



GUIDE: An Introduction to Community Development

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Purpose of Resource

The purpose of this resource is to provide learners with basic information on the principles of community development and capacity building to support the planning, development and implementation of population health initiatives and programs.

Trainers may choose to provide this resource as additional supplementary information to support learners understanding of community development principles and frameworks and completion of relevant assessments.

Units of Competency

This resource supports learning and completion of assessments for the following units of competency:

- HLTPOP503C Plan a population health project
- HLTPOP505C Build capacity to promote health
- CHCCD619B Establish and maintain community, government and business partnerships

Acknowledgement

This resource has been adapted from a range of existing resources of which have been referenced at the end of this guide.

What is a Community Development?

Community development is a conceptual approach to build active and sustainable communities in order to enhance community social, economic and environmental objectives. In other words, community development is about community members taking the lead and deciding how they want their community to be and how to make it a better place.

Community Development is about Community Members Taking the Lead

It is a blend of 'bottom up' action that is driven by community. It is about removing the barriers that prevent people from participating in issues that affect their lives.

Community development improves the ability of communities to collectively make better decisions about the use of resources such as infrastructure, labour and knowledge.

A community development approach can be applied to many different areas including health, education, employment, enterprise development, infrastructure and town planning.



What Community Development is Not

To ensure that the concept of community development is fully understood, it is important to understand what community development is not. Community Development is not:

- a shopping list whereby communities simply set out all the things they want or need;
- a grant scheme where individuals, organisations and communities apply for royalty or rent monies;
- communities making decisions about what they want and organisations going off and making it happen for them, thus building dependence;
- expecting communities to have all the answers and to solve their problems without additional information, support and resources;
- working with community leaders and allowing them to make all the decisions to the exclusion of other less powerful community members; or
- a quick way of making things happen or solving problems.

Why Does Community Development Matter?

International evidence and examples of community development show that projects are most effective when they involve the local community they seek to benefit in all aspects of project design and implementation.

There are many benefits for using a community development approach including:

- **Developing effective and sustainable initiatives** - Active participation of community members in identifying issues and using their local knowledge, skills and experience to develop initiatives to address them means that these initiatives are more likely to be locally appropriate, effective and sustainable.
- **Building community capacity** - By participating in all steps of the process and collectively owning and implementing solutions, community members build their skills, knowledge and experience which helps them to tackle other issues.
- **Increasing community cohesion** - Working together increases community cohesion as people become aware that they face common issues and work together to address them.
- **Empowerment** - Community development builds stronger and more self-reliant communities that are better able to identify priorities and meet needs and therefore have greater control over their lives, communities and futures.
- **Multiplying health gains** - A focus on community development increases likelihood that other people and organisations within health and other sectors will also be able to promote health. This will multiply health gains many times over.
- **Visibility** - A focus on capacity building increases the recognition given to the diverse efforts of practitioners working with others to take on and sustain programs.
- **Responsive systems** – Community Development involves a focus on the processes that support change within and between organisations. It leads to systems which value critical problem solving and leadership across organisations. Responsive systems are more likely to work in partnership to address health challenges.
- **Addresses inequity** – Community development is promoted across government as a mechanism for addressing inequity and building stronger communities through increasing community participation.
- **Unifying theme** – Community development is not owned by any one sector and therefore provides a unifying theme under which government departments and other organisations can work together to address inequities.
- **Reorientation of health services** – This is one of the main strategies in the Ottawa Charter for Health Promotion. The message is that along with treating ill health, health services need also to take greater responsibility for improving the health of the communities they serve.

Community Development Principles

There is no set process for community development. However there are a number of key principles that guide a successful and effective community development process as follows:

Respect and value pre-existing capacities

Effective community development allows for exchange of expertise between groups. It is important to identify pre-existing skills, structures, partnerships and resources and work

with, and respect these. In addition, programs that are integrated into existing structures and processes are more likely to be sustained.

Develop Trust

The notion of trust is imperative to effective community development. Community development is underpinned by trust and respect, and lack of these qualities is often why so many good initiatives have failed.

Be responsive to context

Context refers to the range of physical, economic, political, organisational and cultural environments within which a program sits. Context can have a negative or positive impact on a program and is ever changing. Community development practitioners need to be aware of the current context and be ready to respond to changes in context.

Avoid pre-packaged ideas and strategies

Community development is an approach rather than a set of pre-determined activities. Community development involves approaching each situation separately to identify pre-existing capacities and develop strategies relevant to the organisation or the program at that particular time and place.

Develop well planned and integrated strategies

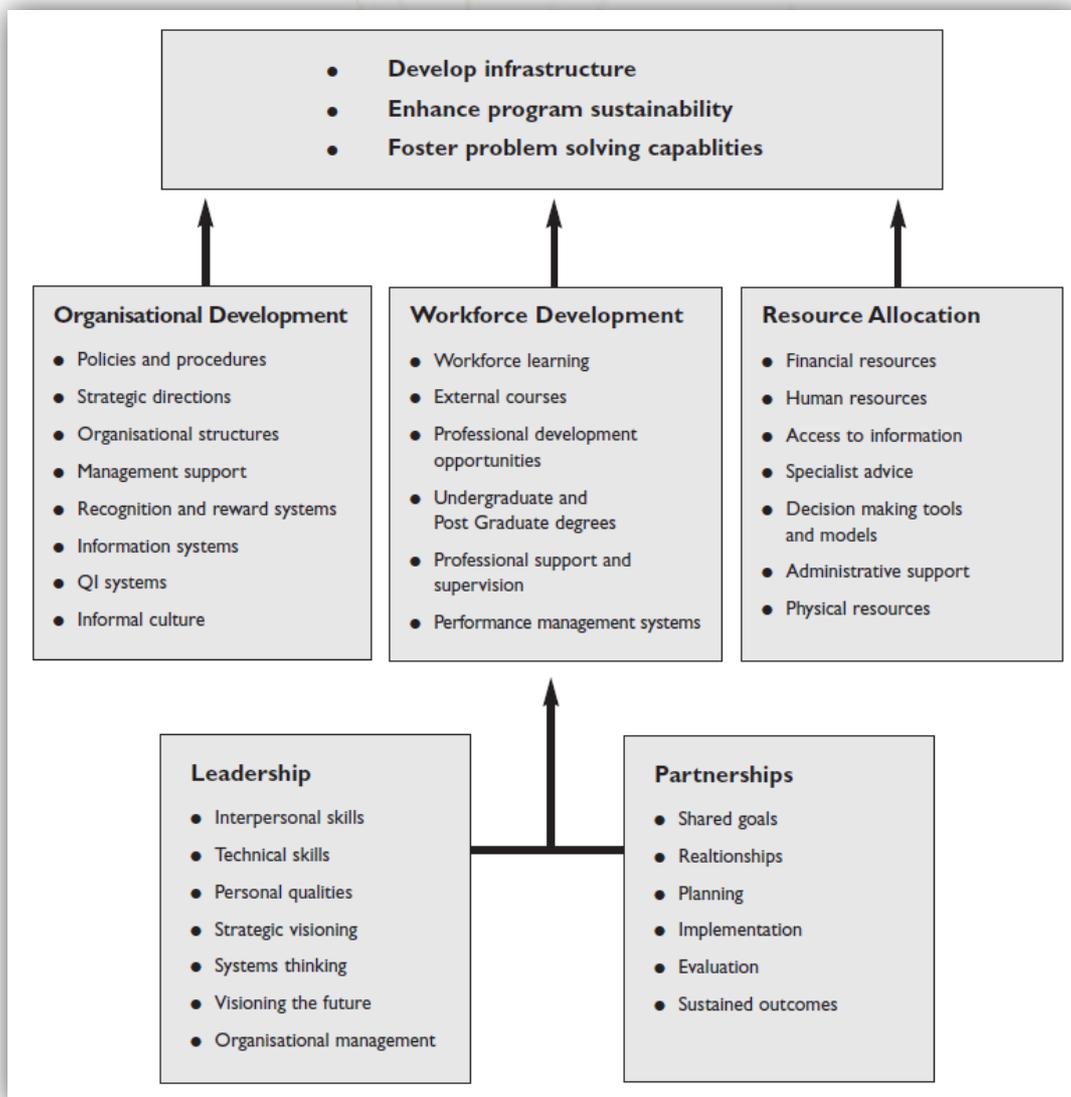
Capacity building needs to work at multiple levels including individuals, groups and across organisations and use a combination of strategies from the action areas of organisational development, workforce development, resource allocation, partnerships and leadership.

A Strategic Framework for Community Development

Successful community development needs to focus on the following key action areas:

- Organisational development
- Workforce development
- Resource allocation
- Partnerships
- Leadership

The following diagram provides a summary of each of the components of a community development framework and suggests strategies for building capacity within each of them.



Source: NSW Health 2001, *A Framework for Building Capacity to Improve Health*, NSW Health Department, Gladesville, NSW.

Organisational Development

Organisational development is about ensuring that structures, systems, policies, procedures and practices of an organisation reflect its purpose, role, values and objectives and ensure that change is managed effectively. Building capacity of an organisation to improve health is a complex task.

There are a number of elements that need to be considered in progressing organisational development and change:

- **Environmental context** - external factors impacting on the organisations ability to contribute to the program.
- **Goals** - what the organisation wants to achieve, with who, and for whom.
- **Roles** - whose job is what to enable the organisation to achieve its goal.
- **Organisational structures, systems and procedures** - the way people are supported to fulfil their roles.
- **Relationships** - individuals ability to get along and respect each other.

Some examples of organisational development strategies are as follows:

- Development of policies and strategic plans.
- Organisational management structures.
- Management support and commitment.
- Rewards and recognition systems.
- Quality improvement systems.

Workforce Development

A workforce can refer to both a paid and unpaid workforce within organisations and communities. Workforce development is a process initiated within organisations and communities in response to the identified strategic priorities to ensure that people have the abilities and commitment to contribute to organisational and community goals.

Some examples of workforce development strategies are as follows:

- On the job learning.
- Professional development.
- Opportunities for undergraduate and post-graduate studies.
- Performance management systems.

Resource Allocation

Resources are those things needed to support a program including people, physical space, and administrative support, planning tools, financial support and in-kind commitment from other organisations or groups.

Examples of strategies to enhance resource allocation might include:

- Lobbying or applying for funding grants.
- Establishment of core positions to support the program.
- Ensuring access to expertise when required.

Leadership

Within a community development approach, organisations are seeking to foster the characteristics of leadership within programs and across organisations, by developing and building leadership qualities in themselves and others.

Some examples of strategies to build leadership might include:

- Fostering a personal growth and learning environment.
- Developing strategic thinking and planning skills.
- Promote an environment that is creative, innovative and solutions focussed.

Partnerships

The development of effective partnerships to address health problems is important because many of the determinants of health are outside the realm of health services. Partnerships are about capitalising on each organisations unique strengths to work together to achieve shared goals.

Examples of strategies to build partnerships might include:

- Identify appropriate partners / services that have shared goals and objectives with the resources and people necessary to implement initiatives.
- Invest time to build partnerships and trust between organisations.
- Ensure measurable project outcomes are meaningful to all partners involved.

Asset Based Community Development Model

There are many different frameworks for building community capacity however one of the most commonly used frameworks is the Asset Base Community Development (ABCD) model. The ABCD is a well developed concept and approach to community development that has been put into practice extensively in the United States. ABCD is a community development tool that focuses on identifying and using the assets, talents and strengths in the community rather than emphasising the problems, needs and deficits. Focusing on the positive assets will help build the community, giving residents hope and a positive vision for themselves.

It recognises that everyone in the community (including individuals, organisations and businesses) has skills, abilities, talents and experience that they can use in order to make their community a better place to live. Additionally every community has natural resources of space and physical resources.

A strong community is built upon identifying and then mobilising its assets.

The ABCD model has three key dimensions:

- Discovering and mapping local assets- a systematic process of identifying and detailing resources and strengths in the community.
 - Talents, skills and knowledge of people
 - Strengths, resources and new capacities in our community associations, institutions and businesses

- Connecting these assets to work together.
 - Connections between people
 - Building relationships
 - Linking people and their knowledge and skills to community projects
 - Creating or enhancing relationships between community projects and activities
 - Ideas, solutions and opportunities
- Creating opportunities for these assets to be productive and powerful together.
 - Take personal action and find shared interests for action with others
 - Form strong relationships and partnerships
 - Solve problems and see new opportunities
 - Use what we know to bring in more resources
 - Invite others to join in
 - Create opportunities for the future

There is no one correct model for running an asset based community development process. Each community is unique and may progress in different ways and using different time frames.

The process is basically about answering the following questions:

- Who are we?
- What do we have?
- What do we want?
- How do we get it?

To find out and more information and to get started, visit the Asset Based Community Development Institute via <http://www.abcdinstitute.org>

Evaluation and Dissemination of Learnings

Evaluation and dissemination are about learning from practice and sharing this with others. Sharing the findings with the community is fundamental in the development process, because of the role they can play in empowering communities and contributing to social change.

Community development has clear goals and measurable outcomes. These goals and outcomes should be evaluated and the learnings should be shared widely. Evaluation helps to assess the effectiveness of community development projects and why they are or are not successful. Evaluation should occur from the beginning of a project and should be a continuous process so that the learnings can inform future planning and development.

Evaluation of community development projects should:

- be a continuous process which is a tool to assist ongoing planning and development

- involve all 'stakeholders' and help to answer the questions which are significant to them.
- be imaginative and creative, enabling and encouraging all involved to fully participate.
- be part of accountability to the wider community.
- highlight and celebrate successes and achievements as well as exploring weaknesses and difficulties.
- have sufficient resources allocated (including time and money) to be effective.
- have planned processes for disseminating what has been learnt both within communities and more widely.

Community Development Case Studies

Case Study 1: Aboriginal Activity Day Program

Older Aboriginal people living in the Riverland were not accessing mainstream day care activities, as they perceived these services to be inappropriate to their needs. The lack of access to services by this group contributed to their social isolation, and was likely to be affecting their overall health. Evidence shows that for a program to be successful in an Aboriginal community, community members should drive it. The involvement of Aboriginal Elders in the planning not only ensures that the program is culturally appropriate, but also provides them with the sense of ownership and contributes to the sustainability of the program.

A program of regular activities and outings for older Aboriginal people, based on their input and assisted by Aboriginal staff, has been established in the Riverland region of South Australia. The objectives of the Aboriginal Day Activity program are to provide a holistic approach that is culturally appropriate, as well as:

- Promotes good health and wellbeing.
- Develops supportive networks.
- Improves nutrition.
- Teaches budgeting and diabetic meal preparation.
- Provides a vehicle for social interaction and activities.

The program targets older Aboriginal people who reside in the Riverland region and who are eligible for Aboriginal Home and Community Care (HACC). The people involved in this initiative include the Riverland Regional Health Services Day Activity Coordinator, Aboriginal HACC workers, the Community Services Coordinator and local Aboriginal Elders.

As an initial step, the planners developed a questionnaire that was distributed to existing Aboriginal HACC clients and older Aboriginal people, asking if they would like to attend an Aboriginal Day Activity Program. Aboriginal HACC workers supported their community to answer questions and helped the older Aboriginal people complete the questionnaire. A planning day was then held to develop a program, utilising the positive feedback from the

questionnaire. The program was set up to include regular outings and existing day activity facilities were used for in-centre activities. Transport was provided for all participants.

The program has not yet been formally evaluated, however, most indicators show that it is achieving its objectives. For example, the number of participants and outings is growing; outings were being held once a month when the program started, however they are now held at least twice a month. The regular outings work well, particularly fishing and going out for lunch. The women also enjoy craft activities that are non-traditional to them, such as 'mod podge' (coupage / bricolage) and teddy bear making.

It has been an achievement to conduct a successful and ongoing Aboriginal Day Activity Program. It was recognised that employing Aboriginal staff is important in implementing a program such as this. The staff help make clients feel comfortable and maintain the culturally appropriate quality of the program. Initially it was thought that clients could contribute a small amount of money towards their meals, however this was not the case. A planned interstate shopping trip was not successful, also for financial reasons. Recurrent HACC funding and acceptance of the program by Aboriginal clients will sustain the Aboriginal Day Activity Program. Social outings and overnight trips are already planned for the future and the number of participants is increasing.

This program has a lot of potential and can easily be adapted and implemented in other regions with similar Indigenous populations and under similar conditions.

Source: Department of Health 2006, Towards a Fairer Society: Community Case Studies.
Adelaide: DH (SA).

Case Study 2: Eat Well Outback SA

In 1999 a study titled *Eat Well SA: Food Supply in Rural SA* investigated the cost, quality and variety of food supply in shops in rural and remote parts of South Australia (SA). The study found that people living outside of Adelaide and large rural centres generally paid more for food and had fewer fresh food choices. This was particularly evident in the smallest towns, the most remote locations, the most socioeconomically disadvantaged areas and places where there were no large shops. In addition, people in some remote areas needed to shop on or near the day of delivery in order to obtain good quality produce.

The project undertook a wide range of strategies to address issues of supply, access and food quality in rural and remote SA. It was based upon the concept of developing community capacity within community groups, schools, stores and health services. The project was funded for three years in 2001-2004 by a Federal Department of Health and Ageing grant as part of the National Child Nutrition Program.

The aim of Eat Well Outback SA (EWOSA) was to improve food supply and access in rural and remote SA. The project had five specific objectives, namely to:

- Increase community awareness and involvement in improving access to healthy food
- Advocate for the development of policies that address community identified issues concerning the lack of consumption of a healthy diet
- Collaborate with stakeholders to facilitate improvement of country freight logistics
- Facilitate the delivery of training to retailers in the region, and the adoption of effective store policies, through the development and provision of a Healthy Outback Stores manual
- Facilitate the delivery of education programs encouraging a healthy diet.

The project targeted people living in remote communities in the northern and far-western region of the State, particularly stores, Aboriginal communities and schools in these areas. The project partners included the Northern and Far Western Regional Health Service and the Women's & Children's Hospital, with support from the Spencer Gulf Rural Health School. In addition, the following stakeholders were involved in planning and steering the project:

- Department of Health (DH)
- Department of Education and Children's Services
- Pika Wiya Health Service
- Transport Planning Agency
- Transport SA Spencer Institute of TAFE
- Australian Competition and Consumer Commission
- State Retailers Association of SA
- Whyalla City Council
- Whyalla Community Health, Whyalla Hospital and Health Service
- Remote and Isolated Children's Exercise

- Coober Pedy Area School
- Ceduna Area School.

The first step was to establish a Project Advisory Group consisting of relevant stakeholders. An experienced Project Officer was employed to liaise with existing community groups and to provide information to the community through a series of targeted presentations. The Project Officer was able to identify and recruit stakeholders from within the Indigenous community, and to establish partnerships with schools, retailers and health workers. Input was also sought for the development of food safety training programs for outback communities. The Project Officer promoted the project through conferences, publications and the media.

Transport SA's Transport Planning Agency was approached to discuss the implementation of recommendations from the Country Freight Improvement Study and other freight transport activities. Relevant retailer freight data was offered to the Transport Planning Agency for this purpose. The Project Officer also liaised with professional bodies who could identify training needs and help in the development of a manual to support outback stores. Contact was made with IGA retailers for further input. A list of appropriate resources was then developed, compiled and adapted for inclusion in the Healthy Outback Stores. Ongoing contact was established with store stakeholders through the provision of the Healthy Outback Stores manual. The manual was sent to 19 retailers engaged in EWOSA, and they were also given information about local community initiatives so that linkages could be formed at a local level.

Schools and communities were invited to identify needs or gaps in existing education programs that could be addressed by the project. Specific food needs were also identified through liaison with regional dietitians, the Pika Wiya Aboriginal Health Service, the DH, local health workers and local retailers. Partnerships were formed to collate and provide the materials and resources to schools, in order to meet these needs. In addition, an existing program called 'Creating a Stir' was adapted and extended in order to meet the needs of the outback communities. Representatives from ten rural schools were engaged in the project, and each school subsequently received an EWOSA Nutrition and Education Resource Kit.

These strategies were based on a health promotion model of:

- Building supportive environments
- Using multiple strategies to address a complex issue
- Working collaboratively with organisations and community groups
- Building capacity in communities through schools
- Involving a wide range of sectors to address social and economic determinants of health.

Qualitative evaluation of the project was conducted by the Spencer Gulf Rural Health School in 2004. This identified some important outcomes, including demonstrable improvement in stakeholder knowledge and awareness of nutrition/food issues in the rural

and remote areas involved. There was an increasing sense of community ownership of the aims of the project, and useful collaborative partnerships emerged between service providers, agencies and the community.

Progress is being made in the supply and availability of healthy foods in rural areas through the involvement of transport personnel. The adoption of primary health care working practices has successfully been encouraged among regional dietitians. Consultation and engagement with rural and Indigenous communities has also meant that people living in the rural communities have gained knowledge, awareness and skills to make healthy food choices. A suitable range of targeted educational resources is now available to them.

It was widely asserted amongst the stakeholders that the project constituted a practical attempt to facilitate an integrated intersectoral and inclusive response to a multifaceted and profound health and equity issue. All of the agencies involved were viewed as essential components in identifying and successfully addressing the problems of improving healthy food supply and access in rural and remote SA.

Limited mechanisms are in place to support the project's sustainability (notably with regard to the compiled resources, their development and wider dissemination). Ongoing activities include continuing relationships and coordinating mechanisms among the project partners. However, the need for similar ongoing activity in this area, and for someone with the skills of the Project Officer to be conducting this work, was widely asserted and strongly argued in the evaluation. The project has laid the groundwork for achieving strategic intersectoral and primary health care activities to improve food access and supply in rural areas. Furthermore, the concept and implementation should be transferable to similar communities.

It was widely agreed that this work should be further developed by an organisation with a regional focus, however, in order to be successful, the collaboration of a range of supporting statewide organisations would also be crucial.

This case study is largely based on information written by the EWOBSA Project Officer, Chrissie Hallett, in the EWOBSA Final Report, and Paul Aylward, in the EWOBSA Evaluation Report. Many people were involved in funding, supporting, evaluating and staffing the project, which was largely managed by Linda Crutchett, Whyalla Hospital and Health Service.

Source: Department of Health 2006, Towards a Fairer Society: Community Case Studies. Adelaide: DH (SA).

Case Study 3: Community Profiling

The Brucknell Creek Catchment is a small catchment in South West Victoria near the township of Warrnambool. The catchment is predominantly rural, with several small towns and a population of approximately 1000. Over the last two and a half years a group of people including local agency representatives and members of the community have gathered to talk about working together in the catchment.

The Brucknell Creek Catchment Project has since evolved to adopt a holistic community development approach to addressing the social, economic and environmental issues of the catchment area. My part in the project has been to develop a Community Profile of the Brucknell Creek Community. The development of the profile occurred over a six-month period from April to September 2003.

The main purpose of the Brucknell Creek community profile was to develop a greater understanding of 'who' the community is – their characteristics, their story and their networks as well as establish the initial phases in development of relationships with the community. The profile would then be used to form the basis of the Community Engagement Plan.

The project team was keen to establish a relationship with citizens, explore the level of diversity in the Brucknell Creek community and to use this knowledge to develop more inclusive engagement processes. It was necessary to engage the citizens and stakeholders in the development of the profile because this kind of information had not been recorded for this area before (e.g. local history, lists of groups and networks and descriptions of their interactions with each other, identification of community leaders).

Guiding principles of the project:

Relationships are critical for success

A particular highlight of developing the community profile was the relationships that developed between myself (the profiler) and the community members. I found that giving people the opportunity to talk about their own community was an excellent starting point from which to build a relationship. An unforeseen benefit was that the relationships built from the profile became the foundations of the community visioning exercise. Most of the people who attended the visioning workshop had been involved in the profile.

Passion drives action

I discovered how passionate people are about their community and how much diversity there was within the one area. Often our discussions would lead to reflections on how things have changed in the community which was an excellent starting point for the community visioning exercise that took place a few months later.

The research component of the profile involved conversations with community members using a snowball sampling technique. The community members on the steering committee

were the starting point from which a list of active community members, community groups and stories was collected. A map of the groups was developed.

This information was supported by statistical socio-demographic data from the ABS 2001 Census of Population and Housing and a list of all of the agency engagement activities in the catchment. In retrospect, the approach was 'consultative' (as people were asked questions), but were not involved in the development process.

The following activities illustrates the steps involved in this profiling process for a specific community:

- Research report into different approaches to community profiling.
- Scoping discussions within the team about the content of the profile.
- Develop a research proposal based on activities from Stage One
- Explain and demonstrate the value of a community profile to the steering committee
- Clear definition of:
 - The research questions/ define boundary of area of interest
 - The data sources and method to be used for each research question
 - The time required for the research

A key learning for the team was that community profiling can be a significant way to develop relationships in a community, and it offers much potential as a starting point for building community capacity to create more enduring, long-term beneficial outcomes.

In the future, our approach will be to inform groups within the Brucknell area more widely of the intention to develop a community profile through:

- An invitation of groups/community members to either take on the profile project, or to be involved in decision-making around how the profile would be developed
- Involve/empower community members to undertake the research themselves or be involved in ways that suited their preference.

Source: Department of Sustainability and Environment 2003, Case Study: Community Profiling, Community Engagement Network, Warrnambool, VIC.

Case Study 4: Jumbun Cultural Engagement

By bringing together Jumbun elders, children and parents, Cassowary Coast Regional Council has helped the people of Murray Upper, record and document their cultural craft and knowledge in the wake of Tropical Cyclone Yasi.

The Jumbun community is located at Murray Upper, 40 kilometres south-west of Tully, and has a population of between 160 and 200 people, who are often referred to as the 'Rainforest people.' The word 'Jumbun' means 'wood grub.'

The purchase of several sugar cane farms in the Murray Upper area in the 1970s allowed Indigenous people to return to the region and establish the community of Jumbun on their traditional lands. Many of the Indigenous people had previously been removed from the area to live on Christian missions or to work on farms or plantations.

Since their return, Jumbun community members have been involved in farming and in providing guided walks in the rainforests. These tours, along with demonstrations of basket weaving and bush food, educate visitors about the flora and fauna in this dense rainforest area of the Atherton Tableland, as well as the unique cultural heritage of the Indigenous people of Murray Upper.

The 'Jumbun Cultural Engagement' project came into being as community members identified a need for and expressed an interest in recording and documenting their cultural craft and knowledge. Cassowary Coast Regional Council Community Development Officer, Gordon Homer, supported the community to bring this project to fruition.

It is well documented in literature that passing on and celebrating culture improves the social and health of Aboriginal people. Connecting with the environment and maintaining and sustaining cultural skills are all significant factors that impact on the health and wellbeing of Aboriginal people.

This project began to gain shape and momentum after a six-day cultural retreat organised by Council in partnership with the local elders and rangers. During the retreat, strong working relationships were formed, and the desire to share traditional knowledge with the young people was discussed.

Mr Homer said the great value in the project was in bringing people together to break down cultural and historical differences through greater understanding and connection.

"It is a slow building process. People's voices are strong individually, however imagine the power if the community can have a unified voice," he said.

Aunti Ronda, another local elder involved, said the project was fantastic. "The kids attended and bonded; they had a wonderful time. It even provided me with the opportunity to refresh my memory and also learn new things from other elders. The project was about teaching our children and grandchildren the knowledge our parents passed onto us. We

want them to grow up with a sense of pride. I taught the kids all about painting, how to build a Mija – which is a traditional hut – and how to light a fire by rubbing the sticks.”

The Jumbun Cultural Weekend was held at Murray Falls on 3 and 4 October 2012 for 30 children and six elders. Many parents also attended.

Activities included:

- camera skills
- traditional body painting and scarring through traditional law
- fire, Miji and boomerang-making
- eel and damper cooking
- weaving and painting
- traditional medicine
- storytelling
- bush collection.

The project has delivered a range of benefits, including:

- recording and documenting cultural knowledge
- passing on inter-generational cultural knowledge
- identifying food access and security
- building resilience and empowerment
- increased participation in the community
- stronger sense of social inclusion
- increased communication among people
- members of the community writing grant winning applications
- the community taking on new challenges and acting on priorities.

Source: Local Government Association Queensland 2012, *Community Development and Engagement Initiative Case Studies*, Queensland Government, QLD.

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