


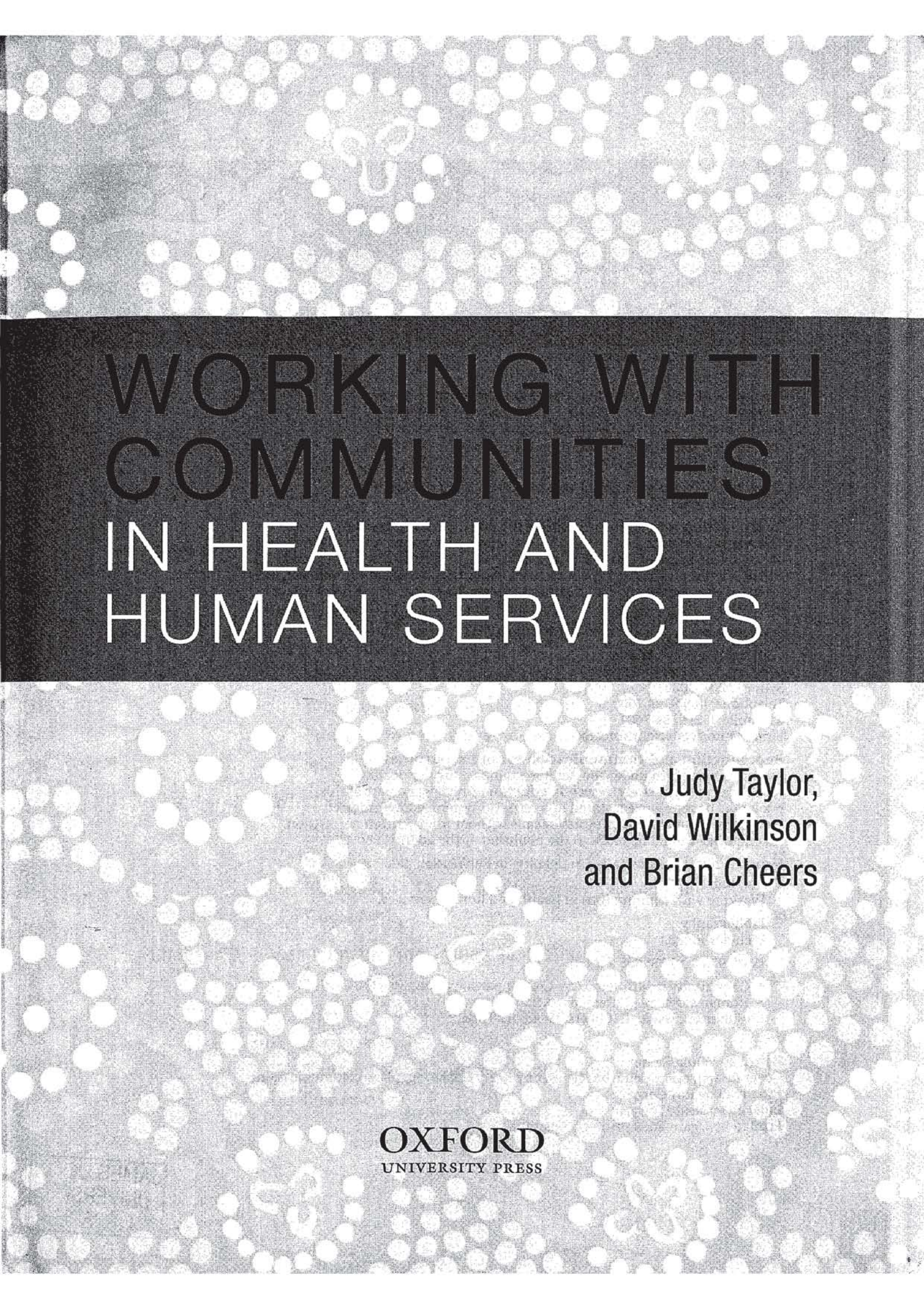


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# WORKING WITH COMMUNITIES IN HEALTH AND HUMAN SERVICES



Judy Taylor  
David Wilkinson  
Brian Cheers

The background of the cover is a grayscale, high-magnification microscopic image of biological tissue, showing numerous small, circular cells with distinct nuclei and some larger, more complex structures. The overall texture is grainy and detailed.

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Judy Taylor,  
David Wilkinson  
and Brian Cheers

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# Preface

We have come together from diverse perspectives—social work, medicine, public health, management, community sociology, and community development—to write this book because we believe that multiple levels of action—individual, organisational, and community—are necessary if we are to improve health and wellbeing. As practitioners, we are aware that the rhetoric about the importance of engaging communities and building community capacity is not always matched with resources and information that would support this happening. The reorientation of governments and organisations towards a greater focus on working with communities has resulted in a need for a new set of skills.

The book argues that communities can and do become involved in effective health and social care development—they initiate, plan for, implement, monitor, and evaluate neighbourhood centres, Aboriginal Community Controlled Health Services, accommodation services, men's health centres, and much more. However, we also acknowledge that these activities will be most effective if health and human service professionals and governments at all levels work together. The book provides both a theoretical base and a practice framework to enable these partnerships to flourish. The information can be applied across the spectrum of health and human services, and the conceptual framework used is underpinned by our current and recent research.

Our practice in service development in urban, rural, remote, and regional locations in Australia, the United Kingdom, Canada, and South Africa provides a foundation for writing the book. In addition, our community research has helped clarify the principles that underpin effective work with communities, the different approaches that are taken, and the community capacities that are related to good outcomes. Specific research has been conducted to prepare case studies that illustrate the issues.

The book is useful for undergraduate students and also practitioners in the fields of social work, primary health care, allied health, community work, youth

work, and social planning. It is also valuable for community members and local government, and it is not discipline-specific.

Working to develop community-based health and human services can be a very rewarding experience. It may result in getting to know people who will introduce you to different ways of understanding the world and who have localised and in-depth knowledge about community wellbeing and how to work towards it. Programs that you have helped developed may, over long periods of time, add significantly to community development and sustainability. Health services, employment programs and housing co-ops are an important part of the social infrastructure in urban, rural, remote, and regional locations. Communities of all types express themselves through developing services and initiatives.

## Communities of place and communities of interest

We discuss working to develop health and wellbeing with ‘communities of place’ and ‘communities of interest’. ‘A community of place is characterised by three components: locality, local society and a process of locality-oriented collective actions’ (Cheers 2001, p. 130). Most rural and remote localities in Australia are ‘communities of place’, but also localities in cities and regional centres can be understood in this way.

‘Communities of place’ may also include ‘communities of interest’. We define the latter, from the work of Guterbock (1990, p. 92) as: ‘groups of people where there are interactions and a degree of integration because of economic, social, political and/or cultural connections and similarities between people’.

## This book is for communities too

Recent information about working with communities is almost always from the perspective of professionals; those people employed in health or human services whose task it is to ‘engage’ with communities in health promotion, or ‘build their capacity’ to solve social development problems. It has not been from the perspective of the communities involved. We argue, from our research, that communities may see things differently. They may see participation to achieve a specific task but more broadly related to the betterment of the community. Therefore, we focus both on community perspectives and perspectives of the people who work with communities in developing services or programs. The book provides information

that may enable effective negotiation of the conflicts that inevitably arise because of these divergent perspectives.

## The plan of the book

The book is divided into three parts, dealing respectively with:

- theory and concepts used to understand communities;
- conceptual approaches to and practice frameworks for working with communities; and
- practical skills in working with communities.

### Part 1: Understanding communities

Chapter 1 presents a definition of community health and social care development, and the two key principles in working with communities. The principles are that community work involves relationships and partnerships, and an in-depth understanding of communities. It is through a shared understanding of the community and purposive working relationships that changes that will benefit the health and wellbeing of community members occur.

Theory and concepts helpful in understanding different types of communities as a prelude to working with them are introduced in Chapter 2. Two theoretical approaches are presented. Community interaction theory developed by Wilkinson (1991) and Sharp (2001) from social field theory (Kaufman 1959; Wilkinson 1970) is used to explore community structures, elements and processes that generate improved capacity for community action. The concept of a community as a multidimensional system (Walter 2005), evident in current approaches to community-based health promotion, is also presented.

In Chapter 3, we explore some Australian Aboriginal understandings of community, which are different from Western understandings. We do this through dialogues with Rachael Cummins, Ian Gentle, and Charmaine Hull.

Chapter 4 is about community capacity, and includes contemporary definitions and ways of assessing it.

### Part 2: Approaches to working with communities

Part 2 focuses on the approaches and frameworks used in policy and practice to work with communities in developing community health and social wellbeing.

Chapter 5 constructs a typology of contemporary conceptual approaches to working with communities, as the 'contributions', the 'instrumental', the 'community empowerment', and the 'developmental' approaches.

Chapter 6 presents five practice frameworks from community development and health promotion practice to illustrate the steps involved in community health and social care development.

Chapter 7 demonstrates two government approaches to working with communities: community services development (CSD) and community engagement.

## Part 3: Skills in working with communities

Part 3 presents information about the skills involved in working with communities. The skill sets are presented as interrelated and generic across all disciplines and useful for both practitioners and community members. Each of the chapters outlines one of the sets of skills, identified by the aspect of working with communities to which it relates:

- Chapter 8, community decision-making;
- Chapter 9, building and maintaining community partnerships;
- Chapter 10, community leadership;
- Chapter 11, community planning; and
- Chapter 12, building knowledge about community health and social care development.

## Using the activities and case examples

Each chapter has a number of activities and case examples that have been designed especially to illustrate the points being made in the text. The case examples and activities are drawn from community health and social care practice. Where the source of a case example or activity is acknowledged, it is a real-life example. If a source is not acknowledged, then the example is fictitious. All of the case examples and activities are intended to reflect the general principles involved in working with communities rather than a particular discipline's approach to the situation. We believe that the use of case examples and activities best illustrates the principles, approaches, and issues in working with communities.

We suggest doing activities as group activities, as group discussion can best illustrate the different ways to practise. It will become apparent that there is no 'one right way', and that people's approaches will be influenced by their discipline, their values and experiences. By integrating people's experiences with the concepts



and practical skills presented in this book, they will be of most value in learning about working with communities.

The practice tips included throughout the book can be used as reminders of key components of particular activities, for example, setting up a community advisory committee. Websites are listed at the end of each chapter and provide practical information about the topics discussed in the chapter.

## Acknowledgments

The process of authors bringing together diverse perspectives across disciplines has been stimulating and rewarding. So, many thanks to the co-authors. Sonia Champion did the painting on the cover, using traditional Aboriginal symbolism to reflect working with communities, and we are privileged to have her contribution. Also sincere thanks to our publisher, Debra James, who believed in the content and has been a wise adviser.

Long and vigorous debates in coffee shops, under mango trees, in single-engine planes, restaurants, planning meetings, motels, and four-wheel drives with my Queensland colleagues, including Viv Atkinson, Majella Ryan, Ros Hayes, Jan Williams, Tricia Hays, Jill Wilson, Tim Gleeson, David James, and Maurie O'Connor, helped develop the concepts on which this book is built.

Then there are those many people who work for their communities who have contributed immeasurably to this work, including Ian Gentle, Charmaine Hull, Rachel Cummins, Robyrta Felton, Hillyer Johnnie, Joan Heatley, Julie Walder, Truffy Maginnis, Ric Thomson, Val Brodie, and Peter Kelly.

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*Judy Taylor*

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