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Theory and practice of community development: a case study from the United Kingdom.

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ABSTRACT

This paper considers the current concept of community and provides a brief overview of the historical context of British community work with reference to "top-down" and "bottom-up" approaches. The top-down approach has roots in Victorian benevolent paternalism, while the bottom-up approach is associated with radical neighborhood action. Community development is considered in the context of current British government initiatives aimed at addressing social exclusion (1) and health improvement targets. The strategic objectives for these include empowering local communities, developing effective partnerships, working as multi-agencies, and becoming learning organizations. A case study is presented, the ACHIEVE project, a community-based health improvement project in Bournemouth, UK. The conclusion draws attention to the manner in which community development is embodied in the government's attempt to engage in social engineering in economically disadvantaged communities.

Keywords: Community development, health improvement, social exclusion

INTRODUCTION

"Knowledge begins with practice, and theoretical knowledge, which is acquired through practice, must then return to practice."

Mao Tse-Tung

What is Community?

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A critical examination of the theory and practice of community development depends upon an understanding of the concept of community. The evolving sociological debates surrounding the term, community, have been well documented (Black, 1998; Clark, 1983; Fraser, 1987; Pahl, 1966; Stacey, 1969; Thorns, 1976). For instance, Bell and Newby (1971) found that there were 98 definitions of the term. While there is a problem of securing an agreed definition of the term community, Williams (1976) claims that the term is rarely used disparagingly:

"Community can be the warmly persuasive word to describe an existing set of relationships, or the warmly persuasive word to describe an alternative set of relationships. What is most important, perhaps, is that unlike all other terms of social organization (state, nation, society, etc.) it never seems to be used unfavorably, and never to be given any positive opposing or distinguishing term." (Williams, 1976, p. 66).

Thus, other than elucidating the concept through its examination, one operational definition may be that community exists in three broad categories as discussed by Wilmot (1989). One is defined in terms of locality or territory; another as a community of interest or interest group, such as the Black community or Jewish community; and thirdly, a community composed of people sharing a common condition or problem, such as alcohol dependency or cancer, or sharing a common bond like working for the same employer. Although this is a useful categorization, community must remain an essentially contested concept.

The definition of community is important to the theory and practice of community work because, as we will uncover, this classification indicates a theoretical position. One perception of community work is that it takes place in a pluralist society (and, therefore, in pluralist communities). Pluralists argue that membership in local communities, trade unions, voluntary societies, churches, and similar organizations is more important than distinctions between classes. In particular, pluralists attach more importance and emphasis to the vertical distinctions in society compared with horizontal distinctions. From this standpoint, inter-group competition is considered a natural and positive feature. An opposing view sees community work as taking place within communities and in a society that is based upon conflict and on the premise of class structure, inequality, and powerlessness.

Historical Context

British community work has evolved from two main traditions (Pople, 1995). One, which can be described as the top-down approach, is the concern of ruling groups to incorporate and integrate subordinate groups into the dominant ideology in order to ensure their own security and sustainability. Associated with this is an interest to rescue the "deserving" poor, and to

punish and reform those considered undeserving. The other major theme in community work, which can be described as the bottom-up approach, reflects pressure from below or collective community action. Historically, this can be traced back to resistance to the dominant ideology. There are a number of documented struggles within working class communities that attempt to secure improvement in their life chances.

The Top-Down Approach

The top-down community work approach has roots in the early British settlement movement of the Victorian/Edwardian period--late 19th century and early 20th century--which was overlaid with Christian and moral values. Unlike the work of the Charity Organisation Society, which centered on an individual casework approach and was the forerunner of social work, pioneers of the settlement movement argued it was necessary for those who gave charity to become more familiar with the reasons for poverty. As well as observing and attempting to analyze people's experiences, concerned leaders, usually linked to the Anglican Church and universities, established centers (i.e., settlements) in poor neighborhoods and offered educational and recreational opportunities for local communities (Parry and Parry, 1979). Although pre-dating modern community work, the settlements had elements that resonate with contemporary practice, in particular, attempting to enhance the social health of the locality in which they are situated and encouraging the development of responsible leadership. While intervention in working class areas could be considered a response to growing social unrest (Jones, 1976), settlements were in essence an example of benevolent paternalism by socially concerned philanthropists. This theme has recently re-emerged with the establishment of neighborhood renewal and health improvement areas.

In more recent times, local and central government have replaced the church, the universities, and individual bourgeois philanthropists as the key actors in regenerating urban areas. In the UK, "the inner city" has become synonymous with crime, unemployment, poor health, poverty, social dislocation, and inadequate services and facilities. In response, central government and local authorities have sought to implement methods aimed at tackling the resultant problems, claiming to reverse these conditions of inner city areas. In essence, the purpose has been to address social ills without spending considerable sums of public money needed to rebalance a society where poverty and social exclusion are a direct result of the pursuit and maintenance of profit and wealth. The types of projects established include tenant and resident associations, locally based and run cooperatives, parent and young children's groups, youth projects and summer play groups. We will consider examples of these in the case study. A major theme of community work, therefore, is to integrate individuals and groups into mainstream society and to make services and resources more sensitive to their needs, usually in running and organizing the projects.

The Bottom-Up Approach

One of the earliest forms of UK community action occurred in the city of Glasgow in Scotland. During the early part of the 20th century, there were a number of struggles in the city against the Munitions Act and for the campaign demanding a 40-hour work week. In 1915, both working

class and lower middle class communities demonstrated against increases in rents and the lack of attention to the problems of slum housing. Thousands of Glasgow tenants were involved in a rent strike, with protests spreading to other British cities, leading to rent strikes and calls for lower rents and improved housing (Damer, 1980). Working class collective action was also prevalent in the 1920s and 1930s with the growth of the national unemployed workers movement (Hannington, 1967; 1977). Craig (1989) argues that this was the first attempt to link struggles in the home with those in the workplace. In more recent times, examples of community action have been varied and include the squatters' movement, the welfare rights movement, and different forms of resistance against planning and redevelopment. In the last two decades, thousands of people mobilized, protested, and acted against the nuclear arms race, particularly the women's peace movement at Greenham Common in southern England, and in widespread objection to the Poll Tax introduced by the Conservative government in the 1980s (Hoggett and Burns 1992). The role of women, central in the majority of community action, reflects the different experience of community for women and for men (Dominelli 1990). Cornell (1984) has argued that women appear more active in community life and occupy a greater range of communal spaces than men do. For example, whereas many men can derive a sense of community from the local pub, women have wider networks, including schools, shops, and neighbors. The fact that women are key actors in informal community networks has led to the observation by Bornat, et al. (1993), that women are at the front line of negotiations over nurseries, schools, housing, health, and other welfare agencies. Not surprisingly, then, women have also been central in community-based actions to organize, defend, or protest about such services. Similarly, minority ethnic communities have used community work both to confront racism and discrimination and to forge alliances to protect and support cultural, religious, and national groups.

In summary, we see that community work has evolved from, and continues to reflect, two major contradictory and distinct traditions in British society. One is the top-down approach, which was a central aspect of the early settlement movement, and later the initiatives in urban areas including the work of the present Labour government's Social Exclusion Unit. The other theme is the bottom-up community action approach, which tends to be single issue, locally focused attempts by groups to achieve change in policy and practice. Most collective community action consists of relatively small-scale local attempts to negotiate with power holders in this way. A significant text in this area is that by Jacobs (1976) in which he describes how residents, in an area where the houses were due for demolition and clearance in Glasgow, Scotland, organized themselves with the help of outside community activists into an organization to protect their interests. This well-documented account argues that it is possible for community action to challenge local authority housing departments.

Theories of Community Work

While the social sciences identify different concepts of theory, it is taken here to mean generalizations about, and classifications of, the social world. It is a method of linking a set of ideas in order to help us understand a particular issue or set of issues. This network of ideas provides us with a theoretical framework (or conceptual framework). Thomson (2000, p. 22) explains that a theory is "a framework for understanding." A theory differs from a model in that

the latter is what Thomson describes as "an intermediate step in the process of theory building. A model seeks to describe, for example, by mapping a set of interrelationships. This may show how certain factors interrelate but it will not show why they do so--that is where theory comes in." A model is a framework for practice. A useful table of community work models and the theoretical perspectives associated with them can be found in Popple (1995).

The concept of praxis is a helpful one here and, in particular, in the work of Paulo Freire (1970; 1972; 1976; 1985). Working with poverty-stricken South American communities, Freire, who died in 1997, found ways of developing approaches by which people can express their feelings and experiences. In particular, he developed a concept of "education for liberation," where learners and teachers (or community development workers) engage in a process in which abstract and concrete knowledge (theory), together with experience (practice), are integrated as praxis (which can be defined as action intended to alter the social and material world). The fundamental features of this praxis are critical thinking and dialogue (as opposed to discussion) that seek to challenge conventional explanations of everyday life, while at the same time consider the action necessary for the transformation of oppressive conditions.

Several identifiable theories and models help to understand the subtlety and the detail of community work. While there is no single community work theory, the community work literature has been informed by and can be classified into a range of theories of what Curnock and Hardiker (1979) have described in relation to social work as "theories of practice." Briefly, these are formal, written theories derived from sociology, psychology, and political science and can be applied to practice, for example, using the work of Sigmund Freud in psychosocial casework and in some forms of family therapy, or Antonio Gramsci (1971; 1975; 1977; 1978) in community work theories of practice. According to Thomson (2000, p.31), "Theory is a counterbalance to the tendency to rely uncritically on a common sense conception of people and their problems. That is, the use of theory implies a critique of common sense."

We encourage students and practitioners to practice in a critical, systematic manner, informed by theory, and to become reflective practitioners. Traditionally, the community work literature contains a theoretical grounding that is developed from two opposing perspectives outlined above, the top-down and bottom-up approaches.

The consensus approach, viewing agreement as the basis for social life, sees community work as a valuable tool, or practice, to encourage cooperation and cohesion. This pluralist approach has dominated community work theory since the 1960s and is expounded in the writings of, among others, Goetschius (1969; 1975), Thomas (1978; 1980; 1983) and Twelvetrees (1976; 2001). For example, Thomas suggests there are two elements in pluralistic community work, the "distributive" and the "developmental." At the same time, Thomas is skeptical of radical and socialist theories, and of practice that is overtly political (i.e. the bottom-up approach). Instead, Thomas believes that only small-scale change is possible or desirable, and stresses the educational and experimental aspects of the work. The pluralist view (or top-down approach) argues that community work can help contribute to the peaceful management that needs to take place in a capitalist society, without which people feel their lives are insecure and fragmented. Therefore, according to the advocates of the top-down approach, community work has an

important role in fostering stability while playing a part in advancing gradual social change.

The bottom-up approach hinges on the inherent conflicts that exist in society whereby certain groups gain, and hold power and influence, at the expense of others. Community work literature that has focused on this conflict has traditionally examined the relationship between the social classes. It is claimed that the perspective of bottom-up community work holds opportunities to challenge the nature of capitalist relations and to assist those groups that it believes are oppressed to achieve gains. These writers place community work within a struggle for macro change, including many developing ideas that incorporate the experiences of community action and the labor movement. Community work in this approach is about assisting communities, particularly those affected by poverty and insecurity, to develop a strong voice in arguing for different economic and social outcomes than those they presently experience. During the last twenty years, the bottom-up approach has been further developed with a growing community work literature that reflects the view that women and people of color comprise a section of society exploited by more powerful groups.

During the mid 1960s to mid 1970s, community work enjoyed a high profile in the UK. The desire of the British government to address and ameliorate social problems, particularly those in inner city areas, led to a range of schemes and programs, most of which used intervention in communities and neighborhoods as a core component. The role of community work at this time was to stabilize and incorporate sections of the population perceived to be "difficult" and provide support to integrate them into mainstream activity. In this perspective, the "problem" lay within the community, in a similar way to the problem being seen as the individual in case work approaches, which were also popular at the time. A more radical interpretation of the problems of communities was developed by the Community Development Projects (CDPs). These government funded projects, located in 12 "deprived areas" in the UK, intended to assist people to use the provisions of the welfare state more constructively and to reduce dependence on these services by stimulating community change (Mayo 1980). However, the workers and researchers employed on the CDPs rejected the community pathology model of poverty that argued that people in disadvantaged areas failed to compete in the market place because of internal community or personal problems rather than external structural inequalities. Instead, the CDP workers produced a radical critique, demonstrating the structural basis of poverty that was perpetuated by economic, political, and social structures, creating an unequal distribution of resources and power throughout society. The continued existence of deprived areas was essential for the continuance of capitalism. In other words, structural inequalities were the root cause of poverty and an integral and fundamental aspect of capitalism.

Because of this external perspective, community work has been identified as controversial and problematic, as well as a useful practice for tackling social problems. This tension is constantly played out in the British community work field and cannot be ignored when examining aspects of practice.

Community Development

Community development has a long history in the UK, concerned primarily with assisting groups

to acquire the skills and confidence to improve the lives of their members. With its emphasis on promoting self-help by the means of education, this model is thought to reflect the "uniqueness of community work" (Twelvetrees, 1991, p. 98).

The community development model, which was championed in North America in the early 1960s by Biddle and Biddle (1965), evolved in Britain from the work initiated by Batten (1957; 1962; 1965; 1967), initially derived from his experiences when working in the British colonies. British administrators used this model of community work as a tool overseas to harness the local communities into colonial domination. The rationale for the model used by the British Colonial Office can be seen in HMSO (1954), while a similar notion is given in the United Nations statement on community development in developing countries (United Nations, 1959, p. 1). The use of the community development model in developing countries has been criticized by Ng (1988), who documents how the model was used in the colonies to integrate black people into subordinate positions within the dominant colonizing system. Ng believes that such an approach has no relevance to the real needs and requirements of underdeveloped areas.

The experience of community development in Britain has been characterized by work at the neighborhood level and, as noted earlier, has focused upon a process whereby community groups are encouraged to articulate their problems and needs. The expectation is that this will lead to collective action in the determination and meeting of their needs.

Recent Policy Developments

Community development is enjoying a revival. It is heavily promoted by the British central government for meeting its social exclusion and health improvement targets, and is a central feature of health and social care policies. Within a few months of coming to power in 1997, the British New Labour government launched the Social Exclusion Unit, consisting of a group of civil servants and independent advisors, to analyze and report on problems in the 1,300 poorest neighborhoods. The first report attacked the way in which the previous (Conservative) government had failed these neighborhoods, as not enough emphasis had been placed on the communities themselves. The policy action teams set up formed the basis of the national strategy for neighborhood renewal launched in January 2001. Funded by central government, this strategy is intended to tackle poverty in 88 areas through local strategic partnerships, greater involvement of local communities, and neighborhood management schemes. A series of targets have been set, across government departments, to improve the figures on employment, health, education, crime, and the physical environment. It is in the initiatives that the term "joined up thinking" is frequently used, as success will depend on the breaking down of traditional boundaries in central and local government in relation to the delivery of services. Health Action Zones were established in 1998 to develop new ways of working and to tackle inequalities in health in the poorest areas of the country through health and social care modernization programs. These projects are expected to be "trailblazers," pioneering innovative approaches to reducing health inequalities and developing services that are more responsive. The strategic objectives include empowering local communities, developing effective partnerships, multi-agency working and becoming learning organizations--themes familiar in the literature and practice of community work and community development.

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The present interest in developing responses at a neighborhood level is reminiscent of the work of the CDP's that focused on disadvantaged areas. The difference now is that the Neighbourhood Renewal schemes and Health Action Zones are similar in their approach and are driven by clearly prescribed policy objectives from central government. This tactic will prevent any reemergence of the radical critique, an area of ideology not ascribed to or welcomed by the New Labour government. New Labour's approach implies that individuals should be responsible for their present dilemmas, when in reality there is a macro explanation for these inequalities that is not in the government's interest to admit to.

CASE STUDY: THE ACHIEVE PROJECT

(Academic Centre for Health Improvement and Evidence of Effectiveness)

Bournemouth University's Institute of Health and Community Studies, Bournemouth Primary Care Trust, and Bournemouth Borough Council have been developing a new partnership to focus on health improvement in three local neighborhoods. The Department of Health publication, Our Healthier Nation--A Contract for Health (Department of Health, 1998), provides a frame of reference for the project, through its proposal for a new third way--a contract between the government, local communities, and individuals "to improve all our health." Parallel to this, the government's Social Exclusion Unit is concerned with neighborhood renewal and management. The publication, Our Healthier Nation, refers to a new public health workforce bridging traditional professional boundaries and responding to the needs of local communities. It is expected that agencies will work together in partnership and will collaborate on projects to improve health, while acknowledging the multi-dimensional nature of health. The government considers that health is not only an individual issue but also an issue for communities and the nation as a whole. The focus of the term health is very broad and includes social factors, with the term community development used frequently in Department of Health publications. It is widely acknowledged that people in the poorest areas suffer poor health because of a range of adverse factors, including unemployment, poor housing, pollution, crime, and lack of local services and amenities.

Bournemouth Health Action Area was established, as part of Dorset Health Authority's Health Improvement Plan for Bournemouth, to tackle poverty and to reduce inequalities in access to health services. Health services are exploring new ways of working in partnerships with other local statutory agencies (social services, education services, youth services, law enforcement), businesses and industry, schools, voluntary organizations, and local people.

Bournemouth, a large seaside town on the south coast of England, is normally considered an attractive, affluent holiday destination, and a desirable place to live and work. However, there are areas of poverty not usually seen by visitors.

According to the Department of the Environment Index of Local Conditions, Boscombe, one of the local areas within Bournemouth, is the 52nd poorest area in Britain, out of 8,604. It is an area with a high proportion of young adults, a higher than average elderly population (24

percent over the age of 65--compared to 16 percent for England and Wales), high unemployment (17.7 percent), with about 12-15 percent of the population living in houses occupied by more than one family. The 1991 census figures show that 25 percent of all households moved in the year before the survey--compared to a national average of nine percent. Local medical offices report that every year between 25 and 40 percent of the people registered for non-emergency health care leave the area, and that an equivalent amount of new patients come in. This affects the social cohesion of the community (Healthworks, 1999).

The ACHIEVE project focuses on health improvement through "empowerment, community development, and social inclusion." The work undertaken involves the local community, professionals, and academics, and combines research, education, and practice development themes. The project involves local residents, community groups, and voluntary organizations. It is facilitated by joint appointments between the university and local statutory organizations. These are innovative new partnerships and demonstrate how joint working can be of direct benefit to residents, practitioners, academics, and students. Practice placements for nursing and social work have been provided by the project in local communities, encouraging inter-professional learning in a non-traditional setting. Learning networks have been established to provide opportunities to reflect on learning and practice and to promote better understanding between health and social care practitioners, academics, and students. In addition, work undertaken has provided opportunities for local residents to gain work experience and vocational qualifications, and for continuing professional development and postgraduate research. Findings are being disseminated through conferences, articles, and the local media, and the learning from the project is reflected in curriculum development initiatives.

In the Boscombe area, the project team comprises a project co-coordinator, who is a health professional (jointly funded by the Health Authority and Bournemouth University), residents, volunteers, and staff from statutory, voluntary, and private organizations. The target areas for improvement include mental health, family health, the needs of children and "at-risk" young people and adults, and coronary heart disease. Three themes emerged from consultation events with the local community aimed at identifying the health-related issues and concerns of local people: improved access to more nutritional meals; improved access to information, advice and support; and improved access to opportunities for affordable physical activity. Local residents now lead a low-cost exercise class with childcare facilities; they have trained as exercise instructors with financial support from the ACHIEVE project and are supported by local residents in an administrative role. The social services department provides trained childcare staff. A lunch club has been developed, supported by a chef, to provide opportunities for families to prepare, cook, and eat a healthy budget meal together, using minimum facilities. Social workers, health visitors, and a local lawyer take part in this effort. The mealtime discussion provides a forum for sharing knowledge and advice on a range of themes, including food allergies and temper tantrums, in a supportive and informal setting. Statutory and charitable organizations provided grants to refurbish the kitchen and purchase equipment.

A funding application for a Healthy Living Centre has been submitted to extend these initiatives to a greater proportion of the community, by developing further the OASIS initiative (One-stop Access to Support and Information Services) that provides information, advice, and advocacy

services. The National Lottery funds Healthy Living Centres, which are community-based health related projects. They are intended to tackle poverty, mental health, and poor access to services, with a focus on the psychological dimensions of health to try to "build the self-confidence, self-esteem and self-reliance, which is [sic] the bedrock of good health" (Tessa Jowell, Minister for Public Health, April 1998).

In West Howe, another disadvantaged area in Bournemouth, the project co-coordinator is also a health professional, supported by a further jointly-funded post between the university and the Health Authority. West Howe has been successful in attracting funding for a Sure Start project. The national government invested [pounds sterling]830 million over five years in 500 Sure Start projects throughout the UK. These projects are considered to be the cornerstone of the drive to tackle child poverty and social exclusion by "improving the health and well-being of families and children before and from birth, so children are ready to flourish when they go to school" (Sure Start Unit). There are four objectives: improving social and emotional development, improving health, improving children's ability to learn, and strengthening families and communities. For example, targets include reducing the number of children under the age of three on the Child Protection Register; decreasing the number of children under the age of three living in households in which no one is working; enabling children to have access to play and learning opportunities; and reducing the numbers of children admitted to hospital emergency rooms with severe injury or respiratory problems. These examples illustrate the commonly used phrase, "joined up thinking" whereby policies involve more than one central government department. A research team from Bournemouth University is currently undertaking the formal evaluation of the project.

In addition to the Sure Start project, the "community shop," staffed by volunteers who are undertaking vocational qualifications, serves as a focus for information and advice. A credit union (a financial cooperative, owned and democratically controlled by its members and run solely for the benefit of the members) has been established to enable local residents to have access to financial services, such as savings and affordable loans. Summer playgroups, parenting groups, and smoking cessation groups have been organized to address local needs, and are staffed by local residents. The parenting group focuses on managing aggressive behavior in children, with input from a psychologist, and parents have requested basic math and English programs. A youth advisory drop-in center has been established which includes a health clinic, and the new Connexions (2) service for young people has a base there.

Working across professional boundaries and departments, community involvement, new partnerships, and education initiatives are all demonstrated in this project, with nursing and social work practice placement opportunities being developed to enable theory and practice links to be directly made.

CONCLUSION

Our earlier discussion identified the development of community work as emerging from and reflecting one of two perspectives: the top-down approach and the bottom-up approach. There is clear evidence of the top-down approach in operation in the neighborhoods described in the

case study. Central government has an interest in responding to the needs of the poorest communities with projects that involve local people, such as the innovative projects in Boscombe and West Howe.

It has been argued that although New Labour has articulated the need for equal opportunities and community involvement, it has little to say about the redistribution of wealth and income in the UK and local communities. Figures released by the government indicate that, although they have slowed the growth in poverty with measures such as the New Deal for Single Parents, the Working Families Tax Credit, and a statutory minimum wage, the reality is that the wealthier have become richer (McLaughlin, 2001). In this respect, it can be said that the new Social Exclusion initiatives and the developments to improve public health are cynical attempts to divert attention away from the underlying political, economic, and social problems faced by people living in poor communities. Policies are focused on the personal and local at the expense of policies that would lead to a radical overhaul of structural inequalities.

However, although we can identify and analyze the agenda that is being set by New Labour, the essential inadequacies of this approach and the nature of its concessionary implementation (i.e., a Labour government must appear to tackle the problems of the poor), it is possible to take heart from the results of the studies we have presented.

The key feature of the projects is that people "own" the work that takes place in their neighborhood and develop systems that strengthen and locate responsibility and control with individuals and groups. This arrangement may appear to underline the way in which the government is relocating the solutions for the problems with the neighborhoods themselves and emphasis on the need for communities to "pull their socks up." This is part of the government's "Third Way" in which communities and voluntary organizations take on roles previously occupied by local authorities. Our concern is that these schemes may have the potential to exploit local people and to undermine local authorities and their workforces. Local people appear to be vulnerable to exploitation and to lack empowerment because of the targets they are expected to meet in order to maintain their income stream. This burden is compounded by the problems associated with short-term funding and the inability of communities to sustain the projects beyond the initial start-up period.

Despite these concerns, we cannot overlook the fact that there are examples, sometimes small in nature, which indicate that some individuals have benefited from the projects located in their neighborhoods. For example, we came across a woman who had been living in a women's shelter and who described herself as having "no self-esteem" and "unfit physically and emotionally." This same woman joined an exercise class set up by a funded project, and she now runs the class having become a trained instructor. In this sense, the woman has enjoyed a degree of "liberation" from the difficulties that shackled her previous life. However, although this woman's self-esteem and self-image have greatly improved, she remains excluded from good quality housing and well-paid employment, the two main features, together with good education, that determine people's life chances.

This highlights the inherent problems with the top-down pluralist approach in which the

developmental and educational elements are emphasized at the expense of an attempt to radically refigure the arrangements that entrap people in poverty. A more radical and systemic bottom-up approach would ask searching questions about the social security system, in particular the "poverty trap," and about the availability of local, secure, well-paid employment supported by affordable childcare and good public transport. Economic regeneration, alongside innovative community projects, which encourage participation and cohesiveness, is more likely to provide longer-term improvements in quality of life for the woman in the case study and for thousands of others living in difficult economic circumstances.

New Labour has begun to tackle these issues, and their social agenda is considerably more progressive than their Conservative predecessors. However, the present government is wedded to a view that individuals must adapt to modern notions of citizenship, which are paternalistic in nature and whereby their choices are limited by a focus on outcomes and performance criteria. New Labour is primarily engaged in a form of social engineering in which regulations and enforcement determine the scope of the gains that can be made by implementing new policies.

There is a real concern that community development is being used to redirect the energies of local people into volunteering and into low-paid, short-term social and community projects--in accordance with pluralist models rather than radical-conflict models--in order to divert them from critically analyzing and challenging New Labour policies for local communities.

NOTES

1. Social exclusion, as defined in Britain by the Social Exclusion Unit, Office of the Prime Minister, is "a shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, bad health and family breakdown."

2. Connexions is a government funded agency that provides young people with support, information, advice and guidance on issues including drug misuse, finance, education and employment.

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