summary, in Figure Three we describe and give emphasis to the following essential corner-stones of the centre as they are related to achieving sensitive and long term outcomes:
- belonging to the family centre (engagement and participation);
- connection to resources and services;
- strength of the culture of care; and
- a developmental system that provides protection and nurtures learning.

The developmental system and capacity

We hypothesize that the above-noted developmental system (synergistic and providing containment and a way to belong) will influence parents in meeting their personal goals (determined through participation in services identified in the previously described Figure 2 "Intervention" grid) through work on their different agendas (personal, protective/problem solving, social and community). In a similar way, staff members responsible for the developmental system will have enhanced capacity to support parents, based on their own staff development (the knowledge and skill they have to carry out the work with parents on the different agendas) and the support they receive to implement the mission of the centre to nurture and protect.

Of equal importance to both staff and parents would be their experience of community that depends on the development of the family centre community milieu. A culture of care that holds, heals and empowers requires a dynamic community that enables active participation and responsibility for community life. In particular we also want to highlight the important role of *capacity* as a transformative factor. Capacity influences how synergy works. The personal development of staff and parents is reflexively related to the evolving culture of the centre. We hypothesize therefore that the quality of the centre's life force or the synergy influenced by the development of the centre and the ongoing development of the capacity of all involved mediates change. At the same time this synergy can and should be considered as an outcome of change.

We propose that this map of components and relationships that describe our theory of change provides a guide for measuring sensitive outcomes or proximal outcomes that are steps-on-the-way, the building blocks of change. Inherent in measuring these outcomes is the need to ensure that the measures chosen or developed answer the questions that the stakeholders have, and represent their need to identify change, which depends on a co-constructive process elaborated in the next section.

Summary

We have endeavoured to theorize the complex synergy of integrated family centre practice, and to begin to develop a theory of change enabling us more effectively to plan and evaluate practice. Our theory of change has led us to construct a triangular outcome framework which proposes:
- *distal* outcomes – the longer term outcomes owned by the agency and its professional stance;
- *proximal* outcomes – steps-on-the-way as part of the journey of care and change; and
- *mediating* outcomes – outcomes which are put in place to establish a milieu disposing the centre to effective care and change, and those outcomes which are transformed by – and which emerge from – such a milieu as synergy and containment.

Design and methods

In order to develop sensitive outcomes, we suggest use of research methods that will support working with this theory of change based in collaborative or co-operative enquiry (Heron & Reason, 2001). While these methods vary in form, they basically involve a participative, user-empowering approach to research which allows for a transformative relationship amongst researcher, practitioner/researcher and user. It assumes developing capacity in each person so that we are more able to work with enquiry and develop the fullest understanding possible of the helping process and change. The principle of collaborative enquiry is important to this type of outcome research, because the quality of the data depends on participants' involvement, seeking to understand through description and reflection on their own process. At the same time the evaluator has an important role in bringing forward their understanding of how change occurs – a map of the change process that can be used as a reference and guide as their contribution in the co-construction of a theory of change specific and individualized for those involved in the family centre.

The co-construction of sensitive outcomes will be enhanced by a theory of change supported by theory (such as eco-systemic theory, developmental theory, developmental and prevention science) as referenced in our examples of theory of change for family centre practice and evaluation (Warren-Adamson and Lightburn, 2006). In describing the interventions of the black box of practice and the mediating factors that influence the dynamic organism of the family centre community evaluators will make valuable contributions to our understanding of how family centre practice and family centre communities help families change and grow.

Qualitative methods are productive means for developing the thick description, in the tradition of Geertz (1975) that will provide the base for analysis enabling identification of both sensitive outcomes and those distal outcomes that are chosen by participants and staff. Experience has shown that use of narrative process, that is, posing questions that facilitate the development of story and critical incidents, provides the detail that is a rich resource for following developmental pathways and understanding inter-connections amongst all parts of the family centre. It is also useful to create an oral history of involvement with the family centre, so that parallel lines of development for parents and staff can be identified and analyzed.

In order to assist practitioners in understanding their process, it is helpful to examine the proposed intervention and the desired outcomes with the evaluator. Exploration of mediating process, such as "containment," is suggested, as this contributes to the synergy, the "more than the sum of the parts" that characterizes dynamic interactivity of the centre important to parents' outcomes. In addition to accepted longer term outcomes – for example, changed behaviour in child, confident parenting, avoiding or establishing more appropriate foster care, developing improved contact between child and absent parent, helping the child to return to parent – the evaluator/researcher needs to negotiate with the practitioner to look at outcomes that are rarely examined. These are the steps-on-the-way, descriptions of the experience of the care received in the centre, as well as descriptions of parents' goals, accomplishments, and belonging and work in the family centre community. Such an approach assumes that the researcher is well versed in this field and has good interpersonal skills to enable a richly told story to develop through an exploration of the processes involved in reaching sensitive outcomes that are shared by practitioner's and user's activities over time.

We expect that in working collaboratively with stakeholders to build and analyze qualitative data we shall lay bare a richer world of mediating activity and describe sensitive outcomes as a more effective way of understanding and documenting evidence of change. This very brief review of research methods points to research traditions that will be useful for evaluators as they develop outcome measures that are "sensitive enough" and truly capture developmental process that has been documented in family centre case studies.

The future

The territory of child welfare practice and policy is dominated by procedure, defensiveness, protection and policing, and a loss of faith in practice (Parton, 1997). Family centres, on the other hand, are a reportedly successful mechanism in supporting children and their families in neighbourhoods. Internationally, centres appear to be a healthy phenomenon, making sense of principles of social inclusion (Warren-Adamson, 2002b). Centres have developed as central resources in impoverished communities (Halpern, 1999; Lightburn & Kemp, 1994; Schorr, 1997). There is much to be learned from cross-national comparisons of community-based programmes, such as family support centres, that seek to mediate the stressors, negative life experiences, risks, and challenges facing families. To further our understanding of centre practice, we have advocated for more useful ways of identifying sensitive outcomes to inform practice and theory development based on a theory of change. We support cross-national collaborative inquiries as a means for ensuring that sensitive outcome measures are developed based on stakeholders' involvement. At the same time we are hopeful that use of a theory of change will lay the ground work for cross-site and cross-national evaluations to assess the effectiveness of these comprehensive community programmes that are an important resource in child welfare and early intervention services.

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