WHAT IS THE BEST MODERN EVIDENCE TO GUIDE BUILDING A COMMUNITY?

BUILDING A COMMUNITY

DRAFT- WORK IN PROGRESS – NOT FOR FURTHER DISTRIBUTION
This paper has been drafted for the ARACY Communities for Children Workshops (August & September 2006). The paper will be further developed and edited prior to final publication.

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For the Australian Research Alliance for Children and Youth

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Abstract

This paper is part of a series of Topical Papers commissioned by the Australian Research Alliance for Children and Youth (ARACY) to provide information to the Communities for Children Initiative. It canvasses a selection of the available reported evidence of community development and capacity building programs and processes which can contribute to community building. In particular this paper is intended to be useful for practitioners throughout Australia and has relevance to rural and remote settings and Indigenous communities. The main findings are categorised under the headings of Community Services Development, Community Education, Indigenous Approaches and Strengths-Based Approaches. These categories are not exclusive, nor do they define the entire arena of community building, but are provided here as representative of the main reported programs that have been evaluated. These programs provide some evidence to inform practitioners and agencies of some of the proven strategies for building communities.

Attachment 1 includes selected cases and studies which demonstrate principles of practice within community building strategies. They are grouped under the headings used in the paper, although, as previously mentioned, there is some overlap.

Introduction

This paper presents the findings of a literature search of what constitutes some effective usage of community development and capacity building processes. This section presents a brief discussion of the terms used. The next section discusses the findings under four main headings dealing with Community Services Development, Community Education, Indigenous Approaches and Strengths-Based Approaches.
Approaches. Details of the search processes, the evaluation framework employed, case examples and reference lists for further examination are provided in an annotated bibliography.

**Definitions**

Below are definitions of some key terms used in this paper.

**Community Development**

Community development has traditionally been directed towards the most disadvantaged and marginalised people in a society. Contemporary community development has been expanded to be used by and for a broader cross section who do not fit this description. There is a case to be made for the aims of the work to be towards providing for fairer and more just treatment for those whose life circumstances tend to exclude them from mainstream opportunities and provisions. Therefore a social justice approach will be used to frame the discussion in this paper. This is consistent with the approach taken by the Stronger Families and Communities initiative, and subsequently the Communities for Children programs. It seeks to encourage disadvantaged neighbourhoods to develop and attract resources which will enable them to achieve better results for the families living in these communities.

In its long and varied history Community Development has been the subject of many different interpretations and usages. Among these has been the discussion as to whether it is a perspective for or a method of work, and consequently there are a variety of meanings and applications. This paper acknowledges these many forms of Community Development by drawing on Anthony Kelly who termed the work collectively as ‘Community Building’. As he writes in his work published nearly 20 years ago:
• Community building is a sea of events and people, not a racetrack over a set course with a starting and a finishing line.
• There are many dimensions of community building and they are all important.
• It is less a matter of opposites, such as good/bad, right/wrong, friend/enemy, with us/against us, included/excluded, but more a fabric of connections which make up a whole; when we work with head and heart and hand, we begin to shape a kind of community building that is responsive to many different communities, in different places and in different times, and one that opens up many ways forward; within this wholeness of thought, action and relationship, we need to stay open, flexible and honest. [1] p.2

Following this inclusive approach the works surveyed for this paper contain references to community work, community service, community-based services, developmental work as well as community development and community building. The paper will refer to these many terms, providing their sources for readers to follow up their preferred interpretation.

Muirhead [2] provides a summation of these varieties when he includes:

- **Community service** – providing a quality, targeted service for community members. eg: providing playgroups or school readiness programs
- **Community activity (events)** – creating activity that can build a sense of place (where we are) or community (who we are), or simply brings us together. eg: community parks programs
- **Community involvement** – involving people in decisions that affect our lives. eg: organising consultation to map community assets
- **Community action** – communities acting to change – or defend – status quo in interests of their community or others who matter to them. eg: resourcing action to prevent the government relocating a health centre
• **Community information** – ensuring people have the information they need to manage and enhance their own lives and those of their families and communities. eg: seminars on early brain development in children

• **Social (Services) Development** – maximising availability and effectiveness of formal and integrated supports and services. eg: working with a range of government and private agencies to ensure more integrated health services [2] p.8

It is clear from these two quotations (from Kelly and Muirhead) that the approaches taken are intended to be inclusive and to build solid foundations to enhance communities and the people within them. As such community building may include activities which focus at any given time on specific groups of people, for example, youth, or, the early years (children 0-5-years-old). The intent, however, is to facilitate people’s access to resources and processes which will enhance their ability to improve their circumstances. All people in the community are likely beneficiaries even when specific projects focus on one group. This is one of the aims of community building: that people with needs are linked with people with resources. This interchange, if conducted from equal partnerships can benefit both groups with the joint working being the essence of building strong and resilient people.

**Capacity Building**

Capacity building has a more recent history as a social policy term although it too has been interpreted in different ways. A succinct definition by the NSW Health Department [3] brings together its main ideas:

> Capacity building is an approach to development that builds independence. Capacity building increases the range of people, organisations and communities who are able to address problems, and in particular, problems that arise out of social inequity and social exclusion.
Capacity building comprises a set of activities which can resource individuals, groups and communities. Alongside working from social justice principles, it can be seen to form a part of community development. Equally, activities may be conducted outside of a defined community development program yet still meet capacity building aims and outcomes.

It is not the role of this paper to debate the various uses of the terms, but to present examples of strategies in these areas which represent effective practice.

Finally, note must be made of other activities which are often related to community development and capacity building because of their preventive aims. Early intervention and primary prevention programs often have developmental aims and/or processes and these should not be dismissed from consideration. For a good discussion and referral to other research studies in these areas see Bowes [4].

**Community Building Strategies**

For the purposes of this paper I have grouped strategies which contribute to building a community into Community Services Development, Community Education, Indigenous Approaches and Strengths-Based Approaches. These are not clearly defined categories, as they often overlap. These approaches are not presented here in the same manner as is found elsewhere. Some of the community development literature suggests that community development can only be conflictual - against the status quo, or consensual - agreeing with the status quo [5]. Rather here, the practices described contribute to building communities in many different ways, and may offer some suggestions to pursue. In
addition, some Indigenous approaches have been included. This is not to say that these approaches should only be restricted to Indigenous communities or that Indigenous communities should not and can not participate in other strategies. The purpose of this is to recognise the important contribution Indigenous communities have made to understandings and use of innovative approaches.

A framework which is considered to be useful for thinking about these different approaches may be found in Muirhead’s adaptation of Kelly’s work. The characteristics of developmental work are compared with those appearing in program work. This is presented as one way of providing clarity for workers and the people with whom they work. In many cases workers and communities have experienced tensions between perceptions of the goals of community projects and the practices used to achieve them, particularly when there are many different groups and organisations involved. It is especially important for clarity when external funding bodies are key players.

The main elements comparing the developmental and community-led approaches may be represented as such:

<table>
<thead>
<tr>
<th>Developmental Approach</th>
<th>Program Approach</th>
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</thead>
<tbody>
<tr>
<td>Focus on the people</td>
<td>Focus on the program</td>
</tr>
<tr>
<td>Agenda set by people</td>
<td>Clear well-defined agenda</td>
</tr>
<tr>
<td>Process focused</td>
<td>Outcome focused</td>
</tr>
<tr>
<td>Step by step</td>
<td>Grand plan</td>
</tr>
<tr>
<td>Driven locally</td>
<td>Driven centrally</td>
</tr>
<tr>
<td>Aim: Self-reliance and sustainability</td>
<td>Aim: Program objectives</td>
</tr>
<tr>
<td>Starts from where the people are at</td>
<td>Starts from where we would like the people to be</td>
</tr>
<tr>
<td>Time: Long-term – ongoing</td>
<td>Time: Determined by the program length</td>
</tr>
</tbody>
</table>

(Adapted from Muirhead [2])
While many projects and activities are called community development, external requirements restrict some aspects, such as the level of authority, pace, or time span. The previous table clarifies these and other aspects and enable expectations to be realistic. This differentiation is not intended to specify which approach is better or worse, for both approaches have their applications. Many of the examples which contributed to the summary of the strategies described below have a program base and have been found to be effective in assisting communities to develop and achieve satisfying goals to which they have contributed.

**Community Service Development**

A large portion of community development occurs through the provision of services at the community level.

The descriptor of Community Services includes those activities which are provided by either mainstream agencies at the community or neighbourhood level, by agencies which are themselves based in the locality or through partnerships between community-based and social service agencies. These services may be small and targeted, such as multi-function community centres, youth and family support programs or aged care facilities, or part of a broader program initiative, such as health services. This category also includes the many community regeneration, comprehensive community initiatives (CCIs), or neighbourhood renewal projects [6-10], within which many of the facilities mentioned above are provided or developed. As such, they meet program objectives in that they have connections in some way with agencies and authorities outside the locality, either through program design, funding, authority or feedback mechanisms. Often local groups or committees are formed to act as intermediaries or representatives of the locality and outside agencies. Within this
broad description may be found many of the activities of community building, such as social entrepreneurship [11], which focuses on the economic development of the locality through strong social structures; and political or social action [12], which focuses on institutional change.

The value of this approach is demonstrated by the numerous projects in progress and the fact that Government actively seeks strong and energetic partnerships.

The value of including the community is noted by the Joseph Rowntree Foundation [7] in the UK:

- Communities have a fresh perspective, and can often see the problems in new ways.
- Community involvement helps to deliver programs which are more accurately targeted to local needs.
- The resulting projects are more acceptable to the local community.
- Program outputs which have been designed with input from local residents are likely to last longer because communities feel ownership of them.
- The constructive involvement of communities in urban regeneration helps to build local organisational skills, making it easier to develop strong successor organisations.
- Partnerships are here to stay - Government will insist on a demonstrably stronger role for communities within these partnerships.
- Successful community involvement helps to revitalise democracy.

What is needed for the developmental process of delivering services to be successful, however, is summarised from several reports as including the following characteristics:
• A holistic approach, that is attending to the whole environment, not just the target group.
• The formation of equal and collaborative partnerships in which each partner has a role in decision making, and there is clarity about which decisions must be made elsewhere.
• The development of skills within the community to enable full participation and leadership of many people.

The evidence suggests that services fail to become truly community based when these features are lacking. They rely on knowing the locality or group very well, forming good trusting, working relationships, being able to work through conflicts positively and ensuring the speed of change is at the pace required by the community. Most importantly, external agencies, which are often responsible for funding and therefore require accountability, need to be educated as to the pace, process and products that are possible. In particular, the literature notes that there is often a lack of coordination between agencies both at community and policy levels, and funding can be complex with very little access by local communities to small scale funding which is available quickly.

Workers using these processes, then, have brokerage roles to ensure skills development which enable inclusion and inter-agency collaboration at the local level. They also need to provide representation to agencies of the need for agency coordination and use of relevant resources. The Australian experience of the Stronger Families and other associated funding approaches, such as the Reconnect programs, evidences the effectiveness of these funds.
Community Education

Community education has been noted by Ife [13] as being one of the essential community development skills and is widely used as an area of community building or capacity building. In the area of child protection it often appears in the literature under family support where it is discussed as a central tool in early intervention and primary prevention programs. It is noted in all the major programs mentioned above as being a necessity to contribute to capacity building.

Furthermore, practitioners involved in community activities, either from a centre base or a program base (as defined above), tend to use community education as a significant tool. For these reasons it is included here as a distinct strategy, albeit as a noteworthy aspect of community services development.

Although the focus for community education is narrower than a comprehensive community renewal or development, where community education is part of the overall program, its activities contribute to the overall aim. Where community education is a program on its own, it may still be considered to contribute to community development or capacity building. As such, learnings from this group of activities share much with those which are part of community services development.

Under this heading is to be found training or skill development, such as leadership development, planning skills and conflict resolution; information provision, such as details of grant rounds, specific agency information and changes in policies; and promotional activities, such as child safety and immunisation programs. The main sources for evaluations of these types of strategies are in the
health sector, with Nursing and Allied Health providing many detailed examinations of what works well in the provision of necessary information. While health needs have been the main impetus for their work, their approaches draw on community capacity building and development to the extent that this literature is the most prolific in evaluated studies.

Community education programs are at the core of Family, Neighbourhood or Community Centre activities and may be found in these locations in many countries. People tend to respond better to practical information than the more nebulous ‘community building’ which makes these programs particularly useful. Where they contribute to community development through capacity building they are found to produce increased abilities to participate in wider community activities, thus extending people’s learning and supportive horizons. Collaborative structures between agencies providing education, local groups and participants are also necessary, especially noting the cultural specificity of the information and the processes used.

Developmental outcomes are found amongst those programs which do not specifically target people who are in need of this type of education. Instead education programs which are non-stigmatising and open to all have a better ability to encourage ongoing supportive relationships within the community. They should also be provided at the participants’ convenience, availability and location, rather than that of the agencies delivering the education.

Dorothy Scott [14], a well known Australian researcher in child protection work, provides many examples of developmental education processes which have the manifest goal of providing
information and skills but have the latent goal of providing for sustained social network support which can contribute to the protection of vulnerable families. She is wary of the importation of education packages or processes from other contexts without them being adapted to suit the needs of the local community.

Workers using educative processes are usually mindful of and responsive to the local context in the provision of information and training, as well as being able to encourage and enable collaborative agency and group processes. For these activities workers need facilitation, enabling, consciousness raising and negotiation skills. It is also helpful if the workers have some training skills.

### Indigenous Approaches

The review would be incomplete without mention of specific Indigenous approaches to community building. It needs to be stated that Indigenous communities may and do use similar programs, projects and processes to those operated and enacted in and by non-Indigenous people. However, there are also processes unique to Indigenous communities, or programs and processes which originated in and by Indigenous communities. These processes should be acknowledged. Two of these processes are Family Group Conferencing and Healing Circles.

Family Group Conferencing originated in Aotearoa/New Zealand from Maori practices of whole of community (iwi) and family (whanau) approaches which involve extended family members in key decisions about family issues. Enshrined in Aotearoa/New Zealand legislation for all work with children in 1989, the process has been adopted widely around the world for work with child protection and juvenile offending in particular. As with many other Indigenous people,
harmonious relationships are the key to health and healers seek to restore harmony in times of harm and ill health. It is for this reason that Indigenous healing practices seek to use a ‘whole of community and family’ approach as compared to a Western view of individual healing.

The relevance for community and capacity building derive from ecological principles of system relationships including both spiritual and terrestrial contexts. As such, family includes more than the extended blood relations and reaches into the wider community in which there are recognised resources, as well as needs, which can be developed for use with child matters. Importantly, professional involvement takes its place as one partner rather than the leader as is usual in much social service delivery.

Healing Circles, which originated in Canada with First Nations peoples, are located in a way of knowing different from the dominant Western forms, which acknowledges a holistic view of all life which needs to operate in harmony. As noted by Connors and Oates of the First Nations’ context in Canada

> Harm to one community member affects the health and harmony of the entire community. Because health is defined as a state of harmony and balance among all community members, re-establishing health requires that relationships are set back into a state of balance [15] p.231

Healing occurs with an all of community approach in which there is accountability, acknowledgement of harm, learning, provision of support, respect and expectation of change. While punishment is applied, ongoing healing and restoration of relationships are considered equally important.
This approach does not excuse the offenders for their behaviour or the need to acknowledge their wrong-doing. However, this acknowledgement is a step towards restoration of trust and reintegration. Community is served rather than severed through these processes.

Above all for both of these approaches recognition of different cultural contexts and values are essential as noted by Dorothy Scott [14] in the preceding section. Operating from a position of what is known as cultural safety is imperative. This is defined from the Aotearoa/New Zealand context referring to children as:

\[\begin{quote}
The state of being in which a child or young person experiences that her or his personal well-being, as well as social and cultural frames of reference, is acknowledged – even if not fully understood by the worker(s) claiming to be there to help him or her.
\end{quote}\]

[16] p. 153

This is, of course, also applicable to adults.

Non-Indigenous workers are sometimes reluctant to become involved in processes which are culturally specific for fear of not knowing the proper protocols, or for considering it to be outside of their responsibility, knowledge or appropriate place. Additionally some workers consider that only Indigenous people can and should be those who are responsible for the work. This can have negative effects by placing Indigenous workers in unviable positions where they can be expected to shoulder burdens not of their making or which are too large for single workers. Often situations are societally made rather than being able to be addressed individually.

The work necessarily involves the worker in not only being culturally aware and sensitive, but requires the worker to take steps to
examine his or her own cultural belonging and the relationship between the cultural contexts of the worker and participants. This is often a life-long journey.

**Strengths-Based Approaches**

The set of practices known as *Strengths-Based or Asset-Based* can be found across these selected areas of community building and are considered important to discuss because of their extended and relatively recent use.

Strengths-based approaches are commonly referred to as strengths perspectives, with a focus on the resilience of children, families and communities and identifying resources and assets in each of those groupings. They contrast with the predominant view in much social services work which identifies the problems, needs and deficits of target populations.

Instead, there is the recognition that these populations and their environments often contain the knowledge, expertise and some resources which can be productively used for development. This reinstates the previously characterised needy or incapable person as Strengths-based approaches acknowledge that there are structural disadvantages which must be overcome and that individuals need assistance to enable them to recover their own strengths and local assets. This involves the worker collaborating with individuals and groups to assist in this recovery and further discovery. Therefore the elements present in other forms of community building already mentioned are important here: collaboration, relationship building, moving at the pace of the people and working towards goals set by them.
These principles guide the design of different models of practice to suit particular situations or groups of which there are many different versions enacted in many different settings. They have been found to be effective in child protection, mental health, family violence, drug abuse, and with the elderly in residential settings amongst others.

**Conclusion**

Community building is the policy direction of our times. As such it holds the hopes of policy makers, practitioners and local people. These aspirations are not always met in the ways hoped for, and energetic and committed people are not always rewarded in their efforts to change situations. The literature, however, does provide some evidence which supports those hopes, for there are many activities which are constructive, productive and satisfying. Amongst the different pathways chosen for change are to be found strategies which can be successful. They are less models than principles, which if used to guide the work can bring useful results.

These principles reiterate the policy directions of collaboration and partnerships but require greater levels of examination by the policy makers, of the extent they are willing to permit community responsibility and ownership as well as the honesty and openness of the non-negotiable features which are part of any policy direction and program. Because there are non-negotiables does not necessarily mean that development cannot happen, nor local people cannot have a greater say in the plans and processes which affect them.

Workers and the people with whom they work are alert to the possibilities for change and the processes needed to assist them in
that change. That they can succeed is evidenced by some of the examples found in the writings across the four categories which have given rise to young people engaging in less risky behaviour [17], or young parents using the supports provided from local centre based activities [14].

All of these examples provide the information about what is possible and how we might work with the challenges in ways that help our organisations to change their expectations and practices to develop new skills in this area of work.
Bibliography


ATTACHMENT 1

Table of Major Cases/Studies Reviewed

This table contains selected cases and studies which demonstrate principles of practice within community building strategies. They are grouped under the headings used in the paper, although, as previously mentioned, there is some overlap.

The table is arranged according to the following headings:

<table>
<thead>
<tr>
<th>Cases/Studies</th>
<th>Names the project or the study. Included here are both examples as cases and research studies of practices or strategies.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context</td>
<td>Provides the location.</td>
</tr>
<tr>
<td>Program aims</td>
<td>Describes the goals of the programs.</td>
</tr>
<tr>
<td>Eligibility/Target group</td>
<td>Which section of the community the program is aimed at. This may be widely or narrowly targeted.</td>
</tr>
<tr>
<td>Content and format</td>
<td>A summary of the processes used.</td>
</tr>
<tr>
<td>Evaluation and research</td>
<td>Locates the evaluation source. In many cases this is a combination of sources, one of which may be formal evaluation. This framework is drawn from Pawson et al (Pawson, Boaz et al. 2003).</td>
</tr>
<tr>
<td>Policy Community</td>
<td>The authority for the program.</td>
</tr>
<tr>
<td>More information</td>
<td>The reference in the annotated bibliography.</td>
</tr>
<tr>
<td>Cases/Studies</td>
<td>Context</td>
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<tr>
<td><strong>SERVICES FOCUSED</strong></td>
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<tr>
<td><strong>Matching Needs and Services (MNS)</strong></td>
<td>UK</td>
</tr>
<tr>
<td><strong>Community Partnership to Strengthen Families Project</strong></td>
<td>The New York City Administration for Children’s Services</td>
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<table>
<thead>
<tr>
<th>Cases/Studies</th>
<th>Context</th>
<th>Program Aims</th>
<th>Eligibility/Target Group</th>
<th>Content and Format</th>
<th>Evaluation / Research</th>
<th>Policy Community</th>
<th>More Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASA Safe Haven</td>
<td>New York and Oklahoma, US</td>
<td>To build collaborative relationships for family support.</td>
<td>Children, families with substance abuse issues and staff in child welfare.</td>
<td>Through family group conferencing, a blend of multidisciplinary teams, family court and family participation.</td>
<td>Qualitative &amp; quantitative evaluations 4</td>
<td>National Center on Addiction and Substance Abuse Research Institute (O'Connor, Morgenstern et al. 2005)</td>
<td></td>
</tr>
<tr>
<td>Reviewed early years programs &amp; projects</td>
<td>Sure Start and preventive services, UK</td>
<td>Neighbourhood based prevention services.</td>
<td>Children and families IN Community.</td>
<td>Examples of early years program and projects are reviewed for their impact on disadvantaged children and their families.</td>
<td>University of Oxford 4</td>
<td>Children’s Act 1989 (England) Sure Start Communities that Care (Smith 1999)</td>
<td></td>
</tr>
<tr>
<td>Participation of children &amp; young people in decisions about UK service development</td>
<td>Children’s National Services Framework - UK</td>
<td>To gather and review evidence on children &amp; young people’s participation in service development &amp; public decision-making.</td>
<td>Children and Young People</td>
<td>A number of points about good practice provided: listening culture, clarity, flexibility, resources, skills development, inclusion, feedback &amp; evaluation.</td>
<td>4</td>
<td>UN Convention on the Rights of the Child (ratified by the UK in 1991). (Cavet and Sloper 2004)</td>
<td></td>
</tr>
</tbody>
</table>

**Evidence Source Key:**
1. Organisation  
2. Practitioner  
3. User  
4. Research  
5. Policy Community
<table>
<thead>
<tr>
<th>Community Regeneration – Communities First</th>
<th>Wales – Rural and urban</th>
<th>Multi-faceted strategies for regeneration.</th>
<th>Disadvantaged Communities</th>
<th>Outlines in detail, and draws together, principles underpinning community regeneration best practice.</th>
<th>4</th>
<th>Housing &amp; Community Renewal Division, National Assembly for Wales (NAW)</th>
<th>(Adamson, Dearden et al. 2001)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EDUCATION FOCUSED</strong></td>
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<tr>
<td>CCI</td>
<td>US</td>
<td>Multi-faceted development aims including developing self management and other skills.</td>
<td>Varied targets according to need.</td>
<td>Provision of skills development and information.</td>
<td>4, 5</td>
<td>Local Authorities and Research Institutes</td>
<td>(Chaskin, Chipenda-Dansokho et al. 2000)</td>
</tr>
<tr>
<td>Yeovil Family Centre</td>
<td>England</td>
<td>Improve work and education entry skills.</td>
<td>Women returning to the workforce and education.</td>
<td>Provision of informal and later formal education as one of many activities of a family centre.</td>
<td>2 &amp; 3</td>
<td>Education and Health Authorities</td>
<td>(Holland 2001)</td>
</tr>
<tr>
<td>Evaluation of a community based intervention program of 4 year old preschool children</td>
<td>Melbourne preschools</td>
<td>Early intervention project focused on improving child pre-reading skills and parent behaviour-management skills of 4 year olds.</td>
<td>4 year old preschool children and their parents</td>
<td>Education and skills development for children and parents</td>
<td>Pre and post, 1 &amp; 2 yr follow-up – surveys/questionnaires used.</td>
<td>4</td>
<td>Child Health and Welfare - Royal Children’s Hospital &amp; Latrobe University</td>
</tr>
</tbody>
</table>

**Evidence Source Key:**  
1. Organisation  
2. Practitioner  
3. User  
4. Research  
5. Policy Community
<table>
<thead>
<tr>
<th>INDIGENOUS FOCUS</th>
<th>Aotearoa/N New Zealand</th>
<th>Child protection healing and reintegration.</th>
<th>Families</th>
<th>Traditional Maori Hui to include all family members in resolving the issues and providing a plan for child safety.</th>
<th>4</th>
<th>Treaty of Waitangi 1989 Children, Young Persons and their Families Act (Waldegrave 2006)</th>
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<tr>
<td>Four Circles of Hollow Water</td>
<td>Canada</td>
<td>The restoration of community.</td>
<td>Community and offenders</td>
<td>Community wide healing process to reintegrate offender and heal offender and community.</td>
<td>3 &amp; 5</td>
<td>Corrections Departments (Aboriginal Peoples Correction Unit 1997)</td>
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<td>Aotearoa/New Zealand – Working Differently with Communities and Families</td>
<td>Whanau Centre – Family Neighbourhood Centre in New Zealand</td>
<td>Addressing 'area'-based socio-economic disadvantage.</td>
<td>Families IN Community</td>
<td>CD framework supporting families in own contexts &amp; utilising naturally occurring networks. Strongly aligned with strength-based community development/capacity building.</td>
<td>3</td>
<td>Treaty of Waitangi. The 1989 Children Young Persons and Their Families Act. (Munford, Sanders et al. 2001)</td>
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<thead>
<tr>
<th><strong>STRENGTHS FOCUSED</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>The Claymore Miracle</strong></td>
<td>Suburb in NSW</td>
<td>To transform Proctor Way – known as the worst street in NSW – into a positive place to reside.</td>
<td>Local neighbourhood</td>
<td>Transfer of housing responsibility to local Housing Association Example of social reconstruction whereby NGO put in place to build community relations where previous state interventions failed.</td>
<td>1 2 &amp;3</td>
</tr>
<tr>
<td><strong>Minto Hill Project</strong></td>
<td>Suburb in NSW</td>
<td>Transfer of housing responsibility to local neighbourhood.</td>
<td>Community (public housing occupants)</td>
<td>Example of social entrepreneurship. Intensive tenancy management.</td>
<td>1, 2 &amp; 3</td>
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<tr>
<td><strong>Families in Partnership</strong></td>
<td>NSW</td>
<td>Strengthen supportive family networks.</td>
<td>Families with developmentally delayed children</td>
<td>Mobilisation of supportive learning resources for families.</td>
<td>3</td>
</tr>
</tbody>
</table>

**Evidence Source Key:**

1. Organisation
2. Practitioner
3. User
4. Research
5. Policy Community
| **Developmental Assets & Asset-building Communities Framework** | **US - Minnesota** | To emphasise the human relations and developmental infrastructure children, youth, and families require for their health & well-being through survey-based evaluation linking young people’s developmental milestones to the developmental assets which they had access. | Young people (6th through 12th class grade inclusively) | 156 item instrument, the Profile of Student Life: Attitude and Behavior Survey – instrument captures basic demographic information & measures developmental assets and other constructs like developmental deficits eg victims of violence/watches too much television. | Literature based (around prevention, resilience, youth development, and protective factors). Survey measurements. Findings suggest developmental assets a better predictor of engagement in high-risk behaviour than certain demographic factors (hence isolated program responses insufficient – a multipronged investment in building community capacity needed. Search Institute, Minneapolis | Minnesota Institute of Public Health – Federal Substance Abuse Prevention Grant Scheme | **Evidence Source Key:** 1. Organisation 2. Practitioner 3. User 4. Research 5. Policy Community |

(Mannes, Roehlkepartain et al. 2005) See Figure 3 - A Preliminary Model of Asset-Based Community Capacity Building.
| **Shared Action in Long Gully** | St Luke’s Anglicare - an inner suburb of the regional Victorian town, Bendigo | Promote the safety and wellbeing of children and social justice in Long Gully. A 3yr community development project working with adults and groups in the community to mobilise resources and undertake community building activities. | Children (0-12 years) and families IN Community | Strength-based perspective where recognised power imbalances incorporates consideration of a promotion of the use of ‘power with’. Social justice framework within a wider community development perspective. | Participatory Action Research Reflecting back regularly on vision & value statements as a reference point. | 2 & 3 | St Luke’s | (Beilharz 2002) |


**Evidence Source Key:**  
1. Organisation  
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3. User  
4. Research  
5. Policy Community
<table>
<thead>
<tr>
<th>Aintree Community Centre Practice</th>
<th>Aintree Community Centre</th>
<th>Centre supporting families, particularly single mothers. Breaking down social barriers.</th>
<th>Families</th>
<th>Ecological perspective; building new narratives; draws on psycho-dynamic theory, and Freirian ideology. Working closely &amp; building relationships between Centre staff and families.</th>
<th>Participatory Action Research theoretical/practice based literature informs practice. Development of new narratives and relationship building apparent over time.</th>
<th>Treaty of Waitangi 1989 Children, Young Persons and their Families Act Aintree Community Centre</th>
<th>(Sanders and Munford 2006)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Midwestern and Honduran community-based collaborative problem-solving case example</td>
<td>Midwest US &amp; Honduras</td>
<td>Midwest: school children care Honduras village conflict resolution</td>
<td>Children</td>
<td>Based on a collaborative model that creates an environment with citizens and experts working together to create knowledge and establish dialogue on an evolving issue. Cross culturally adaptable given applicability of lessons learnt 1-10.</td>
<td>Participatory Action Research 1, 2, 3</td>
<td>Research Institute</td>
<td>(Stevens and Marin-Hernandez 1999)</td>
</tr>
</tbody>
</table>

**Evidence Source Key:**
1. Organisation
2. Practitioner
3. User
4. Research
5. Policy Community
| **Community Health Collaboratives** | Pennsylvania, US | Collaborative partnerships in health | Community Health organisations | Presents the results of a qualitative case study designed to identify indicators of success for a specific community partnership and to test the feasibility of an evaluation tool for collaborative efforts | Through using principles of social justice, feedback from pilot-test participants on the feasibility & value of the process is presented. |

1, 2, 3 & 4

| To Our Children’s Future With Health | (Hausman, Becker et al. 2005) |

**Evidence Source Key:**  
1. Organisation  
2. Practitioner  
3. User  
4. Research  
5. Policy Community
Annotated Bibliography


