CHAPTER 1

THE PRACTICE OF COMMUNITY WORK IN CONTEMPORARY AUSTRALIA

Information in this chapter enables readers to take a critical stance in examining the different perspectives on what constitutes working with communities in contemporary Australia. The book is positioned mainly within Western white understandings of community and what working with communities is. The contribution of Aboriginal and Torres Strait islander scholars to authoring this book is immensely valuable in that it leads to a broader view of what community means and will lead to changed thinking and practice. The values and principles of community work practice are stated in this first chapter as they are fundamental and then they are highlighted throughout the text as they play out in different contexts and practice situations. The chapter objectives are to enable readers to understand:

- how the term 'community work' can be constructed differently for different purposes; as a method of practice or discipline, a set of strategies to build community capacity, and endogenous development

- community work principles and values and the context of whiteness

- why the concept of community is used in different ways in contemporary society

- why the rationale for community work includes strengthening relationships between people, place, and community

- the debates about the relationship between community work and addressing the social determinants of health

- ways forward for working with communities in Australia.

KEY TERMS

advocacy	endogenous development	social inclusion
community work	human rights	whiteness
empowerment	social determinants of health	

Community work: The process through which activities are undertaken collectively with communities in the pursuit of economic, social, environmental wellbeing or other undertakings that are perceived to be in the interests of the communities' advancement and benefit. The terms 'community development', 'community practice', 'community organising', 'community building', and 'social development' are also commonly used to describe this activity.

Human rights: A social work principle that is a commitment to advancing human rights recognising the inherent value of each person, regardless of background, where they live, what they look like, or what they think or believe

Community engagement: An activity led by government or another agent with a policy development mandate in building bridges with its citizenry for the purpose of better governance, more involvement of citizens in planning, policy-making, and service delivery. The type of involvement varies.

Endogenous development: Community work arising from within a community, where communities themselves identify projects, mobilise resources, and develop strategies for reaching goals, initially at least, without prompting by a formal development agent

THE USE OF THE TERM 'COMMUNITY WORK'

The practice of **community work** has an extensive history internationally and in Australia. It has been conducted in diverse contexts and for different purposes and its multidisciplinary nature has led to the evolution of different approaches and terms used to describe it. The terms 'community development', 'community practice', 'community organising',' social development' or 'community work', and 'working with communities', all refer to work undertaken collectively with communities in the pursuit of economic, social, environmental, or other undertakings that are perceived to be in the interests of the communities' advancement and wellbeing.

Although the United Nations refers to 'community development', Meredith Minkler (2005) and Jack Rothman (1999) refer to 'community organisation' and 'community building' and Weil, Reisch, and Ohmer (2013) use the term 'community practice', these descriptions have much in common. The United Nations in 1948 described community development as: '…a process designed to create conditions of economic and social progress for the whole community with its active participation and fullest possible reliance upon the community's initiative'. (Ontario Healthy Communities Coalition, n.d., Definition and history of community development, quoting Head, 1979, p. 20). Minkler and Wallerstein (2005, p. 26) describe community organisation similarly as: 'Community organization can be defined broadly as a process by which community groups are helped to identify common problems or goals, mobilize resources, and develop and implement strategies for reaching the goals they collectively have set'. Community practice is defined as 'promoting sustainable social and economic development, organizing more effective and responsive services, engaging in planning and policy development to solve old problems in innovative ways, and advancing **human rights** and social justice through political and social action'. (Weil et al., 2013, p. 4) Ife (2009) takes a human rights perspective in community development. Midgley (1995, p. 25), defines social development as a 'process of defined social change designed to promote the wellbeing of the population as a whole in conjunction with a dynamic process of economic development'.

So, although the terms and perspectives might differ, there is congruence in describing the overall objectives of the activity as working together with communities through a collaborative process developing social, environmental, or economic wellbeing generally through some type of structured framework. This book uses theoretically and empirically based abstractions to tell people how to go about working with communities. The focus is not on the type of community or the theoretical ideas. The emphasis in this book is on the work—shared work with communities in their endeavours—hence the pragmatic choice to use the term 'working with communities' or 'community work'.

THE VALUES AND PRINCIPLES THAT UNDERPIN COMMUNITY WORK PRACTICE

A set of community work values and principles is discussed throughout this text and they underpin all types of practice regardless of the purpose and whether it is called community work, community development, **community engagement**, or **endogenous development**. Value orientations of groups within communities, between community workers and communities, and between communities and the broader context sometimes **conflict**. Never is the community worker free of the need for **reflexive practice** and critical reflection. This means that the community worker must consistently examine what community work values are important in the situation and how these align with the worker's own values and those being expressed by those with whom the community worker is working. This complexity requires sensitive discussion to determine a way of working. Here the values and principles of community work are presented in summary:

- A commitment to **empowerment** to ensure that people have opportunities to make choices about the actions they would like to take and have the ability to have those choices implemented.

- A commitment to **social inclusion** so that all individuals and groups are able to participate fully in and benefit from the social, economic, and political activity of society as a whole.

- A commitment to advancing human rights recognising the inherent value of each person, regardless of background, where we live, what we look like, or what we think or believe.
- A commitment to social justice in terms of the distribution of wealth, opportunities, and privileges within a society.
- A commitment to collective action or **advocacy** or the intrinsic importance of people working together to address common problems or issues.

The cultural world views held in communities underpin most aspects of the way the community is organised and how the community understands what will be involved in community work. A Western-centred world view is dominant in Australia today and community work values and principles are consistent with this focus. Community work principles and values are just as applicable in non-Western settings such as Australian Indigenous settings[1] but continually we must exercise caution, recognising that some of our power comes from belonging to the majority culture and the inherent privilege of **whiteness**. Whiteness is a societal process (largely invisible to whites)

---

1 'Indigenous Australian' refers to those Australians of Aboriginal and Torres Strait Islander descent.

Conflict: In community work, the oppositional views of community sections based on differing views, priorities, values, practices or motivations that produce disagreement

Reflexive practice: The ongoing examination of your own knowledge, values, and practices and the iterative ways in which these influence those you work with

Empowerment: The creation of sustainable structures, relationships, processes and mechanisms that enable people to take greater control over their lives, have increased choices and opportunities for action. Empowerment includes the notions of personal development, consciousness-raising and social action.

Social inclusion: A commitment to ensuring that all individuals and groups are able to participate fully in and benefit from the social, economic, and political activity of society as a whole. Political and social action to address the institutional and systemic discriminations is fundamental to social inclusion.

Advocacy: A community work approach that sets in motion the dynamic process of developing consensus and a mandate for action to address an issue

Whiteness: A societal
process (largely invisible
to whites) where white
races accrue power,
privilege and dominate
and are seen as the norm
against which other races
measured (Moreton-
Robinson, 1998)

Community of place:
Composed of three
elements: a generally
agreed upon locality; a
set of social interactions
often around community
sectors; and a process of
locality-oriented collective
interactions creating a
'community field'

**Community capacity
building:** The process
of jointly identifying with
the community the skills,
resources, capabilities,
and social organisation
required to achieve change
and then developing these
components

**Communities of
interest:** Groups of people
who share a consistent set
of interactions around a
common interest, whether
it be an economic, social,
political, spiritual, or
cultural interest. Usually
there are shared values
as well.

Research: The systematic
collection of information
about a topic, analysing
the information, drawing
conclusions, and
disseminating results

where white races accrue power, privilege and dominate and are seen as the norm against which other races measured (Moreton-Robinson, 1998).

HOW IS COMMUNITY WORK UNDERSTOOD IN CONTEMPORARY AUSTRALIA?

There are many conceptualisations of community work and they vary according to the purpose, the origins, and who initiated the construction. Three common ways of understanding community work are discussed here. First, community work is described as a method of practice, or discipline, with a body of knowledge supporting it and a set of values and principles underpinning practice which have been identified above (Ife, 2009; Kenny, 2011). The processes of community work as a method of practice or discipline is to work with a **community of place** or of interest through a collaborative process developing social, environmental, or economic wellbeing generally through some type of structured framework.

The second conceptualisation of community work is of a set of processes, usually stimulated by an external agent, intended to strengthen community skills and knowledge to participate in planning or implementation of projects. '**Community capacity building**' is a common term to describe this activity (Pugh & Cheers, 2010, p.164) but 'community empowerment, 'community engagement' or 'community participation' are also common. The third conceptualisation is one that constructs initiatives that community members undertake themselves as 'community work'. There are all types of activities, generated at a local level, taken by **communities of interest** and well as communities of place, to improve the community. A term to describe this phenomenon is elusive and some conceptualisations of it call it 'self-help' (Matarrita-Casante & Brennan, 2012). In this text this type of activity is referred to as 'endogenous development'; activity that emerges from a community, without prompting or funding from formal development agencies. Initially at least, experts in community work and their institutions are not the agents of change (Eversole, 2012).

Case study 1.1 is adapted from **research** undertaken in rural communities in South Australia and Queensland (Taylor, Braunack-Mayer, Cargo, Larkins, & Preston, 2013). It demonstrates how three different perspectives on community work fit together. It is inevitable that there will be different perspectives and different value orientations and the trick is effective 'alignment' or working together. Sometimes this happens spontaneously and sometimes it is facilitated. In this case study alignment of value positions and perspectives comes about through having some overall generally agreed upon direction. Although health promotion was not really a topic that the community members felt strongly about they thought membership might bring opportunities for influence in other areas. Setting up the Health Promotion Committees by the health sector was to enable community participation in addressing lifestyle issues association with chronic illness but what happened was the committee provided a structure for overall community advocacy and development.

THREE PERSPECTIVES ON COMMUNITY WORK

Case study

1.1

This example is from a regional health authority whose mandate from the funding body was to address the increasing burden of chronic illness in the region. The regional health authority decided to set up Health Promotion Committees to encourage community participation in several towns in the region. The purpose and structure of the Health Promotion Committees was clearly specified. They were designed to be multi-sectoral and multidisciplinary.

The local government community worker:

> I am employed as a community worker by local government and I engage with citizens and groups in a wide range of planning and service delivery aspects. I facilitated the development of the regional plan for childcare facilities and another plan to improve access for people with a disability. I have also been working with young people about their ideas for a skate park. I really don't know a lot about health promotion but I attend the Committee to represent local government's interests and ensure that we know about all the activities that are going on. I am not at skilled at all but when there is an activity planned I make sure that I promote it as best I can. Sometimes I can't attend meetings as I have a very full schedule and do a lot of travelling.

The health service administrator:

> My role is to ensure greater community participation in health promotion activities. Ideally we want to see a much greater emphasis in our community on wellness rather than illness. I am employed full time by the regional health authority with funding from a national program to address some of the lifestyle issues that might be associated with chronic illness. We have set up Health Promotion Committees for each of the towns in the region. Our committee has a representative from local government and the education sector. Some sector representatives are keen to be involved and others are not interested. I think it depends a lot on personalities. Generally it is very hard to get community members participating because not everyone is familiar with what health promotion is. But we try to get the community leaders involved. This town is a typical example whereby things happen via the grapevine and so having community leaders and champions who know exactly what's happening and can encourage the rest of the community to get on board is really useful. There are a lot of community views though about the services we have here. People rally around to protect them when we try and make changes.

The community member perspective

> In our community there is an impetus for us to take an active role in maintaining our services of all kinds to try and prevent their roll back. So that's why I became a member of the Health Promotion Committee. I didn't know anything about health

»

promotion but I like to have a say and to represent the needs of the community at all opportunities. Perhaps lobbying is not the right work but advocating definitely. We have to keep putting our views up front with the government agencies or otherwise we will lose our services. This has happened in the past and we have been threatened with the closure of our rehabilitation service and our hospital and if we are not quite vigilant it is likely that next time there is health 'reform' our services might be closed. We have fought for many years to keep our hospital. There have been many of us involved in this action from different groups such as the service clubs and the business sector

CRITICAL REFLECTION

1   Critically examine the motivations of the community worker, health planner, and community members for membership of the Health Promotion Committee?

2   Are these motivations aligned? If so what works to assist alignment?

3   What value might there be in trying to distinguish between the different perspectives people hold about the Health Promotion Committee?

4   If you were a worker in a health agency in town what connections might there be between your work with individuals and the work of the Health Promotion Committee?

5   Critically examine the community work values and principles evident in this case study?

Community work as a method of practice or discipline

Community work, as a method of practice, is marked by its multidisciplinary and multi-professional nature. It might be practiced as a distinct discipline or it might be practiced as a complementary component of another profession (Mendes, 2009). The theoretical underpinning of community work and community development is eclectic although different approaches or disciplines might draw on different theorists. For example, a rural developer in a community of place might use community interaction theory (Wilkinson, 1991) to understand the societal relationships and capacity for action in the community. Workers with asylum seekers might use Ife's (2009) integration of a human rights approach with community development principles. The eclectic theoretical base is one of the strengths of the community work method although there are limitations if robust conceptualisation is not part of practice. Midgley (2003, p. 840) comments that social development workers have 'pursued an eclectic and pragmatic set of activities rather than a coherent practice approach that implements an organized body of knowledge and well defined values and principles'. Another limitation is that the community work frameworks and approaches mentioned (Midgley, 2003; Minkler, 2005; Rothman, 1999; Weil et al., 2013, p. 4) do not include

an explicit overall analysis of race in all parts of their frameworks. There are aspects of the frameworks that offer general considerations of culture but not yet culturally specific models of community work. (Laing, 2009)

It is clear that the term 'community work' is invariably used in a normative sense as undertakings that are perceived to result in community benefits. It is also normative in that practitioners adhere to a set of values and principles that we examined at the outset of the chapter. Of course, it is not always the case that community benefits accrue from activity, at least not for all sections of the community, and because of this the work is almost always political. And so it should be. The community worker becomes aware of the patterns of power holding within the community because the overarching aim of community work is to empower communities, increase community connectedness and inclusion, and as a result ensure that communities are able to develop and implement solutions to their concerns. However, Ife's (2009) work on the fundamental connection between guarding individual's rights in the pursuit of development is important. It is always likely that progress in one groups' rights might lead to other groups' rights being diminished. Ife's (2009) approach suggests that community development should operate within an explicit human rights framework to shape discussions about what might be ethical courses of action. Mowbray (2011, pp. 1144–5) also refers to empowerment as part of development. 'It [*community development*] is about people being empowered through collective participation in democratic processes to improve the lives of those in whose interests they purport to act.'

Bhattacharyya (2004, p. 5) provides a parsimonious definition of the purpose of community development and teases out key components; 'the pursuit of solidarity and agency by adhering to the principles of self-help, felt needs, and participation'. An alternate conception of community organisation is that of DeFilippes, Fisher, and Shragge (2010) who consider the objective of community development as creating social change and that a fundamental building block of this is an understanding that community work is contested activity over power.

From a different perspective again, a sociological approach to rural community development starts from the premise that the social structure and functioning of rural communities is related to capacity for community action. Community interaction field theory (Luloff and Bridger, 2003; Wilkinson, 1991) underpins this premise. Wilkinson (1991) presents a theorisation of the rural community in America and the social bonds (both within and external to the community) that form the integrative aspect of community life. It is through these bonds and the infrastructure to support them that people who live together come together to work on common problems.

Community work as capacity building strategies

Contemporary policy documents and funding programs refer to community capacity building, community engagement, community participation, or building **social capital** or community sustainability rather than community work or development. Generally, the intent of the activity is to promote a government agenda rather than that of the

Social capital: The presence of supportive, and reciprocal networks of relationships, civic participation, and high levels of trust between people in a community that facilitate taking action for mutual benefit

community (Mowbray, 2005), for example increasing community sustainability, or improving environmental management, or changing unhealthy lifestyles. While the spinoff might be improved decision-making or knowledge and skills for the community it is not directly about advancing human rights and social justice through political and social action. This is in part, because governments at local, state, and federal levels are striving to be more effective in achieving uptake of government agendas about improving health and wellbeing, promoting economic development, and containing cost and risk. It is thought that 'modern' strategies such as community engagement might help in achieving government agendas more effectively.

If community engagement or community capacity building is externally driven by government or another agent it might have a starting point that is not of the community's choosing. Even so, most government strategies come with a thickly applied discourse of cooperation, participation, empowerment, ownership, and multi-**stakeholder** dialogue. As Craig (2007) suggests community capacity building, as it is written about using this terminology, is no different to community development. It is in the practice that the test comes. Practising community engagement, capacity building, or any similar strategy inevitably involves the recognition, negotiation, and inclusion of competing agendas, often between that of community groups and government. That is why it is so important to embrace the principles of community work and a theoretical base in which to embed practice in addition to applying skills. To negotiate the complexities of the current environment requires the integration of a theoretical understanding of the situation with the application of relevant technical skills and processes. It is so important that the opportunities for sound work with communities with a sharing of agendas takes place.

It is so important to critically analyse the participation, engagement or community building processes and align them with the principles of community work practice. It is appropriate that there is a great deal of scrutiny and analysis of these strategies. For example, Cornwall (2008) and Eversole (2012) analyse the meanings, models and practices of 'participation'. Cornwall (2008, p. 269) argues that it is vital to pay closer attention to who is participating, in what, and for whose benefit as currently the lack of specificity impedes the democratising promise of participation. Eversole (2012, p. 30) writes compellingly about improving participatory practices and demonstrates how 'critiques now show how "participation" can be used as a cloak of words to disguise business as usual: to hide power inequities, gloss differences, and enable elites to pursue their own agendas'. Skerratt and Steiner (2013) argue for a more critical analysis of community empowerment. Kenny and Clarke (2010) criticise the positive value that people apply to the term 'community capacity building' to the extent that its usefulness is assumed without debate. Mowbray (2005) critiques community capacity building as a governmental strategy to promote its own policy, and Ife (2009) notes the potential **deficit approach** in using capacity building as if communities are deficit of capacity prior to the developer arriving.

Stakeholder: Any individual, group, or community, who has an interest in a defined issue, whether that interest is financial, moral, legal, community-based, direct or indirect

Deficit approach: Policy where the subject, area, or issue that the policy is to address is seen as lacking in some important way and policy is designed to address these deficiencies

Community work as endogenous development: Activities emerging spontaneously from communities

Much of the literature about community development and community organisation presents the role of community people as participants in institutionally organised interventions. According to Eversole (2012, p. 31) 'there is a deeply embedded assumption, one that permeates the identities and practices of development organizations from the World Bank to small local **non-government organisations (NGOs)**, that development is created by formal agencies of development, flowing from us to them in the binary, depending upon the knowledge, institutions and best practice of professionals'. Cornwall (2008) confirms this and notes that discussions about participation must include a notion of participation that is not orchestrated by an external agency of some kind, be it state or non-governmental.

In this book we use the term 'endogenous development' to refer to community work that emerges from a community to address economic, social, or environmental goals. Examples of endogenous development from Australian communities abound. Some activities are small scale, unfunded, community specific, and not formally recognised by government, such as a group of people who get together to walk to improve their health. Sometimes these activities are built into bigger activities with different goals and objectives. For example, the walking group people might get together to lobby for better pathways, more water fountains, and shading. To do this they formed an informal lobby group.

In addition, there are high profile campaigns by local communities for, or against, some kind of development. For example, the Global Mail's publication of one community's fight against coal seam gas developments on what was prime farming land (Bowers & Kirkwood, 2014). This is **oppositional** organising (DeFilippis, Fisher, & Shragge, 2007). Community campaigns draw on the passion of local people for a cause and employ a range of strategies but usually actions are taken at a political level. It may be that professionals are employed during the campaign but generally citizens direct the activity that emerges from the community.

The term 'endogenous development' is used in the **international development** literature to describe development that takes into account communities' own starting point for the development and the strengths and initiatives they have already shown (Millar, Apusigah, & Boonzaaijer, 2008). However, in this literature there is still the assumption that external agents conduct development (see Shucksmith, 2000) even though it might be in **partnership** with, and responsive to, local community practices.

Overlapping conceptualisations

These three conceptualisations of community work are not discrete and in practice all three might be evident simultaneously. The point of demonstrating that there are different conceptualisations enables the full breadth of what might be termed 'community work' to be explored. The blurring between the practice of community

---

Non-government organisations (NGOs): A voluntary organisation or citizen's group, generally not for profit, that operates outside government to provide services where there is a community benefit

Oppositional: Action taken collectively by a community of place or of interest that is in direct opposition to activities proposed or being undertaken by a significant agent, usually but not always, external to the community

International development: The provision of foreign aid; resources, funding, or technical expertise, to a low or middle income country in order to decrease poverty, stimulate economic development, protect the environment, and/ or ensure the population has access to essential services

Partnership: An alliance among people and organisations to work together to achieve mutually agreed upon goals. Partners accept that working together is going to be more successful than individuals or organisations working alone. The terms 'collaboration', 'linkages', and 'coalitions' are used to describe partnerships.

work by professionals as part of their paid activities and those of community members (either of place or of interest) is now complete. It is not possible to imply that community work practitioners are all paid professionals or that citizens are simply 'the community' that is acted upon.

If we understand community work as a method of practice or discipline, as a set of community building strategies, and as endogenous development then the scope of community work is extended. It moves beyond a defined spatial area, as something that is always initiated by an external agent, and it moves beyond considering it only as a discipline practised by community workers. Work always involves some type of community that can be defined and understood by using conceptual tools and it always involves working with collective actions to achieve outcomes perceived to be in the communities' interests.

THE USE OF THE TERM 'COMMUNITY' IN CONTEMPORARY SOCIETY

The other term to consider at the outset is 'community'. People who live in a neighbourhood and share relationships might refer to 'my community'. Most people can identify a 'community' they have been part of at some time in their lives—either a place of residence, a group of people with a common interest, or background. It is the sense of belonging and sharing something in common that makes the experience of community. This practice exercise is to encourage readers to think about their experience of membership of a community. Compare your experiences with others to learn of the breadth of people's experience.

PRACTICE EXERCISE 1.1	**Membership of a community**
	1 Can you identify a community that you were part of at some stage in your life?
	2 What were the important things that you remember about this community?
	3 Can you describe some experiences of being a member of this community?

Collectivist cultures: A cultural orientation where the focus is on a collective; the family, firm or workgroup, ethnic, or religious group

People have different experiences of being part of a community at the personal level and people can usually identify their communities. For those who have grown up in group-oriented **collectivist cultures**, community is part of life itself, the root of personal identity and role definition. For many people, the relationship with a community gives meaning to their lives and it is these relationships that people value. For those who have been nurtured in the Western liberal tradition of individualism, community may be seen as an unwelcome source of restriction, imposing confining norms on the autonomous self.

At the broader societal level, policy makers, marketing consultants, religious leaders, local government officials, all have something different in mind when using the term. 'Community' might be used to refer to a group of constituents, a target group for marketing purposes, or a group of people sharing a similar cultural background. Communities are frequently arbitrarily defined for pragmatic reasons, to suit the purposes of the task at hand, and there is usually a fundamental difference between the construction of community by members and non-members (Jewkes & Murcott, 1996, p. 561). For example, restructuring by government agencies to create new administrative areas might refer to 'a community'. This 'community' might bring together regions that have divergent interest groups and geographic areas that have few existing relationships, networks, or organisational links. Those people who reside in the areas may not regard the new region in any sense as a 'community'. This might not deter planners, who expect residents in these areas to work together as a 'community' to identify needs and priorities.

Use of the term 'community' in Fremantle, Western Australia, outside a politician's office

Politicising 'community' and 'participation'

In policy the notion of 'community' and 'community' participation in planning and identifying needs is almost always politicised. That is, the term is used to make it seem that there will be a full debate about planned initiatives and that people can have a voice in influencing policy. But this rarely occurs. Rather, it is asking people for their views in a consultative manner without any assurances that the views expressed will count. Or it might be giving information to people after the decisions have been made. It is common practice on behalf of government agencies currently to interpret 'community' as a 'consumer' or 'service user' and engage only with this group in consultation rather than the broader community.

Most importantly, it is essential to balance this political use of the term with the genuine commitment of some that a return to community is essential in the face of ongoing global crises (Kuecker, Mulligan, & Nadarajah, 2011). Global connections have been made, forged by universities, between communities taking action against a range of effects of **globalisation**. This movement represents a very strong statement about the value of community and the role of communities in mitigating some of the effects of globalisation.

There are so many different perspectives and uses of the term 'community' that often meanings are masked and blurred. In Case study 1.2 there were very different views about what was 'the community' held by residents, local government, and property developers. All the three groups wanted to 'develop the community' but what community and how?

Globalisation: The process where countries and peoples are subject to the internationalisation of markets for goods, services, capital, and the supply and demand of labour, migration patterns, and information technologies

Case study 1.2

DIFFERENT PERSPECTIVES ON COMMUNITY: AN URBAN NEIGHBOURHOOD

Even though there were many changes, there were still people who had lived in the inner city suburb Greening for generations, and they valued their strong links with the locale and their sense of being part of a community. Over the years, a number of organisations had developed, run by local residents, where people could join together around local issues. Examples of these were the Family History Association, the Environmental Action Group, and the Neighbourhood Watch group. The Family History Association ran regular events where the newer residents could meet the long-term residents. The school, with the help of volunteers, had recorded the names of all the teachers who had taught there since its establishment.

Housing styles had changed with the single bungalow making way for apartment blocks. Young families were moving into the area, renovating the older houses, and buying the apartments. The city council office was not in Greening and local residents thought that the council did not recognise the strength of community feeling in Greening and the activities that residents took voluntarily to enhance it. For example, the council had recently been lobbied unsuccessfully for purpose-built accommodation for older residents so that they could stay in the area. Residents had been told that there was such accommodation already in the community although it was several suburbs away and distant from Greening.

On the other hand, a large housing development company was constructing apartments and capitalising on how it interpreted a 'sense of community' in Greening. 'Live in a vibrant urban community' was the catch phrase on billboards and in elaborating on the vibrant urban community, the promotional brochure referred to the open space that was being developed by the company for a playground and the building of cycle stands outside the apartments.

$\gg$

CRITICAL REFLECTION

1   What might be the different perspectives on 'community' in relation to Greening?

2   What might be the underlying motivations for the perspectives?

3   In what circumstances might these different perspectives need to be resolved?

A normative view of community

Brent (2004) and Edwards, Cheers, and Graham (2003) note that there is a tendency in development policy to view community only as a positive, romanticise it and strive for the development of these positive characteristics. The normative view sees community as a structure within which people have a sense of solidarity—being in things together—and this creates a sense of belonging to each other. This in turn results in positive affirmations for people because of their membership of the community.

Cleaver (2001, p. 44) is particularly critical of this 'solidarity' model of community, on which, he says, much economic and social development intervention in developing countries is based. His view is that the model leads to the assumption that there is always some commonality of interest between people, in spite of social stratification, economic inequalities, and diverse interests. This view simplifies the complexities of community development and leads to the 'myth of community', in which community is seen as a state of positive and peaceful social relationships.

Brent (2004, p. 213) suggests that a more 'complex analysis is needed to unravel the unsubstantial but nonetheless powerful characteristics of community'. Communities are neither always a source of peace and wellbeing for their members, nor are they the source of all the problems that people experience. There are elements of community structure and functioning that assist in developing communities and there are some elements that may work against this. It is important for communities and those who work with them to understand these factors.

RATIONALES FOR COMMUNITY WORK

Community work is valuable because of the development outcomes it achieves for communities. But there are other benefits. The first is that strengthening relationships between people, which happens through community work, gives people a **sense of connection to a community** and place and this is a factor in the wellbeing of people (Wilkinson, 1979). Second, community work can be a broadly associated with impacting upon the **social determinants of health**. The social determinants of health are all those social and economic factors outside the ambit of the health system such as education, income levels, employment, and housing that affect how long people live

LINKAGE ▶▶
Chapter 3 provides definitions of a 'community of place' and a 'community of interest'. Chapter 4 gives an Aboriginal perspective on community and working in partnership with Aboriginal communities. Chapter 5 provides theories and concepts to understand how communities work.

Sense of connection to a community: A multifaceted concept that characterises an individual's bonding to their perception of a community whether it be of place or of interest

Social determinants of health: All those social, economic, environmental, and spiritual factors outside the ambit of the health system, such as education, income levels, employment, and housing, that affect how long people live and how well they live

and how well they live. One of the ways to address the links between community and health and wellbeing is to work at the community level with community networks and organisations to address health and social problems.

Strengthening relationships between people, place, and community

Work has been done to examine the connections that people have between the place where they live and identify with and their wellbeing. We have seen the distress and grief expressed by those who are forced to relocate from their country or place. Aboriginal Australians have been forcibly removed from their country, segregated and have had to establish a new identity (Watson, 2010). Older women in South Africa, forcibly separated from family and place under apartheid, have lost their sense of place and belonging (Roos, Kolobe, & Keating, 2014). These examples show what happens when a strong sense of place is lost.

In addition to the benefits associated with a feeling of community connection there are also the benefits of participating in community life. For example, participation in volunteer activities in communities is related to aspects of improved individual wellbeing (Thoits & Hewitt 2001, p.115). Community involvement in the management and development of projects or initiatives usually results in a sense of ownership of those initiatives (Cheers, 1998). Taking collective action about issues can help residents experience a connection to the community that may lead to a sense of achievement and an acknowledgment that the community is likely to be able to sustain itself into the future. This is reassuring to everyone. Second, communities that can respond to their needs to benefit the community as a whole demonstrate strength.

Addressing the social determinants of health

The second area where community work contributes is that often we are addressing the social and economic factors that influence how long people live, and how well they live—the social determinants of health. Almost all of these factors operate at the community level and some can be addressed through community work projects. For example, the availability of jobs in a community affects income levels, and income levels affect access to housing and health and human services, and, in turn, all of these factors affect health and wellbeing. So, if we advocate for better employment options for young people, then we are potentially addressing the social determinants of health.

There is a wealth of information about the links between health status and both socio-economic status and social integration. Epidemiological studies in the UK have found that socio-economic status, and in particular inequalities between different groups of people, are positively associated with national mortality rates (Wilkinson, 1996). Socially supportive relationships, whether defined through social networks or social capital, are also known to buffer the effects of unemployment (Gore, 1978). Socially supportive relationships improve survival terms after myocardial

infarction and decrease all-cause mortality (Berkman, Glass, Brissette, & Seeman, 2000). However, the evidence surrounding the association between community connectedness and socially supportive relationships and improved health is complex. There is an interesting debate in public health about the inclusion of the concept of 'social capital', measured at an individual level, without a sound theoretical analysis of the concept (Lynch, Due, Mutaner, & Davey Smith, 2000).

Social and economic inequalities arise between groups of people living in a community because of gender, race, culture, faith, sexual preference, or capability (Minkler, 2005). There are factors about community functioning that contribute to these inequalities. For example, people from a different cultural background may find it more difficult to obtain housing or employment because of racial discrimination. People may experience racism on a daily basis. Members of a faith community may be seen as separate from the **local society**, and may not be included in community events. Meredith Minkler and her colleagues (2005, p. 6) stress that contemporary approaches to address the social determinants of health frame health and social problems, and their solutions, in individual terms. This is inappropriate. The social determinants are societal factors and addressing them through broad policy and community action is essential.

Here is a case study that shows what happens when there is a traditional approach to health—just treating the illness—rather than addressing illness as well as the broad societal factors that are clearly operating. It is not just one or the other. This situation is most distressing when the need for a multifaceted approach is so obvious. Here is Flora's story taken from the paper by Caroline da Costa (2001, pp. 2162–2163) about the need for a multifaceted approach to improve Aboriginal health.

Local society: In sociological terms, the complex array of residents' interactions with structures in a community of place, to meet their social, material, economic, and business needs, and to gain access to services

ABORIGINAL HEALTH IS NOT JUST THE DOMAIN OF THE HEALTH CARE SYSTEM

Case study

1.3

The need for a multifaceted approach to improve health and address the social determinants is never more apparent than in Aboriginal and Torres Strait Islander health. The Wakley prize essay published in *The Lancet* in 2001 reported the case of Flora, a young Aboriginal woman who lived in a remote area of Australia. Health clinic staff in the community where Flora lived tried unsuccessfully to get her to come for a colposcopy (a special examination of the cervix). After her third pregnancy, staff noticed severe dysplasia, suggesting the possibility of early cancer. Staff were keen for Flora to take advantage of the excellent medical services available to her; however, so far the services have made almost no impact on her health.

Because there are myriad factors that will determine Flora's health, such as material poverty, inadequate housing, and recurrent infection, the responses we make need to take into direct consideration the levels of causation. A focus on one point or one level is simply inadequate, as Flora's situation demonstrates.

≫

As Rachel Cummins, Ian Gentle, and Charmaine Hull tell us in Chapter 3, we need to be aware of the broader societal-level factors that will impact on Flora's health. Flora's people have been dispossessed and have been forced to relocate far from their land, which holds their cultural and spiritual meanings. However, in Aboriginal society, in spite of dislocation, every Aboriginal person has a place, and relationships with grandmothers, uncles, aunties, mothers, sisters, and brothers are fundamental. Understanding these relationships and working with a community work approach to them may assist Flora to access the health care that is available. Understanding Flora's culture and experiences will show what actions might be taken in partnership that might address her health issues as well as some community-level health determinants.

CRITICAL REFLECTION

1   What are some of the broader, societal-level factors that are likely to affect Flora's health?

2   What community work approaches might be useful to ensure that Flora can access services?

3   How important do you think it is for policy makers to have an understanding of the difference between working with an individual and working with a community in health improvement?

4   What are the likely value conflicts and ethical issues in a multifaceted approach to health?

THE WAY FORWARD FOR COMMUNITY WORK

One of the questions for community work in the future is the extent to which community work practice might be integrated with other types of helping 'interventions' with individuals or 'clients'. We refer to community work as a discrete body of theory and concepts underpinned by values, practice frameworks and skills but the practice of community work might well be located simultaneously with other types of practice. For example, as a practitioner you might work with individuals in client support, case management, or in health interventions. Through your work you might notice that the people you work with, for various reasons, are marginalised and experience discrimination. Or you might find that using a casework approach with individuals should be supplemented by a community approach as in Case study 1.3. The community level of working, in addition to an individual approach, requires legitimacy from the employing agency. One of the ways to achieve this is to carefully consider and measure the benefits of community work and translate these to decision makers.

LINKAGE ▶▶
Chapter 16 provides information about demonstrating how we work, why we work in the way we do, and the outcomes of community work.

McCabe and Davis (2012, p. 506) suggest that there is growing interest in community development, in addition to individual treatment approaches to working

with people with a mental illness. These authors put the view that people with a mental illness are defined by their illness rather than their strengths and that much more powerful recovery can occur if people have not only individual treatment but are linked with communities where their confidence might be built, relationships formed, and skills recognised.

Case study 1.4 is written by Angus McCabe and Ann Davis (2012, pp. 506–521) about a white working-class community in Leicester, England. Angus McCabe is a Senior Research Fellow at the Third Sector Research Centre, University of Birmingham. Ann Davis is an Emeritus Professor of Social Work and Mental Health in the Institute of Applied Social Studies, University of Birmingham and Director of the Centre of Excellence in Interdisciplinary Mental Health. When reading this case study consider the community work values that underpin this approach, the differences between a community work compared to an individual treatment approach and how this approach might be legitimised with the community worker's employing agency.

COMMUNITY DEVELOPMENT AS MENTAL HEALTH PROMOTION: THE BRAUNSTONE EXAMPLE

Case study

1.4

Braunstone

Braunstone is a predominantly White working class peripheral estate in Leicester, England. The area was one of 38 ten year New Deal for Communities regeneration initiatives in the country which ran between 1998 and 2009 in areas of high social deprivation. Much of this initiative locally focused on the physical regeneration of the estate, employment and education. Research undertaken by staff attached to mental health services in Leicester undertook research into health needs on the estate and identified high rates of prescriptions for anti-depressants and referrals for specialist mental health services. A follow up household survey reported that 25% of respondents suffered from stress/anxiety or depression 'a lot of the time'.

'Feeling Good Braunstone'

As a result, a network of agencies was brought together under the banner of 'Feeling Good Braunstone' (coordinated by the local women's centre) specifically to address the mental health needs of residents suffering mental distress—but who were unlikely to be eligible for acute or intensive health services. These ranged from welfare rights advice through to yoga and relaxation classes, peer education, parenting programmes, life coaching and sibling support groups. This 'menu' of services and activities operated for nine months over the final year of New Deal for Communities funding.

'Feeling Good' aimed to take a whole population, rather than targeted approach and adopted a three tier approach to mental health promotion:

- strengthening individuals emotional resilience through promoting self-esteem, life and coping skills

≫

Community strengths:
The ability of a community to use resources and processes to maintain and enhance both individual and collective wellbeing in ways that are consistent with the principles of equity, comprehensiveness, participation, self-relance, and social responsibility

- strengthening communities by increasing social inclusion and participation
- addressing the structural barriers to mental health by tackling discrimination and stigma.

Professionals involved in the programme argued that this represented a community development approach to tackling mental distress in that the starting point was building on existing individual and **community strengths**, rather than adopting pathological models of mental distress. In this sense, 'Feeling Good' was a precursor to the current public health policy interest in asset-based community development as a means of promoting wellbeing; a model that has been gained substantial support but has been criticised for failing to address the structural causes of health inequality.

Positive impacts of 'Feeling Good Braunstone'

The agencies involved were keen to demonstrate the positive impact of the initiative on mental health and wellbeing of residents. To do this they used a clinical psychiatric mental health measurement tool: Hospital Anxiety and Depression Scores (HADS). This tool was adopted as it was felt that, as a validated psychiatric measure, the data gathered would have greater credibility with mental health clinicians and commissioners. These were administered by professions as individual survey questionnaires at point of first contact and again at the end of service/activity use. Residents were reluctant to complete these surveys, seeing them as measuring mental distress, rather than health, and being over-invasive when, for example, yoga or relaxation classes were being accessed.

Evaluation: The systematic collection of information enabling a better understanding of a service's performance against its objectives or the factors that make the program work or not work

An end of initiative **evaluation** indicated that, while 'Feeling Good' had made a significant difference in the wellbeing of a number of individual residents it had been less successful in addressing wider community and structural attitudes to mental distress. Further, community development practitioners in particular felt uncomfortable and lacking in skills in terms of both recognising and addressing mental distress.

CRITICAL REFLECTION

1   Consider, in terms of mental health, the statement that community development is about making private troubles into public issues.

2   Community development workers, in this case study, reported feeling uncomfortable identifying and addressing issues of mental distress. Why might this be and how could this be overcome?

3   'Feeling Good' made a difference in terms of individual wellbeing but was less successful in addressing communitywide and structural determinants of mental health. Reflect on the difficulties faced by community development workers in attempting to bring about whole community and societal change.

4   Was 'Feeling Good' a community development initiative in terms of its principles, values, and practice?

Goldsworthy (2002, p. 327) notes that the process of separating community work as radical practice, from work with individuals that is seen as conservative, is unhelpful and disadvantages communities. Our community work practice is a continuum, not a hierarchy, and different types of work can and must be integrated. From the practitioner's perspective, working at the community level offers significant opportunities to engage with whole communities (of place or of interest) in planning to address political and socio-economic issues in a way that includes marginalised groups, addresses the power dynamics that result in exclusion, and considers community collective strengths. It is essential to think of government agencies as appropriate settings for community work. Modest systemic change advancing social reform, although difficult, is possible within government (Mowbray, 2000).

The field of child protection practice is usually undertaken as case work with an individual or a family and the mandate for work with individuals is clearly prescribed. In Aboriginal and Torres Strait Islander settings this might not be appropriate and communities might be a better starting point for some initiatives. Here is a practitioner perspective from Carl Meinig who tells us of the need to have a community perspective in child protection work and how he was able to achieve this in his agency.

CARL MEINIG—COMMUNITY WORK AND CHILD PROTECTION

Practitioner perspective

Carl's background

I previously worked as a caseworker in a family support service at an Aboriginal-controlled non-government organisation (NGO) based in Alice Springs, Northern Territory. The service aimed to address the issue of child neglect in the Ngaanyatjarra, Pitjantjatjara, Yankunytjatjara region. The program additionally worked to improve aspects of family life including child safety, child wellbeing, child development and family functioning. I supported families through; case work, case management, assessment of family strengths and needs, advocacy, counselling, in home support and the provision of information.

I believe intrinsic links are held between families and communities. Families often make up communities and as such the health and wellbeing of families can directly shape the health and wellbeing of some communities. When working with small, remote Aboriginal communities this reality is brought into sharp focus. This occurs due to the emphasis placed on the importance of family within Aboriginal communities and cultural beliefs around the role of family. In light of this I felt my work with families directly influenced community wellbeing. Community development goals can be achieved through working with families in some settings. Our ideas relating to community development do not need to be limited to workers engaging with large groups around broad issues.

Culturally competent:
A set of behaviours, policies, and attitudes among people working in a service system or sector that enable people to work effectively across cultures

Safe: An environment 'which is safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening' (Williams, 1999, p. 213).

Stolen generations:
All those Aboriginal children who were forcibly removed and stolen from their families by Australian state and territory authorities in order to be assimilated into mainstream culture. These children were placed in church missions, orphanages, institutions, or employment where they lost contact with their families and their culture.

A community work example

An example of my community work was supporting families at pre-schools. Typically, families that I worked with had children of pre-school age. Supporting referred families to attend pre-school was a large part of my job. To ensure that my presence at pre-school was not intimidating or intrusive for both referred and non-referred families I engaged with all families present. My work included parenting support (both direct intervention and information sharing with parents/caregivers), information and support around breast feeding and child nutrition, information and support regarding child safety and wellbeing and information about how to access relevant services in the community. Due to the nature of the work I engaged in and its accessibility for community members I viewed it as a community development endeavour. By providing support I was directly addressing the social determinants of health.

Some of the challenges and successes

My overarching goal was the avoidance of further child protection involvement in the communities I worked in. Successes included working with a family where the youngest child was experiencing failure to thrive (FTT) due to his avoidance of food. Through education with the family about child nutrition and alternative feeding strategies, the child gained significant amounts of weight and was no longer deemed to be experiencing FTT. This avoided a seemingly impending child removal. Also through case management and support around responding to child neglect, a family moved successfully out of the crises experienced and the child protection system.

It was challenging ensuring my practice was **culturally competent and safe**. I am acutely aware of arguments that the experience of the **stolen generations**[2] has not ended due to ongoing policy and resource concerns facing child protection services. In addition, a non-Aboriginal male working with an Anangu woman around parenting issues can at times be culturally inappropriate. I would always seek input from Aboriginal support staff, experienced colleagues, and with community leaders as appropriate. I believe that best practice when possible is for non-Aboriginal workers to work with and alongside Aboriginal colleagues in community services. I believe this approach must apply for the entire sector from family support caseworkers to community development workers.

---

2 The 'stolen generation' refers to all those Aboriginal children who were forcibly removed and stolen from their families by Australian state and territory authorities in order to be assimilated into mainstream culture. These children were placed in church missions, orphanages, institutions, or employment where they lost contact with their families and their culture.

What helped in my role

I worked for an organisation largely staffed by non-Aboriginal employees from interstate. Only sometimes was I able to work alongside an Aboriginal Support Worker ensuring cultural competency and safety. Ideally the program should always pair caseworkers with Aboriginal Support Workers when working with families. I believe the organisation could have made a stronger and more active commitment to employing Aboriginal and Torres Strait Islander staff.

In regard to logistical issues, improved access to appropriate accommodation and workspaces when in community would have helped greatly. The toll these barriers take on worker health and wellbeing cannot be understated.

When first established, the organisation predominantly employed caseworkers motivated to help but who did not hold qualifications and sometimes no relevant experience. Now there is a stronger tendency toward hiring appropriately qualified caseworkers (for example qualified social workers), but a culture remains where qualifications are not highly valued. This has resulted in difficulties regarding appropriate practice, including boundaries.

In regard to boundaries, I believe workers can engage with clients in less formal settings. Professional boundaries and conduct simply need to be maintained. I would argue that in some roles engaging with clients in less formal settings is necessary to achieve engagement. I feel that workers often avoid informal settings due to its potential to strip away worker power and status. Furthermore in reference to the organisation discussed in this profile, I feel workers, typically those lacking a theoretical underpinning to their work, enter informal settings without concern for professional boundaries and conduct.

Skills and qualities necessary in this type of community work

I believe working in remote, isolated communities heightens the need for a strong collection of skills and qualities underpinned by relevant theory. Working in remote Aboriginal communities without theoretical understanding presents a risk the mistakes of the past will be repeated. Furthermore, acknowledgement must also be given to the limitations of these theories in relation to working with remote Aboriginal communities.

In relation to skills, due to cross-cultural communication challenges the ability to listen is a must. This involves seeking out input and opinions from a range of sources within the community. Willingness must exist to genuinely engage with the community you are working with, including looking beyond the confronting living conditions and focus on its members.

In terms of personal qualities, feelings of self-worth, a focus on self-care, and a strong support network are vital to withstand the challenges presented.

Common practice dilemmas

In the community development work I was able to do I found opportunities to engage with clients in a way that was empowering to them. When I could practise autonomously my practice was always client centred, with a focus on strengths, enabling clients and community members to direct and control how they wanted to respond to issues. I advocated for community development opportunities with management wherever possible.

I didn't have enough time to engage in community development endeavours that I believed necessary as most of my time was dealing with crises. The community development work I was encouraged to engage in did not always seem appropriate, with a focus on the provision of resources rather than empowerment. I avoided work that I believed to be paternalistic if possible but at times I had to accept the role of provision of resources to avoid disapproval from line managers. The communities I worked in largely lacked intervention at a community level around child safety but I argued for this when possible.

This practitioner perspective demonstrates clearly the challenge to meld community work values and practices with agency and statutory demands. There are no easy solutions and finding ways to work that are empowering for people demands thoughtfulness and strength.

Perhaps there is a reluctance to consider community work as an addition to individual work because of the issue of professional relationships. Stepping outside the professional boundaries to engage with a client in a community work might be seen to be compromising the relationship.

O'Leary, Tsui, and Ruch (2013, p. 15) talk about re-thinking the nature of the boundaries between clients and workers moving away from separating boundaries to connecting relationships bringing people together. These relationships have boundaries but the boundaries are permeable and the nature of the relationships is dynamic and reciprocal.

Participatory development: A process in international development involving communities, in partnership with development agents, defining the task and leading the processes

Working with communities can be profoundly rewarding for workers and communities if we can identify the opportunities and take them. Robert Chambers, an expert community developer, said at a conference at the end of 2012 that now was a great time to be alive in community development. He suggested that participatory approaches to development have finally been accepted as legitimate and in fact necessary. While there is still debate about what constitutes participation there is now no skirting away from its importance. There are now numbers of **participatory development** techniques, including internet-based ones, and the emphasis on partnerships has become mandatory. There is a great deal of potential for the power of the people to be realised.

SUMMARY POINTS

The term 'community work' is used in this book to refer to work undertaken collectively with communities in the pursuit of economic, social, environmental, or other undertakings that are perceived to be in the interests of the communities' advancement and wellbeing. Within a Western context there are different constructions of what community work is. In this book they are conceptualised in three ways; as a method of practice or discipline, as community building strategies, or as endogenous development. These ways are chosen because they cover community work led by external agents with agendas that might be different from the community as well as that led by community people. The set of values and principles that underpin community work; a commitment to collective action, empowerment, social inclusion, protecting human rights, and social justice work are so important because community work is undertaken in so many different settings. We work with so many groups with different value orientations and many agendas and so the principles and values provide a solid framework but must be incorporated with an understanding that these values and principles derive from a Western perspective. The Western perspective also enables the societal process of whiteness to thrive. Whiteness is the unearned privilege of white members of a population compared with those from other races and the dominance of white thinking and ways of doing things.

Obviously community work is undertaken to improve economic, environmental, and social wellbeing. In addition, the process of community work is important as supportive relationships, and a sense of connection with others, positively affects people's health. In addition, working in communities addresses the social determinants of health. Community work is not discrete from work with individuals and one of the ways forward for community work is to focus on the types of activities that might occur while working primarily with individuals or families. This might be essential, although slightly subversive in the current environment, if we are to advance social, economic, and environmental objectives for individuals. The current environment is enormously challenging for community workers but people manage to practise effectively. The next chapter examines some of those very important contextual factors that affect working with communities so that they may be named and counteracted where possible.

FURTHER READING

Some theoretical perspectives underpinning community work

Bhattacharyya, J. (2004). Theorizing community development. *Journal of the Community Development Society, 34*(2), 5–33. doi:10.1080/15575330409490110

Matarrita-Cascante, D., & Brennan, M. A. (2012). Conceptualizing community development in the twenty-first century. *Community Development, 43*(3), 293–305. doi:10.1080/15575330.2011.593267

Whiteness in Australian society

Moreton-Robinson, A. (1998). Witnessing whiteness in the wake of Wik. *Social Alternatives, 17*(2): 11–14. Retrieved from http://socialalternatives.com

Walter, M., Taylor, S., & Habibis, D. (2011). How white is social work in Australia? *Australian Social Work, 64*(1), 6–19. doi:10.1080/0312407X.2010.510892

Critiques of capacity building strategies

Kaplan, A. (2000). 'Capacity building: Shifting the paradigms of practice', *Development in Practice, 10*(3–4), 517–526. doi:10.1080/09614520050116677

Mowbray, M. (2005). Community capacity building or state opportunism. *Community Development Journal, 40*(3), 255–264. doi:10.1093/cdj/bsi040

The politics of community

Everingham, C. (2001). Reconstituting community: Social justice, social order and the politics of community. *Australian Journal of Social Issues, 36*(2), 105–122.

Shaw, M. (2007). Community development and the politics of community. *Community Development Journal, 43*(1), 24–36. doi:10.1093/cdj/bsl035

Critiques of the connection between social connectedness, social capital and health improvement

Lynch, J., Due, P., Mutaner, C., & Davey Smith, G. (2000). Social capital—Is it a good investment strategy for public health? *Journal of Epidemiology and Community Health, 54*(6), 404–408. doi:10.1136/jech.54.6.404

Community work in local government

Mowbray, M. (2000). Community development and local government: An Australian response to globalization and economic fundamentalism. *Community Development Journal, 35*(3), 15–23. doi:10.1093/cdj/35.3.215

Community work in mental health

McCabe, A., & Davis, A. (2012). Community development as mental health promotion: principles, practice and outcomes. *Community Development Journal, 47*(4), 506–521. doi:10.1093/cdj/bss026

Rural community development

Cavaye, J. (2001). Rural community development—New Challenges and enduring dilemmas. *Journal of Regional Analysis and Policy, 31*(2), 109–124. Retrieved from http://www.jrap-journal.org