

Community Building and Health:

Lessons From Two Communities on the NSW Central Coast



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Summary

Community Building and Health: Lessons from Two Communities on the NSW Central Coast is about 'health' and about 'community'. Through the stories and reflections of community members and community workers in two localities (San Remo and Wyoming) on the Central Coast of NSW, it explores:

- What the ideas of 'health' and 'community' mean to people living and working in these localities.
- How these groups of people make sense of the relationships they see between 'health' and 'community' in a local suburban context.
- The practical steps taken by the groups as they began and continued to build their idea of a 'healthy community'.
- The tools that they used along the way.
- The principles that they used as guides in their work.
- The sometimes expected and sometimes surprising outcomes they experienced in their community building and health building work.

The report is based on a project that was developed as part of the Central Coast Primary Health Care Network (CCPHCN) in 2004-05. The core of the project was to start investigating whether local community building activities had a positive impact on health and well-being in local areas, and anecdotally, whether there were also any improvements in individual health.

The project was conceived as the beginning of this investigation, and there was a recognition that the findings would only provide a signpost towards the extensive quantitative and qualitative research that is still waiting to be done in this area of knowledge. It became known as the 'Community Building and Health Project'.

The information in the report comes from several sources:

1. A review of current and past literature on community building and health
2. Interviews with community members and workers in San Remo and Wyoming
3. Observation at community meetings and activities in San Remo and Wyoming
4. Documents from each of the community groups such as minutes, information sheets, publicity, letters.

From here the project developed a foundation of qualitative evidence about the strong and positive relationships between 'health' and 'community' that were experienced and mobilised by those who took part in this project.

The project provided a number of important messages for community builders (both paid and unpaid), for GPs, other health professionals, and for policy and program designers.

The three key messages for all of these groups are:

1. Community building work can and does create an environment where both physical and mental health issues can be more effectively addressed in local communities. Its focus on connecting isolated and marginalised community members with structures they can choose to belong to is the key. People participate as community members not clients and the inclusive and empowering approach creates opportunities for people to access health information and make decisions about their own health with growing confidence.

2. The way in which community building work is done and the approach that is used matters much more than the activity or issue people decide to work on. This work cannot be undertaken using a service provision model. It must be collaborative and driven by community members in partnership with agencies and other stakeholders if it is to be effective and sustainable.
3. Where community building activities pay attention to relationships as a central driver, opportunities are created for long term, effective partnerships between agencies, government, business, community groups and individual community members on health and other issues. It should be emphasised that although all players take on different roles, the lessons from San Remo and Wyoming tell us that power differences within a group require regular attention. This is particularly important for agencies who often step in when it would be more effective to step back and take a supportive rather than a leading role.



1. Project Background

In 2002 Northern Sydney Central Coast Health received three years funding from NSW Health to develop a Central Coast Primary Health Care Network (CCPHCN).

The CCPHCN consists of five partner organisations: Northern Sydney Central Coast Health, Central Coast Division of General Practice, University of Newcastle, Wyong Shire Council and Gosford City Council. The CCPHCN focused on developing and testing three different approaches to achieving improved primary health care.

The Community Building and Health Project, one of three that formed part of the CCPHCN, is based on an extensive body of Australian and international literature that identifies a link between activities in communities that build connections and relationships around common ground, and the health of the people who participate in those activities (Simpson et al. 2003, Baum et al. 2000, Harris 2003, Putnam 2000, Eckersley 2004).

The CCPHCN wanted to investigate whether there was evidence of this link between community building activity and the health of community members visible anywhere on the Central Coast. As a result this project was developed to explore these links in some specific localities and to take a first step towards examining the role that community building might have in the Primary Health Care spectrum.

The CCPHCN sought potential partners who were engaged in community building work locally and who were also interested in the connections between these activities and the health and well-being of communities.

The Community Building and Health Project, which took place over the 12 months to November 2005, was managed by The Benevolent Society, and worked closely with the Society's Central Coast Community Action Program. The Community Action Program is an Area Assistance Scheme-funded program that works in partnership with local residents, agencies and other community stakeholders on a range of community building initiatives in a number of communities across the Central Coast. The established relationships and work on the ground in communities undertaken by

this Program provided an invaluable context for the Community Building and Health Project to connect with communities. It also enabled the gathering of a vast array of information about the processes and outcomes of community building.

The resources available to the project and the time frame for completion meant that it had the capacity to work in only two communities.

A Project Worker was employed for 14 hours a week and the project objectives were:

- To observe and document the community building work taking place in two communities on the Central Coast.
- To map any evidence of links between this work and the health of people in these communities.
- To develop a Community Building Model based on the evidence from the two communities and other research.
- From the Model to develop some practical tools for community building that could be used by health workers, GPs, community workers and community members to assist in building strong and healthy communities.
- To recommend a range of options for further work with regard to community building for health outcomes at a local level.

The Community Building and Health Project is unique for the Central Coast and important for the development of a primary health care framework for the following reasons:

- It advocates a broad definition of community and individual health.
- It systematically explores the role of community building activities in contributing to health outcomes.
- It suggests a range of opportunities for communities and health systems to develop new points of contact and establish dynamic relationships aimed at achieving better health.
- It begins to build pathways that expand the horizons of theory and practice about health service provision and health outcomes.
- It develops the notion of holistic planning and action for health outcomes.

2. What We Know From Other Research

There is a considerable body of existing research and other literature that is relevant to the subjects of community building and of health. There is a much smaller but growing body of work that looks specifically at the relationship between community building activity and health.

Included in the Bibliography is an extensive list of academic and other literature that has been used to inform this project. There is not the space here to review all or even most of this literature, but a short discussion of the key areas of research and themes of existing research is essential in setting the context for this project.

The four key areas of research that are most relevant in setting the context for this project are outlined in the following sections.

2.1 Social Models of Health

Important themes that emerge from work in this area include:

Primary Health Care

The overall context for this project is one of primary health care. The definition of primary health care that assists in locating this project amongst the range of activities and practices that fit within the primary health care framework is that developed by the Commonwealth Department of Health and Aging as part of its Primary Health Care Networks pilot projects:

“..... a primary health care framework focuses on strategies to improve the social, cultural, economic and political factors that determine health and encourage full community participation.”

Health Equality and Equity Issues

The impact of social inequality and poor access to health services in particular communities and population groups has been explored in detail in Australia (Harris, Eckersley et al. 2001, Mahnken 2001) and internationally (the NHS Health Development Agency 2005 UK).

Much of the evidence here is also reflected in the links between notions of social exclusion and poor health outcomes (Bratley & Hackett 2000).

Community Engagement in Health Programs

Savage, Bailey and O’Connell (2003), in their study of health status and participation in Australian communities, found a direct link between these two factors in a range of activities. They argue that, “Engaging in community activities has been shown to result in a direct improvement in the health and well-being of many people by enabling them to overcome perceived isolation and powerlessness. Research indicates that engaging in a high number of quality social contacts is correlated with a low level of morbidity and with increased life expectancy” (Savage, Bailey & O’Connell 2003 p. 2).



2.2 Community Building/Community Development

Partnerships Between Community and Agency

The Centre for Health Equity Training, Research and Evaluation has done some extensive work in communities in Western Sydney focusing on evaluating the impact of a range of

programs concerned with community inclusion, neighbourhood renewal, service co-ordination and delivery and partnerships between service providers and community groups.

They found that there are tangible long term benefits that result from these partnerships. In the communities in which they were working they saw cultural changes in service providers to become more inclusive, the development of a focus on collaboration, as well as evidence that “spending time building relationships pays off” (Harris-Roxas, Kemp & Harris 2003).

One danger of these partnerships was highlighted by Simpson et al in their study of community capacity building in rural Australian towns. They found that “government agencies often find it difficult not to drive their own agenda over the priorities expressed by community members and that this leads to a lack of ownership of the process or outcomes by the local community” (Simpson et al. 2003 p.283).



Asset Based Community Development

Kretzmann and McKnight (1993) described what they noticed in US communities that were vibrant and strong and developed this into an approach to community building they called Asset Based Community Development or ABCD. This provides some important context for the community building work taking place in the two Central Coast communities that contributed to this project. In both of these

communities, the approach that is being used is based on ABCD principles.

According to ABCD approaches, if community building activity is going to work it must start with:

- A focus on the assets and strengths that already exist in a local community (individual, physical, business, groups and organisations, etc)
- A focus on building and sustaining relationships between community members and with others interested in the life of that particular community (Kretzmann & McKnight 1993).

This is in contrast with traditional models of community building which start with the needs of the community – what is missing, or in other words, the deficits – and plan to meet those needs.

Community Capacity Building

Simpson, Wood and Daws (2003) write about the prerequisites for adopting a community capacity building approach, “Such approaches require a process that builds on local strengths and promotes community participation and leadership as well as ownership of the problems and the solutions” (Simpson et al. 2003 p.277).

They go on to warn, as others have (Putnam 1993), of the dangers of agencies setting up community capacity building projects then withdrawing resources after a short period. They argue that this can have a destructive impact on communities by increasing the expectations of existing local networks and leaving them without the sustained resources to deliver these expectations (Simpson et al. 2003 p.282-4).

2.3 Social Capital

The Role of Social Capital in Community Health

Debate continues about the benefits and dangers of using the notion of ‘social capital’ to assist in the understanding of how communities work (Woolcock & Narayan 2002).

Robert Putnam’s book, *Bowling Alone* (2000), refers to a range of studies that link changing stocks of social capital in the American community and better or worse health and well-being over the course of the twentieth

century. He observes that “Of all the domains in which I have traced the consequences of social capital, in none is the importance of social connectedness so well established as in the case of health and well-being” (Putnam 2000 p.326).

Closer to home, Paul Bullen’s study of social capital formation in the Warnervale area of the Central Coast (1998-2001) provides this project with some useful clues about how community building activities encourage an environment where social capital can develop. Bullen asked community members about a range of community activities they had participated in, and found, “Participation in any of these activities was associated with significant positive changes from 1998 to 2001 in the community connectedness of residents. Overall those who participated became more connected than those who did not participate” (Bullen 2004 p.9).

Further to this, Bullen’s study also pointed towards some differences in the impact of different activities on the connectedness of community members. He observed that participating in an activity on an ongoing basis had a more significant impact on local connections and capacity for change than attending a one off local event.

“People who participate in the Warnervale Family and Community Centre are likely to grow in their feelings that they have the ability to change things they care about whereas people who participate in the Spring Fair are more likely to be able to get help from friends when they need it but show no significant difference in their feelings that they have the ability to change things they care about” (Bullen 2004 p.9).

The term ‘social capital’ is useful in the context of this project as it helps to describe some of the factors that help to create community building work and the outcomes of such work.

Measurement

One further aspect of the research related to social capital that is important for the context of this project, is its association with the development of measures and indicators for aspects of community life that are often thought of as unmeasurable. In Australia the work of Onyx and Bullen (1997) has been important. They developed a set of measures for the social capital in five urban and rural

communities in NSW. It is important to note, however, that for this project, ways of measuring social capital form only a subset of actions that should be evaluated. Measurements of community building processes and the full range of outcomes present a much broader set of parameters.

2.4 Community Building and Health

Social Connections, Health and Longevity

Richard Eckersley, in his book, *Well and Good* (2004), has assembled and analysed a vast array of research that examines the connections between health, meaning and happiness for individuals and communities.

He quotes the well known study of the US community of Roseta, where research in the 1950s found a clear link between a rate of heart disease that was half the national average and the social connections, general equality and close relationships that made the town unique.

During the 1960s and 1970s, researchers tracked a decline in the health advantage of people in Roseta that was linked to changes in the community relationships and equity in the town (Eckersley 2004 Ch. 4).

He cites further Canadian research that looked at the relationship between mental health and social ‘integration’ in a number of remote communities. The research found that “social disintegration was directly related to the prevalence of psychiatric disorders” (Eckersley 2004 p.72).

This research is backed up by an Australian study of the Epidemiology of Participation by Baum et al (2000) which found that “Participants who indicated disengagement with the local community were more likely to score in the low range for the mental health measure than participants who indicated a greater community involvement” (p.10).

In relation to the notion of belonging, Baumeister and Leary observed as a result of their research that, “There are multiple links between the need to belong and cognitive processes, emotional patterns, behavioural responses and health and well-being The desire for interpersonal attachment may well be one of the most far reaching and integrative constructs currently available to understand

human nature” (Baumeister & Leary cited in Eckersley p.79).

Health Development Structures

A key theme raised in the literature that is particularly pertinent to this project is the recognition that formal and informal community groups as well as local structures such as neighbourhood, youth and community centres are often already engaged in health promotion and health development activities. Research by Baum, Cooke and Bush (2000) explored this issue and concluded that, “The study has found that much health promotion activity is being undertaken at the community level by local groups and organizations such as women’s, youth and religious groups. Although these structures contribute to health development, much of their activity is often not recognized by the formal health sector” (Baum et al. 2000 p.1).

The NHS Health Development Agency in the UK has also done extensive work in establishing partnerships with local community centres in undertaking the role of “Health Development Structures”.

Measurement

Eckersley, Dixon and Douglas (2001) recommend using a “basket of indicators of health and well-being”. These, they argue, “become the intervention outcomes applicable to multiple interventions in different places (international down to local) at different times” (p.294).

Community Health and Health Service Delivery

A theme identified by Mahnken (2001, p.4) highlights the importance of recognising that merely moving hospital based health services into a community setting, does not constitute a community development or even community health approach. A clear distinction is drawn between community health services and community development.

Summary

This very cursory glance at some of the literature that provides a context for this project provides a snapshot of the key research ideas and concepts that are relevant to the project findings about community building and health. In addition to this, it provides some pathways that lead to the extensive body of literature on each of the areas and themes discussed.

3. Methodology

While the project was not a research project in the formal sense, it relied on a systematic collection and analysis of information.

The project used a qualitative methodology.

There were four sources of data that were collected and analysed.

1. Existing research and literature about community building and health, and about the two communities that took part in the project.
2. Semi-formal interviews with community members and agency workers involved in community building activities in each community. A total of 22 interviews were conducted across the two communities as part of the project. An interview schedule is provided in Appendix A of this report.
3. Observation of community building work in each community. This included meetings and activities taking place in each community.
4. Documentary evidence specific to each community including meeting minutes, newsletters, brochures, promotional material.

All data was analysed using a Grounded Theory framework. Using this approach involves continuous examination of the data as it is collected to identify the key themes that emerge from the data collection process. Data is coded according to these themes and then they are further tested during additional data collection activities.

In this way, the themes regarding community building activities and their links with health develop and were tested throughout the project. It is these themes that form the basis for the Community Building Model.



4. Communities that Participated in the Project

One of the first challenges for the project was to determine which two communities to approach about participating. A set of criteria was developed in a collaborative process by the Project Worker and The Benevolent Society's Community Action Program Community Worker, as follows:

- The regional focus of the project meant that it was important that one community was located in Gosford and the other in Wyong (the two local government areas that make up the Central Coast region).
- The Community Action Program had to be currently working in each community and have established relationships in those communities. This meant that communities where the Community Worker was about to commence work, or where there was only peripheral involvement, were not considered.
- The preference was to look at two communities where there was different community building activity taking place, and where there were differences in the length of time activities had been underway. This preference was to allow for some comparison regarding common ground and divergence in each community's initiatives and processes.
- Participants in the community building activities in each community must be able to choose whether they participate in the project. It was important for the project to respect the trust and goodwill of residents and agencies involved in community building activities as they were being asked to share their time, their ideas and their work should they decide to participate in the project. The Project Worker provided participants with written and verbal information at the time they were invited to get involved with the project. Questions were answered by the Project Worker, who then left the meeting prior to further discussion. Each community then informed the Project Worker of their intent to participate or not in the project.

The two communities initially approached to participate in the project both agreed to take

part – San Remo in Wyong Shire and Wyoming in Gosford City.

In both cases, the project focused on community building activities that shared some interesting common ground:

- In both communities the community building activities involved a joint effort by local residents and agencies working together for a broad goal as well as for specific local improvements.
- In both communities there was an important synergy between local community building efforts and the establishment of a Community Drug Action Team (CDAT) in that locality. This synergy provided resources and structure to the work of local residents, and a broader level of support in the community for the CDAT. CDATs are local groups comprising community members and agencies. They are established to address drug and alcohol issues in local communities and were supported formally in this work by the NSW Premier's Department. This formal support has recently moved to NSW Health (CDATs now for part of the Community Drug Strategy under the Department's Strategic Development section).
- In both communities the more successful initiatives and processes have occurred when the agenda was set by local residents with agencies stepping back to play a crucial but supportive role.

Before looking in detail at what the project found out about community building activities and health in the two communities, it is useful to take a snapshot of each community and the community building efforts taking place there to provide some context for the findings.

4.1 San Remo

Locality and Demographic Snapshot

San Remo is a suburb of Wyong located at the northern end of the Shire. Its borders are marked by Tuggerah Lakes on one side and the Pacific Highway on the other. In terms of

development, it is an older suburb than the neighbouring suburb of Blue Haven.

In 2001 there were 3,884 people living in San Remo, predominantly in single dwellings. There is a higher proportion of families with children – both couple and one parent families – in San Remo than across Wyong Shire. Following from this, there is a higher proportion of children in San Remo than across Wyong. This reflects the housing type and affordability of the area.

There is a lower proportion of older people in San Remo than across Wyong Shire. However, in the neighbouring suburb of Doyalson, there is a significantly higher proportion of older people than in Wyong Shire as a whole.

Like many localities on the Central Coast, public transport is very limited for San Remo residents and more people living in San Remo have only one car than the proportion across Wyong Shire.

Community Building Projects

Over the past two years there have been a number of community building initiatives developing in San Remo that have focused on

- Bringing together community members and groups interested (and sometimes already taking action individually) in making San Remo a safer, better looking and more vibrant locality.
- Building connections between individuals and groups within the community to encourage mutual learning, friendship and participation in community life.

Specific local activities and projects have included:

- The San Remo Beautification Project – this project has brought all ages together to improve the environment of a local park by starting with an event called the ‘Walk and Talk’ to find out what people wanted to do at the park, then moving to planting trees, designing and painting a mural at the park that reflects the diversity of the community.
- The San Remo Community Garden – this project has an active committee of 19 local people who are planning, advocating, developing skills and building relationships by establishing a community garden on a vacant block of land in the area.

- The International Interaction – 160 community members from an array of cultures joined in a day of celebration and hospitality in the local park where the beautification project had been working. This was followed up by a regular gathering at the neighbourhood centre where people can share their food and friendship as well as building on the strength of cultural diversity in San Remo.
- The Milpara Aboriginal Group – members of the local indigenous community in San Remo have been working with the San Remo Neighbourhood Centre and the local schools to build connections and participation both within the indigenous community and the broader community in San Remo. The role played in this process by a Community Worker from The Benevolent Society, bringing people together to create an opportunity for these groups and the broader community to build connections and work together, was seen as crucial.

Through both the Beautification Project and the Community Garden, the support, structure and resourcing from the local Community Drug Action Team working closely with the San Remo Neighbourhood Centre has played a pivotal role.

All of these projects have built connections with longer term community activities in San Remo ranging from the work of the Tidy Towns group and the Precinct Committee to the G.O.A.T.S (Going Off At The Swamp) festival that began as a youth festival and has become an annual event for the whole community.

4.2 Wyoming

Locality and Demographic Snapshot

Wyoming is an older suburb of Gosford City located 7km north of Gosford town centre. In 2001 the population of Wyoming was 9,031. Compared with Gosford, the key demographic characteristics of Wyoming are a higher proportion of couple and one parent families with children, and a lower proportion of those aged 65 years and over.

Like San Remo, Wyoming has been a suburb where families have moved as a result of affordable housing and the housing mix in the area is dominated by single dwellings. There is,

however, a growing range of medium density housing developing in the area.

Wyoming is home to a large Department of Housing estate as well as private housing.

Community Building Projects

The community building projects that have been developing in Wyoming over the past 12-18 months centre on the work of the Wyoming Action Team (W.A.T).

This group was formed as a partnership between local residents (including the local Department of Housing Tenants Group and the Lions Club), community organisations including Wyoming Youth Centre, Wyoming Community Centre and The Benevolent Society and government agencies who played a role in the area, including the Department of Housing and the Police. The Premier's Department has also played a key role as the group operates using the structure of a Community Drug Action Team (CDAT). This role is now undertaken by NSW Health.

The projects and activities that the Wyoming Action Team has undertaken to date include:

- Clean up day at the youth centre – this activity brought together a broad cross-section of the local community to work on improving the appearance of the youth centre. Local service groups, businesses and agencies joined together with members of the local Aboriginal community and young people. The day was a catalyst for community building and yielded practical results for the youth centre. The relationship between the youth centre and the Aboriginal community has become much stronger, as have relationships between other community groups and business people. The youth centre and surrounds improved significantly in appearance and had not been vandalised since the clean up day.
- Community painting day to clean up a local wall that needed attention. As with the youth centre clean up, community members from a range of groups and backgrounds joined together to repaint a local wall that had been vandalised. The wall remained clean following the clean up and community members and workers reported an increased sense of belonging and better relationships as a result of the day.

- Trivia nights with local residents building connections through organising prizes donated by local businesses. This activity was very effective in building connections with local businesses and engaging with business people in promoting the work of the Wyoming Action Team.
- A Car Boot Sale. This activity boosted the profile of the Wyoming Action Team in the local community and created space for local people to come together.
- Two community gardening days to improve local parks and streetscapes.
- A planned open air family movie night where a movie was screened on the wall of a townhouse that borders a local park. This was a great opportunity to provide drug and alcohol free entertainment for local families and a safe public space for people to come out and get to know their neighbours.
- Golf Clinic and Golf Day with local young people and members of the Wyoming Action Team. This activity built relationships between local community workers and young people, developed skills and provided opportunities to talk with and listen to the concerns that young people have in Wyoming.
- Aboriginal Youth Group. This group has started to meet at the youth centre and is developing weekly. It grew from the youth centre clean up day and is a community driven activity for local indigenous young people that previously did not exist in Wyoming.

The Wyoming Action Team is also planning a Sport in the Neighbourhood program to encourage children, young people and parents to connect around informal sport in the afternoons and on weekends.

Like San Remo, these projects in Wyoming are building on the long term community building work that has been underway in the area. Key players in this work include the Youth Centre, Community Centre, Tenants Group, Lions Club and The Benevolent Society.

5. Evidence from Participant Communities Regarding Community Building and Health

Participants in community building activities in both San Remo and Wyoming were able to clearly identify the connections between those activities and the health and well-being of themselves and the community as a whole.

Everyone who was interviewed reported that either for them personally, or for people they were working with, the impact of getting involved in community activities directly addressed a sense of isolation, and that being connected with other local people had made possible a number of flow on improvements in the health of participants.

Interviewees reported improvements in drug and alcohol issues; depression and other mental health problems; in experiencing support and some respite when they were caring for a chronically ill family member at home; in physical health as a result of being out of their house and active; and of feeling safer and less anxious at home or when they moved through the community because they had friends to rely on in a crisis.

5.1 Major Themes

Community builders in both communities described a common set of themes and views about what was working and what had not worked in the activities in which they were involved. The degree of common ground was very high and the themes below were described by 20 of the 22 interviewees, and most of them were identified by all 22.

How it's done matters as much as what you do

All interviewees expressed the view that successful community building does not rely on a specific project or activity, but on the process of planning the project together and completing it together.

There was recognition that just because a community garden mobilised a big group of people in San Remo, there was no guarantee

that this particular project would work in another community.

A number of those interviewed described the process as one of trial and error, of trying different activities to engage different people.

One community member reported:

“You can't be too precious. If no one wants to do your project, you have to find something everyone wants to do.” Bill

Sustainability and the importance of consistent agency support

The question of how to sustain a community building effort over time, particularly when the process is a slow one, was an issue that was raised by people in both communities, but was described in most detail by those interviewed in Wyoming.

The importance of the role played by agency workers (either government or non-government) as a consistent resource for the local community, and as a reliable support for the community building process, was identified by community members and workers as an important factor in creating a sustainable community building process.



The support role played particularly by local agencies such as San Remo Neighbourhood Centre, Wyoming Youth Centre and Wyoming Community Centre was seen by community members as essential.

Establishing clear and manageable expectations

Establishing clear and realistic expectations between everyone involved in the community building activity was described by a number of those interviewed as very important.

The dangers of community members feeling that the process is getting away from them, or other participants (agencies or local organisations) setting up expectations that cannot be delivered, were described by most of those interviewed.

Example 1. The Local Event Became Bigger than Ben Hur

“The community planned to run a small event but when we talked with some of the workers, it started turning into something that was way too big. The residents didn’t want that and in the end we had to be really blunt to get things back small again.” Sue

Example 2. Following Through

“This particular worker kept telling us that everything would happen and that they had contacted all the right people, but then the worker moved on and we had to start again because nothing was in writing.” Ben

Recognising it can take time and being prepared to take risks

All of those interviewed described the importance of letting the community building project gain momentum over time and of the importance for community members and agencies alike to take some risks in listening to the passions and concerns of local people.

In both communities, people described trying different ideas and activities to get people involved, and that not all of these were successful.

The majority of those interviewed described feeling out of their comfort zone at some point in the process and that they had to keep listening and trying new things even if some of them failed.

For some of those interviewed there were fears of talking to strangers.

“Everyone told me I look confident, but they don’t know that I’m dying of fear inside.” Mary

“I’d never taken minutes before. I didn’t even know what you were supposed to do. Everyone encouraged me though and I gave it a go with a lot of help. It was hard at first but now I feel like I’m doing OK.” Helen

The importance of hope

Hope is an intangible factor in this process but was mentioned by almost all of those interviewed. Both community members and workers in each area identified a hope for the future, a hope that community life will get better, or hope for the children and young people living in the community as a key motivator for their involvement in community building.

For many of those interviewed, hope was what kept them involved in community building work even when it didn’t seem to be working out.

In San Remo, the hope and passion expressed by members of the Community Garden Group in the face of some intense opposition from other community members can be summed up in one comment,

“Oh well, if the people against the Garden win and Council doesn’t approve our site, we’ll just have to identify another site and keep going.” Shelley

In Wyoming, this kind of hope was expressed by community members who had been involved in community building groups for over 10 years and had seen many of them fall over.

They were optimistic about the potential of the Wyoming Action Team to work although they had not experienced a sustained, successful community building project in their locality in the past.

5.2 What Was Working

Throughout the interviews with community builders there were some consistent views about what was working and what had not worked in the activities in which they were involved. The common factors that appeared to contribute to successful community activities are described below.

Everyone involved is valued and has a role to play

This was evident as a key factor for effective community building in both San Remo and Wyoming. Information from interviews and from observation at meetings and activities reflected a fundamental premise that everyone in the community, and everyone with an interest in the well-being of the community, had a valuable contribution to make.

There was also clear evidence that time was taken getting to know each other and discovering the particular roles and strengths of the people and the agencies involved.

Spades and Shovels in San Remo

Most people would assume that being part of a Community Garden group, you would like gardening. In San Remo, the group is made up of a range of people who do and don't like to dig in the garden. The group identifies themselves as comprising:

Spades – the non-gardeners who like coming for the friendships and because they offer other skills like administration, organisation, logistics and advocacy.

Shovels – the gardeners who are going to dig, plant and develop the garden itself.

Both groups have a valuable role to play in making the project work and both have different skills to offer.

Everyone gets to enjoy being part of the group.



Importance of the community connector

In both communities the value of having not just one, but a number of people, who act as connectors between community members and with agencies was evident in the processes that were unfolding. These connectors were both community members and agency workers. They shared a focus on inviting other people to join the community building activities, on paying attention to the discovery of the talents, skills and passions of those people, and on encouraging and supporting participants to stay involved with the activity.

It should be noted that in both communities the role of connector played by community workers was significant and was emphasised by community members who were interviewed.

Partnerships between community members and agencies

Community building activities and processes that contributed to this project were all structured around a partnership between community members and various organisations and agencies with an interest in community well-being. The unique characteristics of these partnerships were that the aims (improving community well-being) were broad and there was, and is, a high level of trust between the partners. This did not mean that there were no power struggles, misunderstandings or difficulties in the partnership. These issues, however, were negotiated as they arose between all participants. This was possible for two reasons:

1. The organisations and agencies involved recognised that although they may have some very specific outcomes they wanted to achieve from their participation, they were willing to risk taking the view that these outcomes could be achieved more effectively by supporting efforts to build community capacity, than by prescriptive and direct strategies.
2. The community members involved viewed the organisations and agencies as a resource that they could access and work with to improve things in their community, rather than as a powerful player outside their community who could solve their concerns for them.

Although interviewees did identify some experiences where agencies needed to be reminded that they were only one participant in the process, the community building partnerships in San Remo and Wyoming are described well in the observation by one worker:

“As I see it, agencies of all sorts hold resources in trust for communities. It is not for the agency to decide what is best for a particular community but to work with that community to do the things they think are a priority. It’s our responsibility to listen to community members and see what we can do together with the resources to make life better.”

Importance of listening

This was a theme that was described by all of the people interviewed in both San Remo and Wyoming. Interviewees reported that it was crucial throughout the community building activities and project they had been a part of, but that it was often hard to do as sometimes everyone brought along established agendas. For community members these included history, membership of a particular community group, long running conflicts with neighbours and frustration with some agencies.

For agencies and organisations the temptation to take control, enthusiasm about a project that is working in another community that is sure to work here, or a focus on the rapid completion of a project to fulfill the set outcomes for that agency, were all factors that were reported or observed as getting in the way of listening.

Interviewees described the importance of creating listening opportunities such as the Walk and Talk in San Remo or the Youth Centre Clean Up Day in Wyoming.

They also identified the importance of asking the right questions to allow everyone to hear a different perspective.

Listening in Wyoming

The meeting had been focused on the use of a corner park that had been the site of a kind of community garden. The garden had not been maintained and community members were disillusioned about what to do with it. There were suggestions of revitalising the community garden, of redesigning and replanting it.

The news of the success of the San Remo garden project enthused a number of people. Agency workers began planning who they could get involved, and how resources could be organised. Community members did not seem convinced but they could not get their concern across to the group.

Then someone asked, what did people use the space for before the garden?

Silence for 30 seconds.....

“The local kids always used it for kicking a ball around and playing in the afternoons. They still do that but it’s hard with the gardens there.”

The group listened for the first time.

“Maybe it’s not such a good spot for the community garden.....why don’t we help make it useable for the kids again?”

Developing local skills and leadership

The foundation of the community building work that is included in this project is the idea of discovering and building capacity in local communities.

In San Remo the community building activities have developed and expanded on the back of an intentional process of discovering strengths, skills and passions, creating formal and informal opportunities for these to contribute to community life and actively developing new skills. This has been done through the International Interaction, the developing partnership with the Milpara Aboriginal group, and with the use of TAFE Outreach running a course with the Community Garden group.

In Wyoming, community leadership in organising local activities such as the trivia night, in creating opportunities to make initial contact with community members and in connecting young people who used to come to the Youth Centre but are now adults, back into the community building work as supporters and mentors.



Belonging and friendship

Everyone who was interviewed named being isolated as a major concern for the health and well-being of themselves and other members of the communities in which they live or work. Everyone also described the role of friendship

and belonging as the most important driver for community building activities.

People who were interviewed reported that the sense of belonging and friendship they had seen or experienced as a result of the community building projects they had been involved in had flow on effects for the community that included safety, feeling valued, having someone to call if you were in trouble or just wanted some company, developing skills to take into the workforce, gaining confidence to take up life's challenges, and making a practical difference to community life together with other people.

Two examples of this were:

"I've never been involved in something like this before. I wasn't sure at first when someone asked me. I'm having a ball now and it's good to catch up with everyone each week. Better than sitting watch the telly I s'pose." Trev

"I've got a lot of responsibilities at home and it can get quite draining. You never get a chance to get out when you're looking after someone. Getting into this activity is my time out and I've made a couple of friends now that I can ring or they ring me just for a chat." Beth

Accepting and resolving conflict

Interviewees for this project very clearly reported that as part of the community building activities they were involved with, the resolution of both small and large scale conflicts had been an essential part of the process. These conflicts had been both within the community building groups and between the groups and other parts of the community.

Commitment to the common goal by participants, whether that was a particular project or the wider goal of making things better in the community were identified as key factors in conflict resolution.

In both communities the work of negotiation and making peace was taken up by a range of participants – both workers and community members.

There was also recognition by a number of interviewees that there was always an element of disagreement in any relationship and that this was unavoidable.

One comment made was:

“Not everyone wanted the project to happen. Some people worked hard to scare people about it. I try to talk to as many people as possible about the positives and the real situation, not the scare tactics. Even at the meeting not everyone has agreed. We have our moments, but I think everyone tries to be honest and come back to the things we all want. You can’t move forward without some compromises.” Monica

Setting achievable small steps and building on these

Evidence from interviews, observation and documents relating to the community building activities in San Remo and Wyoming reflects the importance of taking small steps.

In both communities these steps have involved a combination of one-on-one relationship building, of being visible in the community and available to listen to community members, and of some small, practical projects that provide some tangible runs on the board.

Everyone interviewed identified the importance of combining these components at each stage of the process.

There was a consistent view that visible and practical activities such as clean up days, the mural project and the Walk and Talk were essential in order to build the credibility of community building and demonstrate that it can make a real difference.

The building of relationships throughout this process was seen as the other part of this process. Without this step by step relationship building, there was seen to be a danger that you were just running events that were good but kept relying on the same people with the same ideas.

Actively inviting community participation

The process of continuing relationship building and creating space for more people to join the process was described by those interviewed as essential for sustainability and for community building to remain a dynamic process at a local level.

In Wyoming the most important tasks for the Wyoming Action Team in the immediate future are to increase the number of community members on the Team and to keep developing the profile of the community building work as a foundation for increasing the opportunities for local people to connect with each other.



In San Remo, although significant numbers of community members are participating in a range of activities, there is an ongoing focus of including more people and more activities.

“People say our Community Garden Committee is too big with 19 people, but we need everyone who is on it now and more people as well. Everyone has a job to do and we can always use more help.” Community Garden Committee Member, San Remo

Recognising there are different ways to participate

One of the interesting themes that was consistently raised by those interviewed was recognition that there was a range of different ways for people to be involved in community building activities.

In both San Remo and Wyoming, not everyone who was involved attended meetings. Some people attended and helped with community events and activities, some provided practical assistance in the background and others supported the process by talking with their neighbours about the projects they were involved in.

There was no evidence from those interviewed or from observations that attendance at group or committee meetings was a prerequisite for participation in local community building activities.

In this way, each activity was building connections with a much broader group in the community than could be seen by just observing how many people attended meetings.

As one community member said,

“I come to the meetings sometimes but they’re not really my cup of tea. I’m happy to be out there helping clean up and doing the hands on work though. I feel just as much a part of things as everyone else.” Stuart

Actively looking for community building opportunities

It was evident from interviews and observation that actively looking for a community building opportunity and converting it into a practical project was something that groups in both communities did well.

Whether it was an unsafe or neglected local park, a diverse but isolated group of locals from different cultural backgrounds, the appearance of the area or the local youth centre in need of some attention. All of these things were converted into opportunities to bring local people and other interested participants together to make a practical difference to community life.

Celebrating community success

In each of the communities, attention was paid to celebrating successful community building efforts, whether large or small. Sometimes the celebration was built in to the activity as was the case with the International Interaction at San Remo or the planned outdoor movie night at Wyoming.

In other cases time was taken for this to happen as an added extra. It took a variety of forms ranging from a quiet reflection about an activity at a Wyoming Action Team meeting to a formal celebration at San Remo when Council approved the Development Application for the Community Garden site.

All of those interviewed described the chance to celebrate as important to boost the confidence of people involved, to formally appreciate the efforts of everyone, to let the wider community know what was happening and to give people energy to continue the process.

5.3 Opportunities for Change and Improvement

Interviewees identified a number of opportunities for change and improvement based on what they had found worked in their areas.

Involving the community from the start

Community builders interviewed in the San Remo area discussed a local initiative that highlighted the importance of agencies not being too prescriptive in setting the parameters of a community building initiative, and ensuring they involve the community in developing the initiative from the start.

Interviewees discussed the debate in San Remo around the establishment of a Community Drug Action Team (CDAT) as the driver for community building efforts in the area. These efforts were to centre on local beautification and

the development of a community garden. There were resources attached to the CDAT structure and drug and alcohol issues had been identified in the area.

The labeling of the community building as directly associated with the prevention of drug and alcohol abuse was initially problematic for a range of community members.

A long and intense negotiation process took place in San Remo to improve the understanding by community members about the aims of the CDAT and space was created for community members to broaden the scope of the CDAT structure to include a range of community building opportunities.

Community members are now comfortable with their association with the CDAT but the issue of initially setting the parameters of the community building work without the community's input did create misunderstandings.

This was a different process from the one at Wyoming where the CDAT partnered with a range of community and agency participants around a broad agenda of community building from the start.

The CDAT now plays a crucial role of support, resourcing and facilitation in the community building efforts in both San Remo and Wyoming.

Bringing together small groups of residents acting in isolation

Both San Remo and Wyoming have a history of community groups run by local community members undertaking work to improve the local area and community life. This work has been successful but tends to be fragmented with each group working in isolation from the others.

A feature of the community building activities and processes that were examined as part of this project was that they acted to bring together these groups to find some common ground and pool their efforts.

This process has not discouraged the continued individual activities of each group, but has rather united the groups and enabled them to make a bigger impact across the community.



Agencies working with other agencies and community members rather than acting in isolation

Like community groups, agencies have undertaken work in both communities in the past in isolation. Agency workers interviewed for this project all reflected on the increased effectiveness of their work, the improved relationships with the community and the more holistic approach that they had experienced as a result of being a partner in the community building activities in San Remo and Wyoming. This approach involved the development of partnerships with other local and regional agencies working in the area, with community groups and with a range of community members who were participating in community projects.

Agencies remembering to listen and step back

Agency workers who were interviewed all reflected that they were aware that agencies did like to lead a project and sometimes forgot to make space for community members to take a leadership role.

They identified that this had at times been a feature of their participation in community building activities at San Remo and Wyoming and that they had appreciated the community members reminding them when this was happening.

Likewise, community members clearly described times when agencies had taken too much control, and when their views were not heard. They reported that agency workers, however, were able to step back when this was pointed out to them.

Community members saw this space as important. As one person summed up,

“My advice to agencies is to listen to residents. Sometimes it takes a while for people to see if they can have their say. You have to be patient and let people step up as they are ready.” Sharon

Agencies being clear about the role of clients involved in community building activities

In the community building activities that contributed to this project, the partnerships between agencies and community members can create some confusion about the roles of people involved. While there was only limited evidence of this occurring in San Remo and Wyoming, it is an issue that must be considered.

When community members who are involved in community building activities, or who are being invited to get involved, are past or current clients of one or more of the agencies involved in that community building, there is a danger that this client role can hinder the process for all concerned.

There must be a clear message from the start of any community building work that community members are local citizens and not clients of a service when they are involved in that community building activity.

This dilemma is one that is often more an issue for agencies who can make assumptions about the participation of people they know as clients. Equally, however, community members can carry this label and the negative implications it may have for them.

Paying attention to creating equal relationships in community building work was a major theme raised by interviewees.

5.4 Measures of Success

One of the issues often raised with regard to the value of community building activity is that it is perceived as difficult to measure in terms of either process or outcomes.

Evidence that emerged from both interviews and observation revealed that participants in the community building activities in both San Remo and Wyoming were able to clearly and consistently identify six outcomes that they expected to see as a result of their work, and that comprised a useful framework for measuring the success of community building activities in general.



1. Community Participation – Sustained and Temporary

Those interviewed expected to be able to map both the level and variety of community participation in community building activities. The range of participation would include a continuum spanning active long term involvement in one or more activities, through to one off attendance at a community event. They expressed concern that all levels and types of participation were essential parts of a successful community building initiative and that it was a balance of these that is the crucial factor.

2. Leadership by Community Members

There was an expectation that, over time, a proportion of community members who had participated in local community building activities would be in formal and informal leadership roles in the community. This may be in the activity in which they had started their involvement, or in an unrelated venture.

A number of those interviewed also expressed a hope that some of these people would be in leadership roles outside the local community.

3. The Community Building Continues When the Project is Over

A key outcome of success for a number of those interviewed was the establishment of a sustained process for local community building activity that took on new projects when old ones ended and looked for ongoing opportunities to include new ideas and new people.

4. Individual Stories of Success or Change

All of those interviewed expressed the view that one of the best ways to measure the success of community building activities was to collect and record the accounts of local people who had experienced a positive change in their life that they attributed to being part of community building activities.

5. Sustained Connections Over Time

Another outcome that was described by those interviewed was the existence of a sustained network of connections between local individuals and groups that allowed them to

work together on projects as well as separately. This network, they argued, could be mapped as a measure of successful community building in their communities.

6. Practical Projects

The final outcome identified by all of those interviewed was the existence of some practical projects that were the result of their work. One of these would be the Community Garden in San Remo, another might be an annual outdoor movie night in Wyoming.

6. Locating Community Building in the Health Care Spectrum

Although both the literature and practice wisdom amongst those engaged in community building activities, and those working in the health care system, has for a long time drawn connections between the broad context of community life and the health of community members, there has been an ongoing tension between the two fields of endeavour.

This tension often manifests itself in adversarial discussions of service provision versus community development, the medical model of health care versus the social model of health, and the role of the client versus that of the citizen.

While these discussions reflect a number of very real differences in approach to health, they can prevent partnerships developing between community building projects and the health system that may be beneficial for both.

Evidence from the interviews and observations that contributed to this project highlighted that there are opportunities for a range of very practical partnerships between health providers and local communities, and that these partnerships rely on a clear definition of the scope and role of each partner.

If health care is viewed as a continuum with prevention at one end and diagnosis/treatment at the other, there is a role of community building activity across the continuum. It has the capacity to play the twofold role of creating opportunities or space to improve health and of creating a social context for health improvement to take place.

For example, in the context of the community building activities being undertaken in the two communities that participated in this project, the negative impacts of social isolation often compounded other health issues experienced by community members. These health issues included depression, drug and alcohol dependency, diabetes, arthritis, and a range of other temporary and chronic conditions.

At the prevention end of the continuum, community building activities in each of these communities was in a position to provide opportunities for people to:

- engage in physical activities such as gardening, walking in the park, even letterbox dropping information about the activities in which they were involved;
- connect with people in their community to build friendships and support networks;
- plan activities with other people that have the capacity to improve their health and that of other people;
- share their experiences and discover, as one interviewee did, that “I’m not the only one in this situation.”

At the treatment end of the continuum, in addition to the opportunities outlined above, community building activities are in a position to:

- open up space for those with chronic conditions, or caring for someone who is chronically ill, to connect with people around an issue other than illness;
- create an informal network of practical support where help can be found in the neighbourhood;
- provide a focus that is outside of home and is based on building relationships across the community.

7. Community Building Model

The Community Building Model that is described here is based on the following:

- the observations made over a period of 12 months in the two communities that took part in this project
- the descriptions of community workers and community members about what was working in local community building efforts
- the ideas, strategies, activities and approaches that had been tried in the communities or were planned for the future
- key themes in the literature about community building activities and processes.

The philosophy that underpins the model is Asset Based Community Development (ABCD). This philosophy holds that strong and healthy communities grow when community members and agencies pay attention to the strengths, assets and capacities in communities rather than the needs and deficits.

The model also recognises the role played by the popular and contested concept of social capital in all community building efforts.

Both ABCD and the role of social capital formed the premise for the community building activities and processes in San Remo and Wyoming.

The model has two components that must work hand in hand in community building activity.

1. A set of principles for community building
2. Tools and processes to assist in undertaking a community building initiative.

7.1 The Principles

These are the guides for anyone interested in understanding or doing community building. They focus on the question: what do I need to remind myself about when I'm involved in community building activities?

They are neither a prescription nor a formula. Their function is to outline the ethics, the theory and the codes of conduct that will create an environment where successful community building projects can thrive.

These principles can be used in any context and with any activity that seeks to build community capacity, participation and local decision making.

The principles are not new or original. They have been distilled from the conversations and observations of community builders in San Remo and Wyoming and from the written experience and reflections of community builders in Australia and overseas.

Principles for Community Building

1. Building strong, equal and flexible relationships is always at the core of community building work.
2. There is no short cut to building relationships and without relationships community building does not exist.
3. Listening by everyone involved at all stages of the work is essential.
4. Local residents have a right to make decisions and determine directions of the communities in which they live.
5. There is a useful role for agencies as catalysts and resources in community building work but they must lead by stepping back.
6. Directions must be driven by community members or they will not participate.
7. The focus of the community building work must be on what community members are motivated to act on.
8. Community members are citizens and not clients in community building work.
9. Practical outcomes in communities go hand in hand with relationships
10. Community building is a slow process – small milestones and successes should be mapped and celebrated.
11. Everyone in the community is needed and has something to contribute
12. Attention to the ebbs and flows of power in a community building group is an ongoing priority.

13. Be aware of the time and resource constraints on all those participating in community building – set expectations at a reasonable level.
14. Change the world by increments – some of these will be noticed and some won't. Reflections on these over time is important.
15. Always celebrate community success – large and small – it is crucial to sustain and grow community building work.
16. Build in ongoing opportunities for increasing numbers of local people to discover and develop skills and leadership.
17. Relationship building between agencies (government and non-government) and between agencies and community is an essential part of the process.



7.2 Tools for Community Building

The second component of the Community Building Model are the tools that can assist in establishing, developing, taking action and evaluating the community building activities we are involved in.

The term 'tool' here refers to processes that question, refine, reflect and evaluate the community building activity we are a part of.

The development of tools tends to lead to the question of who will be using them. The roles played by various participants in a community building activity are intimately related to the appropriate choice and use of tools.

The evidence from this project demonstrates that there are a range of people who can and do act as community builders in a particular community. Members of that community are at the centre in this model but there are often important roles played by a range of others as well. This section of the report outlines some simple tools for general use by all community builders and some specific ones for those with a more specialised role to play.

Tools for Everyone

Clarifying roles

Often the first tool used by anyone involved in community building is to clearly define the roles, relationships and responsibilities of participants in the activity. This is particularly important in relation to leadership. Having a clear idea about the current and possible future drivers of the activity is a crucial first step.

Examples of this can be seen in both San Remo and Wyoming where one or more agencies adopted a leadership role in the first instance in order to bring people together. The clear intention to alter that role over time and create space for community leadership to develop was essential at the outset to ensure that steps were being taken throughout the process to achieve that change.

Discovering and developing local leadership

The three major tools here are

- a. Creating opportunities for community members to take up a range of leadership roles.
- b. Using the things you know about a person's skills, hopes and passions (the things you have learned by having regular listening conversations with them) to connect them with new opportunities that are being created. This listening and connecting can be done by anyone else taking part in the activity.
- c. Supporting people to take on new roles, new tasks and new challenges and to be successful at the ones they have taken on.

Asking questions and reflecting

Three of the most important tools available to anyone wanting to do community building work are asking key questions, listening to the answers and reflecting on how things are going throughout the process.

Here is a checklist that works through some of the key questions that it is helpful to ask and points of reflection so you can make the most of the answers throughout a community building activity or project.

1) The Starting Point

- What is already happening in the community?
- Are we starting something new or joining in something that is already going on?
- How do people currently get information?
- What worked now and why?
- How do we build on existing success?
- What are the strengths and assets in this community that we know about?
- Who could help us find other local strengths?
- What do people care enough about to work on together?
- What do I care enough about to act on?
- Does anyone else want to work on the thing I am interested in?
- Who else should I talk with to find out about what's happening and whether my idea will work?

2) Starting to Work Together

- Are we taking time to listen and talk one-on-one about our skills, ideas, passions, hopes and concerns?
- What will help me listen better to the people I'm working with?
- Have we tried listening and talking in small groups about where our common ground is and what we can do together to make community life better?
- Am I paying attention to building and maintaining long term relationships?
- What are some small practical things we can do together that can build to something more, but are helpful in their own right?

- How can we use what we have to get what we want?

3) The Long and Winding Road

- **How do we act together when we all want different things?**
- There's a lot of history between us. How can we work together? What are the first steps we can agree on?
- How does everyone get listened to? Are we making sure this happens?
- How does everyone have a real say in what happens? What have we put in place to help this process?
- Who are we talking about but not talking to?
- Who is not around the table yet? Who's going to invite them?

4) Everything Old is New Again

- We've been going five years and we're a bit tired. How do we re-energise ourselves? Maybe its time to reflect on what we've achieved and where to next?
- "We did everything we could but it seems like things haven't improved. This community stuff is a waste of time". This is time for reflection. What has been achieved, what do we need to work on? Have we stopped inviting new people to contribute? Let's start with listening and talking one-on-one again and see where it takes us.
- The stuff we've been working on is going well. When do we move on to something new? Maybe we could set up some signals that tell us when to move on.

Every six months it is worth taking time to reflect on progress by:

- Listening and talking one-on-one again
- Listening and talking in small groups again
- Rediscovering relationships
- Getting out and making new contacts
- Celebrating
- Letting go of history

Community members

Community members are the drivers of any sustained community building effort. They may or may not have been the catalyst for kicking

off the effort, but if community members are not setting the directions and making the decisions about local priorities and actions then the community building is likely to fall away when agencies leave the process.

The key components of their role include,

- Community connectors
- Local promoters of the community building activity
- Relationship builders
- Conduits for local information in and out of the community building activity
- Decision makers
- Leaders – formal and informal
- Enthusiasts for the projects and for the process.

Tools for community members are the general tools outlined above. They can provide a map of the progress of your community building project and a way of tracking your experience and that of the group over time.

Community workers

Community workers bring a unique skill set to any community building activity. Like workers from service delivery agencies, this group must ensure that they don't become permanent leaders of a community building activity, as this is always a danger.

Community workers (either from the local neighbourhood centre, youth centre, Council, or non-government organisation) are playing a key support role in the community building activities in San Remo and Wyoming by focusing their work on,

- Resourcing the community to set their own priorities and see them take shape
- Acting as a conduit with funders and government agencies to assist community members in securing resources and support for community building projects
- Asking questions of the group through the process to clarify and open up discussion
- Noticing and pointing out community building opportunities that may go unnoticed otherwise by the group.
- Acting as a community connector

- Sharing the experiences of community building from a broad perspective.

Tools for community workers are also the general tools outlined above. In addition, community workers must pay particular attention to power structures, the way they operate within these structures, and the way others operate, who are part of the community building process.

General Practitioners

In the context of community building for health, General Practitioners (GPs) occupy a unique position in many communities for a number of reasons,

1. They have a high level of one-on-one contact with members of the community who are also their patients.
2. They often have long term relationships with community members that focus on individual health.
3. They are a repository of information about health trends at a grass roots level as a result of their one-on-one contact with community members.
4. They are ideally placed to connect community members who are their patients with local groups, activities and projects because of their relationships.
5. They are often an integral part of the local business community and have relationships and knowledge in this area that may be helpful.

In many ways they are ideally located to be local community builders and community connectors.

There are, however, a number of challenges for GPs in developing this kind of role.

1. The focus of their work on continuous individual consultations leaves little time for them to engage in broader community building activities.
2. Although they are an important contact point for information about grass roots health trends in communities, there is no process for this information to be conveyed to those involved in community building activities. Sharing this kind of information may be of benefit to both GPs and community builders,

but time and an established conduit often prevent this from happening.

3. If a GP lives a great distance from the community in which they are working, these issues become more significant as even the existence of general local knowledge that most people have about their own community must be sought out by the GP. The additional time pressure of travel to and from work seriously limits the capacity of anyone to find time for community building.

The key questions in relation to these dilemmas are:

- What are realistic and useful opportunities for GPs to support, connect with or participate in local community building activities?
- What are the tools that will open up these opportunities?

Tools for Building Relationships with the Local GP

Some useful tools for community builders wanting to develop a relationship with local GPs are outlined below.

- When mapping local strengths and assets, make sure the GP is included on the map.
- Develop a one page fact sheet – this is a useful way of providing concise information to a GP or a Practice Manager about the community building work. It should concentrate on the key questions of what the activity or project is, what are the benefits to patients, what are the benefits to the practice, what level and type of involvement is being sought. The fact sheet is a useful way to get initial information across but should be followed by a short meeting with the GP and the Practice Manager.
- Make an appointment with the GP to ask about health trends in the area. While many GPs may not have time for active involvement in community building activities, they will usually be happy to provide you with valuable information about the health trends they are seeing in their practice. This information may assist in planning new community projects or show you some new opportunities in the ones that are already underway
- Approach the Practice Manager at larger practices to let him or her know about the local community building activity or project

– this is an important first step in building a relationship with that Practice and the GPs who work there. The Practice Manager can be a key resource person in connecting with GPs. You may want to make a time to talk with the GPs at a practice meeting or contact them individually.

- The Division of General Practice can provide both a support and a source of information about building connections with local GPs. As the peak body for GPs, the Division is a good point of contact for both broad issues relating to GPs and can provide useful advice about how to effectively work with GPs in your area on community building projects.

Community Health Workers (nurses and allied health workers)

Like GPs, community health workers, and particularly community nurses, are caught in the dilemma of being in constant one-on-one contact with community members, of often having long term relationships with those community members, of being a repository of an array of information about issues experienced by community members, but of having little or no time to engage in community building or interact with those who are engaged in that work.

Tools for building relationships with this group of workers are similar to those for building relationships with GPs around a community building initiative.

Making time to meet to discuss the community building project, to hear about health trends that they are seeing, and to provide information about the benefits for their work and those they are working with are all useful strategies.

The time constraints on these workers (particularly community nurses) means that it is important to be clear about why you want to build a connection with them and what the expectations are regarding their involvement.

Government Agencies (Housing, Local Government, Police)

In the two communities that participated in the project, government agencies (particularly State and Local) have played an important role in resourcing, co-ordinating and facilitating the community building activities and processes.

This can be most clearly seen in Wyoming where agencies such as the Department of Housing, the Police, Gosford Council and DoCs have played, and in most cases continue to play, a major role in the Wyoming Action Team.

The two significant dangers for these agencies in working with local organisations and residents on community building activities are,

1. There can be an ongoing tension between the processes and objectives of local residents and those of the government agency.
2. Where a government agency is a regulator in a particular community, it can be difficult to move into a community building role. Managing this tension is challenging and it is important that workers in this position are aware of the dilemmas created for the community by this dual role.
3. There can be a tendency for government agencies to assume a permanent leadership position in local community building activities. This may occur because the agency holds funds or other resources for that community building project, it may be historical – ie the agency started in a leadership position because there was no one else to take it on and has never moved from that position, or it may expect to take a leadership position in activities where it participates.

Tools for government agencies – refer to General Tools.

For Evaluation

While it is not within the scope of this project to develop detailed instruments to measure the impact of community building, the six areas identified from the evidence that was collected provide a useful framework for the evaluation of this work in San Remo and Wyoming as well as in other communities.

Should there be resources for this project to continue, the development of these measurement instruments represents an important next step in understanding the role community building plays in a range of areas including health.



8. Community Building for Specific Health Outcomes

The major focus of this project has been on an exploration of community building activities, processes and outcomes in a general sense.

An important question, however, is, how can this community building model be used, if at all, to focus on one or more specific health outcomes.

The evidence from this project certainly points to direct and indirect connections between community building activities and some specific health outcomes related to diabetes, obesity, drug and alcohol and mental health issues.

There are certainly opportunities for community building projects to be intentionally and directly linked with a number of health outcomes.

The key question for any such activity or project is, what is the common ground for community building activity and the health outcome at a local level?

If common ground can be established – that is, it is something the community wants to get involved in and can get involved in, then the community building work begins and the health outcome forms an integral part of that work.

One example is the Sport in the Street/Neighbourhood project that has been successful in Bateau Bay and is planned to begin in Wyoming in the near future. This project has direct links with health outcomes regarding childhood obesity, diabetes and heart disease, but it grew from parents remembering that they used to play sport in the street as kids, but their kids didn't seem to have that opportunity due to safety and other concerns.

Community members in partnership with a number of agencies working in the area set about making a safe place for kids to play sport in the local neighbourhood after school.

The common ground between the community building process and the health outcomes are easily identified.

There may be other health outcomes that health workers are keen to work on with communities,

where the community is not interested. In these cases it is unlikely that a community building approach will be successful.

The starting point has to be what the community would like to work together on.

9. Future Options for Community Building for Healthy Communities on the Central Coast

Possibilities for the future in developing this project further depend largely on the allocation and organisation of resources for that development.

Three scenarios are outlined here that set different courses for the next stage of the project depending on the resources available.

1. High Level of Resources Available to Continue the Project on a Recurrent Basis (\$100,000 or more) per annum

- Establish a system for the collection and analysis of health data at a suburb level on the Central Coast
- Expand the partnership with organisations such as The Benevolent Society and local neighbourhood, youth and community centres, who are actively engaged in community building work in a number of communities on the Central Coast, to monitor and measure the outcomes of community building efforts and their implications across the spectrum of health care.
- Develop and test detailed instruments for measuring the success of community building activities in local communities on the Central Coast. This must be done in partnership with the local communities which participate in the process.

2. Medium Level Resources Available to Progress the Project for 2-4 Years (\$80,000-\$100,000 per year for 2-4 years)

- Continue to work in partnership with the two communities who have participated in the project and with The Benevolent Society's Community Action Program to track the progress of community building activities over the next 2-4 years.
- Approach a further two communities on the Central Coast to take part in the process of tracking the impacts of community building on health and other outcomes for local communities

3. No Additional Resources Available. Continuation of the Project Must Take Place Within Existing Resources

- Investigate the potential of the CDAT approach to community building demonstrated in San Remo and Wyoming for engaging in community building work within a health context
- Provide information to community workers about tools for engagement with GPs and other health workers as part of any community building activity
- Establish conduits for information and relationship building between health workers and local community builders.
- Seek ongoing resources to continue and expand the work begun in this project as outlined in Future Options 1 and 2.

10. Recommendations

Recommendations if Additional Resources are Available

- Develop and implement training for Community and Health Workers about using the Community Building Model developed by the project as part of their work.
- As part of the continuation of the project, work in partnership with participating communities and agencies to actively seek participation from local GPs as part of their ongoing community building efforts.
- Assist communities to work with GPs and frontline health workers to develop practical and achievable pathways for information flow regarding health trends observed at a local level to contribute to community building activities.
- Partnership opportunities be investigated between Central Coast Northern Sydney Health, NSW Health, the University of Newcastle, local government, and other stakeholders to resource and co-ordinate a process for the collection, analysis and use of health data on a suburb-by-suburb basis on the Central Coast. This is essential in order to monitor and measure changes to health outcomes over time as a result of community building activities.
- Longitudinal research should be resourced that includes the development of instruments and measures the success of community building activities and of their links with health and well-being in local communities on the Central Coast, over 10 years.
- Support should continue for the work of the CDATs in San Remo and Wyoming as important local health development structures. With CDATs now the responsibility of NSW Health, their role in improving a broader range of health outcomes should be explored.
- Further development should take place using this CDAT structure (of bringing agencies and community together and providing small amounts of funding for local projects) and the Community Building Model described by the project, with the aim of expanding this work into other communities on the Central Coast.

- Community/neighbourhood/youth centres should be recognised as informal health development structures in local communities and opportunities to develop partnerships and gain resources to expand this role be actively investigated.

Recommendations if No Additional Resources are Available

- Information be disseminated from the project to those engaged in community building activities on the Central Coast. This could be done by providing a CD copy of the Project Report to all attendees and the Central Coast Community Congress 2006, by placing the report on the Congress and NSW Community Builders websites, and by making copies available through key local agencies such as Councils, Neighbourhood Centres and Community Health Centres.
- Work with the Division of GPs to collaborate with GPs who are prepared to champion the benefits of community building for health.

Appendices

Appendix A: Interview Schedule

Questions to community members and workers in San Remo and Wyoming

1. a) Can you describe your community b) how long have you been here? c) how you came to live in this area
2. Tell me the story of this group/project and about how you got involved?
3. What is it about the group and the project that keeps you coming back?
4. In your opinion, what are the best things about the group/project?
5. What have been some of the challenges for you and for the project?
6. Have you seen any changes in your community as a result of this group/project?
7. What are the changes you have noticed?
8. What does living in a healthy community mean to you?
9. What are the most important things for a community to be healthy?
10. a) Do you see any links between your group/ project and improving the health of people in this community? b) (probe) How would you describe those links?
11. If you were talking to your neighbour about this group/project, how would you encourage them to get involved?
12. If you were asked to give some advice to another community about getting a project/group like this going, what are the 3 or 4 most important things they need to know.

Glossary

Community

For this project 'community' is defined as a specific and identifiable geographic locality such as a suburb where people reside.

Community Building/Community Building Activity or Project

Any activity, process or project that seeks to intentionally develop connections between community members, encourage the capacity of community members to make decisions about things that affect them or brings people together to work on a project they support.

To qualify as a community building activity or project, the aim must be to include and not exclude the full range of community members.

Community Builder

A 'community builder' in this report refers to anyone who is involved in local community building activities. They may be a local community member, a community worker or another stakeholder who works in the particular community referred to. They may be paid to do this work or they may be volunteers.

Community Member

For this project community members are defined by whether or not they live in the geographical locality defined above as a community.

Social Capital

The definition of social capital used here is the one developed by Putnam in his study of Italian communities in the north and south of the country. Social capital is defined as,

"Features of social organization, such as trust, norms, and networks, that can improve the efficiency of society by facilitating co-ordinated actions." (Putnam 1993, Ch 6. p.167)

Bibliography

The bibliography is divided into two parts.

- Web-based resources: a range of websites that provide useful information or pathways to information about community building, community health and engaging communities on health topics
- Print resources: Books, reports and journal articles that cover community building, social capital, community building and health and a range of related topics.

All of the resources listed here were used during the course of this project.

Web-based resources

1. www.ccd.net
2. www.scotland.gov.au
3. www.ainc-inac.gc.ca
4. www.cdc.gov/healthyplaces/
5. www.vision2020.Hamilton.ca
6. www.innovationodyssey.com/communityhealth
7. www.healthcarealliances.co.uk
8. www.portphillip.vic.gov.au
9. www.slehc.org/slehc/ProjectWATCH
10. www.newhampct.nhs.uk
11. www.nhs.uk
12. www.communitybuilders.nsw.gov.au
13. www.ehssb.n-i.nhs.uk
14. www.wales.nhs.uk
15. www.wellontheweb.net
16. www.had-online.org.uk
17. www.health.wa.gov.au
18. <http://chetre.med.unsw.edu.au>
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