Can a suitable model of community development be developed for the sustainable support of older people in Wales?

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Summary

Community development is a crucial tool for the achievement of public health objectives, and the support of older people in the community is a key objective of public health This study examines the evolution of thinking on that subject. The history of community development, from its beginnings to the present, is studied in detail, particularly the development of divergent approaches to the method between the U.K. and the U.S.A.
The development of community-based policies toward the revitalisation of communities in the U.K is examined There is a focus on Wales, and how the Welsh Government has strived for consistency in delivering its public health agenda in line with the World Health Organization's policies for health and well-being. In Wales, the economic and social realities of recession have retarded government's efforts to achieve this. Wales has produced innovative and progressive policies in the social regeneration field, especially for older people. The economic crisis will impact on future generations of older people with increasing severity unless an alternative source of support, outside the State, can be found. This study is the search for a viable solution for this problem – can the community be a sustainable resource for the support for older people? The salient issues arising from community development values, modelling, and practice in the U.K. and the U.S.A. have been combined with systems theory. This has produced a new model for the strategic planning of community development at the social planning level and for the co-ordination of local community resources. The work of Jack Rothman, Saul Alinsky, and the Tavistock Institute has been the baseline for this study, but the Welsh experience has been incorporated to ground this approach in context. The Welsh Government's *Strategy for Older People* has provided a model for policy formation and also for a vehicle for direct intervention for social change using community development models.

Declaration

This work has not previously been accepted in substance for any degree and is not currently being submitted in candidature for any degree.

Signed ..... (Candidate)

Date ..... 4th June, 2014 .....

STATEMENT 1

This thesis is the result of my own investigations, except where otherwise stated. Other sources are acknowledged by footnotes giving explicit references.

Signed ..... (Candidate)

Date ..... 4th June, 2014 .....

STATEMENT 2

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

Signed ..... (Candidate)

Date ..... 4th June, 2014 .....

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Acknowledgement

I am deeply appreciative of the support given to me throughout this exercise by my Supervisor, Professor Judith E. Phillips, of the School of Human & Health and Sciences, Swansea University. It can't have been easy to keep me focussed and up to speed.

Dedication

I learned my community development under rather harsh circumstances, under the apartheid regime in South Africa. Working with disadvantaged and displaced communities was politically risky as well as a challenging task in highly pressured social circumstances. Dr Harvey Cohen was the inspiration for the student charity, and development agency, which I ran for some four years. In addition to providing a 'womb to tomb' health and welfare service to a large Black community, this organisation gave rise to the foundations of political structures for Black South Africans. It also gave me my first six years in community development, both as fieldworker and manager. Names linked to Dr. Cohen in this activity are Mary Edgington, Ronny Rosenbaum, Sheila Barsel, Paul Davies, Rodney Waldeck, and Brian McKendrick. To them I owe my capability to begin this study task today.

From South Africa, I came to London, where the late June Bell introduced me to poverty, disaffected youth, and the possibility to build healthy lives and vibrant communities out of the dispossessed in London. I was privileged, also, to be taught by Sugata Dasgupta, the Gandhian disciple, at the LSE in 1970/71. From being a 'white African', and all that brought with it, I was transformed into a listening, non-assertive, and capable community development worker. I was now much better equipped for working in the field.

Community development came to the social disarray of de-industrialising South Wales through the Young Volunteer Force Foundation project *Polypill* . Here, a community of about 7,000 people made me welcome, and we worked for 12 years to bring coherence and cohesion to a community blighted by 'planning' and officialdom. The team, over the years, comprised: Rose Hughes, Pat Charters, Joan Stacey, Steve Dowrick, Mike Fleetwood, Iona Gordon, Jane Hutt, Martin Notcutt, and Martin Cumella. From each of them I was able to glean fresh insights into what was to become my burning passion – to bring community development to a wider audience, and to develop further its capacity to assist community life.

Swansea University sheltered me from the real world for the next 25 years, but the post-grad students in the Social Work and Health Science presented a fresh challenge every day. The [almost] truism that field workers do not read was brought home to me, and fresh insights into my trade were forthcoming in Swansea in abundance. Getting the chance to share in the acquisition of new knowledge with so many is a rare privilege.

To Terrie, who had to endure this long, drawn-out process for many years, and was a constant source of support and inspiration, I owe the greatest debt – Many thanks, indeed!

List of Figures Appearing in the Text

Abbreviations

ABCD	Achieving Better Community Development
CCETSW	Central Council for the Education and Training for Social Work
CDC	Community Development Cymru
CDF	Community Development Foundation
CDJ	Community Development Journal
CDP	Community Development Project
COF	Citizen Organising Foundation
COS	[London] Charity Organisation Society
CPF	Community Projects Foundation
CQSW	Certificate of Qualification in Social Work
CREW	Centre for Regeneration Excellence Wales
CtC	Communities that Care
Dept. C&LG	Department of Communities and Local Government
DETR	Department of the Environment, Transport and the Regions
DFID	Department for International Development
DJC	Docklands Joint Committee
FCDL	Federation of Community Development Learning
ICSSW	Independent Commission on Social Services in Wales
IMF	International Monetary Fund
LDDC	London Docklands Development Corporation
LSP	Local Strategic Partnership
MSC	Manpower Services Commission
NAforW	National Assembly for Wales
NAW	National Assembly for Wales
NGO	Non-governmental organisation
OCS	Office for Civic Society
ODA	Overseas Development Administration
OECD	Organization for Economic Co-operation and Development
OPCforW	Older People's Commissioner for Wales
PAHO	Pan American Health Organization
PAULO	National Training Organisation
SCAT	Shelter Community Action Team
SHARP	Sustainable Health Action Research Programme
SWAPAC	South Wales Anti-Poverty Action Centre
UN	United Nations
UNICEF	United Nations Children's Fund
V&VCA	Valley and Vale Community Arts
WAG	Welsh Assembly Government
WG	Welsh Government
WHO	World Health Organization
WHO Europe	WHO Regional Office for Europe
YVFF	Young Volunteer Force Foundation

Introduction

This investigation has been approached as a number of historical studies – four histories in one. It is primarily a history of community development, which embraces British and Welsh approaches to this model of planned social change with a study of the subject as developed in North America. It is a history of the development of international policy around the subject of public health, and a study of the evolution of public policy in Wales, focussing on older people, since devolution.

There is a crisis in the Welfare State, which has been escalating since before the [U.K.] Derek Wanless, Treasury Report of 2002. This report described the state of finances as being in a critical state. If left to increase at its present rate [from 2002] the percentage of GDP absorbed by the health and welfare complex [NHS and Social Care] would rise from 1.2%, to between 10.6% and 12.5% of GDP [Wanless, 2002, p. 7]. This trend was being driven by demographic changes, changing expectations on the part of the population, lifestyle changes in the population, changes in clinical practice and structural reasons. These trends in financial expansion must not be allowed to continue or the NHS would fail completely. As Wales is tied into the same financial restraints as the rest of the U.K., the situation here was deemed to be in the same predicament [WAG, 2003a]. The changing economic circumstances of the U.K. since 2002, have rendered the situation more precarious than 2002/2003.

Wanless' findings pointed to the rising abandonment of non-acute services, in the cause of saving the acute ones – hospitals, A&E services, maternity services, community health practices. The situation of older people in this scenario would become untenable, both in terms of the costs of domiciliary care, but also because of the rising cost of residential care [Reed, 2004; Osmond, 2010]. This is not just a matter of funding, however. Central to the issue is the quality of life of older people, and how best that can be stabilised, enhanced and sustained [Godfrey, et al, 2004]. Nevertheless, in the face of this need to re-structure public service funding, the need was, urgently, to reframe the image and social, economic and political reality for older people in society. As Wanless again reported in 2006 [Wanless, et al, 2006], aiming at attaining good quality of life, well-being and good health for older people entailed being well prepared ahead of the need becoming acute, preventing the situation from arising through thorough planning, and ensuring that adequate mechanisms were in place to address these needs.

Since 2006, the economic situation has deteriorated further, and the Welsh Government has not followed the Westminster Government in 'ring-fencing' the NHS budget [Welsh Government/NHS Wales, 2012]. Not only does Wales have the highest dependency ratio of older people to people of working age, but the rate of increase of older people in Wales is set

to increase rapidly [by 35%] by 2023 [WAG/Statistics in Wales, 2010]. It is for these reasons that this study was deemed to be important. At the same time, the way in which services are planned and implemented have changed their emphasis greatly since the 1950s. No longer are older people to be considered to be helpless dependants, but are now to be included as active, social and economic citizens; as critically participating agents in their own relations with state and society. The Chapters below will seek to build a scenario within which a policy-compliant model can be developed for the practical support of older people, within their own communities.

Community development, as a method of social intervention, has had a very mixed passage through U.K. Government policy since the 1960s [Chapter 4]. As is described below, there was once an idea that a form of social engineering would be acceptable when serious tensions appeared in British society after World War II. These tensions were caused by heavy immigration on the one hand, and mixed outcomes from the post World War II reconstruction on the other. Government and trade unions were in confrontation, and social relations became very uneasy [Patterson, 1965; Walker, 1978; Friend, et al, 1982; Young, 1990; Solomos, 2003]. Somehow, community development was to be used as a tool to diagnose, pre-empt and deal with some of these issues. But it had never been tried before in the U.K., and the only model available, a legacy model in the literature, had been inherited from very different circumstances This came from situations where the context was very much short of being democratic, and where the enforcing 'practitioners' had been agents of the British Empire – in India, Ghana, Nigeria, Kenya, etc. The consequences of this policy at 'home' led directly to policies being implemented that had little chance of success, and which found an administration ill-prepared for the confusion that emerged. This legacy is still with us to some extent.

This study has been aided considerably by a number of factors: the preparation of government policy today is very transparent, especially in Wales, where the new Welsh Assembly has gone out of its way to make documentation available to everybody that wants it [Welsh Government, 2011b]. The same policy is employed by international agencies, with a wide subscribing membership. Additionally, a comprehensive store of material, now out of copyright, is available from the United States, from whence an extensive archive is available on-line. Community development is particularly well served by this archive, and this material has not been available in the U.K. until the technology opened up the documented history to a world-wide readership.

The literature on community development is fragmented, owing to the number of 'schools' of thought contending for recognition. In the United States, there are certain areas where different [often parallel] schools of thinking do not mention each other. Whereas, there is considerable divergence of ideas within the literature and professional practice on

community development, and there are also considerable differences of emphasis/priority between practitioners and academic writers in the U.K./Wales, and the United States. This begins with the basic terminology used in each context, but it will be shown that there is considerable difference in outlook, expectations and ways of approaching problem-solving in the U.K. as opposed to the United States. Suffice it to say that there is an almost blanket shut-out of American thinking in community work literature and practice in the U.K. In order to facilitate an introduction to this subject, a number of working definitions are introduced here. Some of them will be modified or qualified as the study progresses, but the starting point appears like this:

Working definitions:

Equity – ownership of the social change process; not to be confused with 'equality'.

Community – the defined area and/or population group targeted for intervention and development.

Development – planned social change brought about through investment of materials and human activity for a positive gain

Community development – the integration of the community-at-large into the planned development of society, and the establishment of a degree of community ownership [equity] of the development process and its outcomes.

Community organization – USA term that includes *community development,* but also includes more concepts, including *social action.*

Social Action – the organisation of a community for the resolution of differences by means of deliberate conflict.

The thesis takes the form of four major investigations of community development and social policy. After a discussion on philosophical approaches to a study of this sort, and a description of the main issues facing society and its relations with an ageing population, the first theme considered in depth is the history of community development prior to 1940. The threshold of 1940 was chosen because it was that date that signified the recognition of community development as an official form of professional activity – in American Social Work. After that date, community development [or, rather, *community organization* as it is termed in the U.S.A.] came out of the shadows to become a legitimate methodology for state and/or voluntary sector social intervention [Lane, 1940]. It was after that date that a serious debate began about the form it should take, what values under-pinned the work, and whether or not agreement could be reached on a model of practice. The third and fourth Chapters consider the development of community development since 1940, the first Chapter [3] covers developments in the U.S.A., with its widely divergent models of professional practice. Chapter 4 considers the United Kingdom, where different traditions and value systems dominate the literature, and the consequent understanding of practice in the field.

In the U.K. [Chapter 4], thinking was heavily influenced by the intervention of the State in deprived communities in the late-1960s, and early-1970s, using untried community development techniques. Unfortunately, this experiment had unforeseen outcomes, and the ramifications for community development were severe. In different circumstances, in the United States [Chapter 3], a distinct hiatus emerged between those theorists and practitioners who believed that their mission was best served through a consensus approach to social change, and those that championed a conflict model. The development of a body of knowledge in the U.K. followed a path that paid scant attention to happenings in the United States. When the first enquiry into the nature of '*community work*' was convened in 1968 [Calouste Gulbenkian, 1968], under the chairmanship of Dame Eileen Younghusband, a passing reference was made to some American authors and theorists. Nothing substantial was worked into the final recommendations, however, and we hope to show that this was a failure of understanding and purpose. From that point on, the ideology that lay behind the practice and analysis of community development in the U.K. may have had considerable limiting effects on its effectiveness.

The next theme [Chapter 5] studied is the development of policy within the World Health Organization [WHO]. WHO has been a pioneer in social policy towards the expansion of the boundaries of health care, leading to the incorporation of an ecological, or whole-system approach to public health. This encompasses most of the factors that affect the health and well-being of older people, and it is the definition of health in his way that enables policy-makers, and health and welfare practitioners alike, fully to appreciate the needs and aspirations of older people. We have adopted a definition of 'health' here that encompass those aspects of health, well-being and social support that are required to protect and under-pin the respect and dignity of older people in our communities.

Wales and the WHO have followed parallel paths in the development of policy on this sector, and since the devolution of jurisdiction for health care to the National Assembly for Wales in 1999, Wales has followed a progressive and effective programme for the care and support of its older population. This is the fifth element in this study [Chapter 6], and it will be shown that, whereas most of the building blocks for an effective service are in place, questions will be raised about the correctness and choices that have been made in selecting priorities for service and social support. The difficulties of delivering policies at the local level will be discussed at length.

In the final chapter, the analysis will draw upon the theories of the Tavistock Institute – a systems theory approach. The adoption of systems theory defines the final analysis as a *modernisation,* or uni-directional project [Mergel, 2012]. This has been chosen as the intention behind, and implications of a community development intervention are going to have strictly practical impact. The impact on those who get bound up in the social change

strategies of community development is that they personally to pay the price of failure. This is no venture into a purely theoretical exercise. As a practitioner of community development for the past fifty years, I am only too well aware of the past failings of my own practice and those of others. I am also aware of the difficulty in getting any wisdom gleaned from past experience put to any practical use. I maintain that it is the general paucity and inappropriateness of the training offered to practitioners, teachers, and overseers of policy implementation that is to blame for this. In the 21st century, beset with economic recession, confusion over the provisions we will all have to make to support us in old age, and the rising costs of care in the market place, we will have to make critical decisions and take decisive action if the fate of our older population does not spiral out of control. It is against his backdrop that this study has been undertaken.

Chapter 1

Methodology issues, definitions and the challenges facing an ageing society

Introduction: There is a need to describe certain features of this study in terms of the methodology adopted, and also to place it in the context of how we might approach the issues confronting an ageing population in search of practical solutions to their challenges. Firstly, it is necessary to set out an array of competing philosophical concepts, none of which adequately describe the needs of this study, but all of which provide some insights as to the way in which this study comes to understand its material.

A second function of this Chapter is to discuss in some detail the framework behind the most important terminology that will be used extensively throughout this study. The nature of the term *community development* must be thoroughly dissected if the study is to be understood

If we look at the dilemma facing modern historians and social scientists, they are confronted by the accusation that they are too close to the problems and complexities of modern society to recognise that their outlook is distorted by the engagement of the following: 1] the power and ubiquity of modern technology, the mass spread of knowledge and information, and the apparent hegemony of science. This contrasts with the lack of empiricism of 2] individuality, subjectivity, personal identity, which rank highly in social relations and self image/identity questions; and 3] the power of institutionally–enclosed space and regulated time – society is organised into pervasive administrative and control structures, laws and regulations, which limit expression and flexibility [Szakolczai, 2000, p. 216]. The analysis of the possible utility of community development in social care of the elderly is going to have to get beyond and around these constraints. Additionally, this study considers the development of community development across the span of six generations. As community development is more about the '*art of practice*' than the application of scientific theory, there this is going to have to be some manoeuvring between the competing frameworks of science and philosophy - a task involving the juxtapositioning of *modernity* with the insights that *reflexive historical sociology* can provide.

General Outline

This study is to be drawn from secondary sources, and as such, will be dependent on a number of factors:

There is an extensive literature available, both from British and North American sources;

Establishing time boundaries for this study is one of the tasks in itself. Nominally, the bulk of the literature has been created since the end of World War II, but it has been discovered that considerable amounts of early writing from the United States [up to 1940] on the subject of *community organization* is now available from historical archives on-line. But much of

the American thinking has found its way, indirectly, as it will be seen, into the corpus of literature in Britain, and it will be necessary to analyse and interpret the influence of each era upon the contemporary British situation.

It will be necessary to establish a time-line in thinking and differing perceptions of the practice frameworks and to track the emergent value systems as they become evident. It is anticipated that there will be considerable overlap at all levels of thinking and application, and these will have to be identified. From these characteristics, themes will emerge, and these will be taken up and analysed, influential thinkers will be examined for their relevance and sufficiency.

The question as to whether or not *community development* [as defined below] should or could be included within the professional context of *Social Work, Town and Country Planning,* or some other professional specialism, is a moot point. One of the problems that will be identified is that there is no suitable 'home' for community development within the body of professional practice and expertise.

[In compiling the above, I have drawn heavily upon McCaffrey, 2005; Ifophen, 2005; and Garraghan, 1946].

The Research Question

In its most simple terms, the research question may be stated thus: Vulnerable older people in our society need sustainable support. So can we design a model of community development that will provide a viable framework for this? This is a reasonably straight-forward question, but it disguises many complex issues. These issues and the questions they raise will be expanded and discussed in the subsequent Chapters. In this section, the aim is to set out a framework through which this task might be pursued, and to describe, as well as define, many of the basic terms and frames of reference that have to be used in getting into the subject. As we shall see, the terminology in this subject area is an arena where fashion, ideology and practice usage change continuously. This makes a time-line analysis of the material a task requiring continuous adjustment and redefinition of terminology.

Example: President Obama was a Community Organizer before he became a Member of the U.S. Senate. In America, *Community Organization* is a generic term, within which *community development* is a practice sector, as is *community organizer.* In the U.S., the 'theory', and creation of practice models is expressed through the generic portal of *community organization.* In the U.K., the generic term is *community development'*, where, to make matters more difficult, the term *community organisation* means 'working developmentally with a number of established organisations. In the U.S., this is called *social planning,* whereas, in the U.K., *community organization* means working through a conflict model of development, and can sometimes be called *community action*, or *social action.* As

the dictionary is ambivalent about the usage of a 'z' or an 's' in the word 'organisation/ organization', the definition of terms and location of usage is going to have to be specified carefully. In this work, *community development* will be used as the generic term, unless otherwise specified.

In this section, the Methodology must attempt to bring some coherence to these questions. The main topics under discussion and analysis are:

analysing the ground for the research in the context of research theories and value systems;

the sources of the main materials for the research project;

the role of the state;

community development in its various guises, its methods, and the findings of its practitioners;

identification of theories;

the insight that over forty years of personal fieldwork brings to this equation.

It has been said that: those that do, 'do'; those that can't, 'teach'; and those that can't teach 'do educational research'. Consequently, I hope that my cumulative experience in all three of those fields may make a positive input to this study. Some of the salient points from this repertoire will be brought out in this Chapter.

Research Analysis

A detailed examination of textual material brings with it some problems of methodology. Whereas, the personal insight gained from field experience by the researcher is of great importance and value in understanding the material, the role of the 'self' in this process brings with it its own biases and preconditions. This is of special importance where the researcher is in a face-to-face relationship with the source of the data – *the research interview*. Most of the literature on this subject relates specifically to this mode of research.

Over its extensive history, the commentary on community development may prove to be very subjective for field practitioners reporting on their work, especially where specific evaluation guidelines have not been specified. As we will see in Chapters 2, 3 and 4, which relate to the evolution of thinking in community development, ideology and personal beliefs will be found to determine to some large extent the shape and direction of way in which practice has been reported. Where this might be a factor in the way some of the literature is presented, sorting out how, when and why this occurs is a major factor in the study. To this must also be added the biases and pre-determined thinking of the researcher who is to glean from the literature what is salient, important and valid under the circumstances. What follows is an attempt to get inside the search methodology, to explain how the writers of the works that are used as the primary sources for this study on the one hand reflect their own expectations and the culture of the time. As Garraghan put it [1946, p. 168]: '*Is this work*

original,.... or from whom is it derived? ... Who wrote it,... where, and why, ... and is their account credible in relation to what is already known?' Is it possible to determine an 'authority' in the particular field, and what conditions have to be applied to establish this? [Langlois, 1898].

In the case of the drafting of social policy, political will and other external factors [such as finance] force the decision-making process. The current welfare situation of the older person is if particular concern. Getting to the demographics, and the shape and stated purpose of social policy will be straight-forward enough, but it is important in this study that the component parts be linked so that the primary focus of this – community development – may be found to be most appropriate and necessary for the achievement of the policy objectives. Additionally, it will be shown that there are trans-national considerations to be taken into account when local policies are formulated [Chapters 5 and 6], and it will be asked whether or not a lead can be ascribed to this dimension of policy thinking.

Following on from this, as ideas and philosophies develop over time, and up to the present day, this study must explore how commentaries and policies can be reinterpreted and subjected to contemporary analysis in light of historical insight. Care must be taken to achieve a balance between original intention of historical material and how these factors may be considered in light of modern values and expectations in relation to contemporary works.

Reflexivity: If qualitative research is 'usually reliant on inductive reasoning processes to interpret and structure the meanings that can be derived from data ... distinguishing deductive from inductive inquiry processes is an important step in identifying what counts as qualitative research' [Thorne, 2011, p. 68]. Reflexivity fits into the middle of this question, and the researcher needs to come to grips with the forces and choices that arise. Our understanding of force has moved beyond C. Wright Mills' '*Power Elite*' [Wright Mills, 1999], or Mumford's '*megamachines'*, with their identifiable centres of power and influence [Szakolczai, 2000, p. 170-73]. There is now a necessity to employ a deeper approach to understanding. This arises from the situation where the flood of information that includes everyone in the network [e.g. blogs; Facebook; Twitter; Bluetooth, Bloomberg, ...], blurs the distinction between the personal and the public. This global domination of culture, economic and social activity produces new and insidious ways through which power and influence can infiltrate communication and human relations [Beck, 1994]. As Lash explains: '*Some are excluded from these structures - the reflexivity losers are the old middle class, who do not get in on the act of reflexive change, and also the new underclass who are not trained or educated*' [Lash, 1994, p. 130]. Giddens describes how tradition [and, thus the acceptance of 'the way things were'] has been more or less been displaced by modernism [capitalism], and that '*the destruction of the local community is now at its apogee*' [Giddens,

1994, p. 101]. This enforces a state of *individualisation,* or the separation of the individual from the group. In turn, this may force back those who are deeply discontented with this onto '*fundamentalis*t' beliefs and irrational actions [Giddens, 1994, p. 100]. In turn, this may produce a completely fresh interpretation of reality, understanding and ambition, or it may lead to *anomie* [Durkheim, 1952, Camus, 1982].

How does one separate the 'meanings' involved in this from the formality of the language? Example: In South Africa today, where the '*Rainbow Nation'* has now given way to perceptions that there is now protectionist legislation for the majority over the minority, young Afrikaners [the old ruling 'race'] have adopted a traditionalist symbol, as a mascot against their fears and in support of their 'covert' hopes. This is a modern folksong about the long-dead Boer General 'Koos' de la Rey, who fought the British in the Second Boer War [1899-1902]. Whereas the wording is anti-British, the symbolism is a pleading for salvation in the modern context of a people that has lost its way: '*Generaal, Generaal, sal jy die Boere kom haal!?* – General, General, will you come and fetch us!? [Blok van Blerk, 2006]. Whereas the composer disavowed any contemporary political connection, the Ministry of Arts and Culture saw fit to warn against '*... a rallying point for treason.*' [Melema, 2007]. Interpretation required by politics is one thing, but how does one get to the meaning of this from an analytical perspective?

But what is reflexivity, and how far has 'reflexivity' come to dominate the 'rules' of acceptable research practice? Cohen et al define 'reflexivity' as

'an attitude of attending systematically to the context of knowledge construction, especially to the effect of the researcher... to the research process' ...and, 'preconceptions are not the same as biases unless the researcher fails to mention them' [Cohen et al, 2006, p. 1].

Hughes [2006] seeks to place reflexivity within the 'modernist' camp, thus allowing some forms of structure to be sustained during a scientific inquiry, which, otherwise, might have degenerated into a vortex of post-modernistic self-examination. '*Keep your eyes on the prize*' appears to be the cautionary exhortation. '[reflexivity] *rests on ideas of the human agency ... with a goal that we will know ourselves, and the social world, 'better'* [Hughes, 2006,p. 4]. Maton casts a more cynical eye over the process, with the accusation:

'Not only are these protean normative prescriptions typically theoreticist in discourse, neglecting research practice, but research proclaiming itself 'reflexive' is also under-theorised. [Maton, 2003, p. 54].

He goes on: '*Its current' po*sition in the lexicon of Anglophone social science, however, is one of near universal approval. Indeed, it has now become a sin to *not* be reflexive. The term is used as a marker of proclaimed distinction and originality, with position-takings effectively claiming, "*I am a reflexive actor producing reflexive accounts of reflexive modernity, while you are unreflexive and inadequate, an outdated relic of a bygone era.*"

One effect of such a position is a proliferation of theoretical definitions and taxonomies of the high status term.' [p.54].

Rentz [citing Denzin, 2000], attempts to sum the situation up through:

'*Because interpretation plays a role on every level of knowledge-making, in every kind of research, - from choice and handling of the data .... to conclusions about what to data mean, linkages made between these meanings and large political/ideological forces, and the claims to authority made by the researcher, the conscientious researcher must be 'reflexive'* [Rentz, 2011, p. 200].

This means that one must interpret one's own interpretations of one's research, and look at one's own perspectives from other perspectives. A self-critical eye must be turned onto one's own authority as interpreter and author. Findlay [2002, p. 225] concludes that reflexivity is always going to be problematic, but that it has the potential to be a valuable tool to:

'examine the position, perspective and presence of the researcher [and] to promote rich insight through examining personal responses and interpersonal dynamics'. She asks how researchers should, reflexively, evaluate ways in which 'inter-subjective elements transform their research' [Findlay, 2002, p. 209]. She goes on: '.... *we accept that the researcher is a central figure who influences, ..., the collection, selection and interpretation of data*' [p. 212].

Nevertheless, according to the sociologist Bourdieu, this interpretive component of the research is absolutely essential to the analysis, in order to avoid doctrinaire limits to the revelations that the data might hold [Bourdieu, 1992]. According to Maton, Bourdieu's chief concern was to focus on the science of the investigation, despite the fact that the researcher was trying to obtain a personal interpretation of the data [Maton, 2003].

The problem we face in this study is that we are not dealing with the face-to-face interview, where the relationship between the researcher and the subject being interviewed [or the collaborative partner in the revelation of the truth of the situation, as it might be put], but with interpretation – or hermeneutics:

'Hermeneutics' is interpretive phenomenology ...[it] is the science of the interpretation of texts. ... language in spoken or written form is scrutinised to reveal meaning in phenomena. 'Ordinary language' is used in everyday speech to give meaning to values, mores, behaviours, events, and actions..... The hermeneutic phenomenologist finds the meaning in this in a cultural context - given meaning and interpreted.... in the 'life world' of the actor. [Rapport, 2005, p. 125].

Alvesson, et al. [2000], see there being two approaches to hermeneutics:

' *... objectivist and alethic hermeneutics. Both rely on intuition, which is employed to abstract knowledge from the data/information received. Intuition requires inner gazing, and is acquired 'at a stroke', separate from the more formal that the Knowledge is often perceived as self-evident, and it results in the understanding of meaning not the explanation of causal connections'* [Alvesson et al, 2000, p. 25].

This can even be described as 'critical hermeneutics [Rentz, 2011] and, whether or not we are dealing with '*circles*' or '*spirals*' of connectivity between the researcher's consciousness and the stimulation of a research respondent is not relevant in this study [Alvesson, et al, 2000, p. 53].

This maze of introspective analysis is summed up by Drolet [2004], in discussion about the work of Derrida [a post-cultural critic of Foucault]:

'He [Derrida] is often incomprehensible, due to obscure use of language.... Derrida believed that the West believed in 'the logic of identity and non-contradiction' - rooted in the Platonic tradition of metaphysics. *'Difference and deference' were the keys to understanding his position - difference rather than in 'self-identity'; and 'deferment in place of eternal presence'* [Drolet, 2004, p. 22].

In the course of this study, these are depths of insight that would be impossible to justify. The clash of 'interpreting the interpretation' can lead into paths that are not going to help our cause here. Here, we are concerned with a more pragmatic reality. Ewenstein et al [2007, p. 7], studying an architectural practice, consider that:

'*Traditional social structures and institutions such as religion and family no longer provide taken-for-granted roles. Reflexivity describes the ability of individuals and communities to reflect knowingly upon the social conditions of their existence. It plays an increasingly vital role within contemporary organizations, as individuals and groups reflect on and question the nature of the organizations.*'

Because of this, the concepts of 'reflection' and 'reflexivity' are important in this study. Findlay puts the two together: 'Maps are offered on five variants of reflexivity, namely: (i) introspection; (ii) inter-subjective reflection; (iii) mutual collaboration; (iv) social critique, and (v) discursive deconstruction.' [Findlay, 2002, p. 212]. Introspection has significance: 'Here, researchers' own reflecting, intuiting and thinking are used as primary evidence' [Findlay, 2002, p. 213], and, with care, 'social critique', which is about power imbalances [p. 220], and 'discursive deconstruction' ...[where] 'attention is paid to the ambiguity of meanings in language used and how this impacts on modes of presentation' [p. 222] can be applied, bearing always in mind that it a text that is being examined, and the author's

response to this. Bearing in mind the prominence given here to the presence and experience of the researcher, then Maton's analysis of the issue of – 'Enacted Reflexivity', is relevant:

... 'Perhaps one of the most common forms of actually existing reflexivity in research, and certainly its least theorised form, is autobiographical reflection, comprising a brief narrative of the author's journey to the research. ... A similar form is exhibited by what can be characterised as the virtuous researcher, a researching relative of the "reflective practitioner" [Maton, 2003, p. 54].

The application of reflexivity to this research is going to be problematic when the cumulative weight of policy is recorded and examined for consistency. It is certain that attention must be paid to examination of the form and consistency of the examination that takes place, but the discourse of official-speak is usually thorough-going across the years. It is on the interpretation and analysis of the commentary on policy from third parties that the most care must be taken. It is usual for the political or value bias of commentary that emanates from a recognisable agency to become evident, and to be consistently applied across a given subject. It is for the researcher of these messages to consider their consistency, and also to consider the amount of control over personal bias and preconception can be identified and accounted.

Discourse and Discourse Analysis: At the personal level,

'*Discourses are supposed to have [1] an existence independent of individuals, and of their speech and writing., and [2] are seen as evidence of ways individuals interpret the world - they are [3] words, and the way in which they are arranged.*' [Gomm, 2004, p. 246].

Moving up the scale and into the world of abstraction, Alvesson et al [2009, pp. 251-252], cite Foucault, who considered that power, knowledge and action are inextricably connected, and this is how the discourse is developed. Within this connection, '*discourses are (more or less) "ordered fields of knowledge" or systems of logic, which are evident in and sustained by language as well as by such social institutions as hospitals, schools, and factories*' [Alvesson et al, cited Rentz, 2011, p. 201]. To Donati [1992, p. 138]: '*The idea of discourse is a 'language event', where ideative and symbolic constructs are actualised and made real in the human world.*'

Abbott et al, [1998, p. 141] agree:

'*A discourse is the framework or language within which such propositions are set. It does not declare truth or falsity, but sets [a] the rules by which truth or falsity is to be judged, and [b] the way that objects are to be defined and identified*'.

Also, in a post-modern world: 'Language is how social organisation and power are defined and contested and the place where one's sense of 'self' – one's subjectivity – is constructed'

[Richardson, et al, 2005, p. 961]. Controlling the 'discourse', according to Gramsci, allowed the ruling elite to establish and maintain their 'hegemony' over the population [Gramsci, 1971, p. 12, & 323-77; Alvesson, 2000; Donati, 1992].

'*The term 'discourse' ... has become metaphorically extended from its original roots in interpersonal conversation to the social dialogue which takes place through and across societal institutions, among individual as well as groups, organization and..... political institutions themselves.*' [Donati, 1992, p. 138].

Additionally, discourse analysis allows us 'to examine this interplay', covering people, the media, other social institutions, etc. [Donati, 1992, p. 138/9]. Consequently,

'*Discourse analysis is a qualitative method that has been adopted and developed by social constructionists. Although discourse analysis can and is used by a handful of cognitive psychologists, it is based on a view that is largely anti-scientific, though not anti-research.*' [Fulcher, 2005, p. 1].

Willig considers that discourse analysis is attractive, and empowering to many psychologists because it allows the researcher to problematise the categories used in mainstream psychology.

[It] provides a clear alternative to the categorisation of behaviours, measurement of variables and attempts to develop predictive models of human behaviour which constitute mainstream psychology. Seemingly 'stable traits' become destabilised - but as 'situationally specific, negotiated and purposeful social action'. [Willig,1999a, p. 2]

In other words, it allows a break with 'modernism', and all its constraints. [Ibid, p. 12] and:

'*It encourages grassroots action and organisations that facilitate such action. Discourse analysts who employ this approach identify and promote discursive practices for resistance and it promotes action at the grassroots and organisations which facilitate such resistance.*' [p. 13].

In his conclusions, Willig identifies some difficulties at the level of ethics, and in the political realm:

'[Discourse analysis] can be used as a tool to challenge social practices which perpetuate and legitimate exploitation and oppression; it can inform training programmes; design interventions which facilitate empowerment ' [Willig, 1999b, p. 148].

Anyone who interferes in this process, even when it is in the interests of the participants, is then confronted by ethical problems [Ibid, p. 149/150]. Politically, social and material

factors exert lesser influence than does language, such that 'aftercare' may be required to ensure that the effects of the intervention are benign.

The importance of *Discourse Analysis*, in light of what has passed in the discussion above on *Reflexivity* when talking about when analysis of policy and commentary, is to ensure that the basics of the structure of any discussion or statement are dissected and analysed. The interpretation of these findings than becomes the basis for a fresh analysis. Any ghosts remaining in the must be tracked down. The problem is that the 'discourse' of public policy is made explicit through the terminology – in the philosophy of centralised control of events and processes associated with the power of government. Most commentators maintain a relationship with this power system, in order to remain credible with it by continuing association. In fact, as it will become clear through the form of this analysis, it is the purpose of this thesis to remain firmly within the boundaries of acceptability of the power discourse. This is in order to remain intelligible within that circle in order to affect some influence.

Exegesis: During the times when modernist, and even pre-modernist thinking dominated, the study of documents was at the heart of academic research. Starting from the study and interpretation of the Holy Scriptures [Maas, 1909], where the discussion around the 'literal sense' of a passage marked the line between religious dissidence or orthodoxy, exegesis was the term used to describe this activity. This controlled the 'discourse' for many centuries. Because they purported to be uninfluenced by the changes of culture over time, *Canonical Works* were said to be '*timeless*', and properly educated readers were supposed to get the same message from them. This assertion is challenged by Feminists and Third World critics, who have stated that cultural factors mask their oppressive nature [Noakes, 1988, p. xi]. Nevertheless,

'*Exegesis implies the temporal distance from the reader, whereas interpretation implies the personal and closeness of association with the reader. Two types of relationship emerge, and it is required of the [ideal] reader to be able to move between the two fluidly to get the most out of the text. Purely exegetical activity mirrors purely interpretive activity. The exegete is concerned with the historical place of the text, and not his own* – [he, – sic] *is a historicist*' [Ibid, p. 12]. ...

But this '*timelessness*' reflects biased interpretation, assert Feminists and Marxists, and shuts out alternatives [Ibid, p. 217]. This insight is helpful to this study as it shows how fine the path may be between being drawn into the dominant cultural expectations of the literature, and the striving towards objectivity in the research. It may be the intention of government that its pronouncements affect the qualities of '*canonical works*', but they are in the process

of moving their own interpretations of meaning, albeit within the frame of continuing control over the terminology. Inconsistencies in this interpretation will be on the agenda in this study.

Historical method: It used to be supposed that if you could find two independent, corroborating supporters for an event then its reliability was enhanced [Langlois, 1898]. As this is not a study that intends to focus on the research methodology itself as a vehicle for testing social phenomena, the application of discourse analysis will be subsidiary to the observance of the historical method of social enquiry [Garraghan, 1946]. McCaffrey lists the following components within the collection and analysis of data in this mode: 1) *Heuristic* - The search for material on which to work to acquire sources of information; 2) *Criticism* - The appraisement of the material or sources from the viewpoint of evidential value. This step is so important to the process of historical method that it is sometimes called *Historical Criticism.* 3) *Synthesis and Exposition* - A formal statement of the findings of heuristic and criticism. It includes assembling a body of historical data and the presentation in terms of objective truth and significance. [McCaffrey, 2005].

She continues to assert that, outside of a few terms of methodology, history has no universally accepted technical terminology. As it is the story of people, it cannot capture the self-determining and incalculable agent – free will. This factor makes prediction unlikely, even under the most stringent conditions. The best that can be achieved is to attempt to impose some moral universality to the collection and presentation of information, which has been gained from unreliable sources. In development, the pre-eminent process in use for achieving this outcome is 'evaluation'. Marsden, et al, [1991, p. 315] put it thus:

'*Evaluation is a key word as it signifies an essential element of the framework of appropriate practice and from which a community of interest and common purpose can develop. We need to know how effective interventions have been. This is the instrumental- technocratic approach. It usually tries to extend quantifiably into social development - with difficulty. Second: there is the interpretative approach. This is a practical approach to methodology, [which] holds the principles of participation, capacity-building, sustainability and empowerment as central to the elaboration of more appropriate development strategies.*'

As both ingredients are employed, it can be seen that *evaluation* requires both modernistic and post-modernistic insights.

Critical analysis: Avis suggests that in most conventions, social intervention by professionals and institutions is bound by convention, and that research must not become tied into these restrictions [Avis, 2005]. But, as Beck advises, laboratory science is 'blind to

experience'. Thus the trend in the way policy is constructed is towards 'modernism', which requires '*hard evidence*' [Beck, 1994, p. 30]. Denscombe [2002, p. 51] insists that this requires a '*critical review of the literature*' so that the sources of well-documented ideas, and well-established themes, can be identified. If researchers are to be conscious of their own role in producing '*knowledge*', which may be imperfect and partial [Findlay, 2002, p. 227], they will need an approach that counteracts any in-built biases. Community development works in a harsh reality of achieving the best possible outcome from people, agencies and organisations that exist more in a 'market' relationship than in a personal relationship mode. Individuals, groups and organisations take on their own 'personalities' and consciousness about the way in which they might act, especially when asked about it in research [Melucci, 1992].

As is described below, critical analysis seeks to get behind these barriers and find another reality, which is embedded more in the psyche of individuals and in the essence of organisations, rather than the 'systems' that may be unfashionable in sociological circles, but which shape many institutional outlooks [Freeman, et al, 2006]. '*A theory of reflexivity only becomes critical when it turns away from the experience of everyday life and focuses upon the system.*' [Lash, 1994, p. 140]. Seen sociologically, those seeking to control the way in which society changes might appear thus:

'*It is not the members of the community who decide what their needs are, these decisions are taken on by 'experts' and resources and services are distributed by them on the basis of their ability to define what their object is and how best to provide for its requirements. This turns on the power of the professionals to retain control over the tasks as it does on a 'correct' analysis of what makes bodies work.*' [O'Brien, 1992, p. 15].

According to Habermas, '*The system, meanwhile, consists of material rather than symbolic reproduction, by strategic rather than communicative action.* [Scambler, 2002, p. 45]. The system [the material side] is made to work, and this comes into focus in many settings; an issue that will come in for detailed scrutiny in the study of community development and social policy. It is also the maintenance of these systems that is of critical importance to all involved, from policy makers and field-level professionals [Miller, et al, 1967; Clarke, 2002]. Necessarily, a bridge between the requirements of structured action and people's circumstances must be found. Critical analysis may be one such approach in different contexts, and is still controversial.

'*Critical analysis often goes beyond both the text and the ideologies or models which it expresses to apply a 'sociology of knowledge' perspective to the text and look at the circumstances of its production. The 'context' involves both the present, but the historical perspective as well, and the circumstances creating that history.....*' [Abbott, 1998, p. 140].

Alvesson, et al [2000, p. 110], claim that critical theory/analysis challenges this assumption, presenting instead that this analytical approach must distinguish what is immovable from what is socially changeable. The latter then becomes the target for analysis. In any social or economic situation:

'*Not all participants carry equal weight, knowledge, experience, wisdom, and the weight of the arguments delivered all carry their influence. ..... Power relations, ideological dominance, and so on infiltrate the communication process, making it difficult or impossible to question statements, or to attain a high level of indelibility, sincerity, correctness and legitimacy in the communication'* [Ibid, pp. 119/120].

This is a factor especially relevant when dealing with populations that are vulnerable. The dilemma emerges when the experiences of the vulnerable are set against the formulaic boundaries of social policy [Beck, 1994, p. 45], which leave the subject impotent to meet their subjective needs. Where Habermas advises that the rationality of power relations determine the outcomes of dialogue, it will be found that community development, while professing values and models of application, may well be opportunistic and pliable in the face of power systems. Philosophically, this may be damaging; practically, it may be an advantage. From the researcher's point of view, discovering these traits may be instructive.

Thematic analysis: '*A theme is a recurring regularity developed within categories or cutting across categories, ... threads of meaning that recur in domain after domain, ... an aspect of the structure of experience, and ..... a theme cannot be an object or a thing. A theme answers the question 'How?*' [Graneheim, et al, 2004, p. 107]. 'Thematic content analysis is the most foundational of qualitative analytic procedures and in some way informs all qualitative methods.' [Anderson, 1997, p. 1].

A broad picture of the thematic content is built up as objectively as can be, and this provides a descriptive overview of the data, and '*forestalls interpretation*' [Anderson, 1997, p.2]. Astride-Stirling demonstrates how these themes, and their components, can be further analysed into patterns of networks. They, themselves, can be described through their connectivity [Astride-Stirling, 2001]. Thematic networks aim to explore the understanding of an issue or the meaning of an idea, rather than to reconcile conflicting definitions of a problem. They aim to discover aspects that are most important behind the text at different levels, and to provide methods best to describe them [Astride-Stirling, 2001, p. 287; Aronson, 1994]. *Community development* and *social planning* have been identified here as themes within the overall spread of professional activity within the scope of this study. Who

leads in this exercise? Who influences what or who in this exercise? Who is identified/empowered to exercise their skills in this field? etc., - these issues present levels of interest below the main thematic headline, and must be explored [Shafer, 1974; Diani, 1992; Clarke, 2002; Clarke, 2004]. At what level are we looking for change, benefit, outcome measurement? The policy strand of this study will be scrutinised for the focus it may or may not sustain across variables as diverse as *personal* and/or *economic* development [Foster-Carter, 1985; WAG, 2000]. This study is concerned with an outcome with policy and practice implications, which are practical, rather than philosophical. Nevertheless, the implications contained within the commentaries on community development will allow us to explore, and to discover the fitness of this professional activity to engage with the policy. Any inconsistencies within the policy framework will allow us to consider what adaptations may have to be made to allow community development to engage fully with these policies. Because this study is dealing in the main with data already sealed and delivered in published form, the textual presentations are not open to variation according to circumstance, as might be the case in a research interview. This will allow fewer opportunities for verifying checks to be made, such as triangulation [Fisher, et al, 2008]. The analysis of the texts and the abstraction of thematic boundaries will be extremely useful in pursuit of the study's objectives.

Resource materials for the research

Research such as this is greatly aided by the new transparency and availability of source materials from government agencies. In the case of the Welsh Assembly Government, a great depth of material is readily available through their website, as all official documentation is in the public domain. This feature applies to most official sources in the U.K., and also to many of the prominent Voluntary Organisations. The latter material is especially important for it is on the Internet that much of the on-going commentary and analysis of state policy is posted by the not-for-profit sector, and, in some instances, by the for-profit sector as well. All public policy in this field of study is heavily analysed and scrutinised by the independent, non-state sectors, and thus state policies, receive highly critical appraisal.

The same approach exists towards communication with the public across the technologically-developed world with whom the British are accustomed to communicate [basically, the 'Old' Commonwealth]. Additionally, there is a wealth of material in the United States of America, where every policy and service option appears to have been attempted, and evaluated across the decades by many States and institutions. Of even greater significance to this research, however, is the archive of historical material on *community organization* [sic]. From the very earliest days of commentary on community organization,

Americans have been writing books about their experience, and much of the earliest material is now available in the Internet through: *www.archive.org* . This archive covers government-sponsored work as well as voluntary sector activities, particularly religious organisations. Significant documents have emerged: detailed insights into the efforts of American institutions, using problem-solving approaches, to deal with the most pressing problems of their times. These include: poverty [Residents and Associates, 1903]; agricultural and rural communities [Lever/US Dept. Of Agriculture, 1913]; the work of Edward Devine [1904; 1916]; the first organised texts on the methods and objectives of community organization [Clarke, 1918; State Council for Defense, 1918; Follett, 1919; Hart, 1920]. The text of the Lane Committee [1940], which sets out the framework for formal definition and instruction for community organization draws a line under the development in the field to the beginning of World War II, and the ensuing economic and social change conditions were to have profound influences on the future of community organization. In this early work can be discerned some of the symptoms of lax definition and omission, which continue to bedevil communication and understanding within social policy concerning community development today [see Chapter 4 below].

Despite the fact that contemporary American community development/organization workers contribute regularly to the [British] *Community Development Journal* [C.D.J.] about current practice in the United States, there is scant mention of American approaches, theories, models or practice in the British literature. This may signify that some of the salient themes found in current social policy in the U.K., and as is reflected in practice analysis in the literature, that there is little cross-fertilisation across national boundaries. Community development practice, as reflected in current policy, is focussed upon issues such as partnership, inter-organisational practice, etc., and the absence of American experience from the internal British discussion on these subjects shows that the essential values purported by the occupation do not extend as far as international co-operation and/or the mutual recognition in intellectual exchange.

This discrepancy may arise historically, because American [and other foreign] material passes more or less without comment in the annuls of community development in the U.K. and Commonwealth. The first, and, in reality, the only significant mention in the U.K. literature of the early American experience appears in the Colonial Office booklet/Report on British plans to develop democratic institutions in the [mainly African] Colonies and Empire holdings [Colonial Office, 1943]. It is explained that [p. 54, paraphrased] ....

In the southern states of the U.S.A., there is work going on in the 'extension' field among disadvantaged Afro-Americans. Black and White live alongside each other but with insurmountable economic and social barriers between them. Health and other specialised workers (agriculture, education, e.g.) worked alongside each other as a Field Service Unit.

They demonstrate how the school and the general community can move forward together. They 'awaken the people to a sense of their needs'...and how to meet them.

This publication marks the dawn of British literature on community development, spawning the *Community Development Bulletin*, the forerunner of the C.D.J. The *'Bulletin'* was specifically designed to act as a communication vehicle for British Colonial development administrators, District Commissioners, and the like, as they pushed their respective colonial dependants towards Independence. Based at London University, the *Bulletin* was edited for most of its life by Professor Batten, who wrote the earliest texts for British overseas development workers [see Batten, 1957; etc.]. These texts attempt to translate policy into a framework that is somehow an 'approved practice methodology'. In investigating the heirs to these early works, we shall see that, in many respects, things have not moved on very far. Luckily, these texts are readily available [the exception being the C.D. Bulletin]

Defining the subject components

The role of the state and the development of social policy: Firstly, there is the question of the role of the state in the process of financial and social support for older people in the community. In light of the build up of excessive demand for social, residential and community support for an increasingly ageing population, a mechanism is required to ensure that the necessary support can be generated [Acheson, 1998; National Assembly for Wales, 2001; WAG, 2003c]. Both within and outwith government circles, there is general agreement that the continued reliance by the state on a network of benefits and social services providing social and financial support for the vulnerable groups in society has not proved malleable or flexible enough for the reduction of the burden on the state over past generations [Auditor General, 2006; WAG, 2003a]. Thus, the possibility of a fresh approach to this question might be welcomed by those planning future social policy. Part of the way forward is to engage the client groups themselves in the exercise of planning and delivering services. The WAG Strategy for Older people put it thus: *'To enhance the engagement with and participation of older people in society and at all levels of government'* [WAG, 2003c, p.14]. It is interesting to note the direction from which this initiative is coming – from the top down, and not vice versa [Bury, 2008].

In 2011, and for the past eight years in Wales, there is a continuing crisis in public finances. This has been generated by a steadily increasing public expenditure on health and welfare services, a general lack of growth in the tax base in a sluggish economy, a legacy of fiscal confusion and increased national debt. In the U.K. as a whole, net debt has risen from 38% of Gross National Product to just over 60% in 2010 [Office of National Statistics, 2010]. This process continues to worsen. Figures for Wales are distorted due to the Barnet Formula funding structure, and the responsibility for debt interest by the U.K. Treasury

[Twigger/H. of Commons Library, 1998]. The government is now obligated nationally and internationally to reduce public expenditure drastically in order to create a more viable economy for the future prosperity of the nation. This situation is likely to endure for the foreseeable future.

In light of this, specifically in the welfare sector, a demographic shift towards an older population, together with a measurable and predictable increase in the number of people living at the margins of financial sustainability, particularly as they grow older, pressure on public services is likely to become more intense than ever [WAG, 2007a – Fulfilled Lives; Independent Commission for SS's, 2010]. This question is dealt with, in detail below, in Chapter 6. From the study of the policies, both national and international, it will be seen that there are some, albeit not many, explicit references and exhortations to administrations that they should seek alternative and expanded approaches to providing support for their vulnerable populations [Centers for Disease Control, 2007; Chief Medical Officer, 2004; Dahlgren, et al, 2006; Whitehead, 2006; Department of Health, 2009; Norman, 2010; Wanless, 2003; WHO 1986, & 1997].

The state, at national level, has certain limits to its powers to intervene at the local level. These powers have been delegated to local government across centuries of struggle, negotiation and as a consequence of the advance of democracy and active citizenship at all levels. The creation of the National Assembly for Wales [NAW], in 1998 [Government of Wales Act 1998] opened up a fresh approach to transparency in the relationship between regional government and the local civil administrations. [Note: the NAW recognised in 2000 that it needed to distinguish between actions and policies of the Executive Welsh Government from the overall instrument of governance in Wales. NAW became the legal term for the instrument of governance, while *Welsh Assembly Government* – WAG - became the name of the Executive, its policies and administrative processes. In 2011, the WAG was re-named the *Welsh Government* - WG].

One of the earliest of such policy documents, prepared as a foundation framework for the new NAW [Welsh Office, 1998], set out the stall of 'central' government [NAW] in its role of influence over local authority activities, in public health in particular. *Better Health Better Wales* [Welsh Office, 1998a, pp 4/5] made explicit the form of local administration that it wanted to see implemented:

[Sustainable health was to be …]

'[The] cornerstone of our new approach is to put in place new partnerships and real collaboration aimed at sustainable health and well-being. At the local level, each of the determinants of health affected by public policy - environment, employment, housing, access to leisure, health and social care, education and other services - should be considered together rather than as separate policies ,taking into account their potential impact on health'

The new structure for government was going to aim at ensuring that wasteful and outdated methods of administration were jettisoned in favour of those which might bring more immediate benefit, better value for money, and more efficient working practices into being. Britain's Thatcher Government, in 1985, instigated considerable limitations of local authority spending powers through its 'Rate Capping' policy and intrusive audits into Local Government financial expenditure [Local Government Finance Act, 1982]. When fresh financial strictures became inevitable in 2003, when the considerable government deficit first became a publically stated fact [Wanless, 2002; WAG, 2003a], WAG clearly demonstrated the dilemmas in spending options and the consequences of any restrictions for local government, as it debated the ring fencing of spending for the National Health Service in Wales [Williamson, Western Mail, 09.11. 2010].

In the detailed examination of the WAG policies in Chapter 6, a search will be made for thematic development across health and social welfare policies. The study will explore how, if at all, emphasis has shifted across the first 12 years of WAG governance, and whether or not there is coherence within this policy that is sufficiently focussed to deal with the social problems arising out of an ageing population.

Because of the dual focus of this thesis, there is a need, also, to consider the stance that the state takes on the question of community development. In this study, care has been taken to consider various terms associated with planned social change, sustainability, and development. As is considered below, the state has, at certain times faced in contradictory directions regarding the values, the models, and the means for obtaining social change through this medium. In many respects, community development represents the essential contradiction of: '*government of the people, by the people*'.

As will be shown, in the U.K., community development, at both the national and at the local level of government, has become a contrivance for the manipulation of people, communities, and agencies of government, themselves, into creating change. The direction of this change has [mostly] been, at the very least, mapped in advance by an agency empowered and primed for that role. In other words, community development, at the level of government, can represent central or regional governmental interference in local affairs. At the local level, community development can [usually, must] represent local governmental interference in the democratic processes [Addams, 1912; State Council of Defense, 1918; McClenahan, 1922; Loney, 1983; Rothman, 2001; Clarke, et al, 2002]. It will be shown that in different countries, the state may adopt a different attitude towards social change. In fact, the British state may affect different standards and plan different outcomes, depending on where this investment is made. As a proportion of U.K. Overseas Aid is devoted to community development objectives, the literature may reflect this in a variety of ways. This study will

endeavour to determine what the differences are in this regard. For these reasons, it is necessary to determine just what is meant by the term 'community development'.

We must also distinguish in this thesis between spontaneous, and even continuous, organised, citizen action and those activities that are the outcome of a focussed intervention by an agent of some kind, who has the specific intent of promoting development. This extends also to the creation and sustaining of local institutional activity, for example religious organisations, local campaigns around 'political' issues such as traffic congestion,

Community development: There are a number of terms currently in use to describe this activity: community development [Barr, 1996; Clarke, 1996], community organization [Ross, 1955; Brager & Specht, 1969; Rothman, 2001], community organisation [Henderson & Salmon, 1995], community regeneration [Adamson, et al, 2001], community empowerment [Craig & Mayo, 1995]; social action [Cannan & Warren, 1997], social development [Midgley, 1995], social planning [Marris, 1982; Plummer, 2000], community health development [Thomas, 1995; Lebonté, 1999]; rural development, [Chambers, 1983]; social work [Lane, 1940; Clarke, 2000], neighbourhood work [Henderson & Thomas, 2000], participatory practice [Ledwith, 2010], communitarianism [Etzioni, 1993], ... even, under exceptional circumstances, community work [Calouste Gulbenkian, 1968; 1973; Popple, 1995; Twelvetrees, 2008].

A definition I have used myself in teaching over thirty years has evolved into this:

Community Development is a professional intervention strategy, aimed at producing a programme of planned social change. This involves the mobilisation and integration of the maximum amount of social and other resources at all levels for the achievement of that change.

Within this process, the professional community development worker assumes the responsibility of preparing and organising the social and institutional forces available, notably the local and greater community, its organisations at every level, and the setting up of the appropriate planning structures and implementation programmes. This involves: liaison with established institutions and organisations, the recruitment, identification and training of leaders and other support personnel, the creation of new organisations and organisational structures, and the development of learning processes which help to sustain existing activities and nurture fresh initiatives. The recording, monitoring and evaluating of these processes and their effects is of critical importance.

There are a number of distinct schools of thought involved in this terminology, and it will be a task of this study to separate them. What we do know now is that that is a more-or-less complete divide between American literature and British [including the Commonwealth] literature. Also, there is virtually no cross-over between the literature describing '<u>developed</u>

economies community development' and that describing 'developing economies community development'. Interpreting this terminology, and establishing themes of philosophical and action frameworks from the literature across and within these schools of thinking, will be necessary. The question of just what constitutes 'professionalism' within the definition is another moot point. Does the 'professional', working for an agency, and as a person with training, personal ethical and moral outlooks take direction, and, if so, from whom – the 'client population', if identifiable, or the employer? Is there such a thing as professional independence and autonomy in these matters? Who is managing the planning, and for whom? Although there are National Occupational Standards for qualification in community development, there is ample room for argument about the value approach of workers in defining their actual client group, deciding how ethical boundaries are to be drawn, and how priorities are established in setting objectives. The role of *social planning* [see below] within community development is of special significance in this discussion [PAULO, 2003; Barr, 1996; Clarke, 2000; Clarke, 2004]. Defining these undercurrents intensifies the complexity of this study.

Various themes are going to emerge from the literature concerning the fundamental value base of the activity [and stated ethical/moral stance]. The essential differences in this spread of forms concern the questions of *Building Consensus V's Building Conflict V's Managed Change*. A poignant question for theoreticians and for practitioners is: '*Within which of the above categories is the analysis made in a particular planning/practice situation?*' For trainers, theoreticians and practice managers the question might also be: '*Can the three approaches be combined, and, if they are not, what are the consequences for the community/system involved?*' The following discussion will unpick the complexities and show how the source materials for this thesis must be examined if they are to bring some systematic sense to the on-going discussion about the nature of community development.

At this point, it is worth noting that almost all community development practiced in the U.K. since World War II has been directly or indirectly sponsored by the State. As the State in the U.K. generally lacks the power to intervene directly in the local situation [see Local Government Act 1868, et seq.], funding for local community development emanating from central government policy often takes the form of direct grants to the Local Authority or to the Voluntary Sectors [see Hansard, *HL Deb 11 June 1968 vol 293 cc3-4*, regarding the establishment of the Young Volunteer Force Foundation, in 1969]. More recently, after being badly stung by the experience of the national state-sponsored Community Development Project in the 1970's [Loney, 1983], local and central governments have begun, tentatively, to enter the field again. A good example of this in Wales is the *Communities First* programme of social and economic regeneration [National Assembly for Wales, 2000].

In the United States, a similar statutory situation exists, but the Federal Government does have certain powers to over-ride '*States' Rights*' when a situation of National urgency arises – the AmeriCorps VISTA [*Volunteers in Service of America* – from 1965, until today, founded under Lyndon Johnson's *Economic Opportunity Act* of 1964], and War on Poverty schemes [Cox, 1970]. At the launch of the *War on Poverty*, President Johnson stated that the Act would:

'.... give every American community the opportunity to develop a comprehensive plan to fight its own poverty - and help them to carry out their plans.' [Johnson, 1964]. However, although this central intervention was/is still managed at the local level by local Boards, this central government initiative did not gain universal approval [Marris & Rein, 1967].

Beyond the role of the State, in the USA, there are other major forces at work in the community. These are the huge philanthropic Foundations, such as the Ford Foundation, or the Bill & Melinda Gates Foundation [Bill & Melinda Gates Corporation, 2007], which endow community effort in many situations. There are other major institutions, such as the Churches [especially the Roman Catholic Church], which make funds available to local communities for social programmes and local regeneration issues. In the United States, most 'charities', non-profit organisations, operate similar to corporations. They see themselves much like normal businesses, and have no qualms about entering into associations with finance institutions, 'leveraging' loans with their own fundraising resources, etc. [Twelvetrees, 1996; Orozco, et al, 2008].

Consensus: Consensus is most often the unspoken agenda theme for that form of community development that is described, promoted, sponsored, staffed, [sometimes] evaluated, and [most often, unfortunately] under-funded and under-managed and prematurely cut off, by the State. From this concept, immediately, emerges the difficulty that stems from power relations. These arise when problem-solving initiatives come face-to-face with the underlying nature of the problem that has to be solved, and vested interests and formal protocols seek to sustain the status quo. Friction between the practice element of the programme and its managers/sponsors is the usual outcome, which at times can become virulent [Inter-Project Editorial Team, 1977]. An investigation will be made of whether or not consensus can be built up, contrived, and, if this is possible, can it, or how should it best be, sustained? What form of consensus can be established that is not merely a conduit for the opinions and objectives of the sponsors, especially should these sponsors be powerful and coercive?

Almost every book published in the U.K. on community development in the 1960's held to the principle of consensus, or social-management-without-conflict by the instigators of this form of planned social change [Batten, 1957; 1962; & 1967; Kuenstler, 1961; du Sautoy,

1962; & 1966; Littlejohn, 1965, Leaper, 1968] The most prominent forms of this, written specifically for the U.K., set the scene for the coming decade in establishment thinking. This was, firstly, the '*group work and neighbourhood development'* framework [Kuenstler, 1955; Goetschius, 1969; Barr, 1996; Henderson & Thomas, 2000], where [e.g.] Goetschius highlights the opening up of positive communication, and resolving any conflicts that may arise [1969]. Secondly, the government-initiated, but privately sponsored Calouste Gulbenkian Study Groups drew attention to the possibility of a rift between interest groups, but decided firmly that there are three forms of community development: *grass-roots work with community groups*; *inter-agency co-ordination*; and *social planning* [Calouste Gulbenkian, 1968; 1973] – all consensus models. The vehicle for delivery of this method of social change would be mainly in the Youth Work or Social Work sectors of professionalism [Seebohm, 1968; Min. of Education/Albemarle, 1960]. Later on, when the political atmosphere surrounding social intervention of this kind had changed [see 'conflict, below], Barr set out his claim that to organise along conflict lines would have been dysfunctional [1977, p. 17]. Subsequently, this outlook made a heavy impact on official British community development thinking, and this view still pervades the policy documents on the subject published in Wales [WAG, 2000]. A whole new tranche of terms have been introduced, almost without examination or criticism – participation, social capital, capacity-building, empowerment [National Assembly for Wales, 2000; Dasgupta et al, 2000; Field, 2003; WAG, 2003b; WAG, 2006; WAG, 2009], and these are in need of critical examination.

At every level, careful examination of the texts is going to be important to discern the nuances of meaning and intent in this body of literature. In the United States, similar difficulties were being experienced, but there was already an expanding body of literature, which gave substance to a much wider range of approach and values than that emerging in the U.K. [Ross, 1955; Dunham, 1958; Biddle, 1965; Rothman, 1968]. It is evident that there, too, there is confusion over the problem of non-cross-over between sectors/approaches. For example, Rubin and Rubin [2001] make no mention of Rothman [1968 et seq] in their influential text on *Community Organizing*, which appears, to an outsider, like professional jealousy, as Rothman is a towering figure in the annuls of U.S. community organization literature and teaching.

Returning to the U.K., another class of literature exhorts professional workers that their true calling stems from the organic spirit of certain classes of people, who need to recognise their potential in order best to resist the State and all its policies [Corrigan. 1975, Cockburn, 1977; Bolger, 1981]. Consensus-building, in this instance, is different from that promoted by straight-forward problem-solving of a more general nature. There are two forces at work: 'them' and 'us', and we must work towards internal consensus in order that we can unite

against 'them'. In the 1960's and 1970's, there was a whole lexicon devoted to class-based analysis within community development. Today, this has been diluted somewhat into a standard proclamation about 'working for social justice', and 'basic human rights' [Ledwith, 2010].

Conflict: Formalised conflict is the essence of the adversarial nature of our political and judicial systems, and so it must be inevitable that, where civic engagement is systematically developed, that the potential for conflict within the parameters of democracy must be enhanced. Problems arise when those drawn into the processes of social change of this nature are not also prepared in advance for the rules of the game. Community development has played around the edges of this process since it was first formulated. From the 1940's onward, in the United States, one particular framework for practice was being developed that focussed on the generation of conflict within society as a legitimate professional goal for community organizers. It was demonstrated in some communities that only through applying this method would marginalised peoples be empowered to work towards the achievement of the 'American Dream' [Alinsky, 1957, 1969, 1972; Fisher, 1993]. This approach did not preclude the founder of the method from being vilified as a 'communist', a 'Jew', a 'fascist', etc. [Alinsky, 1957].

In 1970, O'Malley recorded the frustration and exhilaration of confronting the local Council on planning decisions that worked against the perceived community interest. The tone of this was two dimensional, however, as opposed to the American conflict model. O'Malley was adamant that it was the class interests, as well as the material interests, of the people that were being oppressed. The social value of this class of poor, working people was being denigrated by the administration in a move to deprive them of their small-value homes [O'Malley, 1970]. Like so many similar confrontations of this nature in Britain at that time, the outcomes were not positive for the 'oppressed class'. In this study, we have not considered *spontaneous citizen* action, however well-organised in its own right it might be. Spontaneous action should not be confused with *community development* – which is agent-enhanced citizen activity. In the case of O'Malley's Golborne/London situation, the issue is considerably confused. Notting Hill was seething with community action at this time, led by activists and pamphleteering: *Oz Magazine*, Michael X and Black Power, Darcus Howe and the Black Panthers, *Release* [with Caroline Coon & Richard Branson], [see Notting Hill *Timeline* Chapters 11& 12], - years of unrest following the anti-fascist, and anti-Rachman riots of the 1960s, and then the London West Way controversy, homelessness and total disenchantment with organised democracy [O'Malley, 1977]. In fact, in Golborne throughout the whole of the Neighbourhood Council episode, a community development worker, Pat Healy was in post [I know this as I was on professional placement with him *in*

situ during this episode]. Healy supported the community leader, George Clark, in his work to establish a legally-recognised form of community representation, a Neighbourhood Council, in Golborne. Whereas, Darcus Howe was an organizer for the *Black Panthers*, but in the role of an *activist*, rather than as an agent, the lines are often hard to draw in practice.

In the Alinsky [U.S.A.] approach, all citizens needed to be reminded of the fundamental traditions of American political organisation – power goes to the best organised, and ordinary people possessed the means, if organised properly, to grasp this power for themselves. The overthrow of the American state was never the question there, nevertheless, in the case of San Antonio, Texas, a social movement organised along Alinsky lines has successfully taken over the administration of the city [Fisher, 1994; Chambers, 2004]. In this case, the boundaries that have to be examined are those between *social movements* and targeted community development initiatives [Burdick, 1992; Foweraker, 1995].

In Britain, however, the pretentions of the activist writers saw a different agenda. Social tensions gave rise to more militant social resistance to change [immigration, urban redevelopment, homelessness, etc.]. In 1968, the government of England and Wales was planning a major investment in a network of community development experimental projects covering a wide geographical spread, from urban London [Southwark, Waltham Forest] to rural Cumbria [Butcher, et al, 1979], and the Afan Valley [Penn et al, 1977]. In 1970, Hodge had commented that community development had been applied without proper consideration or insight [Hodge, 1970] and by 1972, the Royal College of Health discussed the problems of urban discontent, how participation and civic empowerment could be enhanced, and how social conflict [including civic disobedience] could be diverted [Blair, 1972]. '*Community development officers should be appointed to secure the involvement of those people who do not join organizations*' [Blair, 1972, p. 159 – my emphasis]. This programme of community development projects [the CDP], together with a parallel investment in local authorities' own schemes [the Urban Programme], costing a total of £27millions, between 1968 and 1974 [Batley, et al, 1975]. Tensions rose rapidly in the CDP areas, and, within three years, local authorities were demanding the removal of these projects due to the civic resistance they generated [Loney, 1983]. The literature emanating from these sources called for the overthrow of the economic order, the formation of alliances with forces dedicated to that cause [the Trades Union, apparently], and the adoption of a strict Marxist orthodoxy [Corrigan, 1975; Smith, 1972; Bolger, 1981; Leonard, 1975a; 1975b; 1979].

The task here is to delve deeply into the aims, methods and outcomes of the interventions, to discover the boundaries and to try and trace the actions of the instigators of the social change process. In this way, the relationship between '*development*' and planned social change can be identified.

Social planning: In most government documents, the outline of policy contains instruction, or the hope/ambition of the responsible Department of State as to the intended outcomes, and something of the structure that will be used, through which to achieve it. The explicit approach is that there has been considerable deliberation, and that, as a consequence of that deliberation, certain action priorities have been decided. At the level of implementation, therefore, we will have to decide whether or not social planning, in the community development sense, is the way forward. A good example of this is the WHO Europe Strategic initiative: the *Healthy Cities Programme,* which, within which the U.K., is still a very active player [Tsouros, 1990; WHO Europe, 1996; Boonekamp, 1999; National Public Health Service Wales, 2009]. In 2009, the Welsh Assembly Government put it thus:

'On top of individuals taking responsibility for their own health, all our partners have a significant role to play. This includes the Welsh Assembly Government, the NHS, Local Government, the third sector and the private sector [WAG, 2009, p.2].

The NHS will mainly be responsible for the discharge of this role, and partnerships will provide the framework for implementation. Health and well-being for all would be the objective, and the most deprived groups would be targeted strategically. Other strategies targeting poverty, especially child poverty, and community cohesion will be introduced [WAG, 2009, p. 13]. Spelling out the precise processes of policy-implementation is more difficult. The Local Strategic Partnership [LSP] is the preferred vehicle for on-going strategic development in Wales [and in the rest of the U.K.] under the Local Government Act 2000 [see also DETR *White Paper*, 1998]. The difficulties in achieving the aims of this strategy are spelled out in *People, Plans and Partnership* [WAG, 2006].

The exploration of how the community development approach to strategic planning can fit into this framework will be the function of Chapters 5 & 6, below. Certainly, the model has been tried in many cases, with varying degrees of success [Marris & Rein, 1967; Marris, 1974; Rein, 1977; Morris, 1980; Swedner, 1982; Midgley, 1995; Clarke, 2006]. There is evidence of much advance in thinking between the earlier introduction of the strategic approach to local planning and today's practice, but what is evident is that central government, because of its statutory limitations for acting locally, has not been able to impose much coherence in approach [WAG, 2006]. In 1998, the DETR had anticipated:

'Clause 3.25 The Government recognises that under any model it will be vital to have clarity about roles, and in particular about where powers to act will reside and the degree of veto or control.' [DETR, 1998]

In 2006, WAG reported that there were:

'*... problems in defining who the community is and how to engage them. Community councils are seen as out of touch and unrepresentative so existing structures are not seen to be working'* [WAG, 2006, p. 220].

There is considerable controversy around this role from a values and ideological standpoint. Sanders [1975] highlights the dilemmas of the professional organiser engaged in steering a change of policy through in this developmental mode. The complexity of the role, described in these three sections, when all dimensions of the community development spread of focus have to be adopted, is described. The main task of this thesis is to consider the literature, and to discover what consequences for interventions have emerged due to the assumption of more or less ambitious roles in this regard. Rein [1977] considers that the process of social planning usually boils down to a conspiracy of elites, which is justified to the world by citing the breadth of spread across the elite stratum within the planning structure. Grosser claimed that as many of the planning processes are aimed at alleviating the lot of the poor, but, as the disadvantaged are not fully engaged in the planning and delivery process, it is hard to claim that it is being down for their benefit at all [Grosser, 1975]. Slavin describes how the inevitable frictions that emerge out of differing perceptions of the course and direction of planned change can and should be managed [Slavin, 1975]. Many of those who advocate conflict [see above] would stress that submerging parochial interests in joint and co-operative action through a planning implementation process is a betrayal of parochial interests, and should be challenged and avoided.

The above three frames [consensus, conflict, social planning] through which community development can be analysed may, or may not be sufficient to the task. Certainly Thomas, [1983] would go further, and would attach more significance to the form of intervention regarding target groups. Rothman selected a structural approach when he chose *locality development, social planning* and *social action as the 'Core Modes'* for his classic framework [Rothman, 2001, p. 27]. Rothman recognises that values are often pluralistic and conflicting, '*and may well come in pairs of divergent commitments'* [p. 60]. As community development has to be applied across a wide variety of settings and scales, the specification of structure may be a limiting factor. Structural systems lend themselves better to evaluation and measurements of effectiveness than do attestations of value. Nevertheless, it is possible to use both approaches for analytical purposes. This will be analysed in Chapter 7. Walton [1975] stresses that if problems are to be solved through this process of planned social change, then differences have to be recognised, and this boils down, finally, to identifying value differences and working on points of mutual interest in order to find a solution [Walton, 1975, p. 383].

Defining old age

In order to assemble a framework for the description of a generic model for community development that was both sustainable and consistent, it has been necessary to hang it on a 'hook' to give it a reference point that is both relevant and accessible. It will be shown in the model that is analysed here that community development is a 'holistic'/ecological and universal concept and process. In striving towards a model that is capable of being measured in terms of its effectiveness, it is necessary to describe the specific whilst attempting to perceive a generalist theory. In this study, the area of social concern chosen for this purpose is that of the ageing of the population in our society, and the issues that raises. In reality, this definition is necessarily blurred, despite its recurrence in policy.

In 2002, the United Nations described the need for a nation to anticipate ad to plan for the ageing of its population:

'*While recognizing that the foundation for a healthy and enriching old age is laid early in life, the Plan is intended to be a practical tool to assist policy makers to focus on the key priorities associated with individual and population ageing.*' [U.N., 2002, p. 7].

The WHO, responding to these demographic shifts over the years, described this process a gradual state for individuals, and a cause for policy concern for nations [WHO, 2002]. For older people, fewer premature deaths, despite heightened alertness and better service provision, will bring consequences of raised levels of medical dependency and socially-provided support systems. In 2002, the WHO was genuinely fearful that the rapid ageing of the populations: '*will lead to an unmanageable explosion in health care and social security costs*' [WHO, 2002a, p. 42]. In 2004, WHO re-emphasised this outlook, and stated that the U.N's 2002 Action Plan [U.N. 2002, p. 9 et seq] would be targeted at the level of Primary Health Care [WHO, 2004a] . Through this approach, it was envisaged that a higher proportion of resources would be shifted to community settings that would: '*contribute to a long-term process of incorporating social determinants of health into planning, policy and technical work at WHO'*. [WHO, 2004b, p. 1]. For success in this area, the active participation of people, aged, ageing and younger alike, must be enlisted in active engagement with their personal and community health issues [WHO Europe, 2002]. This study of policy in both the WHO and the Welsh Government shows how the '*social determinants of health*' are employed as the most relevant framework for shaping priorities for intervention. It is the contention of this study that only an ecological/holistic approach can produce the coherent and sustainable outcomes that the policies demand.

For the achievement of this, WHO describes a process of societal and community engagement that embraced the whole range of human activities and needs. The success of such an outlook and process would necessitate the integration of state policies and human activities so that the changing social and individual needs of the population might be met –

ensuring human development, personal and community safety, political and economic fulfilment [Ibid, pp. 5-8]. The promotion of good health for all is of the essence [WHO Europe, 2010].

Chronological age, itself, is not of a great deal of relevance, were it not for the socially constructed impositions on ageing people [Phillipson, 1982]. In many developed nations, retirement age is a major defining moment in economic life, and dependency on relatives or welfare support systems poses another landmark in the social calendar of '*ageing*'. Whereas institutions seeking health-for-all solutions to public issues requiring investment and maintenance attempt not to define the situation too tightly, nevertheless, such 'definitions' emerge into common parlance and into policy documents, also.

In 2002, the WHO sought to produce a working definition so that its world-wide resources might better be allocated and deployed [WHO, 2002b]. They decided that local custom, policy and individual circumstances should determine whether or not a person needed intervention or support from public service, but that services must be geared to provide that support, should it be needed. The planning of such support might anticipate that persons over the age of 50 years could be targeted for such planning and service design requirements. In 2009, the WHO Europe commissioned a targeted study to explore this aspect of policy [Rechel, *et al*, 2009]. This study reported that prevention should receive a raised profile in the design of services, and that the chronic conditions often identified with ageing could be offset through making this a priority [Ibid, pp. 18, et seq], and that '*participation in society*' was one of the most effective means of preventing symptoms of ageing [Ibid, pp. 21-3]. The Welsh Government has followed this framework since it began is *Strategy for Older People* approach in 2003 [WAG, 2003c; 2007f]. As is described below [Chapter 6], old age in Wales is used as a lever to raise general awareness of the issues around ageing and to reshape community and public services to build well-being, social inclusion, and material sufficiency as much as it is to focus upon personal, pyysical and health questions [WAG, 2007f].

The challenges raised by an ageing population

One of the challenging areas facing modern society is the issue of the impact that an ageing population has on the social structure, the cultural mores, and the way in which the changing needs of this sector of the population impact on the economic and welfare resources. The fight to provide equality of health opportunity, together with the emergence of universal provisions of education, economic opportunity, and primary care within developed societies have to produced societies with ageing populations that combine the expectations of independence, economic self-sufficiency, with an on-going social role that is both personally fulfilling and respected as such in society at large [WHO, 1947; Newell, 1975; WHO Europe, 1981; Welsh Office, 1983; Kirckbusch, et al, 1988; Tsouros, 1990; Dahlgren &

Whitehead, 1991; Wallerstein, 1993; Singer, et al, 1998; Welsh Office, 1998a & b; WAG, 2003a, & b; Age Cymru, 2011; OPCforW, 2012; WG, 2012; WLGA, 2012].

In 1958, Jensen reflected the need for the reform of attitudes towards older people in society when he called for a radical change in outlook towards older people, whose status had been eroded by changes in family living patterns, economic and social forces, and technology [Jensen, 1958]. In a society driven by materialism and science, social role validation had usually to be achieved personally, rather than having status ascribed to individuals. Role validation was now being determined by the capacity of the individual to perform the functions now being required by the new value system. Older people were being pushed aside if they failed to function at the level required, and their perceived social worth declined. This was emphasised by Townsend, who considered the rise of the new *retirement culture*. Within this were absorbed many or most of the culturally-displaced older people, and their defined roles as *retired* became a euphemism for unemployment. The replacement of wages by pensions then reinforced a slide into dependency and poverty for many older people [Townsend, 1981].

Where increased longevity also saw a rise in infirmity, demands on the health and welfare systems increased, and pressure on services, coupled with material dependency and loss of family status, saw older people become stigmatised as a group [Andersson, 2000]. This was resented by older people, and their supporters. Nevertheless, despite their reluctance, they were often under pressure to adapt their lifestyles to residential situations that reinforced the stigmatisation of wider society [Bland, 1999; Lloyd, et al, 2014].

In a seminal document in 2002, the United Nations recorded the desire of nations to recognise the new situation: the changing demography and lengthening life expectancy across the globe, the development of rights and responsibilities within and between nations in their cultural attitudes and statutory policies regarding older people, and the severe consequences that were incurred when the potential and contribution of older people were ignored [United Nations, 2002]. Their contribution across the economy and social structures of society must be recognised [Ibid, p. 10], and the active participation of older people at all levels, as participants and as decision-makers, must actively be promoted [Ibid, pp. 3, & 10 et seq]. Older people must be considered to be full members of society in all aspects of public life, and their needs within their private lives must also be given heightened priority [Ibid, p. 36 et seq]. Older people are an asset, and not a burden. The immediate upshot of this Report was the convening of an international meeting in Vienna in 1983 to verify these findings and to decide on an Action Plan for nations in their search for their policy framework for older people [United Nations, 1983]. From this Action Plan, nations were able to develop consistency in their approach to planning, implementing and analysing progress towards attaining the objectives of their domestic strategies. In Chapter 5, the work

of the U.N's associate agency, the World Health Organization, will be examined in depth to discover how this agenda is carried forward as an international initiative.

Since the emergence of these fresh appraisals of the place of older people in society, role changes have been profound in many cases, and these changes, mainly from dependence to independence for older people, present an infinite range of aspirations, requirements, and social adjustments as they are also accompanied with the development of individual patterns of need as old age progresses. 'One-size-fits-all' remedies are no longer considered to be appropriate [Wanless, 2006; ICSSW, 2008].

The theme of 'Planning with Communities'[Illsley, 2002, pp. 1-5; Tsouros, 1995] for those providing services to the public now resonates powerfully within policy documents, and the role and needs of older people feature prominently within them [WAG, 2002a & c; WAG, 2004b; WAG, 2006d; WAG, 2007a; Wales Centre for Health, 2007; WAG, 2008e; Wellbeing Wales Network, 2010; WAG, 2011a]. This study sets out the task facing those seeking fully to take up this challenge [Green, et al, 1996; Harding, 1999; ICSSW, 2010]. It explores the policy framework as it has developed, both nationally and internationally, and seeks a holistic approach that is consistent within this framework. Whereas specific policies that target the needs of older people may be necessary in order to remedy perceived shortfalls in support and engagement processes, social and governmental attitudes towards inclusion and engagement require that society as a whole is considered as the focus for sustainable change and development [Dahlgren, et al, 1991; Dahlgren, et al, 1992; Whitehead, et al, 2006; WAG, 2010e]. In Sweden, reform of the health and welfare service systems sought to reverse this trend through the adoption of a fully integrated model of supportive social care and full recognition of older people by the community. This needed to be flexible and adaptive for the accommodation of changing needs through the ageing process [Andersson, op sit], and this theme has been taken up by Payne [2012] in the search for a more holistic and supportive model for British social work, within the question of social inclusion [Warburton, et al, 2013]. It will be suggested that community development is a mechanism that can go a long way to meet this challenge.

Below [Chapter 6] we describe the efforts that the Welsh Government has made to promote a policy climate that is amenable towards and beneficial to the needs of an ageing population. In 2003, three documents heralded a departure from the traditional approach to the provision of universal welfare benefits. In its publication of its Health, Social Care and Wellbeing Strategy [WAG, 2003d], WAG underlined the holistic approach it wished to follow in the achievement of welfare objectives – '*social, environmental and economic factors*' were to be taken as a whole, and 'community development' was to be one of the vehicles for achieving this [WAG, 2003d, p. 49]. This was followed by its *Strategy for Older People in Wales* [WAG, 2003b], where the overarching philosophy was to remove as many barriers to

participation by older people in all aspects of society, whilst gearing up services to provide support where and when it was most needed [Ibid, pp. 11-13]. The then Minister for Health and Social Services, Jane Hutt, emphasised that '*Older people play a vital role in society and we must ensure this is recognised and that their contribution is both valued and further enhanced.*' [Ibid, p. 5]. This policy document launched a defined phase in the Welsh Government's adoption of the framework originally delivered by the Welsh Office in its handover of administrative guidance in 1998 [Welsh Office, 1998b], and a purposeful step towards achieving the objectives of the earlier '*A Good Old Age: an initiative on care of the aged in Wales*' [Welsh Office, 1985], where 'self-help and self-care' should be the essence of any approach to the support of the older section of the population [Ibid, p. 8]. As we shall see, however, there was to be a long and unfulfilled attempt by government in Wales to achieve the '*pooling of local authority and National Health Service funds... [and the] removal of the structural obstacles*' in the way of attainment of common goals as envisaged by the Welsh Planning Forum in 1994 [Welsh Planning Forum, 1994, p. 18].

In this study, guidance has been taken from the United Nations/WHO leadership in focussing on holistic analyses and sustainable objectives. The Welsh Government has taken steps to realise this scenario, including the first, within Europe, Commissioner for Older People, in 2008. The work of this agency will be examined below [Chapters 6 & 7], but suffice it to say that in the latest statement by the Commissioner, only one of the 12-point statement of priorities can any inference be drawn that a community-wide, developmental and proactive plan of action will be possible [OPCforW, 2013] . Since 2008, there has been very little deviation from the original framework, laid out by the first Commissioner, and there is little evidence from successive Annual Reports, etc., that might indicate that the Commission might envisage a developmental approach [OPCforW, 2013; 2012 a&b; 2011a&b; 2010]. In 2010, the Welsh Government inaugurated the *Welsh Senate for Older People,* but no moves have been made there to enhance the empowerment of older people *per se* through this route [see Chapter 6 below]. If this trend continues without a change of heart and direction, there will not be much scope for a holistic model to be implemented [see Chapter 7 below]. The aim of a holistic change model, which we explore in ths study, is to discover a mechanism for independence for all through inclusion in economic, social and political life, and sensitive and sustainable support as needs change over time. Such a mechanism has to be sufficientl;y flexible to account for the varied circumstances of each individual, be they geographical [urban/rural], ancd cultural. One-size-fits-all solutions cannot meet these criteria.

Personal experience as a factor in a research exercise: Without any over statement, there are only very few community development workers in the United Kingdom with the depth, length and breadth of experience that I have accumulated over a long and varied career. One

of the purposes in writing this thesis is to set some of this experience within an analytical framework, which may prove to be of assistance to others working in the field, and/or framing social policy to enable community development to flourish in the future. This study will use this experience to assist in describing some of the strengths and weaknesses of current policy and practice, as well as drawing on an extensive history of records, commentary and analysis that is currently available. One particular aspect of the future to which this study might well be put is to address the status, objectives and framework for current training practices. For this we will try and set out some of the obvious failings in the current methods of preparing community development workers for the field. This is an area in which I have over 25 years of personal engagement, and it hoped that some of these lessons will prove to be useful to this study. I also intend to describe just what the potential field of work is for potential workers, current employees, and the managers of the funding and development openings that may, and can, exist in our society, especially in times of economic recession, financial shortages, and a social climate which is searching for a solution, if albeit, only partial, to the problems that present at community and administrative levels.

I fear that, in some respects, my career as a community development worker at first followed the path worn out by a great majority of people in the same career. They started from scratch, with no experience, no learning in the subject, and they were [and are still being] left to fend for themselves until they become somehow adequate in their job. Failing that, they either leave, or, worse, continue until their work opportunities and/or funding run out. This is not recorded in the literature, but in the analysis of the literature, symptoms of this trend will be sought. One of the purposes of this study is for one to apply the lessons of experience in such a way that these trends and tendencies can be revealed. It is hoped that Thomas' reflections on the lack '*of a thirst for knowledge*' among British community workers can be set on a more positive path as a consequence of this research [Thomas, 1983, p. 253].

Any analysis of the role of community development should analyse the various roles that might be affected by social policy and administrative intervention for sustainable development. The extent of insight required must cover roles that might seem to be peripheral at first glance, but in fact are a necessary part of the equation is perceived from the perspective of management, and the expected outcomes for social investment and planned social change. The relevance of my personal experience to this analysis is that I have been pleased to have partaken of the majority of the roles myself, and have also been in positions of managerial responsibility for the outcomes of project work and institutional and strategic planning and sustainability. These roles are:

volunteering at the street level – either as a potential beneficiary of the development outcomes, or as a motivated citizen, participating for altruistic reasons;
participating in project work as a paid employee of that project or a for a larger institution;
managing a project at the local level;
engaging in social planning at the local level;
managing project planning and strategic intervention at a local, regional or national level.
Very few of those working in the field will have the opportunity to experience this activity from the perspective of a manager, and many of those responsible for the management of community development interventions do not have ANY field experience, any training in the activity, nor insight into the processes required to obtain the outcomes that are being paid for, usually from the public purse. It will be seen, also, that different perspective can be held by participants at the different 'levels' of the activity described in point form, above. Within these perspectives, considerable variations in values, priority, and interpretation of outcome can be generated. In many respects, source material will be obtained from personal records, consultancy records, researched papers, and other material. The interpretation and verification of some of these materials will have to be judged against the general context of the study, as they will have been obtained in the field, but not as research data as such.
Of my 49 years of unbroken engagement in community development activity, eighteen of them were in full-time employment in field work, 30+ years were shared between delivering education in community development, mainly to post-graduate students in social work, health care management, community nursing and youth workers, and undertaking consultancy work to national government, international development organisations, local administrations and voluntary organisations. There was some overlap in my taking time out for my own education, again in community development. At one University, I, and a small number of fellow students, developed our own post-graduate education programme, which was accredited for our professional educational purposes.
Since 1982, when I arrived at Swansea University to teach community development, part of my responsibilities was to defend the continued position of community development within the curricula of social work and community nursing syllabuses. This is now on a steady downward trend, as no educational programmes mentioned above have any field-experienced, community development-trained personnel on their staff, and, as such, have no first-hand educational input upon which they can draw.
Community development is a high-profile political activity, which sits uncomfortably within government programme-delivery boundaries. Planned social change, as we will see from my research below, rarely is able to deliver its own declared planned outcomes, and political and administrative protocols are bruised by this, and lack the flexibility to cope with uncertainty. This research will show that problem-solving, the essence of the community development

approach, runs counter to the actual processes and expectations of politics, politicians, and senior administrators in secure and established employment positions. Nowhere is this situation shown more clearly than in my experience working as the director of a community development organisation under the Apartheid regime of the White South African Government between 1964 and 1970. The *raison d'être* of this organisation was the bringing together of White and Non-White people for the purposes of problem-solving, development and serious learning about social issues, problems, and their alleviation. This was actually AGAINST THE LAW in South Africa at that time, and had to be carried out with the collusion of some people in authority. It was, at all times, under constant surveillance from those who were not in collusion, but charged with the protection of the established political regime. Despite the fact that public pressure ensured that the South African Government officially recognised the legitimacy of the organisation [Charity Registration was a highly political hurdle to be overcome – which it was, successfully, on my watch], other agents of that same Government actively undermined, impugned the motives, threatened the participants, and sought at every turn to halt or severely limit the organisation's effectiveness.

I had, for four-and-a-half years, complete managerial responsibility for the deployment of up to 3,000 volunteer professionals-in-training, and their highly-qualified professional supervisors. In addition, the organisation employed three University lecturers, who were seconded by the organisation to the University for the training and supervision of students in training [who were also the actual employers]. The organisation aimed at providing a womb-to-tomb health and welfare service to 12,000 people of mixed race near Johannesburg. Community development work, in this instance, required a sophisticated management style, public relations and diplomatic activity of great sensitivity, and intense attention to detail for every action. Community development might well prove to be easier in a political [more democratic] environment less prone to oppression, but it is evident that the climate is not really more optimistic, even in Britain in 2013.

I have been invited into communities to practice community development, and I have been hounded by the State for doing community development. I have practiced in remote, semi-desert, pre-literate communities, and I have conducted group development activities on the violent streets of London, during the hours when most people were in bed asleep. In social settings as distinct as Mongolia, Russia, Botswana, and Wales, I have always found that the essentials of community development as sound, can be replicated, and can produce planned and positive outcomes for all concerned – PROVIDED THAT certain conditions are met:

- that the processes of community development are understood by all involved – management and field workers;
- that the staff are properly prepared for their work; and

- that the political climate is conducive to risk-taking and the discovery of problematic information about its own social environment, and is prepared to deal positively with the solutions that present themselves.

If these conditions are not found, then the professionals, themselves, must be able to take personal responsibility for their actions. These claims will be one of the centre-pieces of this research.

Conclusion

Community development, public health and the administration of public policy for the achievement of better social conditions for all is tied in with the social and economic circumstances that pertain at the time. This study will attempt to isolate the themes as they emerge, and as they change over the time period. It is important to study the whole range of material, especially within the corpus of community development literature. Despite the radical and sweeping changes in social outlook over the past 150 years, certain values and approaches have remained constant, whereas others have changed. Are there cycles involved here? Can we discern certain constants within the overall approach to social intervention and change that hold good despite the changing circumstances of the workers, target populations/clientele,

Some of the research theories expounded here have proved to be attractive, particularly thematic analysis, critical analysis, exegesis, and the overall historical method. Findlay entitled her contribution [Findlay, 2002] '*Negotiating the Swamp*' when it comes to researchers determining how '*inter-subjective elements transform their research*' [p. 209]. Including the need to ensure that pragmatic solutions be found to accommodate an intended audience, etc., room must also be found to explore the imperfections in the research approach, and to be aware that knowledge may well be *imperfect, or partial* [Findlay, 2002, p. 227]. Alvesson & Sköldberg [2000] explore the complexity of interpretation [hermeneutics] in all of this, but because there is no real satisfactory way of resolving the problems of abstract dialectics, '*empathy*' in the researcher is a prominent factor in shaping the outcome of an investigation [p. 54]. The closer that the researcher comes to adopting a *post-modernistic* analysis, the more that '*pluralism*' has to be accepted This compounds the problem of clarifying understanding [p. 187]. As the outcomes of community development and policy implementation is community change, the more that '*analysis*' hinges upon the eventual '*evaluation*'. This renders contemporaneous dissection and micro-analysis somewhat redundant, but this discussion must take place at some level in order to ensure that nothing important is omitted in the final analysis.

The wide range of resource material, notably in community development, presents the need to ensure that the major traits of national and professional 'schools' of thought are identified

and their meaning and influence is plotted. The scale of the American contribution is enormous, and thoroughly under-rated in the U.K. Attention will be paid to this element, and also an attempt will be made to discover why the documentation of community development and its potential role in the creation of a preventive and supportive welfare state in the U.K. has been under-reported. Many of the problems identified in this sector of analysis were identified by Harry Specht in 1976, when he was invited to provide an initial appraisal of the British, State-directed *Community Development Project* [CDP] by the National Institute for Social Work [Specht, 1976]. In his private capacity, Specht castigated British community development workers for their naive socialism in the face of dramatic social problems in the country, and the urgent need for strict professional intervention approaches to tackling them [Ref: - personal transaction during Young Volunteer Force Foundation briefing, 1978].

In the case of policy material, there has been a flood of material from the Welsh Assembly Government/National Assembly for Wales since 1999. Differentiating this in the body of this study is going to be an exercise in itself. At the present time, four documents will provide a platform, points of reference for the other documentation: *Better Health Better Wales* [Welsh Office, 1998], The *Review of Health and Social Care in Wales, 2003* [WAG, 2003a]; *Strategy for Older People in Wales* [WAG, 2003b], and the *Beecham Report* [WAG, 2006a]. Further analysis of the WAG policies will reveal whether or not it is feasible, desirable and/or sustainable for the institution of government to integrate diverse and pressing interests [the vulnerable, the financial realities, and the agents of governance] in common cause. The State has a direct role in this, and it also produces the framework through which the work has to be achieved. The main questions will arise around the content of: *Making the Connections - Delivering Beyond Boundaries: Transforming Public Services in Wales* [WAG, 2006b], its response to the *Beecham Report*, and how WAG has responded since. With regard to the emergent policy and practices following the WAG *Strategy for Older People in Wales* [op sit], the focus of the following analyses will be firmly on the identification of opportunities for the development of a model capable of implementation within the parameters of that Strategy.

Community development can be seen as a fairly straight-forward approach to social change, but it has never realised its potential. Can the literature reveal why this is so? Within its diversity, it must be possible to identify the most salient traits, criteria that define its role, vale and most opportune opening for interventions. The PAULO '*Occupational Standards*' for practice in community development do not go nearly far enough to satisfy my own criticisms, nor those of Harry Specht [above] [PAULO, 2003; Clarke, 2001]. In light of my own considerations about the nature and direction for community development, the works of

Chambers [1983], Ledwith [2010], and Plummer [2000] are of importance in taking this discussion forward.

Theoretically, the boundaries and formations of community development and social policy do not lend themselves to modernistic theorising, but the purposes and outcomes of both are up for scrutiny. As has been shown above, there are many 'theoretical' approaches to theorising about research methods where indeterminate inputs and outcomes might be discussed, correlated, analysed, and pronounced upon. This is not an empirical study, and falls within the boundaries of analysis of a more '*post-modernist*' or '*reflexive*' nature [Beck, 1994; Hughes, 2006]. Nevertheless, the outcomes of the implementation of social policy and the actions of community development interventions are pragmatic, as much as they may be bounded by principle, governed by statute, or subject to professional guidelines. The logical extension of the reflexive and analytical research methodologies leads to insights and speculations well beyond their usefulness to this study [Strauss et al, 1998; Peräkylä, 2005]. As a consequence, this study will concentrate on thematic analysis, and will incorporate as much of the other methodologies as possible, signifying this process as it arises.

Integrating my personal experience into this discussion is going to be an on-going tension, as personal insight is a bias well-identified in the discussions about reflexivity, etc. [see above]. Nevertheless, my personal experience is a significant component of this study, and, although this contribution is going to be considered anecdotal, care will be taken to find corroborative evidence as far as is possible.

Chapter 2 The historical development of community development to 1940

In this Chapter the emergence of charity work in the poorest communities will be plotted to describe how outside organisations in this field make way for the establishment of community-based organisations [Settlements]. This process develops into the founding of social work as a profession, which, in turn, divides to provide a distinctive branch of social intervention targeting part of, or the whole, community [community development]. How this distinctive form of providing support for the community evolves in the first four decades of the 20th Century will be described in detail, and it will be shown how clarity of purpose and the acceptance of a strong value base for this activity assists in its becoming formally accepted within the institution of social work. The ramifications of this process might be recognised at National as well as the local level. It will also be seen that this is largely a development that takes place in the United States.

Introduction: From the beginning of the 19th Century, community development emerged from a melange of competing institutions, movements and social interventions as a response to the failure of more structured methods to, ultimately, solve the problems or resolve the issues that troubled society. The need to create a formal mechanism for engaging poverty, chronic unemployment, and the decline in public morality saw the birth of the philanthropic, charitable organisation and, later, the [University] Settlement movement. Both of these mechanisms worked in their own way for a period, and then they, too, in the main, gave way to formal social work. Latterly, this function was subsumed by the State, and social case work assumed an almost hegemonic control over the official practice and value frameworks. But still the social problems persisted, despite the proliferation of State and non-governmental institutions designed to overcome them. Within this regime of progress, increasing professionalisation, and the institutionalisation of welfare solutions, community development became recognised, but it continued developing on a low key. Gradually it refined its theoretical philosophy, practice models and contextual competencies, until, the mid-1900's. Then it began to be crystallised into a format that could be understood and integrated into the formal practice and training structures of social work [The Lane Commission, 1940]. In between these periods of rising and falling fashionability, community development sometimes became the vehicle for visionary change initiatives in society, or was the accredited agency of the State, or even, sometimes, the mechanism for faith organisations to harvest souls from within the disadvantaged classes. This Chapter traces that path, providing insight into the major threads of inspiration and value, and the changes in emphasis that have endured as public and historic pressure paved the road. We are also going to trace the development of the tensions that develop when a *functional* view

of social welfare intervention begins to clash with more philosophical concepts, in particular the hiatus arising out of the debate about the nature of *social justice,* and *human rights.*

From Alms to Self-Help: Since the early nineteenth century, in the industrialising and urbanising nations, various approaches to dealing with poverty, marginalisation, and social dysfunction emerged. In the U.K., these often conflicted with the orthodoxy enshrined in the culture through the Poor Laws, and those of the traditional moral positions created by religious organisations. The Poor Laws dictated the social and administrative framework for the alleviation and treatment of those in poverty and indigence. They defined the relations between local government and alms-giving. Whereas there had always been a tradition of giving support to those in need through Christian charitable work, the Poor Laws formalized this relationship and sought to regulate the scale and direction of public giving and the consequential rights which a community held in relation to the expected behaviour of the destitute, The Workhouse was to become the main expression of 'relief' [Poor Law Amendment Act, 1834, Clause XXIII], and churches and local charities provided alms and material support as well as they were able.

As the century progressed, considerable debate arose about the relative merits of *indoor* and *outdoor* relief. The Poor Law Amendment Act 1834 was never fully implemented, and so the system of giving relief to the poor was fragmented [Bosanquet, 1874]. Many Workhouses, the location of *indoor relief*, were never built, or delayed for decades, and during this time the level of poverty rose inexorably. These conditions were to persist until well into the 20th Century [Carpenter, 1861; Hopkins, 1878; Hill, 1877; London Congregational Union, 1883; Engels, 1892; Rowntree, 1901; Booth, 1902]. In their *'Bitter Cry of Outcast London'*, of 1883, as the London Congregational Union put it – they had been building churches, solacing themselves with religious practice and dreaming about the coming millennium. But '*the poor have been growing poorer, the wretched more miserable, and the immoral more corrupt',* and the gulf between the poor and the respectable classes was ever-widening. This *'separates the lowest classes of the community from our churches and chapels, and from all decency and civilization'.*[p.2]

Even limited and patchy compliance with the reformed Poor Law was not cheap, as, by 1868, the cost of relief had risen to £1.3millions and '*Thirteen per cent of the whole population of London were relieved as paupers in 1851, and in 1868 the percentage had increased to 16.*' [Greenwood, 1869, p. 311].

Relief to the poor, those who were neither elderly, infirm or handicapped, was borne by the Parishes and charitable organisations. The conditions of relief were varied and harsh, as a

claimant had to prove that they were *able-bodied* and deserving of support. On the subject of *outdoor relief* [at home, and not in the Workhouse], Octavia Hill saw structural problems: '*You can never make a system of relief good without perfect administration, far-sighted watchfulness in each individual case; and this is specially true in an age in which bad systems of relief have trained the people to improvidence.*' [Hill, 1877, p. 20].

The effects of the Poor Law were to break up families and increase wretchedness for all that came under its control [Greenwood, 1869]. It was because of this persistent situation, and through direct experience with it, that modern social work developed. The industrial revolution brought social dislocation and ravaged the lives of the newly urbanising population [Ashton, 1962; Southgate, 1958]. The prevailing philosophy of those in charge of industrial investment all pointed in one direction, and the stability required for the implementation of the Poor Laws pointed in another. Class consciousness became divided at the place of work as the new *Working Class* emerged in the 1830's [Engels, 1892; Thompson, 1968]. In an attempt to deal with the reality of poor workers, the destitution and the vices of the urban situation that emerged, Thomas Chalmers, a community-based clergyman, began, in the 1820s, to minister to his flock through creating self-help groups and mutual interest formations in his parish. This is one of the earliest records of community development as a purposeful activity [Chalmers, 1832; also cited in Richmond, 1917, pp. 29/30]. Philanthropy began to flourish [Southgate, 1958] and charitable work in the community around the major issues of the day – godlessness, illiteracy, alcohol addiction – drew many highly motivated people into the poorer communities where they offered assistance and leadership.

This was also a time of radical thinking, and people like Adam Smith, Wilfred Owen, and Jeremy Bentham were making their mark on the thinking of people about their relations with government [Ashton, 1962; Bentham, 1914; Thompson, 1968; Payne, 2005]. Additionally, gender relations in society, particularly in middle- and upper-class society, were undergoing change, particularly in terms of expectations and the realisation of human potential among women [Bennett, 1919; Hirsch, 1998; Schafer, 2006; Simey, 2005; Darley, 2007].

From the beginnings of missionary work amongst the needy masses, there has been a tension between the need to proselytise, thus to control the process of transferring wisdom and enlightenment, and to develop self-sustaining mechanisms in the community itself. [Hopkins, 1878; Schaeffer, 1914]. Carpenter explains how, originally, Christian responsibility for the souls of the wretched led to the establishment of community facilities, especially for the young, so that their energies [and, subsequently, their souls] might be drawn towards more fulfilling and beneficial goals [Carpenter, 1861]. Sunday Schools led on to '*Ragged Schools*' for the indigent, which led to more Christian activists being drawn

into these communities for the service of the greater good. Some of their motives were mixed, as they looked to provide a service for the poor and to provide for the freedom and happiness for all. Nevertheless, there was also the intention to safeguard against civil unrest through providing basic education and socialization in their schools:
'*The Dangerous Classes in England, no less than in France, consist of those whom vice or poverty, or ignorance, generally all three, have placed in a state of warfare with social order.*' [Cornwallis, 1851, pp. 22/23].

Generally, there was a degree of uncertainty about the process, and about the right way forward, especially as new ideas were heavily contested by those who believed in the essential worthlessness of the poor and the criminal. Octavia Hill cautions against over-zealousness, saying that: *'The uninitiated speak fervently, but ignorantly, about the need to spend full-time lives with the poor - there is considerable sacrifice involved'* [Hill, 1877, p. 24], then goes on to say that [p. 25]: *' The poor should be treated and considered as normal people, and not a separate class.*' These are ideas that do not go down well, from either a conservative standpoint [Smiles, 1873] – '*Heaven helps those who help themselves'*, [p. 1]; '*perseverance and diligence are needed to serve to combat the species of moral weakness which is the disease of the present generation'*, [p. 224], or a radical one [Engels, 1892] – '*What is true of London, is true of Manchester, Birmingham, Leeds, is true of all great towns. Everywhere barbarous indifference, hard egotism on one hand, and nameless misery on the other, everywhere social warfare, ...*'. [Ibid, p.24].

In their *Handbook of Settlements,* Woods and Kennedy trace the pattern of thinking that allowed parochial ministers of religion, and otherwise pious laity, to open up their perspectives on society, and towards the poor in particular; this to allow '*unsectarian'* thinking to advise their work [Woods and Kennedy, 1911, p. i]. As Octavia Hill put it:
'*It is necessary to believe that in thus setting in order certain spots on God's earth, still more in presenting to a few of His children a somewhat higher standard of right, ..., and that he will not permit us to lose sight of His large laws, but will rather make them evident to us through the small details*' [Hill, 1875, p. 25].

Hill was drawn to the thinking of Ruskin, Robert Owen and Thomas Chalmers, all of whom believed firmly in the ability of the common person to become self-determining, if given the right leadership and conditions [Hill, 1877; Henderson, 1899; Woods and Kennedy, 1911]. Christian Socialism became a popular and acceptable vehicle for their outlook and activities [Woods and Kennedy, 1911, p. 8]. This diverted activists from the revolutionary thoughts of the likes of Marx and Engels [1848]

A great expansion of charity and philanthropy took place after the passing of the Poor Law Reform Act of 1834. This saw the emergence of organisations specialising in the welfare of specific sources of distress in the community: mental illness; illiteracy, drunkenness and intemperate behaviour; moral wretchedness. It also saw a rise in the incidence of concerned citizens around issues of public order and public health. It is from these origins that the emergence of substantial structures and regulation developed, which can be shown to be he direct forbears of community development theory and practice. In pursuit of their varied objectives, charitable societies and religious missionaries probed deeply into the areas of poverty, bad housing and moral decay [London Congregational Union, 1883].

The notion of ascribing responsibility for a discrete area to one particular welfare worker appears to have originated in Elberfeld, Germany in 1852, where their programme of *outdoor relief* involved social support from volunteer 'visitors' [Davy, 1888]. A combination of local government planning and investment in institutions, plus a consistent '*ecclesiastical*' input provided a solid base for relief [Davy, 1888, p. 52]. This thesis was taken up by the prominent British parliamentarian, William Rathbone, who wrote, in 1867: '*Where good is to be done to individual men, it should come from the free-will of fellow-men... with the trappings of any welfare institution away from the picture, and on face-to-face terms'* [William Rathbone, 1867, quoted in Rathbone, 1905, p. 368]. William Rathbone was a solid supporter of the charitable work done in Liverpool by the *Select Vestry*, and also, and in particular, of the Liverpool Central Relief Society [formed in 1846, and a forerunner of the Charity Organisation Society's [COS] town-wide approach to co-ordination of charity – see below]. He prevailed upon the Liverpool Central Relief Society to study the approach of Elberfeld, and which:

'*is now the only Society working over the whole town which investigates claims on the charitable and gives systematic relief in cases of distress*' .

Up until 1887, the Elberfeld society had done its work almost entirely by means of paid agents, although in two districts of the town it had a few years before begun making some use of the services of independent committees of volunteers. [Rathbone, 1905, p. 375; & Davy, 1988;]

A good example of the early impact of individual creativity and drive in the welfare field is the work of Mary Carpenter, who devoted her life to the treatment of offenders, and the engagement of disaffected young people [Carpenter, 1861]. Her inspiration drew in others to assist her, and a prototype for the later *Settlement* movement approach was formed in this way. There can be little doubt that the influence of her dedicated, residential, volunteer helpers at *Red Lodge School* [for girls] became the forerunners for the 'residents' of the

welfare Settlements established later in the 19th Century [Browne, 1887]. One of these, who was a resident for five years at the '*Lodge*', recollected:

'*The work at Red Lodge was full of interest, but it required a great deal of patience ; indeed no one who has not actually laboured amongst the depraved and criminal can imagine how discouragements and disappointments were every-day affairs.*' [Browne, 1887, p. 104].

Carpenter's influence spread beyond the shores of Britain, and Bruno [1957, p. 63] traces this through the annuls of the National Conference of Social Work in America, where the idea of 'treatment' itself replaced punitive punishments as a general philosophy for those delivering welfare support to offenders, and their communities.

In America, another reformer in the community sphere was Josephine Shaw Lowell, who championed abused women in the home, and actively sought ways of enhancing the effectiveness of charitable intervention. She was a person of her times, and some of her reasoning is certainly dubious by today's standards and values: [on indigence] '.... *we find that he does not work for exactly the same reason that keeps the black man and the pauper from working. He gets all he wants without working.*' [Lowell, 1911, p. 201]. Nevertheless, Lowell's input into the National Conference of Charities and Corrections towards the end of the 19th century ensured that the foundations of today's social work considered charity and welfare intervention from new perspectives: ' [The] *rule is that the best help of all is to help people to help themselves'*, and that no amount of thought or time or money could be considered wasted if it is spend on this effort. '*The best way forward was to encourage thrift, ands to start provident schemes that, in turn, encourage, providence, skill training, and self-control, for the poor. This activity reflects the best of society's charitable values.*' [Lowell, 1884, p. 109]. It was this idea of people helping themselves, rather than being consigned as burdens in perpetuity on the alms of their neighbours that drove all her efforts at reform.

As a counter to this narrow view of the world, it must be remembered that especially before the Reconstruction period began in the United States after the Civil War, Black [*Negro*] community leaders had emerged to organise the *Underground Railway,* the only effective way for Black slaves to win their freedom. Henry Bibb became a formidable organiser, among many Black Americans of the period for the freed slave cause in Canada, and in Detroit IL, where Bibb began and inspired the '*Colonizer Movement*' to resettle escapee slaves in a free environment. [Bibb, 1849; Landon, 1920]. During the days up to and after the Civil War [1838 -1845], Black Americans and Canadians [mostly escaped slaves] set up a thriving network in the Northern States of the USA, and in Canada, with or without co-operation from other anti-slavery members of the communities. Here they received and settled escapees [Ward, 1855], and thus began a long tradition within the American Black

community of public service. As the '*Reconstruction*' period had such a devastating effect on the Black community in the American South, self-help and public service paled into virtual obscurity. This aspect of American history is skimmed over in the history of American community organizing and in social work literature. Something of a revival followed the outbreak of the First World War, in April, 1917, for Americans – see below.

As the movement for social reform progressed, many, like Josephine Lowell, found themselves in direct contact with powerful people in government, and the role of the welfare lobbyist became firmly established. She also tackled, head on, the establishment approach to *charity,* which admonished against *careless giving*, for fear of causing more physical suffering and more poverty: '*it does so by undermining the independence, self-reliance, and energy of persons whose only capital consists in those invaluable qualities.'* [Lowell, 1911, p. 215]. Nevertheless, there was an inexorable expansion of the Charity Organization Society form across most major cities and towns both in Britain, and in the U.S.A. [McLean, 1910].

Fifty years on, in England and Wales, the 'new' Poor Laws were not being implemented as planned, and the rising tide of charity and philanthropic endeavour was producing duplication, variable standards of relief, and, apparently, a rising tide of dependence upon charitable handouts [London Congregational Union, 1883]. Bailward [1895, pp. 155-7] claims that the syndrome of the:

'revolving door' of giving as charity occurred again and again, and multi-generational pauperism was all around. They saw the contradictions of giving creating unfair economic advantage' [i.e. giving a 'capital' item then used as a trade good or business facility, for example, a mangle,] [Ibid, p. 155].

He cites Gibbon, and *The Decline and Fall of Rome*, in the creation of dependency amongst the plebeians, and how demanding they became. *'There are misguided poor, and those that have had poverty thrust in them'* [Ibid, p. 157] - i.e. rent arrears in economic downturn times.

As time went on, the Poor Law relief system began to fail altogether, and a concerted effort had to be made to rectify the system, overall. For example, in Whitechapel, a poor district in the East of London, out-door relief had been practically abolished, because: *'In 1869-70 there was a hard winter..... The figures in the sixth week of the first quarter of the year were: in-door paupers relieved, 1,419 ; out-door paupers relieved, 5,339 ; and the cost of out-door relief was £168 17s. 4d. per week.'*. The Poor Law Commissioners' money began to run out [Loch, 1890. pp. 26/27].

As Greenwood expressed it in 1869, moneys being levied are being wasted as well:

'*The very heart and core of the poor-law difficulty is to discriminate between poverty deserving of help, and only requiring it just to tide over an ugly crisis, and those male and female pests of every civilized community whose natural complexion is dirt, whose brow*

would sweat at the bare idea of earning their bread, and whose stock-in-trade is rags and impudence.' [Greenwood, 1869, p. 315]

Many became dissatisfied with the outcome of the 'reforms' of 1834, as the system did not appear to become any more effective than it had been before [Greenwood, 1869]. '*Professor Fawcett's dictum that "you may have as many paupers as you choose to pay for" is no less true to-day than it was seventy years ago.*' [cited by Bailward, 1920]. It seemed that the public purse had to be infinitely elastic, without a proper solution to the problem being found. Many of the misgivings had been pointed out in the past by those actively engaged in the community:

'*.... public charity, so far from harrowing the territory of human wretchedness, has widened and extended it; and thus left a greater field than it at first entered on, for the exercise of that private charity, which it has at the same time weakened, both in its means and in its motives.*' [Chalmers, 1832, p. 290].

After 1834, discontent, especially among activists, but also among taxpayers and business leaders, lead to ideas for reform [MacKay, 1896]. Eventually, these were to lead to the charity *Visitor* system, and, more specific to our interests, the *Settlement Movement.* As the *Settlement* idea began to establish itself, first in both England, and then in the United States, a fundamental change began in the way that alms and charity were perceived and then delivered.

These questions were not fully answered for some time, certainly not before the new social science of social enquiry began to place before a concerned public some of the facts of the case [Engels, 1892; Booth, 1902; Rowntree & Sherwell, 1899; Rowntree, 1911; Rowntree & Pigou, 1914]. Social conditions became a source of tension and dismay for anyone with a social conscience, or a keen eye on public health issues [Hemenway, 1916]. As Engels had described a generation earlier, concerning the creation of the English Working Class [in 1844], and urban conditions: *The brutal indifference, the unfeeling isolation of each in his private interest becomes the more repellent and offensive, the more these individuals are crowded together, within a limited space.* [Engels, 1892, p. 24].... *Society in such districts has sunk to a level indescribably low and hopeless.* [Ibid, p.36]. The tensions for charity workers in these areas are described by the London Congregational Union tract on the subject, of 1883: [op sit, p. 9]

"*The poverty, we mean, of those who try to live honestly ; for notwithstanding the sickening revelations of immorality which have been disclosed to us, those who endeavour to earn their bread by honest work far outnumber the dishonest*",

and, they go on to describe the inhabitants as: *"costermongers, bird catchers, street singers, liberated convicts, thieves, and prostitutes .....'* If one turns out of one of these streets one enters a narrow passage, about ten yards long and three feet wide, to a court eighteen yards long and nine yards wide:

'*Here are twelve houses of three rooms each, and containing altogether 36 families. The sanitary condition of the place is indescribable. A large dust-bin charged with all manner of filth and putrid matter stands at one end of the court, and four water-closets at the other. In this confined area all the washing of these 36 families is done, and the smell of the place is intolerable.*" [Ibid, p. 18].

Because of the sheer scale of these problems, and the increasing and continuing engagement with the social issues involved, and as the Poor Law models of relief [indoor and outdoor] failed to stem the tide of poverty and social wretchedness [Bailward, 1895; Jackson, 1895; Residents & Associates, etc., 1898; Addams, 1902], charity workers began to seek a more systematic approach to their work. Barnett observed that those in contact with the problems of the poor began to "*distrust the machinery for doing good*" [Barnett, 1898, p. 12], and this sparked a lively debate. Bailward called for the essential dignity of the working class to be recognised and developed as an asset in the fight against poverty [Bailward, 1895, p.168]. There was no stigma, and everything to gain from befriending the poor and seeking out the evils of squalor and inhumane conditions [such as child labour] which held the poor captive [Gorst, 1895]. *"How can we arouse the people to a realization of their selfish interest in efficient public health administration?".* [Hemenway, 1916, p. iii] summed up the mood of the time, and was accompanied by a call for the recognition for professional services to be at the disposal of local government for direct intervention in this arena. He goes on that one result of the rapid strides made by science has been a greatly increased workload for local government, which is stuck without properly trained staff:

'*Incompetence and ignorance on the part of the field force must necessarily result in unsatisfactory work. It is therefore of importance to the people of the nation that provision be made to remedy the present deficiency'*. [Ibid, p. 254].

Arising out of these social forces, between 1870 and 1940, in Britain and the USA, a sea change took place in the relations between those with the means to provide support for those marginalised by society, and those on the receiving end of their efforts [Gorst, 1895]. Taking the lead from, perhaps, Elberfeld [above], and William Rathbone, in 1870, *The Society for the Organisation of Charitable Relief and Repressing Mendacity* was formed in London [later to be known as The London Charity Organisation Society – COS] [Hill, 1877; Addams, 1902; Payne, 2005]. Reviewing the situation historically, Devine puts it thus:

'*A new unity has been discovered underlying various charitable activities which centre in the homes of the poor. It has become apparent that relief societies, charity organization societies, religious, educational, and social agencies, and public departments charged with the care of dependents, form practically a single group with many common interests, methods, difficulties, and dangers*' [Devine, 1904, pp. 10/11].

While still clinging to the principle that there were *deserving* and *undeserving poor*, The new COS began to co-ordinate charitable and philanthropic efforts, and to arbitrate over standards of practice on a more detached, less statutory and less moralistic basis [Bailward, 1895]. A strong moralistic ideology still pertained in many establishments [Smiles, 1873; Richmond, 1907; Plater, 1914; Potter, 1929], and missionary work remained as the essence of many institutions in marginal areas. In the 'Popular Edition' of Smiles' S*elf Help*' [1873], this 'best seller' thinking of the time was well-reflected in phrases such as:
'*perseverance and diligence* [are needed].... *to serve to combat the species of moral weakness which is the disease of our present generation'* [p. 336], and [368] '*Good rules may do much, but good morals far more*'.

Nevertheless, there was considerable disagreement with this approach that differentiated between '*deserving*' and '*undeserving*' poor people,, but legislative reform was not feasible in the Victorian era [Richmond, 1907; Jenks, 1910]. Richmond, sustaining a strong Christian outlook, appeals not only for more Good Samaritans, but also '*more innkeepers, each one doing their special work'* to sustain the stability of society for all [Richmond, 1907, p. 14].
The charity societies began to respond to the considerable effects of public health issues. Octavia Hill called for the consolidation of the considerable knowledge gleaned by the Church and the Charitable Organisation Society's local branches in determining the best way forward in dealing with these issues [including the spiritual lives of the poor] [Hill, 1877]. She was caught between the need to retain the goodwill of the middle class donors of charitable gifts for the war chests of the field-based charities, and the need to inform this same public about the severe limitations of this form of support.
'*Money*', she wrote, '.... *is perhaps the most difficult thing to give without doing harm*' [Hill, 1877, p 93]. '*Our ideal must be to promote the happy natural intercourse of neighbours' mutual knowledge, mutual help'*, she wrote in the same presentation [p. 23].

Some acceptable mechanism had to be found to bring clarity to the system, and to reassure both government and the philanthropists alike that wastage and duplication welfare being minimised, and that some coherence was being drawn into the institutions of public welfare

and relief. The formation of the Charities Organisation Society [COS - and its off-shoot, the University Settlement Movement, see below] began this process. This saw the purposeful institutionalisation of service provision, and a fresh approach to the alleviation of social suffering induced by poverty, waywardness, and those receiving aid of this kind. The first major change was the emergence of a less judgmental, and a more *professional* approach to the provision of social and economic support to those in special circumstances [of rehabilitative work]. In essence, in tandem with the fresh thinking and the application of science to the problems arising from poor public health, COS brought rationality into the problem-solving mission of charity and philanthropy. This process began the emergence of social work as a recognised means of integrating those with special needs, and, from that process, emerged the philosophy that those in even the most oppressive of circumstances were and could be capable of helping themselves towards the stabilisation of their lives and their re-integration into the mainstream of society. This was the emergence of *community development* or *community organization* [USA] as an important form of planned intervention.

Two distinct routes led to this path. The first, originating from COS, was the Settlement Movement in Britain and the USA, where a break with both the punitive framework of the Poor Laws and the philosophy of 'outside relief', or charity, was sought. The first idea, in a big break with the Poor Law and its Guardians formal approach to relief, was the introduction of a personal dimension to the support of the poor. Volunteer *Visitors* were deployed by the charity organisations to visit the poor in their own homes and to make a supportive analysis of their needs. Then charities had some funds of their own, but, in many cases, they became the agents for Parish relief as well [Carpenter, 1861; Greenwood, 1869; Bosanquet, 1874; Hill, 1877; Hopkins, 1878; Lowell, 1884]. The principle of *outdoor relief* was to be extended and developed by these *Visitors* , and their 'employing' agencies into a form of close-knit support. Nevertheless, the basic principle of poverty being a symbol of 'otherness' in society was strictly maintained [Hopkins, 1878]. Greenwood gives us an insight into the plight of an unemployed worker trying to prove his eligibility from the Parish Poor fund:

'*I have witnessed instances in which the " labor test," instead of proving a man's willingness to work for what he receives, rather takes the form of a barbarous tyranny, seemingly calculated as nothing else than as a test of a poor fellow's control of his temper.*' [Greenwood, 1869, p. 321]

Humiliation faced the charity petitioner before he/she was forced to work on back-breaking work for the sake of scant rations, and physical exhaustion, 'working' for the Parish [Greenwood, 1869, pp. 319/320]. Considering the extent of the social gulf that existed

between the early charity workers who 'visited' the poor in their homes, and, later, the advent of the Settlement 'resident' in these poorest of districts, considerable personal fortitude must have been necessary. [Kellogg, 1894; Richmond, 1907], but in their drive to make the service more effective and efficient, handbooks and advice pamphlets for the newcomers to 'visiting' were produced across a wide array of settings and circumstances [Lady of Boston, 1832; Hill, 1877; Sears, 1918].

At the same time as this structure was working its way onwards [it was to persist until the National Assistance Act 1948], and becoming more institutionalised, bureaucratized, but no less stigmatizing and punitive, the more dynamic, and less fettered thinkers, movers and doers of the Voluntary Sector [as it was to become] were pioneering new methods and values in the field. Although COS became a major and continuing force in the implementation and regulation of *outdoor relief* in support of the Poor Laws, for this role, they were not above criticism, either: *"there's no mercy, no charity, for a helpless woman in this big and wealthy city,"* as, from citizens of national reputation have come inquiries in regard to this woman. .... *" They are such very fancy ladies."..." I hate them all"* [Devine, 1904, p. 262]. Barnett reflected on the situation, as he sought a fresh approach to the enduring conditions of poverty in the cities of Britain. University people wanted hard evidence about the nature of poverty and the poor society. They also distrusted machinery as a panacea for society's ills.:

'*A generation which had breathed something of the modern scientific spirit was not content with hearsay knowledge and with sentimental references; it required facts and figures-critical investigation into the causes of poverty and personal knowledge of the poor*' [Barnett, 1898, p. 13].

Sharing the experience of better living practices, sharing the burden of life under taxing conditions, and sharing the benefits of collective outcome thus gained became the principles of the Settlement Movement.

The Settlement Movement: In 1884, the first University Settlement, Toynbee Hall, was established in the East End of London [Barnett, 1888]. The general philosophy of this, and its numerous copiers and derivatives [Bailward, 1885; Gorst, 1895; Addams, 1902; Residents and Associates, 1898a], was to *lead by example*. Barnett [1898, p. 13] distrusted philanthropists with '*long arms*', who never engaged directly in the issues that confronted the poor.

'*It is very suitable for men or women, who are anxious to devote some time to their poorer neighbours.... The University Settler has come to live among his poorer neighbours to share their life as far as is possible and learn their thoughts*' [Jackson, 1895, p. 90].

Another powerful reasoning behind taking up residential status in the neighbourhoods being that some '*have poverty thrust upon them,*' [Bailward, 1895, p. 157] and that the restoration of social and economic stability was achievable through direct association with good examples, and personal support. People from privileged and established circumstances would come to live alongside those in more straightened circumstances, and engage and assist support these less well-off people with everyday tasks and activities. Using the pattern of behaviour specially designed to suit this process, those in the lead would contrive that their essential qualities rub off onto those in need of change, stability and fresh outlooks on the world. They would widen the boundaries of the possible, and increase confidence and personal skill levels. This was social engineering on a pretty transparent level [Residents and Associates, 1898b].

[This area...] *is the most 'charitied' region in Christendom, ... come about in the space of two decades* [rapid social change and mobility] .. *has called out such unparalleled* [charitable] *activity ...causing 'a great deal of confusion and lost force'* [p. 245]. [Conversely...] *The most searching charity is that which, ... , aims to build a better life for the district out of its own material and by means of its own reserve of vitality'* [p. 248].

Nevertheless, their mission was neither '*teaching nor conversion*' [Barnett, 1898, p. 16]. The first work projects involved the drawing together of local people, and the formation of activity-based formations and clubs of mutual interest. These were led by the '*residents*' of the Settlement, and, to a large extent, this activity pattern persisted for many years into the future in some Settlements [Fraggos, 1968; Blackfriars Settlement, 1973].

In America, once the idea of purposeful intervention in this way gained some publicity and interest, they went about it in a more forceful way, and with less class-bias than in Britain. Bruno records that, in *'1863, Massachusetts began the first Charities Board in the USA., and in 1974, that Board called together Connecticut, New York, and Wisconsin'* to join them in a common approach [Bruno, 1957, p. 6]. Buffalo began the work of consolidating the work of its charities in 1875, and in the same year, '*the Co-operative Society of Visitors among the Poor was formed in Boston*' [Kellogg, 1894, p.6]. From that time, the idea and movement towards coordination of local philanthropy and charitable work spread rapidly. At the same time, however, it was seen that even the '*New Charity Work*' of the COS failed to meet some of the fundamental objections that arose from those in close contact with the poor and their predicament. In 1884, Lowell called for more creative responses to the situation. He formed a *Friendly Society* to work for the good of the whole town. The society would target all the symptoms of social dislocation, and stimulate positive activities. In this way:

... it could give the wisest advice to private almsgivers were any almsgivers necessary, and it should make itself and its influence so prominent that all who wished to help others would come to it first for information and advice'. [Lowell, 1884, pp. 98/99].

The answer, in part, was developing in London, and would, thereafter, soon come under the enthusiastic guidance of Jane Addams, who threw herself without constraint into this cause – the Settlement Movement.

Jane Addams, on a visit to Oxford University in 1888, paid a visit, also, to Toynbee Hall where she was converted to the Settlement idea. Addams writes.:

'*In June, 1888, five years after my first visit in East London, I found myself at Toynbee Hall equipped not only with a letter of introduction ...., but with high expectations and a certain belief that whatever perplexities and discouragement concerning the life of the poor were in store for me, I should at least know something at first ..... The next January found Miss Starr and myself in Chicago, searching for a neighborhood in which we might put our plans into execution.....* [Addams, 1912, pp. 88-9].

The same year, [18th September, 1889] she opened Hull House Settlement in Chicago, and immediately threw herself, and her colleagues, into challenging not only the social situation of the poor district which she had selected, but also the industrial and organisational situation of the workers and residents of the area [Addams, 1912, pp. 46; and 136 et seq.].

The initial spirit of his more organised voluntary effort began to identify some significant issues: whereas strong motivation was essential for effective work in a new and alien environment [Potter, 1929], for the 'residents', considerable training and preparation were needed if they were to be effective:

'*... to grasp the true principles of relief, learn what the needs of the poor are, what agencies there are to supply them, get to know the neighbourhood and the people, and to discover personal leanings in this regard*' [Sewell, M. in MacAdam, 1925, p.26].

The training programmes for 'residents' in the Settlements began almost immediately. It began as lectures in topical issues, and then developed steadily into focused training with insight being provided into 'preventive' work as well as how to deal with presenting issues [MacAdam, 1925, p. 28] Soon this was formalized through special training programmes in London [LSE] and Liverpool, where the work of Eleanor Rathbone and Elizabeth MacAdam did much to raise the profile of social work [MacAdam, 1925; Pederson, 2004a b; Simey, 2005].

From the work in Hull House, Chicago, Addams recognised that a comprehensive understanding of the political, economic and social environment was essential if the work

was to target most effectively the critical issues facing the population [Addams, 1930]. The role of the Settlement lay in two directions – providing direct contact with and support for the poor, and being at the front line in promoting change at the level of local and central government. Jane Addams, herself a tireless campaigner and lobbyist on behalf of her causes, goes to great lengths to identify and affirm the work of others in this direction. In her Introduction to her colleague, and Settlement founder, Rev. Graham Taylor's work of 1913, *Religion in social action'*, she praised the value of this work, which introduced Health and Safety legislation, and also Worker's Compensation schemes. These schemes drew workers together in co-operative financial arrangements, and raised the public's commitment to this kind of activity [Addams in Taylor, 1913, p. xxiv; see also Davis, 1967, p. 13].

Taylor concerned himself with the spiritual side of life, the value of interpersonal relationships, and the intrusion of the state and the economy into this sanctum. Pulling public policy and human practice together was his cause:

'*These deliberate and definite efforts for the revival of neighbourhood relationships chiefly centre about the public school, the public playground and recreation centre, the public library, churches of an institutional type, and social settlements. No more hopeful movement to unify and advance local communities, and no more inspiring prospect of doing so, is to be noted in America than that which seeks to use public school buildings as neighbourhood centres'* [Taylor, 1913, p. 151].

Many others followed the same path, and it is important to emphasise these people's roles, as it was the direct forerunner of the *Social Planning* strand of community development, which was to consolidate itself in the latter years of the 20th Century.

For example, Lillian Wald, who, even as a pacifist and civil rights campaigner like Jane Addams, eventually headed up the US Government Commission on Housing, and became a close adviser to President Franklin D. Roosevelt as he launched his *New Deal* in the 1930's [Ware, 1938; Chambers, 1963; Davis, 1967]. Wald was a founder member of the National Association for the Advancement of Colored People [NAACP]. Davis [1967, pp. 101-3] describes how the radical leaders of the settlement movement in Chicago and New York [William Walling, Anna Strunsky-Walling, Mary Ovington, Henry Moskowitz, Charles Russell, Florence Kelley] worked with Black Americans [led notably by W.E.B. Du Bois] over a period of years, 1908-9, to ensure that the civil rights movement began formally with Black people at the helm, in partnership with their White colleagues.

Addams, in Chapter 2 of her *Democracy & Social Ethics* [1902] presents us with the three-way divide that confronted her Settlement [Hull House] workers: *the values prevalent in charity and alms giving* v's *the essential capabilities of the poor themselves* v's *the professionalism of the Settlement Workers* [pp. 13-70]. Nevertheless, Bremner [1956]

informs us, that in the United States, no serious attempt was made before the end of the 19th Century to measure the extent of poverty in that country. Social reformers, instead, used a combination of moral arguments backed up with anecdotal information [e.g. Riis, 1902]. The Settlement became centres for support of the poor [Taylor, 1913], for research [Chaplin, 1920] and investigation of social ills [Woods & Kennedy, 1913], and for activism for social change [Hill, 1875; Darley, 2007]. Because- *'it helps the people to realize that law is the most powerful instrument for helping them against invisible enemies of health and life'.* [Henderson, 1899, p. 164], the settlement movement became a potential force in the political arena.

Whereas in the U.K., the State made no major effort to break out of the essential mould of 'provider of the first resort', as manifested in the Poor Laws, and subsequent reform legislation in the early 20th Century, in the United States, the lobbyists and other social factors began to influence the State to follow a different pathway. In Boston, the City Hall was able to discover first hand just how beneficial co-operation between charities and community groups [often ethnically focused, and 'separate' from other communities] could be [Residents and Associates, 1903]. As the new century progressed, radical political ideologies began to condition the mindset of the nation. Characters like Theodore Roosevelt began to command widespread support politically because they gave the notion that change was possible [de Witt, 1915; Thayer, 1919]. The problem for the emergent professional of social work was that, as it became more organised in theory and in its practice methods, so it became more structured and integrated in the system of 'management' of the social conditions it had originally sought to eliminate. In 1907, Mary Richmond had written:

'*There is a need for charity and support ...* [nevertheless] *... There are many things that the good neighbor cannot safely leave to any agency, ...*' [Richmond, 1907, p. 19],

and had advocated:

'*But things that can never be accomplished outside the family by measures the kindest and best intentioned, can be accomplished inside the family by contact, by persuasion, by neighborly help and by sympathy.*' [Richmond, 1907, pp. 33/34],

and also through the active co-operation between agency and the surrounding neighbourhood. By 1908, her attitude had hardened to:

'*There are sham families, and unstable families, and broken families, and families (so-called) that are mere breeding places of vice and crime. The trained worker, instead of juggling with words, will deal clearly with facts and conditions.....*' [Richmond, 1908, p. 80.].

By 1922, Devine was warning that the new professional front being adopted by social work was leading to :

'... the neglect of [a] historical background [which obscured] sufficient explanation of much that is superficial— even if pseudo-professional and pseudo-scientific — in the social work of the present generation'. [Devine, 1922, p. 306].

Richmond's seminal work, *Social Diagnosis* [1917], had created a sea change in the way the new profession thought about itself, and this led to a narrowing of focus onto intensive work with the individual, which, conveniently, mirrored the state's general concerns with the fortunes and behaviour of the nations' poor [Colcord, 1919]. Case work was becoming too localised, introspective, and individualised.

New Forms of Social Organising: As the COS Movement matured, criticisms began to creep in. Canon Barnett himself is recorded in saying that COS had: *'lost touch with the poor, and its methods of work were outmoded'* [Bosanquet, 1914, p. 142.], and the move began to secularise and diversify to choices available to people in the community to initiative their own activities. In America, neighbourhood centres were identified as a necessary investment for communities to make on their own behalf, and that formal community organisation should become a stabilising factor in local life [Ward, 1915, p 2]. Ward continued to explore the ramifications of formally organising the community through the employment of a full-time community organising secretary, saying: '*This amounts practically to the establishment of a new profession'* [Ibid, p. 29]. Gradually, after being glossed over initially as a formal role in communal organising [Perry, 1913; 1914; & 1916], the professional role became centrally recognised – see below [Devine, 1916; Carbaugh, 1917; U.S. Congress, 1916; Richie, 1917]. The potential of the local school had long been identified as the source of community cohesion and generation. Perry, in two studies [1914; 1916] describes the potential thus:

'*Neighborhood Development Dependent Upon Organization: ... It would seem that there are two fairly distinct types of social center development : The first, ..., is characterized by the fact that there is no special effort to organize the neighborhood into a co-operative responsible element in the government of the center, The second type of development is that which is illustrated in* [creating social centres in Public Schools] *Here there is in the part of the promoters a conscious purpose to develop neighborhood organization. ... In differing degrees the neighborhoods are called upon to support and participate in the management of their centers,... '* [Perry, 1914, p. 9].

Two years later, he went on:

'*The school as the focal point of certain phases of life which the people of a neighborhood have in common is much more accurately named when it is called a "community center."*

[This] *marks the adoption, on the part of the Board, of an active and constructive policy in an important field of education and establishes the nucleus of what is destined to be a development of greater and greater magnitude.*' [Perry, 1916, p. 96]

Whereas in the city, charitable and philanthropic activity was becoming highly organised and effectual, there were other areas in American life which were now beginning to stir into insightful activity. These were the rural and farming communities, who began to become aware of the social, economic and moral decline of the urban areas, and wanted to do something about their own situation before it became too late [Butterfield, 1909]. In particular, the rural church and schools were seen by the local communities as the natural foci for most of their activities and interests [Richie, 1917; Hanifan, 1920; Burr, 1921; Steiner, 1925]. There were those, however, who argued for a more secular approach. Hemenway [1916, p. v] calls for the unlocking of the church funds in the face of a public health crisis. Further, in reinforcing the idea of community-based professionals, answerable to the people, he states:

'*Where the same cause is liable to produce illness in an entire community, and that cause is external to those made ill, protection is a community problem, and should be handled by the agent of those interested.*' [p. 3].

He believes that the on-going vulnerability of communities to illness and unsanitary conditions can best be served through the infusion of public health principles and knowledge in professional training programmes [p. 267].

Burr [1921, p. 193] highlights the 'hidden agenda' behind much of this work:

'*Often community workers are inclined to develop programs that seem to indicate their belief that all community activity which needs direction is in the region of recreation. This has been especially true in the attempt to apply city ideas to country life. It has been assumed that something must be done to "keep them on the farm". This is a put-down for the rural community'.*

These sentiments are echoed by Butterfield:

'*The work of the farm and of the household, the life of the family, the amusements of the neighborhood, the interests of all in school, Grange [the Farmers' Union organisation], and church are closely intertwined. In social life, even if there be several churches in the neighborhood, a given church is quite dependent upon the general social resources of the community.*' [Butterfield, 1909, pp. 69/70.]

McMechan recognised that the potential for success in supporting individual families in the small community was increased greatly if a wider spectrum of support could be identified and developed for that purpose:

'that will meet the needs of the community as a whole and not alone those of the disadvantaged family, the community will learn to interpret the field of family case work in its true sense as something more than a relief program.' [McMechan, 1920, p. 40].

Butterfield continues this theme:

'*But for the most part farm life is broken up into little neighborhoods, without exact boundaries, without very much coherence, and, in fact, without much to tie people into a real group. Consequently ideals for the development of a community or a given area are difficult of crystallization [sic], because there is not much to crystallize about. Some device should be found, however, by which a nucleus of community pride may be developed, and around which may be gathered those forces of rural progress that will tend to give group unity, group ambition.*' [Butterfield, 1909, pp. 45/46].

These examinations of the ideal components of community life and the best way to achieve it resulted in insights being obtained that would well serve, unchanged, community organization/community development across the decades: viz. '*Social Capital: meanings: .... goodwill, fellowship, sympathy, and social intercourse between families and individuals.*' [Hanifan, 1920, p. 78; Field, 2003]. It is worth noting that in the Black communities across America, the level of social organisation had fallen into disarray. A call for this movement to be resurrected came from Rucker Smith, in 1916, who pleaded:

'*Five people can start an organization that can be made to do some very effective work. All of the big monied men have an organization for every separate branch of their business, no matter what obstacle may confront them, they usually overcome it.*' [Smith, 1916, p. 9].

The church organisations, and the neighbourhood schooling structures, having emerged as strong foci for the community strengthening movement that was beginning to consolidate [Wisconsin State, 1913; Woods & Kennedy, 1913; Devine, 1916; Richie, 1917], made an impact on the State at the very top. In 1918, Ida Clarke published the first handbook describing the role and structure of a paid community organising worker [Clarke, 1918]. She asserts:

'*A Community may be organized with equal promise of success in city or village, or countryside.' [Ibid, p. 18], and: 'The function of the secretary is nothing less than to organize and to keep organised all the Community activities herein described; to assist the*

people to learn the science and to practice the art of living together; and to show them how they may put into effective operation the spirit and method of cooperation.' [Ibid, p. 37].

This structure had already served good purpose in the expansion of the role of the community organiser in the United States, where President Woodrow Wilson saw the '*Community Center Movement*' as an essential ingredient in the establishment of the supportive community at a time of national crisis. Each centre was to become the '*capitol of the little local democracy*' [Dr. Philander P. Claxton - US Dir. of Education – cited by Clarke, 1918, p. 10].

Formal Structuring of Community Development/Organization: In Britain, the training activities for social work were left very much in the hands of the Universities and other training organisations - mostly Charities [Rathbone, 1905; MacAdam, 1925; Payne, 2005; Simey, 2005]. In the United States, however, a dynamic relationship emerged between the National Conference of Social Work, the Settlement Movement, the COS-style Charities, the University-based training programmes, and the agencies of the state [Brandt, 1907; Lee, 1937; Bruno, 1957; Chambers, 1963]. This was given a big boost when, in 1916, the United States Congress passed the Army Appropriation Act [US Congress , 1916] , which sought focus for the National effort towards greater rural productivity and social cohesion during WWII. President Woodrow Wilson was directly responsible for the impetus behind the community dimension of the War effort. He required his officials to draw up and consolidate the structure of a *Community Center Movement* [sic] across the rural areas of the United States [Clarke, 1918]. Butterfield [1919, p. 314] sets out the scenario:
'*The National Council of Defense recently issued a nationwide appeal for the organization of school districts which are virtually neighborhoods of farmers. Much good will come from this effort. But it is a very grave question as to whether so small a group as live in a school district or farming neighborhood can be organized effectively, although there is no reason why such neighborhoods should not cooperate in every way possible for their common interests'.*

This was then taken up across a number of US Administration Departments: Austin and Betten [1990, p. 95] describe this process, citing the organisational work of one John D Hervey from the University of Ohio, who is credited with the creation of rural community organizational techniques in response to the Department of Agriculture funding and directive policies following the Army Appropriation Act. Within the State administration, the War effort at community level was taken seriously to the extent that co-ordinated policy steps were undertaken: ....

'[This gives] *a general outline of the work that should be undertaken by community councils. .... we believe, fully sufficient to justify every special effort toward community organization. The later usefulness and advantage of such organization to each community itself also is ample reason for this state-wide movement, urged by the national government and now undertaken in California.*' [The State Council of Defense (California), 1918, p. i].

Furthermore, the co-operation achieved during this period in inter-Departmental work led to the administrative unit of the County being recognised as the most effective in producing community development for Government policy implementation [Colby, 1933]. Responsibility for co-ordinating the relief to be given to Army veterans and their [often bereaved] families, was given to the American Red Cross – this work was led by Mary Richmond - which ensured that the impact of the work was felt in the immediacy of the local community, and not directed from a distant office or from above.

Woodrow Wilson tapped into a thriving community-based social welfare consciousness in just about all settings in American society. In 1913, Amelia Sears had written the 1st Edition of her: *The Charity Visitor: a handbook for beginners* [Sears, 1918]. She called upon all '*Charity Visitors*' to take a holistic view of the client and the surrounding family and environment so that the agency and the Visitor might be better informed about the best way forward in supporting the client and to deal with the issues concerned. Of particular importance was the condition of housing, and the relationship with the landlord [pp. 12-34]. Above all, the Visitor had to get beyond the image and attitude of the '*Lady Bountiful*' which, up until then, had acted as a barrier to tackling underlying causes of a client's situation [p. v]. She also stressed the need to work across agency boundaries, and to utilise the expertise of those knowledgeable in ethnically-sensitive matters, and others who might be more amenable to the client system involved [pp. 46 *et seq*]. There was a definite bridge between the 'caseworker' as practiced in most COS-style agencies, and the emergent community-focussed worker [Charity Organization Society, 1883].

Sears was following on from the example of other pioneer women community-based workers, such as Caroline Barnett Crane in Kalamazoo, who built up a *Civic Improvement League* as a means of reviving a failing Church community [Bennett, 1919]. Crane also instituted a ground-breaking approach to what is now called *community profiling,* compiling comprehensive surveys of small towns, and city districts, in order that community governance and facilitators for charitable and municipal services could better plan their interventions [Ibid, pp. 24-35].

In the setting of the small rural community, Butterfield demonstrated how the local community, particularly small neighbourhoods, provided the ideal base for a U.S. Presidential community initiative [Butterfield, 1919, pp. 134-143]. He admonished the rural

Church for adopting a one-dimensional, inward-looking and soul-seeking/saving approach to religion.

'*But when it becomes a ministering agency of friendliness and neighborliness and good will to the entire community, then it lives and grows and vitalizes the spirits of men. It is not putting the matter too strongly to say that the country church will regain its leadership in rural affairs only when it applies the community idea to its motives and methods.*' [Butterfield, 1919, p. 160].

For others, it was a civic duty to organise the community in order to safeguard the future: '*.... clear-minded men are coming to a fundamental philosophy of community action that will steer cities free from blundering in their future civic-commercial endeavors and lead to achievements worthy of Americans in 1930.*' [Wilson, 1919, p.10]. The local Chamber of Commerce must become the powerhouse for dynamic community leadership, and become the natural counter to '*Bolsheviki*' betrayal [Ibid, p. 130]. Harrison believed that charitable effort had to be carefully co-ordinated, under strong leadership. The centrality to local democracy this served was summed up as: 'Something that is fundamental in the fabric of our public affairs ..... a process of peaceful civic renewal, through the scrutinizing of conditions surrounding our daily living, with a view not only to correcting those that are unwholesome but to quickening any that show promise.' [Harrison, 1920, p. 19].

Directing and capitalizing on the combined efforts of all like-minded organisation was essential for this purpose [Wilson, 1919, pp. 25/26].

' [The] *Chamber of Commerce Secretary who finds himself the executive manager of an organization of citizens that is seeking ... community prosperity' undertakes concerted action and does not resort to 'public bombast'* [p. 26].

Ida Clarke saw the local community centre secretary as the inspiration and guiding force behind the social cohesion and development that was a necessary component of local [and national] progress [Clarke, 1918]. This 'secretary' was the: '*servant of the whole community'*.[p. 37]. The local school house was to become: a '*Community Center*' and *'an enterprise for mutual aid in self-development'* [p. 44], and the secretary had to be skilled in the promotion of any activity from recreation for youth [p. 182], to '*community buying and banking*' [p. 82], '*community gardening'* [p. 99], and '*co-operative canning and catering'* [p.142]. The secretary was to be equally at home nurturing the urban and the rural community, but it was in the latter situation that the really creative and entrepreneurial skills of the [community development] worker came into their own [pp.161-181], being responsive to all the manifest inclinations, as well as the objective needs of the entire community. This was the legacy of the Woodrow Wilson community generation initiative during WWI. In

parallel with this development, the Y.M.C.A. developed a similar approach, but theirs was a spiritual mission, as well:

'*To supplement and strengthen the Home, the Church, the School, and the Municipality in their relations to the social, recreational, educational, moral, and spiritual life of the community'* [Richie, 1917, p 11.].

Mary Follett strengthened this analysis by tying in the local development process with a national movement. She was no populist, and saw the development of the character of the individual citizen as the bedrock for neighbourhood advancement through collective action and problem-solving [Follett, 1920, pp. 11 et seq; Chaplin, 1920]. Even Mary Richmond was drawn into the discussion: '*Group thinking is superior to individual thinking*' she declared, when referring to the co-ordinated work of America's '*great national charities*' [Richmond, 1920, p. 2]. This is of particular relevance when the complex nature of early-20th Century American society is taken into account. Mass immigration from Europe posed considerable difficulties for welfare services. There was some discussion of eugenics in intellectual circles, including Mary Richmond, [1920], but she was not completely convinced by these [Richmond, 1930, pp. 608-609], and subjective prejudices of the qualitative differences between ethnic groups were beginning to creep into the literature, and in national politics at the very top [Abbott, 1921; Link, 1954; Peterson, 1965]. In an earlier period, when the mixed ethnic settlement of the major cities in America was at its height through mass migration and immigration, and despite the turmoil that this created until the mid-1920's, community activists like Addams, Taylor, Josephine Lowell, etc., just took it in their stride and organised 'their' communities accordingly [Woods, 1923; Stewart, 1911; Addams, 1912].

In 1921, Devine expounded a broad field for the conduct of social work. What is now called *Social Planning* [Rothman, 2001], Devine saw as: '*Top-down mechanism for policy and co-ordination - a clearing house for information and screening of agencies*' [p. 257]. The State and the Voluntary Sectors should seek to work together, employing the flexibility and creativity shown by the Settlements, and allowing social welfare for the poor and needy to escape the '*dead hand'* of bureaucracy and routine practice models [p. 230]. The pioneering lead able to be offered by social work because if its insight into local conditions, and its wider, campaigning role in society at large, would allow it to imbed itself into: '*the "organized social movements" which are characteristic of contemporary American philanthropy*' [Devine, 1921, p. 19]. Their emergent community organization techniques they would gain much quicker and effective headway over common social issues, through the propagation of democracy and social engagement at the community level [Dinwiddie, 1921, p. 60].

In Cincinnati, arising out of the WWI drive for community organisation, the *Civic Council* had created a *Social Unit* to formulate and implant an interventionist model for: '*an intensive experiment in district health work'* [Dinwiddie, 1921, pp. 2/3]. This programme ran for five years and entailed the recruitment and engagement of the maximum possible number of the 15,000 residents in the project's catchment area. It enabled the local population, and its associated professionals, to implement organisational activities:

'*in community organization in the following ways (a) As an effective educational force, (b) As a coordinating factor; (c) As a policy-making body in local affairs; (d) As a representative body; (e) As a direct cause of increasing materially the effectiveness of public and semi-public services, through adapting them to the needs and wishes of the people'*. [Dinwiddie, 1921, p 36].

What is especially interesting about this early experiment in co-ordinated social organisation and social change involving participation to a high degree is the vitriolic attack from the city's Mayor. He claimed that the Unit was: "*a government within a government - a step away from Bolshevism, with dangerous radical tendencies.*" [p.128]. This kind of charge would dog the British Community Development Project 50 years later!

Because of the special difficulties facing Black American soldiers in the World War I, many black women were recruited to the American Red Cross and the Y.W.C.A. No records were kept of the respective races of the participants, but it is known [Scott, 1919, Chapter XXVIII] that a social planning exercise was undertaken in Europe by at least two prominent Black 'Y' Organising Secretaries, to ensure that the reception centres for Black American troops on furlough, or for the recovery and rehabilitation of the injured behind the front line were successfully run with ethnic sensitivity, but on a voluntary basis. The crisis-born *War Camp Community Service* embraced the (segregated) Black recruits, servicemen, and returning veterans. Local organisers and volunteers worked tirelessly toward boosting community morale and *esprit de corps* amongst the troops, etc. Many Black workers were involved in this process [Rogers, 1921]. Rogers ascribes the success of this process to the Christian virtues of brotherly love, buttressed by the 'American Way' of '*by and for the people'* [p. 49].

In 1920, Hart described how the newly emerging *social sciences* could be enlisted to serve solve the questions of social division and failing democratic forces [Hart, 1920]. Social workers could, and should be at the fore in this process: '*Social workers in increasing numbers are at work, and for the most part they can be counted upon to support the larger developments of this community work'* [p.180], and they could be called upon to provide leadership because:

'*The fate of democracy and community is not with extrinsic powers and agencies; but with the calm, scientific deliberation, the serene yet serious aspiration, and the whole-souled democratic administration that are determined from within the community itself.*' [pp. 216/217].

Social workers were especially well-placed to fulfill the function of assisting in the discovery of all the '*lost talent*', and in the selection and support of community leadership in pursuit of their democratic purpose [p. 210].

Lindeman saw the reconstruction of the local community as a mission for the civically-minded. He saw that there were three types of community organisation:

'*1. Including the total citizenship. 2. Including those who ' join' a community club [voluntary]. 3. Including those who 'join' a neighborhood club, which is related to the community organization organically.*' [Lindeman, 1921, p. 143].

Driven by the spirit of Christianity and a civic imperative: '*The wise leader will retain his theory and his idealism, while he makes practical use of the tools at hand.*' [p. 150], Lindeman imposes a severe and mammoth responsibility upon these local leaders. With the breadth of the task before them, ranging from economic revival, social mobilization and engagement, to the spiritual upliftment of the entire community, the task must surely be beyond the potential for the voluntary community leadership. There is a glossing over of just how these tasks and changes are to be brought about without full-time and paid assistance. Raymond [1921] saw a holistic responsibility for social workers to take up this approach to solving the social and personal ills of their clientele, and then both Rogers [1921] and Devine [1922] outlined how social workers might take a programmatic approach to their work that required a strategic appraisal of the entire community and its problems as a blueprint for intervention and action. Both Devine and Rogers included *social planning approaches;*

'*Social work, then, is the sum of all the efforts made by society to "take up its own slack," to provide for individuals when its established institutions fail them, to supplement those established institutions and to modify them at those points at which they have proved to be badly adapted to social needs.*' [Devine, 1922, p. 22];

'*There is no single agency that can settle all of the community problems. The bringing together of all groups and interests that pertain to caring for the third community motive, namely, for individual and community welfare, at a round table, with good-will, a common program, a recognition of each one's part in the program, a mutual respect and understanding is the beginning for real community service.*' [Rogers, 1921, p. 47].

Professional skill and application would be essential to the diagnosis of and the development and/or bringing together of all these forces. Watson put the challenge thus: *To one with training and imagination, the social forces in any community capable of organization are legion. They include "personal forces," neighborhood forces," civic forces," "private charitable forces," "public relief forces," and above all, the "forces" within the particular family to be helped.'* [Watson, 1922, p. 136].

This captures the range of opportunities for intervention within the C*ommunity Organizing Movement.*

There was emerging a strong sense of purpose and the desire to formalise the processes and methods of *Community Organization* in America. The scope and range of the methods covered the desire, also, to set a formal rationale for intervention, as well as standards, guidelines for intervention processes: '*to establish standards of technique in relieving distress as to relieve the distress itself.* [Watson, 1922, p. 100]. For the first time, the professional role and practice skills of the *community organizer* were set out in 1922 [McClenahan, 1922]. This work presumes that community organization was embedded in social work, and that the professional worker needed to learn the philosophy and the skills necessary to intervene at both the local level and from a strategic and overall planning level [see McClenahan, 1922, pp. xiv; 70; 100; 112]. This work differentiates between the needs of urban, small town and rural settings, and provides a template for insight and constructive development to take place within the profession. She sets out: '*The principles of community organization.'* These grow out of the need to accomplish the task of creating strong community spirit and of fostering genuine cooperation, the community itself must see its needs and work out the solution of its problems. The community secretary or organizer becomes a non-directive orchestrator of this process, but is not in overall control. [McClenahan, 1922, p. 208]. McClenaghan's descriptions firmly describe, for the first time in clarity, that this IS a professional, and not a voluntary role. This work demonstrates, also, how far McClenahan had moved in her thinking since 1918, when she published the *Iowa Plan,* a State-sponsored blueprint for local community-based systems of relief, where the people of the local community were kept firmly out of the planning and delivery loop [McClenahan, 1918].

Steiner adds more substance to this description in 1925. He goes into more depth than McClenahan, by addressing the complexities of public response to intervention, to paternalism by the worker, nevertheless stressing that the professional had to show professional judgment in deploying scarce resources on unpredictable community personalities [p. 7]. Steiner places great emphasis on the over-sight and over-view which the professional worker must develop in post: '*Community Organization is the increase in*

participating in groups, organisations, and inter-group activity. - continuous and crucial to adjustment of social forces.' [1925, p. 323], and the success of the [Community organising] *social worker depends: 'upon his ability to start in motion forces capable of bringing about the need adjustments in all spheres of community life.*'

Communities that appear to be well organised are just one step along the road to this [and the community is a diverse entity] [p. 324]. By 1928, Pettit had accumulated enough material for longitudinal studies of small communities which had been subject of community organisational interventions [Pettit, 1928]. His study [compiled by students and staff of the New York School of Social Work] covers four completely different types of community – middle-class/ethnically restricted; rural/small town; inner-city/ethnically diverse; and church-based community, and they are presented purely in an objective way, without comment or conclusions, and they are commended to the Schools of Social Work as training instruments.

By 1937, the revered and much quoted, Porter R. Lee, for 25 years a lecturer at the New York School of Social Work, [and President of the National Conference of Social Work in 1928] was able to publish an in-depth discussion on the question most needful of an answer – was social work a profession driven by 'vocation' – an idealistic '*cause*', or was it a '*function*' carried out by those in need of practical outcomes to social questions, and where did *community organization* fit into the scheme of things? [Lee, 1937]. The '*cause*' element is essential to the core of a democratic society, whereas, the '*function'* element is essential to the progress of public health, efficiency and prevention [Lee, 1937, pp. 3-24]. He stresses the dilemmas oft-times found in community organization:

'*Participation and advocacy are central to this mode of social work. The continuous need for social action is probably a phase of the process growth in any society. It sometimes leads to irrational and sometimes fantastic proposals, and sometimes to statesman-like planning*' [Lee, 1937, p. 259].

Commentators and exponents such as Helen Bennett, [1919], Amelia Sears [1918], and Jane Addams: ['*We see idealistic endeavor on the one hand lost in ugly friction'* - 1930, p. 139] always exhorting the virtues of idealism, and moral rectitude, often coloured with outrage at the social circumstances within which these pioneers of social work found their 'calling' had led them. On occasion, and in a more cynical vein where the *function* is less venial: '*a worker* [might be] *appointed because of his political service rather than for his ability for this particular position'* [Colby, 1923, p. 4].

In the 1930's, when economic recession was endemic, and resources for public services, along with philanthropic donations, were at a low ebb, social workers found themselves up against considerable pressures. As Lee put it in 1933, social work faces a crisis where: America faced an indefinite continuation of greatly reduced resources for social work outside the field of relief, which may itself be at risk; secondly, economic insecurity was set to continue for some time; thirdly, that government was still driving expectations that there would be more provision for health, welfare and social services; and, lastly, that the role of private philanthropy and wealth held an uncertain role in the scheme of things [Lee, 1937, p. 180]. He goes on to say that, because of these pressures, and because of professionalisation, the more social work grows in 'efficiency', and the more it becomes bureaucratised, the more the *vested interests* become tied to partiality, rigidity of function, and loss of creative scope and imagination. [Lee, 1937. p. 180]. Social workers must banish this vested interest, and take on the holistic picture [Ibid, pp. 185/186], and economic security for our clients must be the objective ... because poverty and its attendant degradations are ... *abhorrent not only to an exalted sense of justice but to a sense of common decency*' [Ibid, p.189]. He concludes by stressing that when social conditions become intolerable for the client, then *social action* is the creditable way forward, with social work support and leadership [Ibid, pp. 259-261].

A study of this pre-WW II literature reveals that the main proponents of community organization [Addams; Devine; Steiner; Pettit; McClenaghan, [and even Mary Richmond, 1917; & 1922] and other forms of welfare work, carried out their tasks in a virtually colour-blind fashion, omitting to reference the growing Black-American philanthropic movement, and the role of the Black churches in holding their communities together [Carson, 1993; Chang, et al, 1994; Burwell, 1996].

It is no wonder that, with so many social and economic imponderables, and with so much active discussion in the ranks of the profession, that some clarity was urgently needed. Thus, in 1938, US National Conference of Social Work set up a working party to evaluate *community organization* and appointed a prestigious team to consider the matter. It is worth quoting quite extensively from their Report [Lane, 1940]:

'*1. That the term community organization is used to refer to a process, and, as is often the case in other professions, to refer also to a field. 2. That the process of organizing a community, or some parts of it, goes on outside, as well as inside, the general area of social work - it is practiced by diverse organisations and for varied purposes. It is the social welfare nature of its objectives when carried on within the area of social work, as opposed to other arenas. 3. That within the area of social work the process of community organization is carried on by some organizations as a primary [function]... 4. That within the area of social work the process of community organization is carried on not only in communities or neighborhoods, or on the local level, but also on a state-wide basis and on a nationwide*

basis, or on the state and national levels. 5. That organizations whose primary function is the practice of community organization do not, as a rule, offer help directly to clients' [Lane, 1940, pp. 1 - 2].

These formal statements have set the normal boundaries for community development within social work ever since, BUT, as the Report goes on to state that, as some *community organization* is carried out in non-social work agencies, then there is room for considerable variation in the values, practice methods and objectives. Therefore:
'*We suggest that the general aim of community organization is to bring about and maintain a progressively more effective adjustment between social welfare resources and social welfare needs. This implies that community organization is concerned with (a) the discovery and definition of needs; (b) the elimination and prevention of social needs and disabilities, so far as possible; and (c) the articulation of resources and needs, and the constant readjustment of resources in order better to meet changing needs.*' [Ibid, p. 4].

The consequences of the Lane Committee for American social workers were that, henceforth, *community organization* was to become an equal partner in the syllabus for social work education in the United Sates. This vindicated the persistence of the early reformers to discover a community-related solution to solving the often structural problems of urban life. It acted as a counter-weight to the tendency towards creating a social work mystique around 'relationships' and individualization promoted by Richmond. Richmond looped large over the profession, but a lively debate had been started as early as 1922 about the range of social work engagement over social issues [van Kleeck, et al, 1922]. Obviously, the record of the social reformers within the emergent profession of social work, such as Addams, Devine, Clarke, and, certainly, Richmond, had not always been without friction within the economic and social fabric. For the most part, however, they had all been driven by the ideal of consensus and common cause. Lurking in the wings of community organization, and, for the British, community action, lay the spectre of the *conflict model'* of social work.

Conclusion: A number of issues emerge from this part of the study: 1. Urgent remedies were needed for the endemic social problems that followed industrialisation and urbanisation; 2. The application of scientific and rational analysis to these problems saw the gradual abandonment of prejudicial and superstitious ideas about cases and their remedies; 3. The application of rationality found the emergence of a model that could serve to solve the problems of the society, at the level of the community, by applying the efforts of the people themselves, with or without the assistance of the community's institutions. This mechanism

became known as *community organisation* in the United States. 4. Despite an early start, social activists in the U.K. failed to capitalise on this approach to social intervention.

1. The Poor Laws essentially failed to provide anything but a punitive and stigmatising remedy for unemployment, homelessness, and general indigence. Charitable organisations grappled with the problem of moving from an essentially moralistic appraisal of the people who were the victims of this situation, to adopting a more professional, non-judgemental, and problem-solving approach. Persistent economic fluctuations, poor social/civic planning, and war created the conditions for the continuance of this broad problem. Nevertheless, there was a reservoir of publically-spirited people who were prepared to come to grips with the issues in the form of philanthropic and charitable effort.
2. Some of the social activists that joined this struggle applied themselves directly to the work-face of engagement with the poor, within their impoverished communities. It was from this group that a pioneering cadre of professionals emerged – the corps of '*home visitors*', the settlement '*residents*', and the managers and funders of social experiments, such as social centres and community-based institutions. The gathering of data, information, insight and a body if experience proved invaluable to the progress of this activity.
3. Sociological data on the social milieu was emerging, and it was the application of this to identify intervention targets, plus, most significantly, the application of experiential knowledge that led to the clarification of models for intervention strategies. It was this combination that enabled the models of intervention, championed and lobbied for by Greenwood, Octavia Hill, Samuel Barnett, Jane Addams, and the American settlement movement that appealed to influential people like President Woodrow Wilson, and which enabled the state to become officially engaged in promotion this form of intervention strategy. State involvement promoted a national dimension to strategic planning in this area. This laid the groundwork for the development of a comprehensive theoretical analysis and practical modelling framework for community organisation/community organization/social planning.
4. The U.K. was not much concerned with the consolidation of the theory and practice of its own Settlement movement's experience. Social work curricula involved some applications [Liverpool, e.g.] from the start in the early 1900s, but elsewhere it was the dictums of Richmond and Freud that absorbed the energies of the British theorists. The Lane Committee made scant impact, despite its influence on the National Association of Social Workers in the USA [see Chapter 6, below]. The academic divide between what happened at home, and what was good practice overseas was adopted by default through the failure of U.K. social workers and academics to absorb the lessons being provided by the Colonial Office.

Chapter 3 Community development in the modern era – an international perspective

Community development in the modern era is divided into two sections – Chapter 3 and Chapter 4 in this study. Chapter 3 is concerned with bringing up to date the history of community development in developing countries, as a feature of the deployment of international AID for development, and then, as *community organization,* in the United States. This is done before exploring the same period in the U.K. because, firstly, it will be shown that there are considerable divergences between international practice-as-development and that found in the United States. These two areas of deployment of community development have been far more productive, and intensive than that found in the U.K. Secondly, this study will show that the development of these distinct models of community development, from the USA and in the developing world, have a great deal to inform theory, practice and policy in the United Kingdom. These models will be clearly defined and compared, and this will allow a strong basis for analysis of the U.K. approach to the subject. From this study, a model for application in the U.K. will be developed for the sustainable support of older people in the community [Chapter 7].

Introduction Is community development what it appears to say on the tin – a mechanism that provides a framework for community problem-solving? In this Chapter, I shall isolate the main themes around this topic that have developed since 1940. As we have already seen, and which will now be further elaborated, this term has many variants of meaning, the most useful generic term is *community practice* which encompasses *community organisation*, *community organizing*, *community development, extension work*, *social action*, and *social planning, social development* [Hardcastle *et al*, 2004; Weil, *et al* [eds] 2013], but most of these terms have no currency in the U.K. as yet. Many of the dominant terms for these activities originate in the USA:

Perry, 1916; Richie, 1917 – community work;

Clarke, 1918 – community organization;

State Council for Defense, California, 1918 – Government-led community organization;

Hart, 1920 – community organizing;

Lane, 1940 – professionally codified community organization;

Lane, 1940 – social planning

Alinsky, 1957 – conflict as community organization;

Ross, 1959 – [Canada] theoretical community organization;

Rothman, 1970 – formal modelling of community organization.

The previous chapter identified and analysed these themes in some detail up to the threshold of the Lane Committee in 1940, where community organization was formally recognised by

the [American] National Association of Social Work. From that date onwards, community organisation became incorporated in the training curricula of the American Schools of Social Work, alongside case work [Richmond, 1917], and group work [Perry, 1913; Ward, 1915; Devine, 1916]. Because of the association of the term *community development* with colonial exploitation [Batten, 1957], or the national economic development of emergent nations [U.N. Bureau of Social Affairs, 1955; Brager, et al, 1973], or even the paternalistic consideration of indigenous American communities, such as Black communities [Eugster, 1970; Mayo, 1975], there has always been a reluctance in the USA to use this term. Khindulka [1975] makes the case that the term *community development* is employed where those planning a local intervention wish to create some social change without *structural change* in the wider context. That is perhaps why *community organization* emerged as the generic term over there.

There are strong themes in community development arising from the efforts of the international community to 'develop' emergent economies and to strengthen local communities as a part of that process. In the international development scene, there is a remarkable agreement about terminology, but not everywhere is there agreement as to how to prioritise objectives and value systems that go into the work. As we have seen, the U.K. Colonial Office began its interest in this activity as a State-led service to the Empire as *Mass Education* [Colonial Office, 1925]. We shall follow the development of the terminology, noting that the level of inclusivity required in the process of instituting social or economic change leads to variations in the terms being used. One of the broadest in use sums up the process as *social development* [Midgley, 1995].

The difficulty is that within the U.K. literature, there are a number of terms in use, as well. It is my opinion that some of this is due to a lassitude in definition. There is a prevalence of the term *community work,* which pervades much of the literature as a sort of shorthand for the general field of community intervention. The reader, however, is going to need to interpret the context within which each variation the term is used in order to discover its local significance. This Chapter's purpose is to discover, analyse and discuss the emergent models of community development as they develop, diverge and merge across the many work settings of the United States of America [with some inclusions from Canada]. The development of this model for social intervention in the United Kingdom will be explored in the next Chapter.

The major exclusions from this study are India, which has comprehensive coverage in terms of development policies, but a myriad of models and agency types implementing them. A separate study of India is needed to do justice to them. Australia, New Zealand and South Africa as more or less strict observers of the models followed in the 'North', and it was deemed to be divisionary to get not a deep study of these practices for a reduced pay-off for

our particular needs. Three 'Northern' nations have also been excluded – France, Netherlands and Ireland. British/English language literature carries little information on continental practices, so this was not pursued. In the case of Ireland, although, nationally, the government and community development institutions did adopt a structural approach to the causes of social ills quite early on into the current context of economic decline [Lee, 2003], national policies then somewhat followed their British counterparts into a contentious hiatus with their '*partner*' sectors in development – particularly the Community Workers Co-operative [Taoiseach, 2000; Broaderick, 2002; O'Carroll, 2002]. The current political tangle, and unresolved ideological differences there is too complex to be able to disentangle here [Gaynor, 2011].

1. Community Development from an International perspective: It is hoped to examine four points of focus for the discussion in this Section.

In community development as found in the developing World, the following arise as significant study areas:

a. Development planners, funders, administrators, and professional operatives adopt both a structural and structured approach to social planning. They are able to agree a vocabulary and framework for analysis of their work, which centres around the adoption of the term *social development*. This is an over-arching term – from the project up to the regional/national strategy for development

b. Participation is now a planned element of all project work – at the grassroots, community development, and an essential ingredient of all social planning

c. Evaluation is a given from the outset

d. Social planning is an essential ingredient of all project/programme design. This situation has not always been the case, and we will show how these ideas and approaches gained currency.

A structural approach to community development: In the 'developing world', under the auspices of 'development AID' or sovereign, national development policies, a wealth of experience has been obtained on the efficacy and necessity for policies that might produce sustainable economic and social change. Investment at the level of the human, community level proved to be essential. The United Nations led the way on this with a Report on the economic state [poverty] of 80% of the populations of the World's developing nations. The U.N. saw community development as a powerful tool to assist communities to adjust to rapid social and economic change, and at the same time, harnessing the resources of a wider constituency than national governments and international co-operation [U.N. Bureau of Social Affairs, 1955]. Because of the culture of the international community at the time, these development drives were directed from above or outwith the particular local setting.

These initiatives were to be conducted by: local governments; international donors; international organisations; and non-governmental organisations [NGOs] - both local and international, often funded by the international community in their entirety. These all combine, in various ways, to 'develop' communities, economies, and representative organisations according to criteria that are established [in the main] by outside *experts,* and not by those living in the localities targeted for this development [Perez-Guererro, 1950; U.N. 1955; du Sautoy, 1962; Dasgupta, 1967; Myrdal, 1968; Conyers, 1982; Cornia, 1987; Midgley, 1995; Das Gupta, et al, 2003; Whitehead, 2006; Mikkelsen, 2005; Shah, 2012; Mansuri, et al, 2013].

The first really significant grant of international AID was the 1947 Marshall Plan, where the U.S. Government made available $13billions for the reconstruction of Europe, and the suppression of Communism [OECD, 2012]. These moneys were made available for the purchase of American goods, and provided virtually the only form of foreign exchange available to the exhausted European nations. This was in addition to another $13billions made available in bilateral AID to several European countries [OECD, 2008; 2012]. This demonstrates that, since these earliest days of intervention into local affairs, the motives behind AID have often been coloured with 'political' objectives beyond the presenting needs of the populations. For example, the work of the United Nations, and the United States, in post-WW II Europe to aid reconstruction and stability [Mayo, 1975], and, in the case of Greece, to directly combat the rise of communism [Haralambides, 1966; Daoutopoulos, 1991; OECD, 2008]. Nevertheless, it can be clearly seen that it is the practical and evaluative work done 'in the field' in these settings that have yielded a wealth of theoretical as well as practical insight into the development process. The value of this approach can be seen in evaluations provided for Ministerial briefing documents at British Government level. State security, community fragility, and strategic priorities are all weighed up in deciding 'investment' possibilities [Chapman, et al, 2010]. This point is made to emphasise, generally, the lack of political neutrality about the social and community development process. Midgley analyses how the United Kingdom hardened its approach to *social development* in the process of relinquishing its Empire in the 1950s, but, at least, some systematic framework was produced to enable local administrators to structure their investments in social change at the community level [Colonial Office, 1954; Colonial Office, 1958; Midgley, 1981; 1995; 1997]

The post-World War II years saw the rapid growth in investment AID to developing economies [the *Third World*]. In 1990, the rich nations of the World promised US$170billion, which represented 0.3% of the donor nations' Gross National Income [at 2009 prices], but they only delivered US$84billions. This figure declined for ten years, before rising again to reach US$120billions in 2010 [promised - US$270billions - OECD,

2012]. This led to a shortfall of over US$600millions in 2011 [OECD, April, 2012 – cited in Shah, 2012]. Despite these disappointing delivery figures, AID still represents a massive investment potential for the developing nations. But it also gives 'donor' states considerable influence in the affairs of those nations drawn into AID 'partnerships'. Since 2003, the U.K. Government has invested £2.3billions in 'fragile states' [Chapman, *et al*, 2010, p. 12]. Shah [2012, p. 30] shows how even large charitable injections from the West to the developing World [such as the Bill and Melinda Gates Foundation] can also have considerable political impact.

Achieving sustainable development is an elusive goal [Harrison, 2000]. The required adaptivity of the development process, in the face of the complexity of economic and social forces at work when this form of investment and social intervention is made, is fraught with risk and uncertainty [Harrison, 2000, p. 103 et seq]. Kingsbury points out that the conflict between the market forces of globalism, and the directive nature of top-down planning and implementation, leads many projects to failure or unsatisfactory outcomes [Kingsbury, 2004]. The politics and population trauma of rapid development in some countries e.g. Taiwan, India, Singapore, Malaysia, saw the adoption of a 'Western model of development', which produced severe dislocation of the culture and social relations in these countries. The introduction of a palliative and yet positive mechanism for introducing social measures that might accommodate these changes [for example, contraception] was seen to require an additional administrative/facilitative element. Community development was seen as an appropriate and successful vehicle for this purpose [Myrdal, 1968, especially, pp. 2158 et seq].

The oil price crises of the 1970s brought in dramatic changes in inter-governmental lending and support mechanisms. The International Monetary Fund, in 1980, brought in strict restructuring conditions on indebted nations – *Structural Adjustment* [Broughton, 2001; Storey, 2001]. These steps were mirrored by the World Bank, after the departure of Robert McNamara as President, in 1981 [Toye, 1987]. These new financial conditions forced a withdrawal of the state from many developmental projects and activities [structural adjustment], including funding the non-governmental sector, leaving it reliant on foreign AID [Cornia, 1987; Clark, 1991]. The rise in influence of the [Western] World Bank, and International Monetary Fund, that policed the economies and political stability of the '*Free World*' and '*Non-Aligned Nations*' [*Comecon*, and the Soviet political bloc had its own system of controls] enabled the foreign policy of the United States, through the U.N. and its associated bodies, to strive for a international adoption of the market economy '*ideal*' and financial and political stability to go with it. International AID by the major Powers was linked to this agenda [Hulme, 1994; OECD, 2008; & 2012]. The social consequences of this

powerful stream of influence has been considerable [Chambers, 1998; Mansuri, 2004; & 2013].

Participation: With this as a background scenario to international AID, over the years, a radical shift in local institutional thinking was needed if its objectives, principally *social stability* were to be realised. To this end, intervention was pioneered by UNICEF, through its economic analysts [Cornia, et al, 1987]. A change of approach had to be made, chiefly the alleviation of poverty, the engagement of the community, and the revitalisation of economic growth [Cornia, et al, 1987; Shepherd, 2004]. This shift was a significant move away from the belief that development could be imposed upon a community from without. The scarcity of outside resources required fresh, and immediate, adjustments to the methods of bringing change to the people. To be successful in any sustainable sense, a top-down approach, based upon the identification of '*objective need*', required that grassroots participation be enlisted, and this resource had then to be permanently embedded in the fabric of the intervention [Conyers, 1982;.Chambers, 1983; Cernea, 1985; Oakley, et al, 1991; Midgley, 1995; Chambers, 1994; Chambers. 1997; Hulme, 1997; Mansuri, et al, 2004]. [Work in the U.K. regarding the Empire, and how to get rid of it, was quite highly advanced in this thinking – Colonial Office, 1943, see below]. In its first Annual Report, in 1990, the United Nations *Human Development Programme* described how this process had gained, and then lost, support in the application of development AID. Since the earliest days of local and international development initiatives, the community, and its organisations at grassroots level, had always been the poor relation in the process of policy selection and implementation.

A good case example of this is in Zimbabwe, where the government had, in 1991, arbitrarily imposed a notorious '*adjustment*' policy on the nation, ten years after independence [Zimbabwe, 1991]. The result was over twenty years of economic decline, mass unemployment, and monetary inflation, leaving international donors and NGOs in disarray as how best to intervene [Cornea, 1987; United Nations Human Development Programme, 1990; Wintour, 2009; Kramarenko, et al, 2010]. All outside intervention was deemed to be subversive, although, with a coalition government, some developmental co-operation is now possible [Wintour, 2009].

Chambers [at I.D.S. at the University of Sussex] in the 1980s, began to change the culture of social and economic development into a participatory and co-operative process for the 'beneficiaries' – the local people [Chambers,1980; & 1986; & 1989]. This school drew heavily on the works of a widely diverse community of scholars: the Brazilian, Paulo Freire, Ivan Illich, an American institutional analyst, Saul Alinsky, an American social activist, and Franz Fanon, an Algerian nationalist and revolutionary. Freire described how, from his

extensive field work experience among the cane cutters of Brazil, sustainable progress in human development depended crucially on the depth of understanding and engagement of the ordinary people, the 'beneficiaries' of the development. A person's awareness of being '*in*' the world [a subjective experience], and also being '*with*' the world [an objective experience] enabled integration of experience that empowered a person to act meaningfully upon external circumstances. [Freire, 1972a&b]. Freire introduced the term '*conscientization*' to describe this process [Freire, 1972b, pp. 49-50]. Illich provided professionals in the field with a framework of thinking that enabled them to re-define the nature of the '*expert*' in the development situation [Illich, 1973, 1977; Chambers, 1993], and Alinsky asserted why and how people at the bottom of the economic and social order might combine to assert their power [Alinsky, 1969]. Fanon identified how colonised people [the poor in a development context] have nothing to lose by casting off their chains, but that they needed to be well organised to accomplish it [Fanon, 1970, 2001].

After 20 years of field work experience, Oakley described the way in which the theory and realisation of '*participation*' worked out in practice in development programmes [Oakley, et al, 1991]. Only through building in the principle of 'participation first' could highly valued social objectives be realised – e.g. health objectives [Oakley, 1999]. Midgley had developed an analysis based the themes of Illich [above]. This demonstrated how centralised power structures, representative of the State and large corporations with interests in overseas development, might ensure that their design and timeframe for development over-ruled or ignored any local circumstances that might impede or contradict them [Midgley, 1987]. Oakley produced an analysis of how structural factors impeded participation [institutional, administrative, tradition, gender politics, elite interest groups, etc.], and suggested a concrete framework for the strategic and tactical methods required of a development agent in achieving the objectives of an '*inclusive*' programme [Oakley, et al, 1991, pp. 5-13, & 182].

There is still an active debate about how community-level intervention must be implemented if it is to be successful – sustainability is still an elusive goal [Harrison, 2000; Labonne, 2008]. Following on from the lead established by Chambers in the pioneering of *Rapid Rural Appraisal* [RRA] then *Participatory Rural Appraisal* [PRA] through the work of the Institute of Development Studies, Sussex University [Chambers, 1980, & 1992], international development initiatives sought to get behind and beyond the political and institutional motives, which traditionally had inspired the formal investment in social, technical and economic development. The priorities of government agencies, international NGOs operating as agents for Donor funds, etc., were governed by the *social engineering* insight of these agents of change, believing that they had the answer to the community's needs/problems [Cernea, 1991, p. 29]. The officially-recognised ends justified the means, and any social costs were a necessary price to pay for progress. This approach was inspired

by the analysis provided by Rostow, where a linear view of economic [and, thus, social] development held sway in many political power circles [Rostow, 1960]. Hulme identified this further as a form of *private sector* approach to social and economic development, where somehow a *market* was operating, and the dependant community was identified as *customers* – i.e. the development process imposed from outside was in some way a voluntary contracted relationship between the provider and the recipients [Hulme, 1997a & b]. Edwards disagrees, in some part, claiming that the precipitous rush into participation at the expense of centralised planning has corrupted the long-term mission of developers [Edwards, 1998]. But State-designed plans generally lacked the flexibility required for local applications, and they also proved to be politically sensitive or contentious. Hashemi [1995] shows how the State can react violently to challenges to its authority from below, and Chambers [1998b] calls on the professionals in the field to re-define their roles, and to challenge the State in this process. In the thirty years that have passed since the introduction of structural adjustment policies, this aspect has not changed dramatically. Nevertheless, in their wake, the role of the international non-governmental organisation [NGO] has been strengthened considerably. Likewise, the local NGOs have consolidated their position as necessary agents for development and continuity in working with the poor and other vulnerable groups. Edwards and Hulme [2000] describe how the antagonism between the State and NGOs continued, but that the NGOs had begun to learn from their experiences.

A major concept to emerge is that of '*scaling up*', the replication of projects and programmes, producing bigger and more effective investment and outcomes in fresh areas [Clark, 1991; Edwards & Hulme, 1994]. Clark presents choices that can be made over the structure, direction and objectives of a scaled-up project. The 'participation' element can be focused upon to create extensions into other communities – a social movement. This is a contentious choice, politically. Alternatively, simple replication of good practice models can enhance the impact of a development programme, generally. The third direction for escalating the impact of a successful model is to use the political leverage that this may produce to lobby for policy change and the redirection of public or other investment resources into this field [Clark, 1991, pp. 83 *et seq*]. Shepherd cautions us, assuming that the social context of a development process is far too complex for there to be much chance of being able to reproduce these structures, processes and outcomes somewhere else [Shepherd, 1998, pp. 161-70; Lahiri-Dutt, 2004]. Midgley [1995, p. 75] advises that there is little agreement in development circles about the way in which outcomes can or should be assessed. Additionally, Remenyi suggests that, despite the lofty goals of development professionals and theorists, that the self-interest of the governing elites decide, ultimately, which programmes go ahead, and how they are received [Remenyi, 2004]. Lahiri-Dutt presents case-study material to suggest that there are so many contradictions involved in

complex development strategies that no effective mechanism can be developed for the satisfactory accommodation of the public's participation [Lahiri-Dutt, 2004, p. 23].

Klinmahorm, *et al*, and Parry-Jones both believe that on the one hand, demonstration and active partnership with government can yield positive results [Klinmahorm, *et al*, 1992] and Parry–Jones describes how active lobbying by NGOs can produce structural change [statute changes] [Parry-Jones, 1992]. Governments should be instrumental in creating delivery systems and institutions, which are suited to the tasks of development and cohesion-building [Midgley, 1995, p. 141]. Wils is convinced that, as the greatest good for the greatest number is the goal sought by the NGO community generally, then the NGO should grasp the opportunity to scale-up its activities, and to combine with government, provided that it keeps its *raison d'être* under constant review, and that it takes all reasonable steps to sustain its virtue [Wils, 1995].

There are obviously several agendas on the table in all development programmes, and the realities of political manoeuvring are a constant reminder of their vulnerabilities and frailties [Karim, 1995]. Some of the difficulties in analysing these can be found in the efforts of Maru, et al, [2007] when a model assessing *Resources and Shaping Forces* has to be applied to a society facing an unsettled political outlook, and beset with environmental upheavals as well [Maru, et al, 2007, pp. 8-11]. In essence, however, this approach boils down to the use of focus groups in setting priorities for project interventions. In the end, this participation affects little in the arena of prior planning and investment decisions, which are made in a centralised system. The cultural 'set' of the prevailing system of governance permeates the decision-adjudication process as well [Lahiri-Dutt, 2004, p. 36-37]. Ultimately, so much depends on the ability of the professional workers on the ground, and the institutional receptivity of their employers to the work they are doing, and the preparation they have to do it [Lekoko, 2005]. Unless the preparatory work is done, and the frames of reference are presented and agreed, then the process of engagement will lack depth and conviction [Cernea, 1991; Marfo, 2008].

At different ends of the scale, therefore, we find contending and contradictory principles behind the intervention models. At the most extreme end are those who believe that the starting point is the people in their own locality, with their own culture values, and self-defined objectives [Kelly, 1988]. This model is predicated to the Freirean school of consciousness raising [*conscientization*] as embodied in the *Transformation* approach to locality development [Hope, et al, 1984; Wallerstein, 1993]. Here, the people's engagement is solely around the locally-perceived issue, and the process of engagement binds the community into commonality, and new levels of achievement. Conversely, the model promoted by the World Health Organization [and the World Bank], in one where the issue, the '*diagnosis*', and prognosis are defined externally, and the preferred method of

intervention is prescribed by central government planning and structural perspectives [Dahlgren, et al, 1981; Rifkin, 1996; Dahlgren, et al, 2006; Whitehead, et al, 2006]. At the same time, this model insists that the highest levels of '*grassroots participation'* are engaged. State, NGOs, private sector and, perhaps, the 'beneficiary communities' are all in the market place together.

Evaluation: There are difficulties addressing the question of evaluation of development work/investment programmes/projects, and the like [Casley, 1983; Uphoff, 1995; Wallace, 2000]. The State is often the main delivery vehicle for these policies, but limitations on the State's ability to function at the local level means that the responsibility for this is either delegated on a statutory basis to local government, or it is hived off to NGOs [Panet-Raymond, 1992; Edwards, 1994; Hulme, 1994; Hulme et al, 1997; Klitgaard , in Piccioto et al, 1998, pp. 72 *et seq*; Mansuri, 2013], or, even, the private sector [Tõrnquist, 1999]. Because of this, the question of evaluation is inextricably bound up with the nature, purpose and structure of funding and management [Cusworth, et al, 1993; Rossi,1999; Tõrnquist, 1999; Paton, 2003]. Relations between the hierarchy of the powerful agencies in development work and their employees can become divergent in many ways, but relations between the employees of development agencies and the 'beneficial' community can become even more so [Oakley, 1991]. Expectations of loyalty, confidentiality, and reciprocity can soon become convoluted as political pressures between the interests of these interest groups become entwined [Mikkelsen, 2005]. The relations with the State can be an on-going and changing factor in the effectiveness of NGO activity. Clark [1997] and Blair [1997] emphasise how difficult it is for NGOs to negotiate with the State on issues that have a direct bearing on the government's reputation or image. Mobray reports that the State has now entered into the 'market economy' and, as such, operates as a competitive element, conscious of its own 'brand' and its image [Mobray, 2005, pp. 261-2]. Shaw suggests that within this all-embracing, global, 'neo-liberal' culture, community development's practitioners are caught in the middle, as hapless spectators, who have to carry the tensions of marketing 'social change' to its clients, whilst being trapped as employees of the prevailing 'system [Shaw, 2011, pp. 130, 137]. Because of the neo-liberal financial policies of the current time, and the subsequent contractions of the State's public services in most developed and developing nations, we are concerned here mainly with the position and the role of the NGO in this process.

Therefore, for these different parties to a, supposedly, common purpose, evaluation can have a markedly different significance. As an international commentator on development, the World Bank keeps a critical eye on progress and issues such as government/NGO relations [Shah, in Picciotto, 1998, pp. 103 *et seq*; Tõrnquist, 1997; Storey, 2001]. Helleiner, describes that, after considerable pressure from international NGOs, the World Bank was

now considering the impact of national social policies on poverty, and was to suggest mechanisms for alleviating it [Helleiner, et al, in Cornia et al, 1987, pp.273-286]. The alleviation of poverty, the expansion of opportunity and education within a nation, etc., in line with the *Millennium Development Goals* of the United Nations [United Nations, 2000], were adopted by the World Bank as the basis for their evaluation process [World Bank, 2004]. The evaluation of development operations now counts this indicator as significant for determining the Bank's relationship with nation states [Stiglitz, 1998, in Picciotto, *et al*, pp.283 *et seq*; Wallerstein, 2006; Jolly, et al, 2012]. The latest research on this issue [Mansuri, 2013] suggests that this is now a substantial element in the Bank's appraisal of a country's credibility as an agent of development. Nevertheless, the Bank still retains its neo-liberal philosophy on finance and development, and those in development work must retain their own critical filters to ensure that they are not seduced by the Bank's attempt to rebrand itself as an agent of progressive change [Kane, 2008]. Attempts by the Bank to come to grips with the issues presented by an ageing population produced some disquiet for developes. In developed economies, financial support schemes for older people [pensions and social security] were considered to be unsustainable if they relied on State support and not market forces. In developing economies, there was no encouragement for any kind of scheme until a firm economic model for each nation emerged [International Bank for Reconstruction & Development, 1994].

Programme and project evaluation has been part of the formal language of community development since the earliest days of recognition of the technique. The Lane Committee in the United States [Lane, 1940] stipulated that evaluation be conducted in the context of the best practice procedures [Lane, 1940, p. 8], and Trecker [1959] saw it as the basis of all credible social planning. Nevertheless, despite the growing amount of national resources that was being put into international AID, it was not until 1985 that the Thatcher Government in Britain insisted that a proper, systematic evaluation approach be adopted for British overseas AID [Cracknell, 2000]. The adoption of the 'logic framework' by the Overseas Development Administration [ODA] ensured that a transferrable and more reliable framework could be applied to all projects. This framework had been employed by the United States since the 1970s [ODA, 1995; Picciotto et al, 1998; Roche, 2001]. Wiesner stresses that all development processes are best when confined within the boundaries established by those with political oversight, and that the real task is to seek out the most appropriate means of attaining the objectives required within these [in Picciotto, et al, 1998, p. xiii]. In cases of weak, or corrupt, government, however, this relationship can rapidly breakdown [Pradhan, in Picciotto, et al, 1998, pp. 57 *et seq*].

The earliest formulation of the parameters of the 'logic framework' was rather rigid - these parameters were: goals; purpose; results; activities; inputs [Cracknall, 2000], p.115], or:

wider objectives; immediate objectives; outputs; inputs [ODA, 1995, p. 80]. These limitations became apparent as the focus for development projects became less centred on material outputs, *per se*. They developed from a quanitative analysis towards a more qualitative assessment, to where the nature of the 'outputs' became dependent on more a fluid, less material definition – process outcomes. Eventually, there came a call for the 'beneficiaries' of development to be included in the planning and execution of development proposals [Chambers, 1980; 1983; *et seq*; Hope, 1984; United Nations, 1984; Cernea, 1985; etc., etc.]. Now a balance between 'value-for-money' ideologies [usually external, governmental donors], and those responsible for the delivery of 'results' in the field [and including academic theorists] became an area of contention [Cornia, 1987; Midgley, 1987; Marsden, 1990].

In 1990, the United Nations published a report into the '*Concept and Measurement of Human Development*. Central to this, was the philosophy that human development depended on constantly widening choice for those experiencing poverty, suppression, oppression or reduced life chances [United Nations, 1990, p. 10]. From then on, the literature on development and evaluation became studded with the imperative for community participation, engagement and direct benefit of social and economic investment [Clark, 1991; Dahlgren et al, 1991; Uphoff, 1991; Hulme, 1994]. These culminated in the U.N Declaration of the *Millennium Development Goals*, in 2000 – see above. The extent of the World Bank, The International Monetary Fund, and the United Nations combined influence in real terms on the World's economic affairs can be extrapolated from the fact that, with only three years to go to the 2015 target date, only three of the eight Millennium goals have been reached [United Nations, 2012].

Impact assessment: One of the difficulties of the evaluation process arrives when a flexible approach to programme/project delivery is required, as the process itself can have immediate [or delayed] negative effects on the 'beneficiary community'. These could be such that modifications to the delivery process have to be made. The so-called '*virtuous circle'* of development, which takes these factors into account, has to be applied [Roche, 2001]. Mikkelsen shows how the only way learning can be abstracted from change is if the process is being thoroughly monitored and evaluated [Mikkelsen, 2005, pp. 267-300]. The potential correctly to gauge the impact of any scheme is to ensure transparency, and the participation of the '*beneficiaries*' throughout the planning, monitoring, and delivery stages. Additionally, the 'stakeholders' at all levels in the delivery of a programme must also be included in the evaluation processes, and they may have different criteria for assessing 'benefit'. Influential funders, such as the IMF, or World Bank, have set their own criteria [Bourguignon, 2002; World Bank, 2004]. The ODA [U.K. Government's Overseas

Development Administration] employs the 'logic framework' approach to assess whether or not it is getting value for money from its Foreign AID budget [ODA, 1995]. Oakley, in his study of participation for the International Labor Organization, considers how evaluation might be addressed depending on what parameters for success are in the frame of reference of the project/programme. Macro-level economic outcomes might produce completely different measurements than might '*capacity-building*', grassroots projects [Oakley et al, 1991].

There is definitely a considerable difference between evaluators who seek qualitative measurements as opposed to quantitative analysts. Traditionally, cost, scale and time-bounded outcome expectations dominated the thinking of funders and government administrators and their political masters [Rondinelli, 1993; Rubin, 1995; Patton, 1997; Leurs, 1998]. The problem was, and still is, that there is little scope to conduct controlled experiments in the development field [Patton, 1997]. The best that donors, political policy-makers, planners, and field workers can expect is to search out the way to create a 'virtuous spiral' [Fowler, 2000], or a 'virtuous circle' [Roche, 1999] Patton suggests three approaches: *inductive* – the use of field work to produce theory, based upon the testing of indicators; *deductive* – the use of theory to produce models; and *user-focused* – building theory from interactive circumstances [Patton, 1997, pp. 220-222]. The objective of developmental intervention is, obviously, beneficial change, to be measured against criteria hitherto, mainly, decided from outside the area [Fowler, 2000, pp. 17-19]]. Considering the emergent need now to take into account the feelings and more personally-felt needs of the 'consumer' or 'beneficiary', then another form of risk assessment and outcome measurement is required.

From this dimension of evaluation has emerged '*Impact Assessment*'. This is a predictive investigation of how the planned intervention might impact on the society/community across a wide spectrum, of areas, beyond the immediate, planned objective of the intervention [Barrow, 2000]. Focusing agencies, in advance, on the consequences of their activities should draw them away from writing laudatory descriptions about their efforts in interventions, and towards documenting their progress towards programme objectives across a wider spectrum [Fowler, 1997, pp. 164-6]. As Oakley describes [Oakley, 1991, pp. 241-5], it is very difficult to predict how the social impact of participation, for example, might change a culture or material circumstances of a community. How are *cost-benefit analysis,* for example, or *impact assessment* techniques to be applied to something which itself is a qualitative phenomenon? Mikkelsen reminds us that the monitoring and evaluative mechanisms cannot control the actual dynamics of the development process, once underway [Mikkelsen, 2005, pp. 304/6]. Eade stresses that the intervention should, where possible start with the institutions and organisations that are already developed in the community in order to minimise the dislocation that intervention will inevitably bring [Eade, *et al*, 1995,

pp. 334/5]. Roche explains how assessing the costs [in material terms] to the funders, agents of change, and beneficiaries of change in advance is one thing, but trying to evaluate, assess and communicate the impact of change on social, economic and environmental dimensions of society is a much more difficult task [Roche, 1999].

Patton's *Utilization-focused Evaluation* model [Patton, 1997] now covers most of the aspects required by both quantitative and qualitative approaches. Clarke provides us with a matrix of this approach [Clarke, 2000, p. 263], where interventions at different levels can be assessed using independent criteria, but where they can be integrated into a common analytic analysis. The continuum of change, as projected by the 'logic framework' can be seriously augmented through the collection of qualitative insight. This will produce the necessary level of understanding required for developers, so that they may come to grips with the significance of change to the indigenous culture and knowledge that they have encountered [Marsden, 1994]. This will provide considerable extra dimensions to their understanding of the targets of their work [Mikkelsen, 2005]. Patton recognises the contradictions involved in attempting to reconcile the quantitative with the qualitative focus in data collection, yet seeks to address the dilemma through seeking balance itself. He recognises that there are significant ideological issues involved, but that evaluation is a framework for assessing the validity of relative values and definitions [Patton, 1997, p. 280]. Patton further acknowledges that there are likely to be considerable differences of opinion between the 'experts' about ways and means, even before the indigenous community are brought into the equation [Patton, 1997, p. 260-2]. Rubin asserts that, in the end, each result has to be judged on its own merits, and this applies particularly to agencies and agents who presume to intervene in the lives of people who are not able successfully to resist this intervention [Rubin, 1995]. One might ask: In the end, who will bear the costs of all this investment and activity?

Social Planning: The other major contribution to the theoretical and modelling framework of international community development is in the field of social planning. As we shall see in the following sections on American [below] and British [Chapter 4] community development, it is by default that the community development institutions have paid so little attention to this vital element of providing a sustainability dimension to social development programmes and initiatives. Myrdal set the scene in 1968, for the need for sustainable development at all levels in society if the endemic problems of poverty and disease were to be overcome [Myrdal, 1968]. This theme was greatly expanded upon and the whole issue clarified in the cumulative international initiatives, culminating in the Millennium goals being set in 2000 [WHO (Alma Ata Declaration), 1978a; (The) Brandt (Commission), 1987; Brundtland (Commission), 1990; U.N Human Development Programme, 1990; United

Nations, 2000]. Most of the 'developing world' commentators who concern themselves with the relations between State and NGO agencies [North and South] find the need to include some form of explanations of how, in practice, at least, the two crucial engines of development interact and explain their actions to each other [Conyers, 1982; Booth, 1994; Midgley, 1995; Hulme, et al, 1997; Edwards, et al, 2000; Ziglio, et al, 2000; OECD, 2008; Chapman, et al, 2010; Mansuri, 2013].

In 1983, the Swedish sociologist and development researcher, Harold Swedner, described the conditions that were required before a successful development intervention could be made. This embraced the focusing of all the institutions on the collective endeavour that they were preparing to undertake, and for the establishment of the appropriate mechanisms that would ensure their on-going collaboration and co-operation [Swedner, 1983, pp. 65-70]. Thrake reminds us, if the community are in ownership also, in concert with local government, then the progress of any initiative may be better ensured. Nevertheless, this may be a considerable challenge for powerful agencies [Thake, 1995]. The crucial factor in this process must rest with local government, which affects the essential linkage between the local community, central policy-makers, and any other intervening agencies/institutions. Local government may consider itself to be central to this change, but the literature contains scant reference to the mechanism that local government might go with to prepare itself for the challenge.

Murphy [2002] reports on how the Irish Government failed to take advantage of the opportunity offered by the Irish Prime Ministerial-initiative to establish a '*New National Agreement*' on community development partnerships across the nation as part of their *Programme for Prosperity and Fairness* [Taoiseach (Office of), 2000]. This *Agreement* covered nine areas of social and economic importance – including poverty, gender, and race relations [Ibid, pp. 2-9]. The Irish Voluntary Sector failed to find a satisfactory way in, within which they could establish some form of equality, and obtain a status position for the communities at the grassroots [Murphy, 2002, p. 84; see also Laughry, 2002]. Walker, et al, reported that in New Zealand, after a decade of good intentions, the Government had failed to make any advances along a similar line to the Irish Government: towards a pluralist structure for the administration of local development [Walker, et al, 2011, p ii63]. In less developed structures of governance, there is even less potential for movement. Karagkounis reports on how, in Greece, the absence of a really positive input by the 'weak' local government structure, retarded interventions and progress towards development goals [Karagkounis, 2010].

How then might the situation be modified to accommodate the necessary mechanisms for good governance? How can the resources, informed and well-prepared agents of change from within local government be assembled for the task? Rothman presents us with a model

of 'social planning', which outlines the methods through which a community organizer intervenes at the level of the agency to produce vehicles for planned social change [Rothman, 2001, p. 31]. As with the Rothman model for intervention at the level of the community, in social planning the agents of change 'manipulate' formal organisations and data [Ibid, p. 44], with their eyes firmly on the outside forces requiring adaptation and change. The presumption here is that the agencies engaged in the exercise are aware, and are willing partners in, the change processes they are planning, and have the internal capacities to accomplish the task. Sanders had described the inevitability of the institutional change process, by insisting that managed social change was just a matter of government agencies taking a firm lead, and instituting the appropriate systems of communication [Sanders, 1970]. Lauffer, however, emphasised just how unready, and how far from this objective government agencies were. He stressed that many officials were completely unaware of the complexities of community life, dynamics, and social mores [Lauffer, 1978, pp. 239 *et seq*]. Perlman, *et al* [1972] saw a public service function of specialised 'planning organizations', which worked outside of the agencies that would bring about the changes in society planned by policy makers or when social problems arose that needed collective solutions [Perlman, *et al*, 1972, p. 80]. Midgley [1995] explained how development was a process of *managed pluralism,* and that all levels had to be prepared for the experience [Midgley, 1995, p. 175]. Midgley gave no insights as to how this was to be achieved, however.

Janelle Plummer has published two guides into the processes required to present the agencies of governance – '*municipalities*' is the term Plummer uses to describe local government entities – at the required level of readiness for the challenges that engagement with the community presents. In the first [Plummer, 1999] she presents a schema that identifies the issues a stake at every level in municipal structures, and outlines a process through which the agency as a whole can be re-oriented towards the social planning [Ibid, p. 8 *et seq*]. The central element of this process depends on there being a management structure sufficiently empowered to carry out the process, and being sufficiently committed to the process. This means that the municipal agencies have to have adopted a principled framework for social planning and social developmental change that permeates all municipal policy, training, and operational planning and engagement [Ibid, pp. 95 *et seq*; 119 *et seq*]. Whereas this policy has to be implemented from the very top down, Plummer recognises that *bureaucratic inertia*, and the hierarchical nature of municipal structures are antagonistic to participatory action systems [Ibid. p. 125]. Additionally, as we have been pointing out, the essence of *participation* is that it should stem from the grassroots upwards. Where Cornwall [2008], Kemp [2008], Shaw [2011] and Jolly [2012] find this approach to policy implementation totally unacceptable as it violates the principle of *power to the people* [Cornwall, 2008, p. 281], and retards progress towards democratic organisation of society, Kane [2006] and

Mansuri, *et al* [2013] while recognising the pitfalls, accept that policy must be implemented by someone, and that international and national scrutiny of government and donor motives is much more critical and severe that it ever has been before.

Plummer is one that accepts this point of view [she is a consultant to the World Bank, and to DfID on development matters]. In her second major publication [2002] she outlines how the municipal function can better be fulfilled if democratic government saw its role as co-operative and in partnership with the citizens. Having overcome the barriers to mobilising for social planning and the active implementation of social policy [Plummer, 1999, above], the municipality must now restructure itself for active engagement within specially constructed vehicles for this task – partnerships. From the inward-looking, self-appraisal of the first guide [Plummer, 1999] Plummer now calls on this now-reinforced and prepared agency to pursue its objectives with firm structures and leadership. This will not be without pain, as political and bureaucratic resistance will be high [Plummer 2002, p. 290]. Notwithstanding this, if government is to be serious about implementing is policies, then this pain will have to be confronted. As we will see in the Chapter 6, on Welsh Government policy, partnerships are the central plank of government policy [Hutt, 1999; Welsh Assembly Government, 2003a, 2003d; Welsh Government, 2011b; etc.].

We have seen in this section how investment in developmental programmes has produced rationally-bound structural approaches to planned social change. A clear model has appeared, based upon institutional restructuring and forward planning. Nevertheless, this is contested by those who seek 'bottom-up' approaches to development.

2. Community Organization in the United States and Canada: The United States gave the impetus to the whole World for community organization [C.O.]. The U.S. Government recognised C.O. as early as 1913 [Lever/U.S. Committee for Agriculture, 1913], when it appreciated the value of community-building whilst the nation's rural communities were under strain during World War I. Congress also saw the need to provide training for field workers so that standards could be established. In the 1920s, area-based experiments took place to see if they could be regenerated and rehabilitated following social and economic decline. The most famous of these was the Cincinnati Social Unit experiment [Dinwiddie, 1921; Betten & Austin, in Betten, *et al*, 1990, pp. 35-49]. This experiment was mounted by the National Social Unit Organization in 1916, and the Cincinnati Project ran for three years, during which time, valuable data was collected to establish C.O as a legitimate application in situation such as this. Additionally, at that time, a number of books on C.O. appeared which formulated a body of theory and model frameworks [Hart, 1920; Burr, 1921; Rogers, 1921; McClenahan, 1922; Steiner, 1925; Pettit, 1928]. These books were mainly aimed at the

'self-help' market in community relations, but the role of an 'organizer' was clearly spelled out, be it for a paid worker, or for a organisation leader figure.

From the beginning of the 20th century, welfare provision for the needy and indigent had, traditionally, been provided by philanthropic organisations [see the narrative on the Settlement movement, in the previous Chapter for example], but the lessons learned from providing paid organisers for welfare and recreational activity in this sector were taken up in the general context of community-building at large [Bremner, 1956; Cox, 1970; Bruggemann, 2013]. By the 1930s, social work was becoming a thoroughly organised profession in the United States, and the National Conference of Social Work had been institutionalised since 1917. Bruno records the changes in those subject strands in the officially recognised curriculum for Social Work College programmes – reduced from 12 in 1926 to four in 1934, retaining '*Community Organization*' as a permanent strand in training [Bruno, 1948, p. 359]. The National Conference dates back to 1873, but now it began to take seriously that community organization was a significant part of the social welfare intervention structure. Because of this, the Conference established a sub-Committee to set out the parameters for this form of activity within social work [MacMillan, 1945]. The Lane Committee reported in 1939 [Lane, 1940], and his Report was adopted by the National Conference. Having established its professional credentials, therefore, community organisation became a factor within social work training curricula.

After the Lane Committee Report, Community Organization in the United States began to divide into a number of 'schools' of thought. During the Great Depression of the 1930s, some social workers and other community activists [for example – Trade Union organisers] sought more radical outcomes and tactics than the integrative and palliative model presented by organised welfare agencies and the social work profession, generally. One iconic figure bridges all those descriptions – Saul Alinsky. While CO within social work was heading off towards the respectability of the mainstream social work curriculum, Alinsky was preaching a radically different creed [Chambers, 2004]. The Alinsky model is based upon the term community organizing, whereas the term community organisation compares with the British/International terms of community development, or social development. Some background information is necessary. *Community organizing* describes a model of intervention based upon *conflict*, and not *consensus*. The latter term describes the *raison d'être* of most community organization and community development.

Alinsky and the post-Alinsky model: In his vivid history of the making of the *Back of the Yards*, the area around the meat-packing industry and its community in Chicago, Robert Slayton [1986] related how the community was already well-established as an urban 'jungle' well before Upton Sinclair made it notorious with his novel, *The Jungle*', in 1908. As Trade

Union organisers for the Congress of Industrial Organizations [the CIO], Joseph Meegan and Saul Alinsky were drawn into the area because of the very low impact that union membership made on the working and living conditions of the workers in the meat industry [Fisher, 1994; Warren, 2001]. *The Back of the Yards* was a neighbourhood of tenants, and immigrants, usually associated separately in associations of 'nationalities' – Poles, Czechs, Afro-Americans, Slovaks, Germans, Ukrainians, etc., most of whom were Roman Catholics, which gave the organisers a target for leverage [Alinsky, 1941]. The best way forward, according to Alinsky, was to organise the neighbourhood along social lines, non-employment-related, and to form a powerful, cross-cultural, inter-faith social organisation, which would become firmly embedded in the aspirational needs of the residents. This came into being in 1939 [Fisher, 1994], and this all-embracing structure became known as the '*broad-based organization*' [Staples,1984; Davis, 1988; Fisher, 1993; Rubin, 2000; Warren, 2001, pp. 65-67]. It aimed to embrace, engage, organise, and then represent all interests in the community – be they ethnic, economic, geographic, gender, social, or demographic. This organisation could then confront the City and the meat-packing industry across a wide spectrum of issues [Staples, 1984, pp. 80-2; Alinsky, 1969]. It was from the earliest days of community organizing that Alinsky recognised the necessity a] to strive for real power for the organisations he was facilitating, but also, b] to seek alliances with outside power groupings that might be allies to the cause.

In the case of *The Back of the Yards Council*, Alinsky sought out [even within a generally hostile hierarchy] the active support of the local Roman Catholic Bishop [capitalising on Meegan's Irish pedigree], which was good both for the community, but also for the standing of a Church that had hitherto sided with the meat-packing companies' management [Alinsky, 1969]. Alinsky saw himself, and all those committed to social change that benefitted the principles of a civilised society, as radicals. He saw the forces of oppression in all those who opposed this thesis [Ibid, p. 134]. Additionally, he saw the path to casting aside the oppression of these forces as justifiable by virtually any means at the disposal of the oppressed. His mission was to establish a path towards the *American Dream* of equal opportunity to success for all those who he was able to help [Spergel, 1969, pp. 8-9; Alinsky, 1972, p. 3; Greenberg, 1999]. To achieve this, his organisation adopted the following framework for action: *Community organizing is an exercise in power; it uses Broad-based organisation; The dynamic is mobilisation, organisation, conflict, movement, momentum; the ethos is pragmatism; citizen evaluation produces the justification; the process is constantly accountable to the participants, who are the direct beneficiaries; the process relies on a paid organizer* [Alinsky, 1972; Pitt *et al*, 1984; Chambers, *et al*, 2004; Thompson, 2005]. Alinsky's new community organisation, *The Back of the Yards Council,* was successful in attaining its objectives of bringing the meat-packing industry, and the housing situation in

the area under some form of public accountability. Alinsky had broken with the CIO in 1939, to form his own business – the *Industrial Areas Foundation* [IAF] through which he was to work for the rest of his life, - as a consultancy.

Alinsky moved out of Chicago to promote IAF, and consultancy in this field of social intervention, and, in the process, recruited some of the most significant community organisers that would emerge from that sector. His personal assistant [and successor in IAF after Alinsky's death in 1972] was Ed Chambers [Chambers *et al*, 2004]. In the South-Central US, Alinsky recruited Ernesto Cortes in Texas [Rogers, 1990]; Fred Ross in California – who in turn recruited Cesar Chavez, the Chicano farm workers organiser [Ross, 1989; see also Howard, in Howard [ed], 1970, pp. 89 *et seq.*]; and Gary Delgado, who became the mainstay of the ACORN organisation [Delgado, 1986]. Each local development of IAF's work began to take on its own distinctive characteristics. Nevertheless, the essential model remained constant, and what was significant about IAF was that, in selling itself to local organisations, it insisted, and obtained, agreement on the on-going engagement of the professional organiser, from the consulting firm. This not only guaranteed financial stability for IAF, but also underwrote the stability of the local broad-based organisation [and essential of the Alinsky model – Alinsky, 1972]. Bailey deplores the lack of analytical study of the '*Alinsky phenomenon*', and claims that the Alinsky model has spread so far throughout the American urban complex that it is now impossible to assess the full significance of his work [Bailey, 1974, p 2, *et seq.*]. In Chicago alone, there are four major communities organised to the point where they can dominate local politics if provoked/motivated [Fish, 1973; Bailey, 1974].

One such development of its own personality was in the South of the U.S.A. ACORN – the *Arkansas Community Organization for Reform Now* – eventually became a nation-wide membership organisation [re-named *Association of Community Organizations for Reform Now*, in the 1970s]. It concentrated on poor communities, and set itself up as a 'trade union' for house-holders [Delgado, 1986; Atlas, 2010]. ACORN, founded in 1970, was inspired by, and persisted until 2010, as the brain-child and fiefdom of Wade Rathke [Atlas, 2010]. Minority voter registration in the still, *de facto*, segregationist States was its first mission, and the politics of democracy remained forever high on its agenda. Housing tenure and landlord/tenant relations was the other prominent feature of its work. Working on the basis that: '*if you pay taxes, then you are involved in politics*', Rathke promoted direct political intervention by ACORN chapters For example, ACORN [unsuccessfully] challenged the Mayor of Detroit's campaign for re-election on the issue of city tax rates [Staples, 1984]. ACORN was based in Little Rock, Arkansas, and it often became involved in '*turf wars*' with other CO organisations. The *Local Initiatives Support Corporation* [LISC], a National civil rights organisation, pitted itself against ACORN for the engagement of the local Black

community in Little Rock. LISC had a patchy track record, but, as it concentrated on building local *community development corporations* [CDCs -community-owned trading companies] it was possible to negotiate an uneasy peace between them [Gittell, *et al*, 1998]. Having been successful in New York State earlier, in 1996, ACORN successfully challenged the Los Angeles County *WORKFARE* programme, through signing up both the 'clients' of the system, and also the programme workers [Brooks, 2002; CDJustice, 2010]. They then challenged the scheme on a number of levels simultaneously, using alliances with other organisations to swell their ranks. After 30 direct '*actions*', they forced a showdown, and won many concessions [Brooks, 2002].

ACORN [nationally] was officially disbanded in 2010, after a scandal involving Rathke's family, and some $5million of irregular payments and money transfers. According to the California Department of Justice [2010], ACORN, at its peak, had over 400,000 signed-up members in over 1,000 chapters, across 110 U.S. cities. As none of the affiliated Chapters of ACORN were implicated in the scandal, they continue to this day as independent charitable organisations [Harshbarger, *et al*, 2009]. The 'ACORN model' of community organizing has proved to be very successful, and the viability of the organisations is not in doubt [Delgado, 1984; Feagin, 1985; California Department of Justice, 2010].

Another off-shoot of IAF was *Communities Organized for Public Services* - COPS [Rogers, 1990]. It all began in 1966, when Ernesto Cortes Jr. was engaged as a volunteer by a coalition of Democratic Party activists and community leaders to help them organise Mexican-American voters to oust a Judge in the next election in San Antonio, Texas. This they did decisively, prompting Cortes to seek training from IAF in Chicago. Cortes then returned to San Antonio to begin community organizing, paid this time, as an IAF consultant to the local Catholic/Mexican-American organisation which became known as COPS. Over the next 30 years, Cortes organised communities across Texas to the point that the new organisation, COPS, began to dominate the whole political landscape [Vazquez, 2005]. Eschewing formal political allegiance, COPS chose whom and when it would support electorally, and yet it could not escape the net completely [Rogers, 1990; Putnam, *et al*, 2003]. Vazquez notes that the combined forces of the united Churches of the major cities in Texas, combined with a vigorous fundraising capability [including State grants], has made COPS an exceedingly powerful influence across the State [Vazquez, 2005]. Cortes's own theological background [post-grad theology] equipped him well to influence the Catholic Church hierarchy to support the community movement, and he then moved on to unite the Churches of Texas [outside of the conservative, Southern Baptist Conference, that is] [Warren, 2001; Chambers, 2004]. Montiel, *et al*, 1992, criticises Cortes for his hypocrisy – raising money from the institutions and corporations of society, whilst claiming that the focus of his endeavour is the individual in the local community [Montiel, *et al*, 1998].

In California, Cesar Chavez, and co-organiser Dolores Huerta [Garcia, 2009], earned an international reputation for leading the grape-pickers in a local, and then a World boycott of California grapes and wine. Ross documents Chavez's rise as a local organiser, but it was his training and deployment by IAF that gave him the impetus to adopt confrontational tactics for his powerful organisational movement [Ross, 1989]. This boycott found tactics such as adding pesticide to consignments of grapes meant for market in Washington as an example of the use of Alinsky's '*does this particular end justify these particular means*? [Alinsky, 1972, p. 47; Shaw, 2008]. Chavez was the inspiration for Ernesto Cortes [above] to seek IAF training before he launched his San Antonio career as an organiser [Rogers, 1990]. Chavez applied Gandhian tactics of passive resistance to confront the farm owners violence against the striking workers [Ferriss, *et al*, 1997].

Alinsky returned to Chicago himself to take up the cause of the Black community in the *Woodlawn* district, an area just to the East of *Back of the Yards*. Swedner, an action researcher in the area in the early 1960s, provides us with a full description of the economic and social circumstances of the district [Swedner, 1983, pp. 8 – 42]. As a sociologist, and an outsider [Swedish], Swedner hoped to provide an objective view of what became a very controversial confrontation between poor people and the City of Chicago's Establishment. The University of Chicago employed tactics such as 'Block Busting' importing Black householders, and spreading racialised rumours to weaken the housing tenure of White residents [Swedner, 1983, p. 8]. In 1960, four community clergymen, one Catholic, three Protestant, invited IAF to do a survey of Woodlawn. This was in an attempt to obtain for the community some objective information/data about Woodlawn in the face of a University of Chicago ultimatum of total redevelopment [the UofC was the major landlord in the area] [Rodham, 1969, Fish, 1973; Fisher, 1994]. IAFs study produced *The Woodlawn Organisation* – TWO [Fish, 1973]. Rogers [1990] describes how, in a 'safe' re-election for Mayor, a threat from TWO to congest the men's toilets at O'Hare Airport with hundreds of well-dressed Woodlawn residents unless concessions were made to TWOs demands for change in the planning legislation [redevelopment] led to a political climb-down [Rogers, 1990, 79 *et seq*]. Silberman [1964] describes how Mayor Daley was forced out of denial of the '*Negro problem'*. Cary, [1970] finds in the now predominately Black, population of Woodlawn, and the rise of TWO, an assertive step towards Black people taking control of many aspects of their lives. This was a '*rejection of welfare* colonialism' [Silberman, 1964, pp. 308 *et seq*]. In 2006, according to Gibson, of the Chicago University Magazine [Vol. 98, No. 3, 2006], TWO was still thriving: representing the community, building housing complexes, running community businesses, and demonstrating that, with the right support [IAF organizers] community organisations can be sustainable and viable. In 2012, it signed

up as a partner with LISC [see above] for the *New Communities Program* of the Woodlawn District [LISC website, accessed 25.01.2013].

This analysis of how the Alinsky model breeds creativity and improvisation stems from the basic beliefs/*'Iron Rules'* of Alinsky that *'I start where the world is, not where I want it to be'* [Alinsky, 1972, p.xix]. and *'broad-based organisations, winnable actions'* [Pitt, *et al*, 1984, p. 2]; and *'never do anything for people that they can do for themselves'* [Putnam, *et al*, 2004, p. 23]. The IAF went from strength to strength, despite having had a lot of pressure from the United States' Government during the Cold War/McCarthy era – 1950-54, and thereafter, despite McCarthy being disciplined by the Senate [Fisher, 1994, p. 73; Garvin, *et al*, 2001]. It may be that the sheer size and pluralistic complexity of the United States enabled it to out-manoeuvre its opponents [Spergel, 1969]. On the one hand, neighbourhood democracy was seen as an essential component of the American self-image [see Poston, in Harper, *et al*, 1959, pp. 28 *et seq.*], but at the same time, it was a manifestation of primitive *communism* [Fisher, 1994, p. 75 *et seq.*]. Pruger, [et al, 1969] try and make the case that Alinsky's mission to convert the poor into active, empowered citizens is rather down to their leadership to accomplish this on their behalf smacks of sour grapes by those who hold firm positions of power within the academic Establishment. Community organization is all about creating local, accountable structures [*People's Organizations*], and, within the model of the *American Dream*, for these people to achieve social change through 'democratic' methods with *indigenous leadership* [Alinsky, 1969 –Vintage Edition of Alinsky, 1946]. Power cannot be exercised in an orderly way by the masses, but it has to be channelled into formal structures for maximum effect [Zald, 1975]. During the 1960s, and 1970s, ethnic tensions were widespread [Fisher, 1994], and the Black [Negro] community was often blamed for the decline in urban living standards and community relations [Moynihan, 1968; Glazer, *et al*, 1970; Burghardt, 1982]. The contest for power, according to Alinsky [1957, p. 5 *et seq.*], is designed to bring out all the tension and real issues of the community. As he showed in Rochester, New York, when he confronted the Eastman-Kodax Corporation, racism, and racial oppression were the tensions brought to the fore before a solution was forced on the Corporation [Horwitt, 1989, pp. 452 *et seq*; Fisher, 1994, pp. 16-18]. Alinsky demonstrated that psychological factors can also play a part in the contest of power relations. In his fabled interview with *Playboy* Magazine in 1972, Alinsky outlined how his tactical threat to confront the high-status performance of the *Rochester Philharmonic Orchestra* with an 'orchestrated' *fart-in* by the Black population precipitated a cave-in by Eastman-Kodak management over wage and hiring practices [Alinsky, 1972]. Very often, the very poor, or those incapable of responding to the interventions of community organizers find that they are left out of the loop of social regeneration. Whereas Alinsky always worked in communities, where there was an animated response at some level

to his model, he did not advocate working within the *Underclass* [Murray, 1994], as they had few means to use as a resource base for their action plans. Nevertheless, Burghardt, et al, shift the Alinsky model somewhat to incorporate the poor themselves through empowered advocacy interventions and the building of coalitions and broad-based organisational alliances out of those agencies working on the breadline welfare circuit. The poor themselves are to be built into the structures of the agencies to support them and to empower them through exposure to tactical activities on their own behalf [Brughardt, et al, 1987]. The work of *Butterflies* [a street children support organisation in Delhi] used confrontational Alinsky tactics to gain recognition from the authorities for the street children's organisation – and it worked [O'Kane, 2011; see also: http://butterflieschildrights.org/home.php].

Eclectic community organization: A second strand of CO in the United States relates to a number of activists for whom theoretical modelling and public records carry little interest. Theirs is a desire to carry out the work, achieve the goals of the community through organising, and to do everything that they can to pass on the messages of their experience, many with Trade Union organising experience. Kahn [1992] fits this category, who, despite claiming College training for his task, cites not a single reference point for his contribution to the body of knowledge in his published contribution to this discipline. Kretzmann and McKnight have also produced a training manual that, *inter alia*, considers the situation of 'Seniors' in a fast-changing World [Kretzmann, *et al*, 1993, p. 51 *et seq*]. The difficulty that arises out of this sort of work, particularly with this sort of target group in mind, is that the 'ethics', the 'why?' etc., are all subsumed in the 'How'. Stoecker [in Nyden, *et al*, 1997, pp. 219-205] does point to the pitfalls of attempting collaborative research in the face of organised neighbourhood oppositions, but claims no allegiance to theoretical models nor reference points in the work. Bobo [*et al*, 1996], Mondros, *et al*, 1994; and Morse [2004] describe, completely anecdotally, how community activists might work with well-established institutions without appearing to have any structured thinking behind the initiatives. The message from all the above works appears to be that: community organizing gets a good press in certain quarters, and the potential market for these books is for those activists who want to feel good about their work without considering the ethics, value framework, or theoretical model that might bring long-term stability to their work.

Cummings [1998] tells a classic tale of the badly planned, structureless approach to top-down community planning; the sad case of *Rosedale*, Texas. Up until the 1970s, Rosedale was a racially-segregated district of Fort Worth, Texas. Faced with a de-restriction in the Housing market [end of racial zoning], the district began a steady decline into a Black ghetto status. Racial hatred spread, White residents fled the area, and, in 1982, a series of violent racial incidents [Black on White] precipitated a critical situation. The decline in social and

economic fortunes accelerated, and the area became crime-ridden and semi-derelict in a very short time span. In 1986, the Fort Worth administration decided to stimulate the local economy with an injection of funding for economic renewal: the *Texas Main Street* Project. This depended on there being positive community morale, self-help, and an active and engaged business community. *Rosedale* had none of these. By 1991, this had failed utterly, and the scheme was withdrawn. For the potentially viable and dynamic community, the Texas Main Street programme has obvious benefits. As an agency for combating social disorganisation, it has little to offer. It was histories such as that of *Rosedale* that gave rise to the identification of a new *underclass* in urban America [Wilson, 1987; Murray, 1994; Moynihan, 1968].

This situation and its symptoms have now been addressed to some extent. Commercial interests and local government concerns with public health issues could be combined with community interests. In 1993, Greenberg, et al, identified the problem of TOADS [Temporarily Obsolete Abandoned Derelict Sites], and the potential that they had towards dragging down a neighbourhood, with their propensity to attract itinerants, juvenile crime and other marginal activities. Community organising was the solution - to forge alliances between the organised community, local government and the private sector in bringing the sites under community control for improvement as social benefit [recreational activities, etc.]. Negotiating a role for community organisations within a quasi-commercial initiative, whilst still retaining the right and the means to protest over the non-compliance of either partner with planning, health and hygiene regulations was ssn as a delicate and potentially weakening characteristic for independent community groups [Greenberg, et al, 1993]. Setterfield did not see this as a difficulty, however, as in times of strained economic circumstances, government and site owners were actively seeking economic solutions to vexatious politico-economic problems [Setterfield, 1997; Greenberg, 1999].

A classic example of formless top-down community intervention was the [Kennedy/Johnson] '*President's Committee on Juvenile Delinquency*', the *Mobilization for Youth* Program [centered on New York City], and the *'War on Poverty'*, and *Model* Cities' programmes [Brager, et al, 1967]. There were prototype projects in Boston, too, where the Ford Foundation ventured into collaboration with local government to tackle urban renewal, and community regeneration. The scheme, Action for Boston Community Development [ABCD], from 1961 to the present, initially attracted widespread interest as a pioneer at combining multi-sources of finance for this kind of work, and also for applying *social planning* models to social issues of this kind [Perlman, 1999] Although there was to be *behind*-sight criticisms of these schemes [Marris et al, 1967], these collaborative ventures between the Federal Government and the Ford Foundation that pumped $millions into the problem of acute poverty and unemployment, particularly in the Black, urban population of

the U.S.A. It also opened up a fresh trend in strategic thinking [Perlman, 1999]. $millions were pumped into local government, local charities, and local outreach organisations. The slogan was *'maximum feasible participation'* [Marris & Rein, 1967, p. 216; Moynihan,1969, pp. 90-91]. [There is striking evidence that this scheme was '*set up for failure*' [Blaustein, 1972; Rivera, *et al*, 1998.p.17]. Marris and Rein [1967] describe how the collaboration at the top [U.S. Office of Economic Opportunity and the Ford Foundation] planned the exercise, but also how they made no effort to consider how the poor, on the one hand, and how local government on the other, might respond [Chavis, 1993]. The Kennedy initiative evolved greatly under President Johnson, and the *Community Action Programme* [CAP] grew out of the Economic Opportunities Act 1964 [Naples, 1998].

Over 900, Federally-funded projects were created in order to enlist local communities in activities for the elimination of poverty [Bailey, 1974, pp. 45-6]. These were community self-help projects [Fisher, 1994] and it is estimated that over 125,000 people were funded to take part [Naples, 1998]. There was no satisfactory control system in place to activate or evaluate schemes, which were administered by City Hall. Political in-fighting was often the outcome, instead of economic planning and investment [Grosser, 1976; Naples, 1998]. The outcome was uncertainty [Perlman *et al*, 1972], corruption, disaffection by communities and local government alike [Grosser, 1975], and the branding of the community organizers in New York of being communist infiltrators [Marris, *et al*, 1967, p. 178; Brager, 2001]. In fact, Marris [*et al*, 1967] points out that the main thrust of local interventions and investment was led by unrepresentative community organizers, who led from their own priorities, rather than involve and engage the local communities [Marris, *et al*, p. 186]. Moynihan accuses this new breed of professional community-change planners and project directors of hypocrisy – of actually hating the local, unresponsive government administrators of the programmes they implemented, but still pleased to earn the rich salaries they got for this publically-acclaimed activity [Moynihan, 1969, p. 111, *et seq*].

The *Model Cities* programme was funded by the U.S. Department of Housing and Urban Development [HUD]. There was clear evidence that, from the very beginning, this programme had not been planned on real information about community needs, and it rapidly became associated with the stigmatisation of the Black poor in the USA [Mogulof, 1969]. Although some schemes ran until the late1980s, and it started off quite well, the new Nixon Administration had no real interest in its success, and the initiative faltered [Naples, 1998]. Naples reports that women had a hard time sustaining their position within the *War on Poverty* programmes [Ibid]. What this government initiative did produce was the community development corporation model for economic self-help, particularly in Latino and Afro-American communities [Peirce, *et al*, 1985; Gittell, *et al*, 1998; Feehan, *et al*, in Weil, 2013].

Well before Alinsky, community organizers always saw the importance of starting where the people were, and one of the centres of their lives in American communities was the local Church. From his initial alliance with the Roman Catholic Church, Alinsky saw the benefit of targeting the Church [in all its forms and denominations] for future development initiatives [Alinsky, 1941; Rubin, 2001]. From the very beginning of CO as a interventionist agent, faith has been logical focus of action [Taylor, 1913; Plater, 1914]. Donahue, *et al*, [2001] point out how very small groupings of people with a common cause [in this case their faith] can produce wide-ranging community building impacts. Putnam [2004. p. 120] rues the fact that the '*mainstream churches*' of America have lost much of their following. Nevertheless, the collection of case material provided by Bane [*et al*, 2000] demonstrates that not only can a religious institution strengthen itself though collective capacity-building, but these strengthened communities can then diversify into social welfare activities across the whole spectrum of social concern. Rubin [2000] shows how church membership, once focused upon social change issues, can be a powerful lever in influencing local political decision-making. This dimension was taken up by the University of Kentucky in their study of community responses to drugs and alcohol issues. The *Creating Lasting Connections* project was one such counter-drug scheme. This actively engaged 42 Church congregations across the City of Louisville. A very high retention and engagement rate was sustained mainly because of the strong capacity-building energy put into the congregations by the project team [Johnson, *et al*, 2000, pp. 1-27]. This scheme saw the capacity-building as a preventive agency in the fight against drugs, and the experiment produced a Rothman-based model for Church congregation mobilization [Ibid, pp. 8, and 22-23; see also [Chaskin, in Tropeman, *et al*, 2001, pp. 41-42]. Cnaan, *et al*, [2006] studied the levels of congregational involvement in social service provision, and support the findings of the project's work [Cnaan, 2006]. When the State withdraws from the provision of health and welfare services, it was down to the faith and other NGOs to step in and pick up shattered, migrant *colonias* [shanty towns] in the 4-border States between the US and Mexico. These agencies had to start from scratch – basic service-provision, and community capacity-building, as well as to work out how best to co-ordinate their own diverse resources to bring stability to the new system they were implementing [Donelson, 2004]. In situations where confidence cannot be established between the planners/change agents and the community, progress is not possible. This may well point to defective intervention techniques, mutual distrust, or other, off-scene agendas [Kotval, 2006]. Arches analyses the limitations of some social work settings in the USA that limit the boundaries of intervention with 'difficult' communities [Arches, 1999].

The Norwegian sociologist, Thomas Mathiesen advocated '*to be unfinished*' is the only way in which those seeking social change can avoid being sucked into the ruling system and absorbed by it, or to be stigmatised and cut off by it [Rice, 2010; Mathiesen, 1970 – personal

correspondence from author]. Either way, the outcomes for any organisation, in serious competition with the established interests of society, are crushed. [Mathiesen, 1974]. This might give credence to Rubin, *et al*, who provide a complex guide to CO, whist acknowledging an Alinsky pedigree, does not provide a full analytical guide to the consolidation of community and agency sustainable structures [Rubin, *et al*, 2001]. They claim that local government does not have the legal capacity to co-operate with campaign and community institutions, so that, at best collaboration will be confined to consultative processes [Ibid, pp. 263-4]. In some US states, there is a thriving community self-build cooperative house-building movement [Rubin, 2001; White, 2010]. The U.S. Department of Housing and Urban Development [HUD] provides grants and technical support for such efforts, but much of the initiative for these localised projects comes from the Private Sector [Chapin, 2011]. Greenberg documents how pressure on HUD has brought about a more favourable climate by the Federal Government towards supporting local house-building and neighbourhood control of the housing stock [Greenberg, 1999].

Another 'unfinished' agenda is the history and role of the '*Women's Movement*' in CO. Women, both feminists and non-feminists, have been in community organizing right from the earliest days. The *Women's Suffrage Movement* employed full-time community organizers from as early as 1857, and Carrie Chapman Catt put the structure of organizing on a methodological footing [Beck, *et al*, 2003]. Jane Addams made a huge impact on the Settlement Movement in the USA, and many of the first academic commentators on CO were women. As a neighbourhood worker, Helen Hall was an early advocate of the '*confrontational*' style of social action on welfare issues, and taught many social work students in this vein [Chambers, 1963, pp. 145 *et seq*]. Hyde [Hyde, 2001] points to some of the difficulties of women operating n the '*masculine*' ethos of CO as practiced in many quarters. She calls for a better balance, and a more '*wholistic'* [sic] approach to modelling CO in practice [Ibid, p. 77]. Marston and Towers [in Fisher, 1993, pp. 75-102] describe the costs to women who have to overcome many structural barriers should they wish to get fully involved, even at the neighbourhood level. Bays [in Naples, 1998, pp. 301-325] describes how women have had to radicalise themselves, and join the struggle against gender oppression in order to balance these forces in their own lives.

One such person was Madeline Talbott, who rose rapidly through the ranks of the ACORN establishment to become Rathke's National Field Director until its demise [Delgado, 1986; Talbott, in Nyden, *et al* , 1997, pp. 135-40]. It was claimed by many in the Press around the Obama election campaign in 2008 that she had been Barack Obama's boss in Michigan when he was a community organizer for ACORN [see Elliott, 2012, for example]. She denies it, but it remains an open question for those interested in Right-Wing US politics [Atlas, 2010; Talbott, 2012]. Virginia Ramirez rose from the ranks of the volunteer workers

for COPS in San Antonio, Texas, to become a significant community leader, then co-Chair of the State-wide organisation. She reported that the IAF model was of particular appeal to women because of the way the supportive and domestic sides of the activities produced integrated practice framework [Warren, 2001, pp. 216-18].

Academic Community Organization in the United States and Canada: As we shall find in our study of community development in the U.K., most of the literature [outside Journals] on community organization is published by academics, and who, in the main, have only limited direct experience of prolonged exposure to fieldwork. This does not mean that this contribution is without merit. On the contrary, Jack Rothman [2001, see below] has made an indelible impression on the fieldwork of the majority of community organizers. There was also a burgeoning social research interest in these social tensions. Lewin had published his 'Field Theory', which aimed to explain why a balance between countervailing pressures sustained a tension in social roles and socio-politico-economic outcomes for the individual and class. The coping mechanisms of those under these pressures lose their stability if the forces change. This was the fate of many of the communities that became the focus for the *War on Poverty* interventions [Lewin, 1952; Brager *et al*, 1978].

After the Lane Report, and several commentaries on the administrative functioning of Social Work education, etc., the first systematic texts on community organization emerged in the early 1950s. Hillman approached the subject from the vantage point of 'top-down' – social planning, whereas the Canadian, Murray Ross, saw community organization as a bottom-up approach to social change [Hillman, 1950; Ross, 1955]. In 1947, Lynde [cited at length by Hillman, 1950, pp. 194 et seq] deliberately chose to ignore the community level of social change, as he saw that local officials were the main impediment to the implementation of social change policy, and that a strategic approach to changing their behaviour was a priority. He did outline in some detail how the community organizer might create a role and manipulate officialdom for the common good [Ibid]. At that time, there was a great deal of international interest in planned social change and, at the United Nations, situated in New York, an outline of what community development should look like – 'bottom-up development' - was published [United Nations, 1955]. Murray Ross, on the other hand, outlined a framework for professional community organizers to enter a community with the specific intention of mobilising them for a change process. In the process, it was the community organizer's specific responsibility to ensure that the targeting of issues and the mobilising around them were the self-identified and stated priorities of the community itself [Ross, 1955, pp. 39, *et seq.*]. The next prerequisite for Ross was that the community was to be 'organised', institutionally/formally, for the task of implementing social change itself [Ibid, pp. 154, *et seq*]. Ross published case studies to illustrate what he meant [Ross, 1958].

From these two authors came many imitators and extenders, and two of these stand out – William Biddle, and Arthur Dunham.

William Biddle, and his wife, Loureide, wrote two introductory texts, which fitted readily into the expanding number of College curricula on community organization in the U.S.A. [Biddle & Biddle, 1965; 1968] – one on the process, and the other as an introduction to training community organizers. The YMCA of America sponsored a collection of definitions and commentaries on community organization in 1959 [Harper, *et al*, 1959]. This volume seeks, firmly, to place community organization within the bounds of intervention framed by a consensus model of social change. A co-editor of this work was Arthur Dunham. Dunham spelled out the scope for community organization work in an explanatory address to the National Conference on Social Work [1959], and he reinforced the connections with social work, and the need for support of the individual within the micro-system of community groups and organisations. In his book of the previous year, Dunham had provided a generic appraisal of the specialised role of community organization within social work, and also provided a social change dimension as the legitimising element that justified its inclusion within social work [Dunham, 1958]. Pray [1959] supported this view, stating that if social action aimed at directing action away from the consensus, then it was no part of social work. The key distinction was whether or not '*welfare*', in the traditional, social support sense, was behind the action [Pray, 1959]. By 1970, Dunham had changed is line of community organization, and on community organizing in particular. He devoted two chapters to the subject of *conflict*, and [political] *social action*, which he now saw as a legitimate component of a social work curriculum on community organization [Dunham, 1970]. Dunham was not merely an academic. He had served as a community-based worker for a neighbourhood centre in St. Louis, and, after prison as a conscientious objector in World War I [Social Welfare History Project, 2013]. He joined a religious charity as an administrator, before becoming an academic. His personal commitment to the causes he espoused [mainly Christian ones] was very strongly expressed in his work [Dunham,, 1958; Social Welfare History Project, 2013].

Dunham's work prepared the ground for a number of more specialised explorations of the components of community organisation, and, at the end of the 1960s, and in the 1970s, a huge expansion in the American community organisation literature took place. A whole fresh market had been established, with the McCarthy witch-hunt era well behind them now. Perlman [cited in Garvin, *et al*, 2001] records thousands of local groups that were receiving Federal or State aid, all supported by community organizers, and many local [or 'block'] groups had been established to defend or represent their city block residential area [Garvin, *et al*, 2001, pp. 96-97]. Cox identifies the rise of Anti-Vietnam War protest with this rise in organised community-based activity. Additionally, the Kennedy/Johnson era saw the

development of the [international] *Peace Corps* [1961], and the [domestic USA] *VISTA* [Volunteers in Service of America] programme – in 1965 [Cox, *et al*, 1970]. In 1970, the Peace Corps, VISTA and the *National Senior Service* [1963] programmes merged under the umbrella of the Corporation for National and Community Service. Between 1965 and 2006, there had been over 140,000 VISTA community-based volunteer works, most of whom used community organization as their vehicle for stimulating community capacity-building and local social service support for vulnerable people [Corporation for National and Community Service, 2006].

In 1970, Cary published an anthology of community organization writings. Among them was one by Morris [Morris, 1970], who raises the question about whether or not a community organisation worker should be an expert in some specific field of social objective, or whether a generalist should be employed. Up to this time, this question has not been resolved. For many years, skills in any field might appear to have been a virtue. The United States' '*Corps*' programmes began with very little formal preparation, and they rapidly ran into difficulties. The '*Infamous Peace Corps Postcard'* incident highlighted this issue in 1961, when an ill-prepared volunteer reported home on the *'absolutely primitive living conditions'* in her new [African] assignment, and how she had not been at all prepared for what '*underdevelopment meant'* [Peace Corps Writers, 2008]. Midgley [1981; and 1987], and Cornia, *et al,* [1987] make much of the impact that [well-intentioned ?] volunteer programmes have on 'foreign' populations. The lessons learned in these fields have served the sponsoring-government's community organization structure and practice well, in that their returned workers [foreign and domestic] have contributed greatly to the literature on the subject [George Brager, Ralph Kramer, Harry Specht, Martin Rein, etc...]. Before the Alinsky influence on community organisation, the general ethos in American professional intervention was based upon an altruistic goal of 'community', or 'society', but Alinsky introduced 'self-interest', and the direct acquisition of power as the primary goals. To this end, in the new age of 'choice' of principle and method, community organization workers focussed on the community and its individuals' needs. '*Participation*' became the key indicator of success [Cary, in Cary, 1970, pp. 144 *et seq*].

The post McCarthy era literature was a mixed collection. Many documents recorded historical events, and combined them with theoretical and philosophical analysis [Moynihan, 1969; Bailey, 1974]. Other provided partial and segmented views of what they saw as the priority issue or approach to community organisation. Not that some of the writing was without content. In the First Edition of Cox, et al, 1970, of their [now, in its 7th Edition] iconic collection of readings from community organization, Lindblom describes the difficulties that professionals have in framing and planning their interventions. After McMillan [1945], these compendiums were popular [e.g. Harper, et al, 1959; Brager, et al,

1967; Cary, 1970; Gilbert, et al, 1977], particularly as community organization did not, at that time, have its own Journal. Communities and administration systems are too diverse, too determined to conform to their own set of values, traditions, structures and work methods that any attempt to marshal them all into a directions framework for development is fraught with difficulties [Lindblom, 1970]. Brager and Specht produced a generic text on *community organizing* that was inclusive [if critical] of the Alinsky model [Brager, et al, 1969]. Specht, elsewhere, seeks to ignore the 'organisational' aspects of *disruptive* campaigning altogether, attributing its sometimes successful outcomes to simple, formless, ideological commitment to spiritual leaders such as Gandhi, Guevara, and Fanon [Specht, in Kramer, et al, 1969, pp. 336-348; Grosser, 1976]. Cloward [et al, 1999] stresses that, as the organizers can exercise little influence over the context, much depends on their own organising ability to ensure coherence and success [Cited in Beck, et al, 2004, p. 28; Bischoff, et al, 2001]. Some very important issues were identified: e.g. social planning [Morris, et al, 1966; Perlman, et al, 1972].

Rothman: What is significant about the Cox, et al, 1970 compilation [above] is that this volume provides the first reprint of Rothman's '*Three Models of Community Organization Practice* that has shaped the majority of American community organization writing since that date. In a mere 16 pages, first published in a Journal in 1969, Rothman gives order and symmetry to the wanderings across philosophy, models, ideological writing that preceded it. He separates three '*Modes*' of community organization practice – *Locality Development*; *Social Planning*; and *Social Action* [Rothman, 1970, pp. 20-36]. The first, *Locality Development*, is directed to the generation of consensus at the local level, and cites communal anomie as the motivating cause. *Social Planning* is about manipulating established organisations, through the exercise of diplomacy, and the generating of joint-working structures – this is also a 'consensus' model. Mode C, *social action,* presents the engaged community organizer confronted with the necessity of taking extreme risks with the presentation of a conflict-generating approach to issue identification, and the contest for power. For this model of intervention to be successful, the locality-dependant organizer must be confident that they have both local autonomy [as a free-standing professional] and the unequivocal support of any funder or employer. Rothman breaks the conventional, social work taboo of always seeking consensus, and Alinsky's model is made respectable [Rothman, 1970, pp. 24-25, et seq].

In 1979, Rothman shared a re-edited version with John Tropman, and then expanded the article under his own name in 1987. In 1995, Rothman made a major revision of the '*Modes*' to include a cross-discipline analysis, which greatly increased the complexity of the model. What he was doing was to increase the scope of analytical work that practitioners

would have to do to satisfy the working of the *Models* in practice [Rothman, 1979; Rothman & Tropman, 1987; Rothman, 1995]. In many respects, his model now reflects many of the complex organisational features of the '*Municipalisation*' model of social planning described by Plummer [1999, 2002, see above]. This interest is taken forward by Checkoway [1995], who argues that experience within neighbourhoods, and official attempts at urban renewal [e.g.] can result in sophisticated local mechanisms for planning communities for their future needs. Unless the education of officials responsible for implementing planning functions of local authorities is brought into line with the realities of neighbourhood dynamics and politics, then policies that require the engagement of local communities cannot be realised without dysfunctional outcomes [Checkoway, 1995, pp. 323/4].

These ideas had been evolving over the years. Firstly, Friedmann [1975], and Gilbert, et al, [1979], then Checkoway [1995] had refined the argument in favour of the presentation of the economic and social situation of communities to the [organised?] members of that community, allowing them to engage on the issues and the implementation problems that might arise if change was sought. In 2001, Rothman provides us with an overview of this process, and highlights the tensions that arise out of the increasing capacity of officialdom to utilise data of formidable complexity [*metatheoretical,* as he puts it – p. 309] in the face of the limitations of community members to either access, or even understand the modelling and multi-variable solutions that the technocratic process produces [Rothman, et al, 2001, pp. 298-311]. The consequences of this can be seen in the case material presented by Edwards, et al, where whole communities are still being ignored by planners [Edwards, et al, 1998]. From 1995 to 2007, the Ford Foundation supported communities in New York City through the provision of community organizers and other logistical support, firstly to challenge, then to engage the City's Education planning programme. This initiative demonstrated the success of community organizing to under-pin and support a community in an extremely complex, controversial and critical area of community life [Petrovitch, 2008]. Wells et al, describe how a combined Rothman *Locality Development* and *Social Planning* model could best serve migrant communities in the Mid-West of the USA. Latino migrants, who have their own ethnic ties, are in need of integrative mechanisms, and local communities were receptive to accommodate them [Wells, et al; 1999]. Similarly, but in contrast to the receptivity of the locals described above, the *Atlanta's Olympic Games legacy* of 1996 resulted in a negative impact on the poorest housing residents in the City due to a complete neglect of the social planning process [Newman, 1999]. Bradshaw's study of Sacramento's [CA] complex planning regime shows that it is well up to the task of multi-tasking across a complex array of agencies and communities, to provide concrete and sustainable outcomes in community-controlled, low-income housing and economic development [Bradshaw, 2000].

In 1993, Amatai Etzioni raised a considerable profile for a *communitarian* approach to community social regeneration. This gained the support of no less a figure that Tony Blair, who was aiming to gain power for the Labour Party in the U.K. [Driver, et al, 1997, pp. 27-8; Hale, 2006]. Etzioni's model required a totally rational approach to re-ordering democracy, from the bottom-up, but led by a cadre of intellectually prepared leaders [Etzioni, 1993]. Stiles comments that this model is one that depends so much on 'rationality' that it cannot accommodate any conflict whatsoever, and is, as such, of no use to the tension required for power-contested social change [Stiles, 1998].

What is fascinating about the dissemination of ideas about theory and practice in community organization in the United States is the relative compartmentalisation of 'schools' of orthodoxy on the subject. Most of the different approaches recognise the 'Alinsky model' of confrontational intervention and organization- mostly with some disapproval [Pruger, et al, 1969; Specht, 1979; Walton, 1979; Sites, 1998]. Alinsky is not without substantial support, however, but very few writers have any class perspective in their writings [Burghardt, 1982]. Some major writers do not recognise Rothman [Rubin, et al, 2001], and some do not recognise anyone else but their own source of wisdom [Kretzmann, et al, 1993; Bobo, et al, 1996; Greenberg, 1999].

Canada: Alinsky made an early foray into Canada to work with *First Nations* representatives over the question of land rights and inter-communal relations [video of training sessions owned by author]. Absolon traces the history of the Government, at Federal and Provincial level, to use community development to answer many of the *First Nations'* grievances and to meet their changing needs. In British Columbia, there has been a long-standing engagement with its *First* Nations population. In times of economic hardship, the Government has taken many steps to include this population in economic and social planning [Markey, et al, 2007], but in some localities, the difficulties presented by this community to community development facilitators has proved problematic [Partners of Learning, 2006]. Some intractable social issues [e.g. mental health, drug-related issues, alcohol dependence] remain, and there has been a lot of mistrust in this process [Ravensbergen, et al, 2006]. Despite great cultural differences, and completely different goals [e.g. child protection criteria] the official deployment of community development resources has had some successes [Absolon, et al, 1997]. All the Provinces maintain a Department of State relating to community development – Alberta, which does not share many of the more industrialised economy/urban issues of the other Provinces, maintains a general community development interest in the cultivation of the localised Voluntary Sector and locality development [Alberta, 2007]. In the Maritime Provinces, especially, community economic development is a priority due to the continuing state of depression of the economy [MacAulay, 2001; Prince Edward Island, 2009]. Women's health and poverty

was the focus for direct, Province-sponsored, action in Quebec [*Action Sociale*], but gradually the movement that emerged was swallowed up by the central service Departments [Panet-Raymond, 1999; Herrick, et al, 2005]. Centralised community development is most favoured across the nation [Bregha, 1970; Moffatt, 1999], especially in areas like *First Nations* work, where there are acute sensitivities [Muller, 1995]. Nevertheless, there have been some extremely adventurous projects at the local level – e.g. the Vancouver project creating economically-viable businesses with '*bin divers*/homeless', itinerants [Dale, 2010].

One National programme that has attracted attention and deserves special mention is the *Company of Young Canadians* [CYC]. This was modelled on the *VISTA* programme in the United States, but also replicated the British *Community Service Volunteers,* and, later, the U.K. *Young Volunteer Force Foundation* [now the Community Development Foundation – see below]. CYC brought youth into an activity regime of community service with some community development projects built in. Initially, it was a '*hopelessly, liberal "do-gooder organization that would bring middle-class and paternalistic solutions to poverty and disenfranchisement'* [Brushett, 2009, p. 248]. From 1996 onwards, however, CYC rapidly radicalised itself under fresh leadership, and the scene was set for its demise. This radical period only lasted for 5 more years, because internal and political frictions brought the CYC into conflict with the Canadian public, who were anxious to get rid of these '*Government-funded hell-raisers*' [Ibid, p. 247]. CYC set a benchmark for government tolerance in terms of State-sponsored community intervention. It is claimed by Lotz [1998] that the Canadian Government did not 'discover' community development until 1993, by which time many other nations had decided that it was not the cure-all that it may have claimed to be. Hitherto, despite a robust approach to intervening with *First Nations* issues, the Federal Government saw community development as a palliative approach to some soft welfare issues [Mairs, 1992; Lotz, 1997]. Nevertheless, once it started, the government was very wary of allowing too much participation, lest things got out of hand [Lotz, 1998].

The Canadian who has made the most significant contribution to community development, apart from Murray Ross [Ross, 1955], is Ronald Labonté, who has made his mark on community development as the foremost proponent of Health Promotion. Labonté's contribution to health promotion enabled practitioners in the field who wanted to effect meaningful social change, to apply Labonté's dictum as the most feasible and most cost-effective model for engagement on even the most intractable public health questions [Labonté, 1991 a& b; 1998]. Labonté is prepared to share some of the difficult truths about community development, such as it being a technique that calculates percentages, rather than universal, gains. It also is going to be in conflict always with a centralising and increasingly bureaucratic State as it has to be creative at all times and break free of boundaries, in the name of community and self-sufficiency [Labonté, 1998]. Labonté's ideas are taken up by

Chappell [2006], who analyses the All-Canada focus on community health and community development initiatives in their PATH programme [2001-2006] within the National Comprehensive Community Initiatives [Promoting Action towards Health]. PATH sought to steer a middle path between the Health Ministry's aims and the demands of the community for better health outcomes [cited Paper: Raeburn & Corbett, 2001, in Chappell, 2006 pp. 356; 362], and this raised many contentious discussions on the effectiveness of community development in health matters.

Analysis

The contributions to the development of community development theory and practice by the United Nations, and the USA have been considered in detail. The role played in by the economic system and the State's response to these uncovers the fact that the State can play a major role in instigating community development, and in shaping its direction. Within the context of the study, the value system is contained in a 'world view' of the State as the frame of reference for the community development activity. There is an acceptance of the ideology of the 'nation', and/or that of the international bodies directing the economic development – this is one of OECD, free-market economics, with social democracy as the goal for the development process. Within this there are strict limitations placed on the extent to which boundaries of this context might be challenged. Community development is seen as a vehicle for improving the internal workings of the State, and a mechanism for achieving social mobility for [those organised] sections of the communities that make it up.

There are anomalies. The World Bank/IMF consortium, champions of the OECD's framework for successful nationhood, and most powerful challengers to national development programmes, have produced a potentially socially-destructive model for 'progress'. This imposes the requirement for national governments in debt to adopt restructuring measures known as *structural adjustment*. These, for over two decades towards the end of the twentieth century, consigned millions around the World to unemployment, community decline and anomie. This restructuring was the penalty that national populations had to pay in response to the proclivities of their leaders [often elected through the most undemocratic means]. Community development programmes were often sent in to manage the reconstruction of communities under these circumstances. The lesson that we have to learn from this is, when the State decides to introduce community development programmes, what objectives do they have for the citizen communities? Are the motives conducive to democratic development, or is there something else afoot?

This caveat on 'development' is not to cast total aspersions on institutions such as the *Peace Corps,* or *Voluntary Service Overseas*, the U.K. forerunner to the *Peace Corps*. Rather it is to determine how the inputs and outcomes can be analysed and evaluated for the most

beneficial outcomes, according to a pre-agreed system of value and impact assessment. It is within this framework that 'principles', which may sometimes be regarded as rhetorical slogans, such as '*participation*', can be judged. At every stage in the change process, instituted by *animateurs'*, aka community development workers, the tensions between these 'principles' and over-riding power pressure must be weighed up. This is also about the confrontation of *modernism* vs *post-modernistic* goals: pre-determined objectives vs process. Can, or must a decision on this be made on either side without arbitrariness? What we learn from this is that *systems theory* lends itself to both sets of understanding. On the one hand, micro-management may well be the result. On the other hand, broad, sweeping conclusions can be constructed.

Evaluation shapes the individual project design and 'business model' [Cusworth, 1993]. Depending on the agenda of the principal funders, so the process of evaluation extends. Consequently, as it seems that the funding of evaluation is beyond most small, localised activities, and even broad strategic programmes have difficulty administering it [Adamson, 2008; Welsh Assembly Government, 2009]. If evaluation is to be successful, then the authority and determination of the agency requiring measurable outcomes must be sufficient to enforce it. But the purpose of evaluation is that its findings must be useful both to the funders, and to those active on the ground, including the beneficiaries as well [ODA, 1995; Patton, 1997]. It is the determination to use the data, be it quantitative or qualitative that measures to ultimate outcome of evaluation.

Social planning is a modernist construction, with concrete, hard data, expectations, It entails the diagnosis of the problem, analysis of the choices, allocation of the means for achieving change, and establishment of the approved outcomes to be monitored, measured and evaluated. Plummer's [1999] framework for assessing the fitness to embark on change demands stringent tests and focus. Where Plummer's framework is deficient is that it lacks the process requirements for this to be implemented. Plummer's extension of the framework into a community-focused developmental approach falls short of building in partnership-to-the-point-of-joint-control, which may be a realistic appraisal of the extent to which those in authority may wish to go in sharing power with their constituents [Plummer, 2002]. Nevertheless, it leaves the full potential for community responsibility unchallenged.

In the U.S.A. and Canada, whereas there are many instances of unstructured or open-ended change objectives, they are allowed to play a decreasing role in contemporary agency programmes. Perhaps it is because of the underlying competitive nature of this unrelenting model of free market economies that leads even the most '*post-modernist*' of change seekers to, ultimately, resort to the pursuit of power, influence and plainly identifiable demands for change. The many apologists of consensus lose out to the essence of Alinsky's 'Ends and Means' argument – to become goal-obsessed, rather than process-focussed [Alinsky, 1972].

The '*corporate structure'* [business model] is seen as the best mode for survival in this competitive age [Fabricant, 2002]. But the dynamism of the North American scene continues to awaken fresh visions, and greater challenges in the field, in the textbooks, and in the training programmes [Specht, et al, 1994; Weil, 2013]. As the '*faith communities* have demonstrated in the U.S.A., small numbers of well-organised people can achieve great things, whether the structural boundaries in place 'plan' them or not.

Chapter 4 Community development in the modern era - community development in the U.K.

The Colonial roots of British community development: The origins of British community development lie in the movement to spread education throughout the British Empire, and to enable the Colonial administration to spread the responsibility of governance to the local populations - *Mass Education* [Colonial Office, 1925]. Whereas social and civic developments were to the fore, early priorities even included strengthening local people's traditional beliefs in the supernatural [Ibid, p. 5]. From 1925-onwards, regular Colonial Office Conferences were held to refine the structure to administrative thinking on the matter. In 1943, and again in 1948, the question of 'extension' services – the provision of high-quality technical assistance, together with community-building mobilisation, was examined. The leadership of the United Sates work in this area was acknowledged [Colonial Office, 1943]. Additionally, the question community development in urban areas was put forward as a priority, due to the rising political consciousness of the indigenous populations [Colonial Office, 1943; Colonial Office, 1948]. The Colonial Office maintained these consultations with the field workers, administrators, and colonial leaders over the next decade. At the Conference of 1954, the term *social development* came into vogue for a short time in British Colonial vocabulary, only to fade out again [Colonial Office, 1954]. But this term was to rise to prominence four decades later as expertise in 'developing economies' work gained international currency [Midgley, 1995]. In 1960, a conference was held specifically to consider the administration and implementation of community development. At that time, community development was described as 'the most effective agency for raising the standard of living of communities', and a flexible approach to funding and control was considered essential. There was no conflict apparent between those local authorities responsible for development and the investment in national and/or local programmed of community development [Colonial Office, 1960, p. 30 et seq.].

The effect of this investment by the government was to establish a training programme at London University in 1949, under the Chairmanship of Professor 'Reg' Batten. Batten and his wife, Madge, embarked on a series of publications that defined the role and scope of community development for Colonial administrators, and which also set the framework for many practitioners in the U.K., when the time arose [Batten, 1957; Batten, 1962; Batten & Batten, 1965, 1967]. In 1951, they launched the Community Development Bulletin, which was succeeded in 1966 by the Community Development Journal. From the Institute of Education, London University, came many colonial administrators, and also a stream of ideas about how Britain might better use its educational and technological talents [Williams, 1979]. People like Peter du Sautoy [Obituary - Community Development Journal, 1968, No.

2 pp. 59-60] took these ideas forward [du Sautoy, 1962] to build a people-centred, consensus model of planned social change. du Sautoy bewails the failure of those responsible for the development of community development to confront the need for community development practice in Britain. He uses the example of the USA, where the Biddles were defining the field [see above and below], but he sees the task of [his, as the first Editor] the new *Community Development Journal* as servicing the needs of overseas developers, rather than a U.K. market [du Sautoy, 1966]. This work dove-tailed neatly into the work being done by the United Nations. Education, technical assistance, and community participation were the underpinnings of this work [Perez-Guerrero, 1950; U.N. Bureau of Social Affairs, 1955], and the emergence of the Biddles' partnership as pioneers of American theorists about the structure and methodology of community intervention in the United States [Biddle, et al, 1965; Biddle, 1966; Biddle, 1968; Biddle, et al, 1968].

The Colonial model developed by the British Government provided future community development agencies and workers in the U.K. [and beyond] with a framework for development within communities, starting with and including a major role for the agencies of governance. As it was considered that the '*colonial model*' it was not immediately transferrable into the U.K. context Thus, the detail of this was not codified in any systematic way, leaving much of the logistical and administrative [for example, training] functions in the hands of local mechanisms, and serendipity.

The beginnings of recognition in the U.K.: The late 1950s and early 1960s saw an increase in government interest in community development. Eileen Younghusband led the investigation into the future shape of social work, and she pressed her interest in community development at this point [Ministry of Health, 1959]. This Report [the *Younghusband Report*] advocated training community development workers within and outside of formal social work channels, but said that community development training would benefit all social workers because of the added dimensions it offered [Ibid, p. 179]. It also called for formalised training in community development as part of a restructuring of social work training, generally – which gave rise to the National Institute of Social Work [NISW] in 1961 [Ibid, p. 252], and the establishment of a training programme for community workers [Henderson, et al, 1979]. We will return to NISW below, but it was wound up in 2003.

George Goetschius [1961], and, later, Hodge [1964], predicted that the American approach to *community organization* would come to Britain, due to the rise in social dysfunction within the inner-city areas, and the need to tackle these issues locally, rather than just through policy pronouncements. Kuenstler [1960] had linked community organization with social work, and Hodge [1964] strengthened this connection, calling for formalized training. The National Council for Social Service [N.C.S.S.] published two pamphlets on the subject

of preventive intervention in the community. The first [N.C.S.S., 1962] was an agenda guide for their National Conference [in 1964], and asked their membership [voluntary] organisations to consider how best their resources might be used in managing social change in both towns and rural areas. *Community organisation* could be a significant contributor to the arsenal of resources that Voluntary Organisations could possess in meeting this challenge. All the extant community organisation and community development writing was on their reading list for the edification of the Conference attendees [Ibid, pp.33-34]. In their second pamphlet, the N.C.S.S. describes how the idea had begun to spread across many Voluntary Organisations. Community Associations were forming coordinating bodies, and local groups were thriving. *New Towns* [three waves of which were to be build between 1947 and 1949 and 1968] were deploying *Social Development Officers* to provide the social glue that would enable these large housing developments to consolidate socially [N.C.S.S., 1965; Morley, 1968; Runnicles, 1970; Demers, 1972; Heraud, 1975].

One of the inspirational European figures in *community organization* in the Alinsky/American mould was Dalino Dolci, of Sicily. His confrontational methods and high risk profile endeared him to many in Britain as he challenged the direct violence of the Mafia by rallying Sicilian peasants in a revolt against them [Dolci, 1959]. Nevertheless, Dolci was known as the *Sicilian Gandhi* for his non-violent methods [Booker, 1962; Ragoni, 2011]. At a packed fund-raising meeting in Caxton Hall, London in 1970, Dolci called for support in his struggle against the violence of the Mafia. '*Only through non-violence can the tyrant be overthrown*' he said [personal notes of meeting]. Passive resistance, however, was not the model of *community organization* that was going to be adopted in Britain, and there was a definite movement towards incorporating this newly-discovered approach to managed social change within the established order.

Momentous change in the 1960s and 1970s: The Y.W.C.A., and the London Council of Social Service, as agencies raising deep concerns about the situation of young people in British society, engaged an American expert on community development, George Goetschius, to provide a framework for interventionist strategies to tackle this issue. Following a five-year field study, Goetschius produced two significant publications [Goetschius, et al, 1967; Goetschius, 1969], which called for the engagement of the local communities [inter-alia] in the support and re-integration of local youth. Goetschius provides us with the first programmatic method for the engagement of local people [Goetschius, 1969], and this was to be the basic textbook for field workers for many years. The link was to be made to *Group Work*, then a standardized component in some forms of therapeutic social interventions [Klein, 1961], and Goetschius acknowledges his reliance on Klein, and also the Biddles [Goetschius, 1969, p. 227]. He also tries to define *community*

development as something different from *community organisation* [Ibid, pp. 182-4]. In so doing, he ventures into *social planning*, by suggesting that *community organisation* is about the manipulation of established organizations, and not aggregates of individuals in the community setting [community development]. On a similar tack, NISW launched a community development project in Southwark, London, in 1968, to provide some much-lacking fieldwork training for community development workers [Thomas, 1976]. This project sought contact with local housing estates, and developed a network of support and empowerment strategies that enabled these communities to interact more forcefully with authority in pursuit of housing maintenance and community relations. The work of Philip Abrams gained some publicity. This showed the positive and the negative sides of localized self-help schemes. Reliant on volunteers, with little formal training, and working unpaid, 'Good Neighbour' schemes ran successfully in some areas [Bulmer, 1986; Abrams, et al, 1986]. Abrams' research and action programme demonstrated how people in neighbourhoods, despite utilizing considerable social capital, nevertheless did not naturally gravitate nor rely upon neighbourhood schemes. Considerable promotion, and professional support was needed to achieve a sustainable activity pattern and organizational consistency [Abrams, et al, 1986].

The Calouste Gulbenkian Foundation had sponsored a study of 'community work' [Leaper, 1968], and then went on to sponsor two working parties into the philosophy behind community work, and the recruitment, practice, and training of community workers [Calouste Gulbenkian, 1968; 1973]. In the first Report, the call was for a professional in-put into the community with problem-solving skills, and strategic initiatives, and the major thrust of the thinking was towards introducing University-based training for these resources [Calouste Gulbenkian, 1968, pp. 65 et seq; pp. 85 et seq]. Where the Gulbenkian panel differed from the message coming from the USA was that its 'models for intervention' did not contain any mention of conflict *a la* Alinsky. Like the USA, however, in Britain at the time, there was an intense interest in *unattached youth* and the capacity of the State to engage with them [Albemarle, 1960; Morse, 1968], and, in Scotland, at least, training programmes in this area now included community development to impart the mechanism for problem-solving at the community level for issues that appeared intractable from the level of the State [Calouste Gulbenkian,, 1968, pp. 52-3]. Bryant describes the introduction of community work training to the Gorbals and Govanhill in 1970s, where sectarianism and chronic housing conditions were the norm [Bryant, et al 1982].

On another level, and at the same time, the Government was promoting its own brand *participation* through the mechanism of the Town and Country Planning Act 1968. Here, Section 3 called for public consultation and representation as part of the process for local government's preparation of structure plans, and Sections 7 and 8 required local consultation

and representation in the formation of Local Plans. To amplify this, the Government's interpretation of the *community participation* elements of the Seebohm Report [see below] fitted neatly into the role it was setting in its Report '*People and Planning*' [Skeffington, 1969]. Skeffington spelled out how this consultation must go. It included the power for local government to assist local communities prepare for participation in the planning processes. Modern critics of this framework say that it was open to exploitation by authorities unwilling to engage with communities, and that it failed to realise the necessary changes that would be needed for effective participation for successful planning [Shapely, 2013]. This view is naïve. The Report was never meant to be more than a smoke screen, as is borne out in the way in which the Home Office designed the [contemporary] CDP. The way in which community development was implemented in the CDP, with a reformist ideology, could never have changed the circumstances that they were designed to confront. In some local authorities community development was blatantly used as a mechanism for social control [Bennington, 1976; Cockburn, 1978; Mayo, 1979]. *In extremis*, this has been stated thus: '*Throughout the western world, states are characterized by one of the two major symbols of control in capitalist society; the tank or the community worker'* [Corrigan, 1975. p.57]. Additionally, Waddington [1979] and Barr [1991] pointed to the setback to professional confidence that attacks like this engendered. This mood sparked off a swing in ideological commitment from the old 'colonial' approach to managed change to a radicalised appraisal of the State and its mechanisms of control. This hostile view of the State was to be reinforced with what followed in the realm of social services.

Central government was looking towards more major changes in the way social services were provided. In 1965, Sir Frederic Seebohm had started an investigation into how social work services might be radically restructured [Seebohm, 1968, p. 11]. The Seebohm Committee followed the path of the earlier study of Scotland's needs in Social Services [Secretary of State, 1966], which had called for preventative community support and development for vulnerable people - older people, particularly [Ibid, pp 5-6; & 10]. The Report stressed the philosophy of the Beverage Report [1942], the National Health Service Act [1946], and the National Insurance Act [1949], whereby the British people might buy into insurance and service cover for their most critical needs, but that their basic needs might equally be borne by the family, the community and by self-help. Seebohm devoted a Chapter of the Report to '*The Community'*, and to preventive support for the individual in society by the community and self-help [paras. 474-501]. *Participation* was to be encouraged, as was *a sense of community* [paras. 481/2], and *community development* was to be the mechanism for the state to support this process [paras. 480, et seq]. Additionally, Seebohm called for the regulation of training for social workers, and his recommendations resulted in setting up the *Central Council for the Education and Training in Social Work*

[CCETSW] in1971, through the *Health Visiting and Social Work (Training) Act 1962* – as amended in 1970 [Hansard, HC Deb 11 May 1970 vol. 801 cc972-7 - 972].

The adoption of the '*Community*' chapter in the Seebohm Report by many of the new *Social Services Departments* [Local Authority Social Services Act 1970], and CCETSW began social work's recognition of '*Community Work*' as an established pathway to social work accreditation [CCETSW, 1974]. By 1979, 50 of such courses had been recognised [CCETSW, 1979, p. 2]. Baldock had been encouraged by the experimentation that took place at the threshold of the new, *Seebohm* era, but also noted that there were going to be problems integrating community development into Departments that were still consolidating *social casework* [Baldock, 1974]. Social work and community work, as institutional methodologies for social intervention had to come to grips with the needs of the other if they were to benefit mutually [Ibid, pp. 110 et seq]. Nevertheless, CCETSW had a very uneasy relationship with its community development/community work component. The profile of community development in '*Paper 30*', the framework for the 1989 reform of qualifications for social work saw no mention of theory of organisations, group settings, nor social change. [CCETSW, 1989]. Nevertheless, it was not until 2001, when the General Care Council [the Care Council of Wales, in Wales] formally took over control of the regulation of social work training, that the community development component of the training curriculum was diluted so as to make it impossible to train as a competent community worker under the auspices of the social work profession [first student entry to BSc Social Work – 2005 – Care Council for Wales, 2012]. No occupational '*client group*' is listed under 'community' in the Care Council for Wales profile of registered social workers for 2012 [Ibid].

A pathfinder in the establishment of community development projects across the U.K. was the *North Kensington Family Study,* or the North Kensington Project, funded by the *City Parochial Foundation* from 1964-1969, with three years' experimental work going before it. This 'Study' had emerged in the aftermath of the Notting Hill race riots of 1958, and it evolved from work with young mothers on play schemes into a community development project encompassing local action groups, and it acted as the forerunner for the *Golbourne Community Council*, an experiment in local neighbourhood politics [O'Malley, 1970; Clark, 1976; O'Malley, 1977; see HANSARD: *HC Deb 15 May 1969 vol 783 cc1835-44* 1835]. The 'Study's driving force initially was Ilys Brooker, who, with Muriel Smith, a seconded, senior Home Office Civil Servant, formed, and then worked for the Assn. of North London Housing Estates. The Project had an elite Committee, comprised of academics [Batten, Jahoda, etc.], and worthies from Kensington. Relations between the community workers [Booker, e.g.] and the Committee over the community's say over social and material developments in the area began to deteriorate rapidly. Had it studied this experiment carefully, and taken its own intelligence seriously [Higgins, 1980], the Home Office might

have foreseen the difficulties that their future *Community Development Project* was going to have with local elected representatives. The conflict emerged out of differences of opinion about top-down, and bottom-up initiatives [Mitton, et al, 1972; Benington, 1974; see also, Thomas, 1976]. At the same time, there emerged a form of grassroots radicalism, where direct action was the driving force – the Squatters Movement. This began as a client-based self-help organisation in November, 1968, against their homeless situation, and led to [sometimes] violent confrontation between agents of Borough Councils whose property had been 'squatted' and the squatters and their supporters [Bailey, 1973]. Official channels, i.e. Housing Departments and social workers, had little to offer people in this dire situation, and, gradually, the State had to come to recognise the organisations built up in this way [Ibid].
As Thomas described it [Thomas, 1983, p. 21-22] the boundaries of what was accepted as being '*social work*' were being profoundly stretched by the combination of the Plowden and Seebohm Reports, and the possibilities of exploring and evaluation the effectiveness of '*problem-solving*' across a wider canvass than case-work was enticing for some. Still reeling from the attack by Barbara Wootton [1959], who had called into question the validity of social intervention on any basis other than for advancing self-help [Wootton, 1959, pp. 292-3; Loney, 1983, p. 22], two more 'modernist' solutions presented themselves – systems theory-driven casework [Goldstein, 1973; Pincus, et al, 1973], and/or problem-solving community development, all the time building bridges between people and their communities [Younghusband, 1964]. In 1953, Younghusband had criticised British social work for not producing its own breakthroughs in professional thinking, but which, she claimed, had relied upon played out methods [charity], and half-digested ideas [Freud, e.g.] [Ibid, pp. 20-21; Goldstein, 1973]. Sinfield states that, in Seebohm's model for Social Services, there was no evidence to support the [he believes, justifiable] claims that generic social work can be an agent for community problem-solving and development [Sinfield, 1970].

The Community Development Project [CDP]: There are many reports that there was considerable political wrangling behind the scenes over the publication of the Seebohm Report and the introduction of *Community Development Projects* [C.D.P.], sponsored by the Home Office [Benington, 1974; Thomas, 1983, pp. 24-5; Higgins, et al, 1983; Loney, 1983;]. Anxious to implement some of the central recommendations of the Plowden Report [Education Priority Areas, and special social support for communities: Plowden, 1967], and worried by increasing instances of family breakdown and juvenile crime, the Home Office had begun studies of the American urban intervention strategies – notably the *President's Committee on Juvenile Delinquency*, and the *Model Cities* programme under U.S. Presidents Kennedy and Johnson - 1961-onwards [see section above]. This initiative was led by a

Senior Civil Servant, Derek Morrell [Higgins, et al, 1983; Loney, 1983]. Morrell made the introduction of state-sponsored community development a personal mission, but his untimely death in 1969 cast the scheme rudderless at the top [Higgins, et al, 1983]. The CDP was launched under the umbrella of the *Urban Programme* [Hansard: HL Deb 22 July 1968 vol 295 cc686-93 686, Batley, et al, 1975]]. This was an attempt by Central Government to inject funding directly into grass-roots pressure points [inter-racial issues, poverty, housing], whilst sustaining a Local Government input to secure legitimacy, and between 1968 and 1974, the Urban Programme provided a total of £31millions to local authorities, and voluntary sector schemes [Batley, et al, 1975,p. 164]. Local government was to pay 25% of the bill for these projects, which were designed to deal with '*residual*' questions [such as deprivation, economic and social marginalisation] through engendering self-help, independence, and self-sufficiency [Lees, et al, 1975; McKay, et al, 1979; Loney, 1983; Higgins, et al , 1983].

The plan, executed over three years, was to establish 12 five-year projects, distributed across England, Wales, and Scotland, in receptive local authority areas. The first one, in Southwark, London, could draw immediately on the N.I.S.W. experimental project [SCP], which ran in Southwark from 1968 – 1973 [above]. The SCP had targeted community organizations as its vehicle for addressing social policy implementation, and the Borough Council was soon alarmed at the strident voices raised against its far-reaching redevelopment programme [Thomas, 1975; Thomas, 1976]. CDP Southwark, although they did not target the Council's redevelopment programme, rapidly got drawn into it. An exhibition, in line with the Skeffington proposals, on the redevelopment of the Newington Ward, attracted large numbers of residents. This raised the profile of the question of consultation, and aroused the opposition of the County Planning Committee [Davis, et al, 1977; Rossetti, 1979; Loney, 1983], and relations never really recovered until the Project was re-focused, and restructured in 1972. In some respects, SCP and Southwark CDP were working at cross-purposes, as the former was assisting residents to clear up planning blight situation, whilst the CDP was concerned with welfare situation, and human distress arising from the redevelopment. Under pressure from the Borough Council not to confront them with redevelopment issues or face a boycott, the CDP Team fragmented and had to be reconstituted. The new Team focused upon older people's welfare, and also on Children, and the [Plowden] Education Priority Area initiative.

Southwark CDP has been drawn upon here as an interesting case study of what was to come out of the CDP programme as a whole. All the remaining eleven local projects [Batley Yorkshire; Benwell [Newcastle]; Birmingham; Canning Town [Newham]; Coventry; Cumbria; Glamorgan - Glyncorrwg; Liverpool; North Tyneside; Oldham; & Paisley] were mostly met with considerable suspicion, despite their host local authorities having

volunteered to accept them – Paisley was the exception [Barr, 1991], but Batley and Cumbria Projects irretrievably broke down before the end of their contracted period due to the hostility of the local authorities. Specht puts the blame for this on bad Central Government modelling, claiming that the expectation that small projects could influence National policy formation, or that [even] local authorities would be sympathetic to influence from outside agents were naïve [Specht, 1976]. The CDP established an *Information and Intelligence Unit* [IIU] in 1973. This afforded Project staff and researchers to make a contribution to the debate on the causes of poverty, marginalisation, etc. The CDP IIU published a number of controversial Reports – most famously *The Poverty of the Improvement Programme* [1975]; *Cutting the Welfare State* [Counter Intelligence Service/CDP IIU, 1975]; *Local Government becomes Big Business* [Benington, 1976]; *Gilding the Ghetto* [1977]. Considering that, by this time, many CDP staff had abandoned all pretence at working through a reformist model, and that these papers demanded the structural reform of the way society's resources were distributed, and the way in which society was administered, it is no wonder that the vested interests in government [at all levels] became agitated [CDP IIU, 1974]. Grassroots conflict with local administrations was spread evenly across the project network - except in Liverpool and Glamorgan, where these Projects set out deliberately to provide a consensual platform for managed social change [Penn, et al, 1977, pp. 186-7; Topping, et al, 1977]. The Glamorgan Project set itself the task of negotiating with the County Council, and with the Regional authorities a procedural approach to exchanging information, and for negotiation, but the result was to establish a structure that allowed from virtually no input for the people on the ground, except on the terms of the existing Statutory structures [Penn, et al, 1977, pp. 305-311]. Liverpool '*stuck doggedly*' to the consensus model at [mainly] the grassroots level. The team reported that this model exhausted the local residents, who then failed to sustain their inputs over the five-year cycle of the Project [Topping, et al, 1977, pp. 6 & 35].

For their local, project, work, the majority of the CDP Projects selected a '*social planning*' approach to community development [as had the SCP of NISW]. In this manner, neighbourhood groups were developed, or strengthened, and brought into dialogue with local authority representatives on specific issues [Benington, 1975; Butcher, et al, 1979; Corina, et al, 1979]. At the same time, the project's Research Team provided background analysis on the local situation with the intention of re-interpreting information in such a way that local authorities might re-appraise their own policies and action programmers [North Tyneside CDP, 1978; CDP, 1981]. In most Team areas, the Project staff also joined in local council administrative and policy discussions in order to strengthen and co-ordinate the inter-service planning and delivery ability of the statutory services [Specht, 1976; Topping et al, 1977; Loney, 1983]. Specht interviewed all of the Project Directors, and a majority stated that

their real audience was policy makers at the National level [Specht, 1976, p. 19]. The Glamorgan and Liverpool Teams came closest to producing an evaluation framework that measured their own efforts against their Projects' aims [Davis, et al, 1977; Topping, et al, 1977]. In Oldham, the project Team reported that their efforts to develop a satisfactory structure for collaboration was frustrated by Council Officers and elected representatives [Corina, et al, 1979].

Specht criticizes the main body of the CDP initiative of running projects on the one hand, doing research reports on the other. They failed, he states, to provide the evidence that their community development methods bore fruit in meeting the issues their research raises. Specht's research findings point to a serious mismatch between the aims of the overall CDP programme, and the objectives of the field teams on the ground [Specht, 1976, pp. 52-3]. These disparities were often *irreconcilable* with the wishes of their host Councils [Kraushaar, 1982, p. 70]. In the case of Coventry CDP, despite the disclaimer of their Research Director in their Final Report, and despite a prolonged, albeit usually tense, relationship being maintained at all levels, Project members strove to play a close part in discussions with the Council's Planning and other Departments [they were excluded from the Housing Planning Committee [Benington, et al, 1975, p. 35]. They were forced to admit in the end that their efforts were: *' insufficient to bring about even relatively minor organisational changes'* [Ibid, p. 38]. Benington [1975] describes how Coventry was rebuffed by a local Housing Estate over its plans to favour the local Football Club [Coventry FC] with the demolition of a blighted residential area. This did not enamour the CDP in the eyes of the Council, but it changed the Council's approach to its residents [Ibid, p. 208].

Nevertheless, the CDP IIU reports raised many issues, and certainly raised the profile of many social questions in the field of employment, housing, welfare benefits, etc. that sparked off a prolonged debate [Lambert, 1981; Sharman, 1981], and they opened up and reframed the debate about the nature of community development in Britain [Craig, 1989; Hanmer, 1982; Kraushaar, 1982]. Mayo suggests that, even after stimulating a debate in government over the welfare system, the government closed the CDP IIU as it did not want any more intrusions of this nature [Mayo, 1980]. Hanmer admonishes the programme for not confronting the question of women in society, but blames this on an unreconstructed interpretation of Marxist theory [Hanmer, 1979; Smith, 1979]. In her Introduction to *Women in Community Work* [Mayo [ed], 1977], Mayo highlights the barriers to women put up by male project leaders who share this interpretation of Marxism in community organising. This is the central theme of Gallagher in the same volume [Mayo [ed], 1977, pp. 121-141]. Gallagher then targets society's attempt at palliative treatment of women's issues [childcare, poverty, single parenthood, part-time employment, low pay, bad housing] of sending in

social workers who, further, seek to control women's lives [Gallagher, in Mayo [Ed], 1977, p. 134; O'Malley, 1977].

One of the most striking features of the CDP programme was its failure in the area of Human Resources. Each Team comprised a Research and an Action component – recruited separately – the Research Team from a local/compliant University or College [Higgins, et al, 1983, pp. 12-13], the Action Teams from national recruitment advertising. Whereas the universities took responsibility for the research credentials of their field *Research* staff, the *Action* component relied on the recruitment of otherwise experienced field workers from outside the Civil Service – from agencies such as Voluntary Service Overseas [VSO], the Young Volunteer Force Foundation [YVFF, now Community Development Foundation – CDF], or local authority community development sections. Specht described the Project Directors as '*young, energetic, and resourceful*', but completely untrained '*educationally and professionally*' for the enormity of the task they faced [Specht, 1976, p. 44]. While CDP had a national Research Intelligence Unit [under Prof. John Greve, Southampton University – Higgins, et al, 1983], there was no national co-ordination agency for the preparation of local staff. The CDP *Central Steering Group* in the Home Office was distracted from the very beginning from the progress of the CDP's local projects by the conflict situations that arose [Specht, 1976, p. 46-7; Davis, et al, 1977; Butcher, et al, 1979; Loney, 1980; Craig, 1989; Green, 1992], and by the loss of Home Office control over the Children's Department in 1968 [Loney, 1983]. Since 1970, the National Council of Social Service ran in-service community work training schemes at 12 Colleges across England. No CDP staff attended these courses, and there is no mention the literature of any community development training being offered elsewhere to CDP staff [Ward, 1975; Haines, 1980].

CDP was a well-publicised, large-scale programme – each Project had over £40,000 per annum to spend on pump-priming and project work [Davis, et al, 1977, p. 71]. This contrasts with the budgets of other programmers – such as the Young Volunteer Force Foundation's 12 projects from 1970 – at +/-£10,000 p.a. [including 2-3 salaries – documentation in personal possession – see below]. CDP was spread [thinly in all parts] across Britain, and, therefore, it might be supposed that it would have some sort of lasting effect. The winding up of the CDP released a large number of experienced staff for deployment/recruitment elsewhere.

The transformation of British community development in the 1970s

a] Scotland: Scotland's long, positive association with community development began after the publication of the Albemarle Report in 1960, and the decision by Moray House College to begin training Youth and Community Workers [McConnell, 1983]. This provided a base-line for fieldwork, and a supply of qualified workers. One of the most famous community

projects in Scotland was the Craigmillar Community Festival Committee, which ran an extensive community self-help agenda between 1964 and 2002 [Crummy, 1992]. CPF [see below] opened a neighbourhood scheme in Lorne, near Leith, in 1975, as part of the Lothian Regional Council's programme to regenerate neglected areas [CPF, 1982], and there also were many localized schemes scattered around the Scottish urban areas, often in the mould of community enterprises [Miller, 1981]. When Scottish Regional Government was established in 1974, a fresh emphasis was placed upon regeneration and locality improvement [Local Government Scotland Act 1974]. Scotland then began to move the profile of community development onto a grander scale through its policy for regional economic development in the Highlands & Islands [Dickie, 1968; Highlands & Islands Development Board, 1982]. Tangible and material outcomes were expected from community development works in this setting – the creation of local businesses, and economically-strengthened communities [Ibid]. This drew directly on the experience of the Paisley CDP, and also of the staff it recruited from CDP Cumbria [Paisley College of Technology - Local Government Unit, 1982; LEAP, 1984; McArthur, 1984; Andrews, 1985; Pearce, 1993]. It was this sort of initiative that strengthened the community development movement in Scotland, as evaluation became a pre-requisite for funding and project development [Koestler, 1986].

From 1975-onwards, the newly constituted Scottish Regional Authorities embraced community development with gusto. Barr [ex-CDP Oldham] documents the establishment of these initiatives, which survive strongly today [Barr, 1991]. The Scottish Office of Community Projects Foundation [now Community Development Foundation – CDF] established a partnership that was to become the Scottish Community Development Centre [SCDC]. This agency took full advantage of the positive policy approach of the Scottish regional government towards community development following the publication of the *Alexander Report on Adult Learning* [1975]. The Report specifically called upon educators to grasp the opportunity offered by community development to enrich lives and to strengthen communities for the challenges they faced [text reproduced in McConnell, 2002, pp. 52-55] To further its objectives in this field, SCDC built a strong relationship with Glasgow University. In 1997, Strathclyde Regional Council established a strategic commitment to community development. In 1977, it commissioned a Review of its work in this direction, and, in 1978, the *Worthington Report* [text reproduced in McConnell, 2002, pp 75-94] presented a strong reinforcement for the policy. Teams had been set up across the Region, and the central strategic Committee was functioning well to maximize their beneficial input locally and Regionally [Ibid, pp. 83-86]. Despite the reorganization of local government in Scotland in 1996, this strategy has been sustained in Glasgow, and in the old-Strathclyde Regional area authorities [e.g. Renfrewshire, 2009]. This gave rise to the publication of two

frameworks for community intervention – ABCD – [Achieving Better Community Development – Barr, et al, 2000] a framework for evaluation community development; and LEAP – the Learning, Evaluation and Planning framework [Scottish Office, 1998;]. Community planning and active citizenship were to be the essence of this strategy [Ibid, pp. 5-7]. In 2003, Health Scotland carried this philosophy and methodology of community engagement into the Health Sector [Health Scotland, 2003]. The whole programme, to be applied across all Council areas, was renewed in the Scottish Government's strategic document: *Working and learning together to build stronger communities* [Scottish Executive, 2004; and Scottish Executive, 2007]. All sectors were included: e.g. local authorities, Health Boards, Partnerships; Colleges, ... [Ibid, p. 5].

b] From The Young Volunteer Force Foundation [YVFF] to Community Development Foundation [CDF]: After the Seebohm Report, and the Gulbenkian Reports of the 1960s, many local institutions [Social Services Departments; Councils of Voluntary Service] mounted community initiatives on their own [Craig, et al, 1974; Dungate, et al [eds], 1979; Twelvetrees in Craig [ed], 1980; Knight, et al, 1981]. Holman reported that some residents' organisations wanted more demonstrative responses to social issues than those that were being offered by institutional agencies [Holman, 1978]. In 1968, Parliament announced that YVFF was to start work as a National volunteering and community development charity, sponsored by Government [*HL Deb 11 June 1968 vol 293 cc3-4* 3]. The focus of its work rapidly changed from organising volunteer support for elderly people to community development, mounting a series of small-scale community projects across Britain [Dungate, 1980; Pitchford, et al, 2008]. A small, central resource unit supported up to 12 local projects, and these became very innovative. By 1976, two regional resource centres [Manchester, and Tyne & Wear] had been established to support community development on a more localised basis [Taylor, 1980]. YVFF staff established the *Federation of Community Work Training Groups* [now the Federation of Community Development Learning], which developed the *National Occupational Standards for Community Development* in 2009, and also the Scottish Community Development Centre [1994], and the *Journal of Community Work and Development* [Scotland], in 2001. A YVFF team successfully relocated and settled 1,500 ex-Uganda Asian refugees, who were stranded in a camp in Staffordshire, by applying a community development model to resettlement, building mutually-supportive, artificial families [1973 - unpublished Report in author's possession].

Considering its reduced resource base, and despite, also, being tied into the Home Office [as had CDP], through its Voluntary Services Unit, this agency has flourished. It has also proved to be extremely adaptable to shifts in government priorities. It changed its name in 1977 to *Community Projects Foundation* [CPF], under which title it became a *National*

Centre for Community Development [Calouste Gulbenkian, 1984], and then again to Community Development Foundation. It now operates as CDF Ltd., a company limited by guarantee, following its formal separation from direct government funding in 2011 [Community Development Foundation, 2012]. It was forced, for reasons of devolved governance, mainly, to close its resource operations in Scotland, and in Wales, where it had major establishments since the early 1990s, and it no longer operates its own field projects – operating as consultants to partnerships and programmes [Ibid, pp. 14-17]. It operates as an independent contractor/consultant in community development matters, currently administering the Government's *Big Society* initiatives in '*Active at 60 Programme*' for the Department of Work and Pensions, and the [Lottery-funded] *Big Local* scheme, and, between 2009 and 2011, administered the *Faiths in Action* for the Department of Communities and Local Government [Pearmain, 2011]. From 2011, CDF has managed the £80millions *Community First* - a small grant programme, and community endowment challenge for local social action and development [HM Government, 2011].

CDF has made a consistent contribution to community development literature over the past twenty years, but now its publications department is for electronic-only publications, and has not, since its acquisition of independent status, published anything of substance. In many respects, CDF's history reflects, and has acted as a leader to, the gradual adoption of a philosophy if realism by community development workers. Marris [1982] required that community workers put rationality over ideology, and that the alternative is to banish themselves to '*clandestine activity*' in spaces out of sight of the mainstream [Barr, 1991, p. 127]. Getting to that position, however, has not been straight-forward.

c] The neo-Marxist interlude and a more radical landscape: From 1973-onwards, with the publication of the first public papers from the CDP, an ideological debate arose within the ranks of community development workers across the country. There were calls for radical action, *Community Action* magazine was published describing alliances between professionals and working class communities, there was a national social work strike in response to *Case Con* magazine's 1970 *exposé* of social work's 'rationalisation' into a state-supporting agent of social control [Case Con, 1975]. *Case Con* had identified community development [as a component of the Seebohm reforms] as an agency for social control, not reform, and described the new Social Services Departments as centres for professional elitism and Class divisiveness [Ibid, p. 145-6]. Cox, [Cox, et al, 1975, p. 85] suggests that his view is not representative of the majority, anyway, and a trawl of its membership in 1978 by the *Association of Community Workers* [ACW] [ACW, 1978] produced a wide array of values when the question of a definition of community work was attempted. The spread here was 'socialist', on the one hand, and 'instrumental' at the other extreme. Only the 'socialist'

[Smith, 1978b] had any overtly ideological content. This points to a suggestion that, outside of the CDP, that there was little formal adoption of the CDP's pronounced '*structuralist*' position.

The discussion was carried into the literature by two publishers: Routledge & Kegan Paul [7 + 2 volumes]; and Macmillan [7 volumes] between 1974 and 1983, with a mini-series by Arnold [2 volumes]. The Arnold publications dealt with '*radical social work*', with contributions from many the most prominent Left-of-Centre names in community development – Leonard, Corrigan, Mayo, Ron Bailey. etc. The first volume [Arnold - Bailey, et al, 1975] posed many of the unresolved contradictions in inherent in social work, and set the scene for the argument on structural issues in social change. The second volume [Brake, et al, 1980] concerned itself more with the issues confronting practitioners in the field on a day-to-day basis. In the 1975 volume, Leonard [Leonard, 1975, pp. 59-60] argued for a dialogical relationship between the professional and the client population, drawing on Freire and Mao Tse-tung. Mayo saw some potential for community work, but identified the focus on self-serving and safe options chosen by most social workers, and found the whole role between the needy and their governors untenable [Mayo, 1975]. Ultimately, Mayo [Lees, et al, 1984] favoured a Labour Party-sponsored, radical community work, pushing for alternative forms of social organisation to capture the energies of ordinary people to satisfy their varied needs [such as the Greater London Council sponsoring '*alternative*' groups [Ibid, pp. 193-4].

The Routledge series covered a wide range of subjects, discrete volumes focusing on Employment, Race, Politics, Women, Poverty, the State, and two general Readers. Apart from providing a wider platform for many of the ideas rehearsed in the CDP writings, these edited compilations gave credibility to the breadth and variety of the community work of the time. Nevertheless, despite their values in this respect, it is not possible to glean any coherent underlying ideology from them, other than a veneer of left-leaning sympathies, and an opening up of the question of women in community work and the place that Race might command on the community development agenda [Ohri, et al, 1982]. The question of whether or not, and how, perhaps, to seek '*separation*' for the Black community as the only viable opening for community organisers is discussed by Phillips [Phillips, 1982, pp. 107-12]. A community that more or less excludes a visibly, identifiable 'group' or 'population', offers limited opportunity for redress or widespread change. Community workers have to work on the basis that gaining control over organisations, activities, facilities and the vocabulary of the public discourse is the best, if imperfect, way forward [Ibid, p. 119]. In an authored, companion volume to this series [Butcher, et al, 1980, pp. 23-50], 'senior citizens', and their prominence in the Cumbria CDP project are explained. Whereas the community workers were under heavy, and direct, scrutiny from their political paymasters in this project,

older people were able to play an increasingly important role in providing for the well-being, support and direct welfare of this sector of the population [Ibid, pp. 25-35].

The Macmillan series, meanwhile, was of a different order to Routledge. Each authored exposition conveyed a consistency of message, all authors supporting a variant on the need for a radical appraisal of the structural nature of social issues, and the need for structural mechanisms to counter them. Jones [1983] provides a historical appraisal of how social work has been a fellow-traveller of capitalism since its inception, and Ginsberg follows the same route, but though a Marxist analysis of the structure of the welfare state, with social workers in a supportive role as agents of control [Ginsberg, 1979]. Gough provides another Marxist analysis, and describes how social work has been specifically re-designed to serve the needs of a state that attempts to preserve stability for the poor in a society with ever-widening opportunities and reward systems [Gough, 1979, pp. 139 *et seq*]. Whilst dismissing community groups as essentially useless in the struggle against capitalism, Corrigan, et al, [1978, pp. 141, et seq] do reflect that they may be important enough to be considered alongside Trade Unions as objects for targeting by activist Marxist change agents. The local struggle is to be aimed at the Town Hall, and the mobilised community has a central role in this [Ibid, p. 149]. Bolger [Bolger, et al, 1981] considers that community work, and community workers, are only marginally useful in mobilising community activists, but are essentially unreliable when it comes to action on Class issues. Their position within the state apparatus renders them only tangential to the Class struggle; and/but any activity that they might undertake must be carried out outside the state machinery and influence [Ibid, p. 144].

The theme of an antagonistic state that conspired to ensnare workers through controlling their social and human potential capabilities is taken up by Cockburn. Cockburn describes the services and structures of the local authority [the '*local state*'] as encapsulating the workers so that they may provide for the social reproductive requirements of the labour pool for capital [Cockburn, 1977, pp. 53 et seq]. Wilson, who had opened up the whole discussion about women's, and specifically feminist women's role in social intervention initiatives [Wilson, 1972 – reproduced in Cowley, et al [eds], 1977, pp. 94-100], amplified her assertion that the principles of the *Women's Movement* – power over all civil and personal rights, must be vested in community work, and that, because all personal life is political, community action must be a political statement about unburdening women in society [Wilson, 1977, p.p. 1-11; Gallagher, 1977]. From America, in 1970, came a stern admonishment that women, if they wanted their power to be felt in social change processes, had to adopt the appropriate organisational structures and processes that would focus their power, give it identity, and enable the maximum leverage over the established system to be exercised [Freeman, 1995]. As the 1980s dawned, women had overcome many of their

original barriers within community work, at least, and gender had been raised, along with racism, as the main contention in community work [Hanmer, 1991; Dominelli, 1994].

In 1979, another strident voice was raised against the orthodoxies of the mainstream structuralists. The London Weekend Return Group's '*In and against the state*' repudiated the conventional Marxist analysis. They [Edinburgh-based workers for Community Projects Foundation, who travelled regularly to London for work-related consultations] claimed that there would never be a mass response to a call for 'defence of the welfare state', which was the conventional response of the institutional Left to Conservative encroachment on public services. Instead, they called for a fresh approach to '*socialism*' – directing community development and social activist energies a forging an alternative to the capitalist structures of the state [Ibid, p. 106]. So, as community development workers faced the 1980s, there was no shortage of discussion within the profession about the way forward. Cowley, *et al*, argued that community development has always been complementary to social movements, and that its work is not contradictory to progress of displaced classes. They argue that community organising has proved to be very successful at providing alternative methods, structures and values to the Class Struggle, and that its further development is an essential factor in the progress of their cause [Cowley, et al, 1977]. [What is interesting here is that one of this group of authors is Marjorie Mayo, who has discounted community development in a number of articles to date – Mayo, 1972; 1975].

d] Community Development and Race: Since the opening of the Golbourne Community Council [see above] and the North Kensington Project [Mitton, et al, 1972; Clark, 1976], race as been an integral factor in the allocation of funds for community development in Britain. The American experience of rioting in the 1960s prompted the creation of the CDP, and, thereafter, 'Race' became conflated with the urgent need for community development programmes also to confront 'Racism' [CDP, 1974; Ohri, et al, [eds] 1982]; Welsh Office, 1998; Shah, 1989]. Ledwith sees racism in practice as direct oppression [Ledwith, 2005], while Mayo describes it as the engraved legacy of practice development since the institution of social intervention in a racist society [Mayo, et al, 2003]. Whereas Shah believes that community development across racial lines is not feasible for lasting change or for the strengthening of minority communities' bargaining position [Shah, 1989], the community development consortium, *Community Development Challenge* , saw inter-racial co-operation as an essential goal for programmes [CDF, 2006]. What is interesting about 'race' in community development in the U.K. is that it appears not to have gone down the Alinsky-road, as demonstrated by Alinsky in many of his most successful projects [Fish, 1973]. In the case of the Church Urban Fund initiative into broad-based organisation, coalitions across racial lines is the preferred option [Jameson, et al, 2013].

e] The coming of Community Care and Community Social Work: Waddington [1979] summed up the position of many community workers as rejecting bureaucracy and the control mechanisms of the state. The intrusion of the Manpower Services Commission - MSC [after 1973] into the way short-term funding for much community work was geared, and the provision of temporary workers through this route, seriously constricted the autonomy of many projects [National Audit Office, 1987]. The voluntary sector was drawn into the *Community* Programme, and later the *Special Temporary Employment Scheme* [STEP] with financial inducement and some marketing [Community Business Ventures Unit, 1981; Short, 1986]. Community development projects were diverted into becoming employers, rather than being innovators for social change [Salmon, 1982]. This was, in many ways, symptomatic of the direction that community development activities in the community would be going.

Mundy [1980] described the process whereby community work was being subsumed into social work, and how the objectives of social work, palliation rather than social change, were exerting a strong influence over the working objectives of community work. He goes on to suggest two things – that if community workers accept as their parameters of working the boundaries of the systems presented when they are in social services deployment, then they will lose site of the objectives of social change. Additionally, Mundy explains that, because of the low numbers of community workers, relative to case workers, in social services departments, that their influence over the practice methods of social workers is going to be limited. The resultant activity will better be called '*community work*', rather than '*community development*' [Ibid, pp. 183-5]. Specht had shown how theory could be abused in practice, especially when ideology became the over-riding driver of action [Specht, 1977, p. 32]. A clear example of this is highlighted by Baldock, who was an early critic of the 'head-in-the-sand' view of the daily welfare needs of communities by community development workers. He called it '*snobbish and repugnant*' that workers should neglect these mundane but essential human needs [Baldock, 1983, p. 232]. Nevertheless, realities in the way that Social Services Departments were appraising the future of care for the vulnerable would have a profound effect on the way community workers behaved in future [Jones, et al, 1982]. In 1980, Patrick Jenkin, the Secretary of State for Social Services, had asked NISW to conduct an enquiry into social work and community care [Barclay, 1982, p. vii]. Their Working Party reported back in 1982 [Ibid].

The Barclay Report prescribed a radical overhaul of the way conventional social work was to be practiced. Embedding the social workers in the community was the first call, to be called '*patch social work*', or '*community social work*' [Ibid, p. xvii]. In an Appendix to the Barclay Report, Hadley, et al, point out that the state and social workers may each have

different agenda in mind when they intervene. Social Services may not see that their priorities are to support communities when they approach dysfunction and vulnerability at the community level. Community social workers, on the other hand, may focus more on the systems of social support rather than on the individual cases of vulnerability. Additionally, systems of informal care will require considerable support from the [responsible] social workers, and adaptability by them into this new role may not be possible due to other pressures and concerns. The strengthening of complete neighbourhoods to support informal care systems is another dimension to community social work, as envisaged, altogether [Ibid, pp. 119-124]. In a dissenting, minority Appendix to the Report, Prof. Robert Pinker suggested that social work, as traditionally practiced in assessment and case-work modes, was a more realistic, coherent, and achievable target for the profession. Communities were too diverse and intangible to be the primary target of social workers, and their accountability would be diversified and fragmented under the circumstances described by the substantive Barclay Report [Ibid, pp. 236-52]. Conflicts of interests, even if the experience of the CDP projects was not enough, had clearly been identified by Briscoe [1977], and Pinker highlighted these. Payne accepts that there is a need for change, particularly at the social casework level of intervention, but urges caution as none of the new models have been adequately tested [Payne, 1983]. Croft [Croft, et al, 1989] discuss the realities of the 'new localism' creates by Barclay, and the 'patch' system. Pluralism, token participative structures, and tightened central political and managerial control over social workers are the result, Croft claims [Ibid, p. 117]. Bennett [1980] demonstrated how the potential of local social work and creative engagement with local issues might work [Bennett, 1980], but the new 'patch' system may have wasted an opportunity to capitalise on this. Frost [Frost, et al, 1989]

Despite these mixed opinions, the Secretary of State initially approved these suggestions, and NISW followed up on their work on the 'Barclay Working Party', embarked on an exploratory study in order to establish the definitions and practice dimensions of community social work. The implications of this for local authorities changing their Social Services Departments were identified and traced back to established community development practices [Henderson, et al, 1984, pp. 1-5]. NISW then responded with the creation of a team of action researches to produce guidelines for community social work practice. In 1979, the Department of Health and Social Security had funded a social care experiment in Normington, Wakefield, where the concepts of community care were to be tested [Hadley, et al, 1984]. The team developed a '*community-centred strategy*' [Ibid, p. 13], where in addition to providing support for individuals in the community [about 5,000 people], whole sections of that community were to be supported and strengthened, along with the local voluntary sector, using community development methods [Ibid, pp. 14, & 16]. It was into

this scenario that the Barclay Working Party fed its recommendations on community social work. The pursuit of a model for community care was moving apace, and £15millions was voted to the Personal Social Service Research Unit [PSSRU] in 1983 to promote, monitor, and evaluate the '*Care in the Community Programme'* [Knapp, et al, 1992]. Challis [Challis, et al, 1986] describes the detailed outcomes of case management in the early experiments. The model that they describe is rooted firmly in Social Service-driven systems of care, with no thought given to enlisting wider community support, save on an individualised, paid helper, basis [Ibid, pp. 116 et seq].

Whereas the PSSRU provides a clear model for institutional and structural modelling, their insistence on their model is insistent on the acceptance of their own boundaries [Challis, et al, 1985]. Cooper [1989] challenges this new model for social work to learn from the CDP, in that they [the CDP] realised that social issues can best be addressed through a combination of social work and community action [Ibid, pp. 186 et seq]. Davies [1987] criticises the Audit Commission's own, top-down, critique of community care and case management [Audit Commission, 1986] by insisting that community care is about a bottom-up perspective on personal and social need. The difficulty is that the PSSRU model does not explore the bottom-up model to a sufficient extent. Parsons' description of 'patch social work' which preceded both the PSSRU, and the Barclay report, points to a flexible, and adaptable approach to local need that, historically, answered these questions [Parsons, 1986]. The risk of just creating a newly-constituted system of client-professional dependence is all too evident [Clarke, 1982]. In any event, the outcomes of the case management initiative would not be fully understood or evaluated for many years [Davies, 1987].

The scene was now set for a serious debate into the nature of social work, the future of community work/development as a way of addressing structural issues, and the new management model of social care. NISW's team of community social work practice theorists began to produce their texts on how this might be developed [Hearne, et al, 1987; Smale, et al, 1988; Smale, et al, 1989; Smale, et al, 1990; Darville, et al, 1990]. Smale [Smale, et al, 1988] tried to come to grips with the accusation made by Challis [Challis, et al, 1986, p. 286] that the fundamental weakness of social work was that it had never developed '*clinically focused base of knowledge*' that would allow for some predictability for its interventions. Smale [Smale, et al, 1988] structured an explanatory book around the application of the 'creative learning spiral' to community social work – a '*paradigm for change*' in social work. At every stage in the spiral, where function changed for a new set of tasks and processes, measurement and evaluation mechanisms could now be applied over time and circumstances [Ibid, pp. 37-52].

The difficulty for NISW, and for Smale [Darville, et al, 1990], was that, despite making a plea for their model to be applied to the new structure of *community case and case*

management that was proposed by Sir Roy Griffiths [Griffiths, 1988], and by the Government *White Paper* 'Caring for People [Depts. of Health, etc., 1989], the Government was about to produce a fresh formula for Social Services' structure, function, relationship with the Welfare State, the Voluntary Sector, and the community at large [see below]. Croft [Croft, et al, 1989] discuss the realities of the 'new localism' created by Barclay, and the 'patch' system. Pluralism, token participative structures, and tightened central political and managerial control over social workers are the result, Croft claims [Ibid, p. 117]. Bennett [1980] demonstrated how the potential of local social work and creative engagement with local issues might work [Bennett, 1980], but the new 'patch system may have wasted an opportunity. The Barclay reforms to social work were soon to come under attack from a government that was beginning to feel the strains of an inflated social services budget. The issue was mainly residential care, and the Government's responsibility to fund it from Social Security. Frost [Frost, et al, 1989] states that the Barclay reforms were doomed from the start because it was NISW [a Voluntary Organisation], and not the Government that wrote the Report. Additionally, there was no statutory basis for the reforms, and, also, the Report itself was flawed due the dissent within the Committee that wrote it - minority reports, etc. [Frost, et al, 1989, p. 29].

f] The impact of the Griffiths reforms: The Griffiths' Report [1988] recommended the decentralisation of service provision in social care, and that coherence be brought to a wildly varied service in '*disarray*' [Willmott, 1989. P. 60]. Griffiths' main recommendation was the creation of a local mixed-economy of welfare to introduce competition and savings, and also emphasised that there was a finite pot of resources from which all activities had to be funded [Griffiths, op sit, para. 3.2.12]. The Government's White Paper '*Caring for People*' [Depts. of Health, etc, 1989] and the subsequent legislation [HM Government, 1990] all reinforced this view. One issue that was significant was that Social Services were to be the lead agency in this process of creating and prioritising the new statutory Community Care [Ibid, para. 3.1.3.]. It also spelled out concrete the expectations that government had for the Voluntary Sector, that it was to play an expanded role in the mixed economy of welfare as a paid service provider [Ibid, para. 3.4.14]. Government funds for this work should not inhibit voluntary organisation's normal work [services, campaigning, etc.], nevertheless, this initiative changed dramatically the Voluntary Sector's relationship with government. Henceforth, the Government's funding of contracted activities in terms of the National Health Service and Community Care Act 1990 gave the Government greatly increased leverage over its relationship with the Voluntary Sector. As their dependence on sustained government funding for services provided grew, the Voluntaries needed to sustain good relationships with Government. Within local government, and in light of the restructuring of

Social Services activities in keeping with the NHS & Community Care Act 1990, the level of 'patch social work' and community social work began to decline. Social Services Departments began a process of restructuring towards one of supporting contracted. formal Community Care [in addition to their responsibilities towards protecting children - Children's Act 1989, etc.], and their interests in their social work staff maintaining a 'relationship' with their clients shifted towards a much more instrumental connection, rather than a personal one [Wistow, et al, 1994]. The structure of a routine social work input became one of initial assessment, and then transition and support until formal care service packages bedded in. The management of the care package was hived off to specialists [Jack, 1995; Eastman, 1995]. In 1992, the Audit Commission made two studies of Community Care. In the first, it stated that user groups and the community at large would provide a welcome support for statutory services [Audit Commission, 1992a]. In the second, the community only feature as a small window at the bottom of a full-page diagram of how community care works [Audit Commission, 1992b].

Nevertheless, in the large, high population-density, urban areas, such as the inner cities, where the general welfare conditions of housing, race relations and endemic poverty loomed large, local authorities saw in community development a potential vehicle for engaging communities and addressing problem-solving in new ways [Assn of Metropolitan Authorities, 1989]. These Authorities recognised that without the active involvement and input of communities, the Authorities would lack insight, and fail to find acceptable remedies for local issues [Assn of Metropolitan Authorities, 1990]. This shift in thinking witnessed the rise of local authorities' interest [re-awakened since the CDP days, and the post-Seebohm reforms] in sustainable regeneration, and the connection of communities with the local economy. The Thatcher years in government showed a very mixed picture from the perspective of community development. Popular resistance to some government policies provoked a great deal of social movement activity and overt political activism, as the various movements against poverty and Conservative rule manifested themselves [see *Community Action* magazine – 1971-1990]. However, against a continuing rhetoric of high moral solidarity with the poor and a demand for radical social change [Waddington, 1994] or a return to Gramscian and/or Freirean principles [Popple, 1994], pragmatic community workers followed a different path. From within conventional community work training and practice circles, funding cuts produced a significant drop off in activism and radical thinking. In practice, community workers directed their efforts towards instrumental, and incremental changes, rather than towards organising militancy amongst the poor [Jacobs, 1994]. This was a time for new learning, and a time to consider the role of working with, instead of being semi-detached from, the institutions of government [Taylor, 1992].

Diamond's analysis of the situation in Manchester during this period was that the 'local socialist Labour Council' capitulated to, and became complicit and incorporated in, the Thatcher Government's design for a market-led state. As Manchester's cadre of community development workers did not resist this process, they became ciphers for this policy [Diamond, et al. 1993]. It is significant, perhaps, that, in 1990, the last issue of the radical, community activist magazine, *Community Action*, which had inspired many community development workers in the 1970s and 1980s, bemoaned the demise of a radical perspective within community work generally, and itself published an article on a Prince's Trust housing project [*Community Action,* No. 83, 1990]. At the same time, in the United States, one of the mainstays of the establishment of *community organization*, and an opponent of Alinsky's brand of community *action,* Harry Specht, castigated American social work with the accusation that it had abandoned its principles of seeking structural and problem-solving remedies to social ills. Instead, Specht accuses, social workers had been in denial of their original mission, and hidden behind a screen of an *'individual-centred' psychotherapeutic approach*'. They must now dispel the *myth of intimacy*' [the spurious '*social work relationship'*], and stand up to *authoritarian and populist tendencies* in society in pursuit of building the community's own problem-solving capabilities [Specht, et al, 1994, pp. 152-55].

Drakeford calls for the social work, and administrative establishment to recognise how local problem-solving can create positive change, if supported by an enabling authority [Drakeford, et al, 1993]. Drakeford's comments pertain to a social dimension to economic policy, and the Thatcher Government instituted changes in priority that impacted severely on the social sector, to the gain of the private sector. The outgoing Labour government of the late-1970s tackled local economic regeneration with an emphasis on local resident participation in the process. Fortuitously for community development, it was a condition of the European Structural Fund grants that public engagement be secured in the planning and implantation of any strategy funded in this way [EU Commission, 1999; European Commission, 2005; European Commission, 2007]. The conditions surrounding setting up Partnerships [including social partners] were strengthened [European Commission: Council Regulation (EC) No 1260/99 of 21 June 1999]. Thus it was necessary for the U.K. that a mechanism be put in place to reflect these policy directives, or the moneys would not be forthcoming. At this point, it is very clear to see that the European Union and the European Region of the WHO are following parallel paths towards the population's engagement in their own futures [Gowman, 1999]. For this process to be sustainable, however, ongoing community development input had to be ensured [Robson, 1988].

g] Government and city regeneration: As the 1980s progressed, a definite shift took place in government policies towards community and social objectives. There was less money for 'projects', but consultancies aimed at social issues were in demand. For example, CPF [to become CDF in 1989, and CDF Ltd in 2011- [CDF, 2012]] shifted from locality-based project work, mainly, from the 1970s onwards, to become a, mainly, agency of consultation and scheme management [CDF, 1988]. Thomas describes his shift as from '*oppositional*' to '*functional*', whereby community development workers and agencies focused upon the task at hand, rather than on the political and ideological considerations that had defined them in the past [Thomas, 1995, p. 6]. The economy was being directed by a Government [Margaret Thatcher's] that was not interested in social cohesion so much as liberal market economic regeneration, with state assistance, if necessary [MacInnes, 1987; Thomas, 1995]. Because of its prominence and high political profile, London was a specific focus of interest – a Labour-controlled Greater London Council, and Conservative Government, together, instituted a *Docklands Joint Committee* [DJC],which included a nominated community contingent to represent local interests [30%] [Klausner, 1987, p. 48; LDDC, 1992]. There, principles of joint working were instilled, but the interests of the London Boroughs represented on the LDDC [Ginsberg, 1999], and the private sector soon overtook the original intentions. There was the vexing interpretation of the term '*community*', as the representatives chosen to promote community interests on the DJC did not necessarily represent the views of the community groups living within the regeneration area. In 1981, the fresh Thatcher Government abolished the LJC and created another format for urban regeneration, with unique planning powers -- the London Docklands Development Corporation [LDDC]. The new Board structure [12 members, only] left no place for community representation, and so any community interests had to be negotiated or organized outside of the LDDC's structure. There was, therefore, no role for community development within the boundaries of the Corporation's boundaries [LDDC, 1992]. This economic model was then put to use elsewhere in the government's regeneration programme, as in Cardiff in 1987, with the Cardiff Bay Development Corporation [Auditor General, 2001].

de Groot describes the tensions that this evoked, which started in the Labour/Conservative regeneration strategies for the London Docklands, but which then spilled over into the Conservative Government's next regeneration strategy – *City Challenge,* in 1991 [de Groot, 1992]. *City Challenge* was designed to elicit competition between deprived urban areas for the limited funds in the *Urban Programme* [enhanced by the passing of the *Inner Urban Areas Act, 1978*]. Cities bid for the funds, and this was expected to produce raised standards of achievement across physical regeneration, social and cultural arenas. Partnership was the key word, but there were tensions between the private sector, the public sector, and the community interests. Whereas the interests of the 'community' had been restored in the

general scheme of things, it was not until *New Labour* was elected in 1997 that the role of a state-sponsored community development strategy emerged [see below].

It was obvious that the Conservative Government did not want to encourage community control of services, or over public investment. But it did consider that the engagement of the community was a necessary component of its regeneration and public/private investment strategies. The Department of the Environment embarked on an initiative to harness investment in community renewal through structural investment. To do this, local 'Development Trusts' were formed [Warburton, et al,, 1988]. These were smaller-scale structures than had been created through the *New Towns & Development Corporations Act 1985*, through which, for example, the Cardiff Bay Development Corporation had been established. Development Corporations made no pretence of their design to proceed without community participation at any level, whereas the Development Trust structures did include token references to this dimension. Nevertheless, the template described in the Warburton framework [*op sit*] describes participation by opportunist or specially selected representatives of the community rather than providing a mechanism for ensuring and developing their potential for participation in an informed and structured manner. Thus, it can be seen that during the latter days of the Thatcher administration, 'urban regeneration' meant state-and-private capital-led development, and it was not until the election of a Labour government in 1997 that the Department of the Environment opened the process of regeneration to the community with a concerted effort [Cabinet Office, 1998].

Somehow a route had to be found to get back to the basic workface for social change with engaged communities. The Archbishop of Canterbury had published his stark report on the state of poverty in England's inner cities in 1985 [Archbishop, 1985]. In addition to attacking the fact that government had allowed the fabric of society to crumble under economic forces, this Report called for radical Church action, mobilizing its resources, centrally and locally, to combat poverty. It set out a chapter on community work, and the need for this activity to rebuild society/communities around the needs of the vulnerable. Every priest was to become a model for community change, and become a community development worker, and the Church of England should not confine its role and impact to the confines of its own membership. The resources of the Church should be deployed where they could do the most for the common good. Special considerations, too, must be made to support ethnic minorities in English society [Ibid, pp. 272-292, and 361 *et seq*]. Additionally, the Church of England called for parish contributions to a central fund, The *Church Urban Fund*, to fund the training and deployment of community organizers in the poorest areas [Jameson, 1988]. In Wales, the, too, produced its own appraisal of the social and economic conditions – *Faith in Wales* [Church in Wales, 1991]. This document was critical of government policies, and the divisions that it created, but its solution was not to

launch a civic movement or to mobilize its parishioners to the cause of the poor. Rather, *Faith in Wales'* message was to Parish Priests to mobilise their flocks in service of the Parish and to revive religiosity and the spirituality of the Church's message [Ibid]. Interestingly, this message was similar to another initiative of the Archbishop of Canterbury, who wanted to obtain a rural perspective on poverty, in addition to the situation in the cities – *Faith in the Countryside* [Archbishops', 1990]. As part of the *Faith in Wales* publication, the Church in Wales had produced graphic descriptions of the nature and the precise location of poverty in Wales, such that their study pre-empted the Welsh Government's annual publication *Welsh Index of Multiple Deprivation* [Welsh Government, 2008]. Nevertheless, the Church in Wales' response, following this penetrating analysis, was parochial in the extreme. In theological terms, any reflective cycle of theological analysis was being ignored, and '*doubt*' was left out of the equation [White, et al, 1997, p. 11]. Where *Faith in Wales* did call for social intervention, and where some community development did take place, the emphasis was towards providing welfare support rather than challenging the system that produced poverty [Davis, in Church in Wales, 1991, pp. 16-23; Church in Wales, 1992]. The Archbishop of Canterbury's first Report [1985, op cit] went almost to the point of inviting its clergy to embrace the theology and action framework of *liberation theology* in its demands for action on behalf and with the poor. This would have entailed priests identifying completely with the poor, at the expense of the hierarchy of the Church itself [Boff, 1985; 1989; Gutierrez, 1988]. In the case of *Faith in Wales*, and *Faith in the Countryside* [op cit] the plight of the poor was not addressed, except obliquely.

There was a lot of other advice around at this time: Etzioni [Etzioni, 1993] was calling for a renewal of community spirit and co-operation, which tied in well with the '*Third Way*' approach to economic and welfare building later to be expounded by Tony Blair, the *New Labour* Prime Minister after 1997. Giddens produced his text on the *Third Way*, a call for a capitalism-plus-welfare model of economic and social development [Giddens, 1998]. Mayo too addressed the implications of the, now-strengthening, *mixed economy of welfare* and the position of community development in its relations with the state. She goads community development workers, many of whom are heavy critics of the state, to take some radical steps towards consolidating their own position as a body of opinion for change, to achieve something more positive. Further, she asserts that the communities, with which the government implementers of regeneration wish to co-operate, are too under-resourced to be able to sustain any activity for very long [Mayo, 1994]. Conversely, Jacobs [1994] chides community workers for sustaining an outmoded class analysis of society, and suggests that the lack of appeal of community development workers to the poor is because they have little to offer outside of slogans and outmoded Marxist theories [Ibid, p. 167]. Jack suggests that the transformation of the welfare state into the *mixed economy* has already gone too far, and

that effective community participation would be a wasteful exercise [Jack, 1995]. Checkoway describes how, if communities are engaged and resourced, that they are well up to the task of planning and overseeing their own regeneration [Checkoway, 1995]. Dominelli analyses the way in which women have been made to shoulder the burden of responsibility for the restructuring of the welfare and health services, and calls for a radical response [Dominelli, 1994].

In 1994, the *City Challenge* initiative had been further refined by the Conservative Government, with the *Single Regeneration Budget Challenge Fund* – SRB [Rhodes, et al, 2007a]. The competitive bidding system was widened considerably, and the specific intention to engage the local communities in the process was underlined. Nevertheless, despite the issuance of explicit guidelines which exhorted the full engagement and integration of the community in the planning and delivery of community regeneration, there is no real incentive to comply [CDF, 1995; Thake, 2001]. There was still no mandatory requirement for the generation of the community's engagement, and, the constraints placed upon local communities, which wished to participate in the SRB were very restrictive. The time frame for engagement was very short, and there were no mechanisms for engaging them in the process [Nevin, et al, 1995]. So, whereas there were structural vehicles for the engagement and development of communities within the regeneration framework in the 1980s, there were few meaningful opportunities for these to be taken up.

It was not until the New Labour Government [1997] that the Social Exclusion Unit was established to carry forward the active integration of the community in regeneration processes [Social Exclusion Unit, 1998; Social Exclusion Unit, 2001]. Various strategies were developed [*New Deal for Communities* [NDC]*; Sure* Start, etc] to enable people to participate and to consolidate this participant on a sustainable basis [Social Exclusion Unit, 1998 – Chapter 4; Dinham, 2005]. The SRB was adopted and extended by *New Labour* after 1997. This drew in other government agencies to support the central themes of regeneration, community engagement, and social planning [Home Office, 1999; & 2001; Larson, 2004]. The Government sought to bring much of the regeneration, and other Departments' work at the local government level under some sort of 'working together' framework, and so the Local Strategic Partnership structure was adopted [DETRs, 2001]. This was an undefined concept, and as the implementation of these new policies began to take effect, it was seen that, although a great improvement on the previous government's approach, there were still improvements needed if citizen participation was to be realized [Cooke, 2008]. Despite the vision of '*joined-up working*' envisioned by the SEU [SEU, 2001, pp, 43-53; DETR, 2001] a long term action programme was required for the planning and effective integration of communities with the planning and delivery of local services [Fisher, 2006]. In some cases,

such as civil disturbances in deprived cities, there was an air of expectancy that community development was the only vehicle that could solve the problems [Home Office, 2001].

h] Community development in England, and Northern Ireland. Building on its own experiences in these areas, the Church of England had published a further Report in 1999, where it identified weaknesses in the State model for community development and community engagement. It reported that Government planning and implementation time-scales were too short for meaningful interventions and sustainable change, even in 10-year NDC projects [Musgrave, 1999, pp. 2-5]. These criticisms were to be borne out by the official evaluation study of the NDC schemes [Lawless, 2007; Morris, 2007], and by many of the Final Reports on local NDC schemes [e.g. Pearson, et al, 2012; Ekosgen, 2012]. CEA, an independent evaluation agency, reported that a majority of the NDC programmers had reported a beneficial outcome of community development interventions. This intervention method [community development] received the highest rating given by the communities themselves to any of the evaluated categories - help into jobs, community safety, improved health, etc. [CEA, 2005, p. 18]. Within this picture of relative success, however, there appeared to be a number of planning faults, most of them emanating from the structure, expectations, and processes of local government agencies. These, it seems, stemmed from local government not fully understanding the complexities of organizing a community-engaged regeneration programme. Similarly, in the SRB programme, the state's failure to grasp the complexities of community development, despite having its own 'exclusion unit', led to the under-resourcing of the community engagement aspect of the policy. This had a seriously deleterious effect. SRB, it is claimed in the official evaluation, also failed to engage the participation of the private sector [Rhodes, 2007a & c], whereas this had been a specific design feature of the original package [Nevin, et al, 2001; Rhodes, et al, 2007b]. The community sector was not engaged as a lead agency in many schemes [31 out of 1028 across the six phases], and those that were, were generally underfunded [Rhodes, et al, 2007c, p 266]. There was great variation between schemes, regarding the level of community development used. In one scheme, less than £24,000, over five years, was spent on the engagement of the community, whereas the figure for most schemes was over £1million [4x that figure in some areas] on this factor [Rhodes, et al, 2007c, p. 238].

A renewed attempt by the government to bring some coherence to the salient points in their policies, including community engagement, was to institute another competitive element into local government – the Beacons Scheme [DETRs, 1998]. With its 'Local Innovative Awards component, over 50% of local authorities took part over the first ten years of the scheme. [Dixon, 2010]. Originally, the Beacons scheme was aimed at engaging local Councillors [*the leaders of their communities* – DETRs, 1998, p. 3] and at improving their awareness of

the need to promote more local accountability of their authorities. After the enactment of the Local Government Act, 2000, however, the DETRs began its pressure to convince Councils to engage actively with their constituents in an attempt to stimulate local citizen involvement in community and civic activities [DETRs, 2001]. The award of Beacon status was a mark of excellence in a particular strategic area of local governance – housing, transport, environment, etc. A fresh list was produced each year, and bids from local authorities were invited. Once awarded, this status lasted three years. For example, in 2007, 239 applications for Beacon status were received, and 61 awards were made [I&DeA, 2007]. In 2008, applications were invited for [inter alia] Police Authorities; Fire and Rescue Authorities; National Park Authorities; Waste Disposal Authorities; Best Value town councils [Ibid]. It can be seen that these service areas are discrete, and do not emphasise 'joined up governance', but in 2009, 'engagement of the community in governance, particularly the engagement of older people, was a separate sector for the awards [Local Government Group, 2009]. This awards scheme, from the point of view of an integrated strategy, may have had the effect of focusing local government on raising its standards, but it failed to produce a national change in authorities approach to governance.

In Wales, the mantel of the SRB and the other schemes aimed at regenerating urban areas, had been taken over by the devolved authority, the National Assembly for Wales, in 1999 – see chapter on Welsh policy development, [Chapter 6, below]. Tallon reported that there has been remarkable consistency between England and the devolved national administrations in this regard since devolution [Tallon, 2009], but Carley questioned the validity and coherence of a 'national' [i.e. regional] policy that has to be co-ordinated locally by a network of 22 unconnected, small-scale local authorities. Regional cohesion of the policy was being fragmented and allowed for too much local interpretation, he stressed [Carley, 2000, p. 29]. There was concerted action to try and standardize this process, and Adamson, with a team from the University of Glamorgan, was charged with producing a guidance document on good practice in the regeneration endeavour [Adamson, et al, 2001]. There is no real evidence that \any of it was ever taken up. Later, Adamson, himself, produced a stinging rebuke to the policy, when he used the example of the Welsh Assembly Government's *Communities First* programme as a vehicle for assessing the viability of regeneration schemes [Adamson, et al, 2008]. Adamson, et al, came out, generally, in favour of the thrust of policies in this sector, but stated that merely having a policy in place did not guarantee its suitability or its success potential. They claimed that the levels of intensive support provided under this umbrella would be unsustainable under 'normal' conditions. Adamson, et al, pointed out that there was a danger of competition and resentment against new, government policy initiatives from established local programmers and organizations. These, he claimed, had not been consulted over the scheme, and had been displaced in the process [Ibid].

In Northern Ireland, militant sectarianism dominated the community development environment in its formative years. Griffiths relates how early efforts to introduce '*conciliation*' mechanisms into the irreconcilable communities through community development failed. Instead, money was thrown at both communities in appeasement [Griffiths, 1975]. Lovett clams that the government then feared that communities were being radicalized [further] by community development workers, and tried to back off in its support. Nevertheless, community-building flourished, albeit on each side of the sectarian line [Lovett, 1994]. After this, the community sector weakened, and, as there were distinct polarized points of community loyalty during this period, some community development workers were exposed to considerable personal risk in suggesting conciliation, especially within their own communities [Oliver, 1990]

The needs of the state changed over the years. As peace, to some extent, had broken out with the 'Belfast Agreement' of 1998, the state could look wider towards adopting policies that might combine elements of both communities. Health and social care was one such area, and the Southern Health and Social Services Board, in 2000, presented a report compiled by the auditors Coopers Lybrand that suggested that community development be '*mainstreamed*' throughout the provincial Health and Welfare system with the view to establishing self-help and strengthening community well-being [Southern Health Board, 2000]. Community Relations were high on the agenda, and community development featured high on the priorities of the Northern Ireland Administration's *A Shared Future* policy of 2005. In the Action Plan that followed [OFMDFM, 2006], there was an interesting caveat to the general sweep of the policy introducing focused community development. It states that [Ibid, p. 92] this support is contingent on good relations being sustained between the communities being supported by community development initiatives.

In anticipation of this, perhaps, Scotland's *Community Development Centre*, had been commissioned to produce a framework and handbook for the evaluation of community development in Northern Ireland [Barr, et al, 1996]. Apart from the significance of this for Northern Ireland, drawing on this material, Barr and Hashegan then produced a format for the detailed analysis of community development [Barr, et al, 1996]. This was to underpin the National Occupational Standards Framework for community development [PAULO, 2003]. Barr and Hashegan entitled their framework 'ABCD' – Achieving Better Community Development. This document strengthened the most popular theme in British community development, that community development was a practice activity done from the bottom-up. This placed a ceiling upon the worker's responsibility at the level of facilitating the working in partnerships with other bodies/organisations in pursuit of common goals. This is an important characteristic, to which we will be returning below.

By 2004, it appeared to some that community development was becoming completely incorporated into the agenda of the state, in its [the state's] attempt to build cohesive communities and to consolidate the non-market aspirations of the *Third Way* [Diamond, 2004; Unwin, 2005; Paxton, et al, 2005]. Objective data was hard to come by [Lupton, 2004], but where there was commentary on its progress, the problems appeared to be that, the more it succeeded, the more the inherent tensions emerged [Diamond, op cit]. The difficulty of marrying centrally-planned initiatives, with expected outcomes, while opening up of local aspirations within partnership vehicles, or self-help schemes, created stress and tensions for community residents, and, most particularly, for the community development workers, themselves. They were at the hub of the contradiction [Ibid; Mansuri, et al, 2004; Dinham, 2005; Henderson, et al, 2006].

In 2005, also, ODPM [the Office of the Deputy Prime Minister] produced a definitive framework for community development for the next five years – the *Neighborhood Renewal Unit*, and an *Action Plan* for implementing the neighbourhood renewal strategy [ODPM, 2005a & b]. This Unit was to work closely with ;local government departments in order to ensure that partnerships for renewal targeted their goals as outlined in government policies [ODPM, 2005a], particularly the [NDC] schemes [above], which needed re-stimulating. A revamped Voluntary Sector was also making a bid to become a central player in the delivery of services on behalf of the government, in keeping with the *Third Way* philosophy originally expounded by *New Labour* [Unwin, 2005; Giddens, 1998]. Additionally, Health workers were exploring ways through which health promotion could become an agent for change at the community level with NHS resources behind them [Chappell, 2006]. This tied in with the Department of Health's *Sustainable Development Action Plan* [Department of Health, 2006]. This focus of varied and resourceful agencies is vital if the potential of deprived communities is to be realized. Green found that it was the cumulative acquisition and deployment of indigenous community assets that enabled communities to experience raised and sustainable well-being [Green, 2005]. It is the outcome of sustained investment in the fabric of the community that ensures a solid base for progressive development, and, thus, enhanced well-being [Morrisey, et al, 2005]. This form of investment was the hallmark of the NDC [New Deal for Communities – above] [Neighbourhood Renewal Unit, 2005a], and positive progress began to show almost immediately [Neighbourhood Renewal Unit, 2005b; CEA, 2005]. In 2006, the Ministry of Communities and Local government published its blueprint [White Paper on Local Government] for a corporatist approach to community renewal, calling its own agenda 'radical' and requiring government agencies at all levels to build in community empowering and inclusive mechanisms for planning and service delivery [Communities and Local Government, 2006].

In 2005, the Government's Civil Renewal Unit [then in the Home Office, but later moved to the Dept. of Communities and Local Government] had asked CDF to review community development so as to widen understanding of this mechanism. CDF invited other agencies to participate, and the resultant Report [*Together We Can*] highlighted many of the weaknesses of government expectations surrounding the engagement of citizens. In particular, the relative inflexibilities within local government and the disparity of expectations between central and local government over outcomes and processes provided barriers to progress on government policy priorities [CDF, et al, 2006]. Following this, CDF produced three documents and one analytical statement about the sate of community development in 2006 [DEPT. C&LG, 2006; Bowles, 2008; Longstaff, 2008; Miller, 2008]. The result of their analysis was a wish-list, based upon a vision that had emerged from over a year's discussion between senior community development practitioners and managers across the country [DEPT. C&LG, 2006]. This vision envisioned community development as becoming fully recognized in Britain as a nationally-recognised, professional competence, well-funded, with a guild-like control over training and standards. The three documents that followed went some way towards describing the function of community development as a strategic mechanism for bringing about social change, using the enhanced democratic forces that community development released in the community and between agencies [Bowles, 2008; Longstaff, 2008]. The third document [Miller, 2008] was more difficult to rationalise. Entitled '*Management*', it attempts to reconcile a modernist concept of objectives-driven process control with a post-modernist, localized, empowerment-styled system of social justice and self-determination [Miller, 2008]. Longstaff's companion document, *'Strategy'* [2008] has less difficulty in adhering to the policy framework provided by the principal paymasters – the National Government. This dilemma is summed up by Georghegan [Georghegan, et al, 2009] when a choice is posited between neo-liberal economic rationality being applied to community development intervention, co-option within a corporate structure, or separatist activism in conflict with the neo-liberal doctrine [Ibid].

Miller's dilemma about management of community development is amplified by Scott who describes the steady movement of programme and project management towards a centralizing format, where community development is merely a component of a wider, instrumental strategy, with the 'mission' removed in the interests of programme outcomes [Scott, 2010]. Henderson [op cit] had challenged community development to attempt to regain its earlier cutting edge, to assume a critical and radical dialogue with the state in the interests of change and democracy [Henderson, 2006].

i] Community Organization in the U.K. The U.K. has been very slow to take up the stridency and power-centredness of the Alinsky model of *community organisation*

[*community organization* in the U.S.A.]. For some reason, perhaps, because of the ex-colonial experience of the fieldworkers and early theorists, or the nature of the model handed down by the Home Office, the CDP projects did not resort to militant street action, nor confrontational power manoeuvres in their community settings. Alinsky had first published his *Reveille for Radicals* in 1946, and pioneers in British community development were eulogizing about Alinsky in their reportage of Dalino Dolci's work against the Mafia in Sicily [Booker, 1962]. Smith had placed Alinsky at the centre of his analysis, for British audiences, of the Black Power movement in America [Smith, 1972], but, generally, American literature was not popular within British and Empire development circles. Whereas Batten was seen as a source of inspiration to American writers – viz: Biddle, et al., 1965; Dunham, 1970, the sentiment was not reciprocated in the U.K.. As the Home Office was anxious for the CDP to avoid the sort of confrontation between race groups in Britain as they had witnessed in the U.S.A., it is not surprising that Alinsky was not at the top of their reference list. Nevertheless, as Loney points out, Alinsky was seen as the model for radical activism in Britain throughout the 1960s [Loney, 1983, p. 161]. Some of those activists went on to work for the CDP [O'Malley, who was prominent in the *Golbourne Community Council* [above], and the London West Way protests of the late-1960s, directed the Newham CDP]. The difficulty for British community workers with Alinsky was that Alinsky did not make a Class analysis of the issues his clients faced, but rather made collective action a matter of seeking corporate power over other corporate monopolies – the community versus the business corporation, or versus the political administration [Ross, 1955; Brokensha, et al,1969]. The only agency, eventually, to take *community organizing* seriously was the Church of England, which, after the publication of *Faith in the City* [above] in 1985, sent it future workforce to the Industrial Areas Foundation [Alinsky's corporate social action instrument] for training [Jameson, 1988].

The Alinsky message did make some impact, and broad-based organizations were set up in Bristol, in 1990, and in North Wales in 1995 [http://www.tcc-wales.org.uk/ - accessed 02.05.2013; Henderson, et al, 1995]. In 2010, however, it came as a surprise when the future Prime Minister, David Cameron, announced on March 31st, that, if elected, he was going to implement his '*Big Society*' programme, which would tackle '*multiple disadvantage'* [Cabinet Office, 2010]. [http://www.conservatives.com – accessed 08.09.2012; Norman, 2010]. In May, 2010, he restructured the '*Office for Civic Society*' [OCS], and OCS established a competitive bid for a contract to train 5,000 community organizers over the first five years of the new government. This £15million award went to the 'Freirean broad-based organisation: *Locality'* [*Third Sector*, February 18, 2011], as opposed to the Alinsky-linked *Citizens UK* [*Third Sector*, March 8th, 2011]. As we have seen above, Paulo Freire believed in an essentially non-abrasive approach to individual

learning, whereas Alinsky organized with organisational power as its *raison d'être*. 400 local organizations were to be enlisted by *Locality* as 'hosts' for the new community organizers, and they would be funded for 11 months. After that, local organizations were expected to pick up the responsibility for funding them – something which is causing disquiet in 2012, because the local, often small, faith-based organizations lack the continuation funding [*Third Sector*, March 8th, 2011]. On September 11th, 2102, the OCS reported that spending on placements had fallen quickly over the past 12 months, due to falling take-up. There must be some serious questions asked about the nature of the training offered to these community organizers. *Locality's* training will be an '*experiential'* placement of 6 months, after a 3.5-day residential orientation programme [Locality, 2012; Cabinet Office, 2013]. This compares favourably with the one-day training originally offered in community development as part of the Wales *Communities First* programme [personal consultancy arrangement, 2001-2003].

Apart from the *Big Society* initiative, there are a number of broad-based organizations operating across England and Wales. These follow the Alinsky pattern of organising, but with a far lower public profile,. The most prominent of these is *Citizens UK*, formed in 1996, which narrowly lost out to *Locality* in its bid for the government training contract. *Citizens UK* comprises nine major local networks of citizen action, spread from London to Birmingham. It is led by Neil Jameson, who founded the Church of England-funded *Citizen Organising Foundation* in 1988, and *Citizens Organised for Greater Bristol*, in 1990 [Henderson, et al, 1995]. In 2010, *Citizens UK* organised a mass rally to quiz the leaders of all major political parties over their Election Manifestos. This drew an audience of 2,500 community leaders, and enabled all the Party leaders to pledge their loyalty to the ideal of community organising, and to report back annually to the organisation on their achievement in this regard. *Citizens UK* are currently running campaigns on ' a living wage', community-led housing, community safety, and a 'better governed London [www.citizensuk.org – 12.03.2013]. Faith-based organizations make up the bulk of the membership of these institutions. In order to further this end, *Citizens UK* have produced a community organising manual following Muslim principles [Ali, et al, 2012], and Jameson has produced one for Christian Parishes under the same umbrella [Jameson, et al, 2013]. In her study of comparative community organising across five countries, Kenny discovered that in the more pluralist, and settled countries of Northern Europe, including the U.K., citizens had less inclination to adopt critical stances *vis-a-vis* the state, and to seek social change, than did citizens in less developed nations, such as Muslim Indonesia [Kenny, 2011]. It will be interesting to observe the progress of Britain's broad-based organizations in light of this.

j] Community development in Wales: In 1927, the Quakers opened Maes-yr-haf Educational Settlement in the Rhondda Valley, as a response to the 'desperate plight' of the Rhondda community as the General Strike of 1926 paid its toll [Naylor, 1986]. From small beginnings, it was to become the hub for a community enterprise and community welfare network that reached up and beyond the Valley. Two full-time 'workers' were recruited [a married couple from Swindon], and they set about organising the resources of the communities and making appeals beyond the Rhondda. The Quaker community investment in the Rhondda was sustained until 1986. Not many agencies today set themselves a 60-year agenda for development. All in all, the Unemployed Workers Clubs spawned by the Quakers in the pre-World War II period was 30, also 35 women's clubs, boot repair factories, welfare and recreational facilities, a theatre, which could produce operas [!], a health and welfare service in crises, etc. [Ibid].

The Welsh language has been a spur to community organization in the rural areas. In 1979, *Antur Teifi*, a community cooperative was formed to support the Language, and local trade. In 1982, it was consolidated into the community development agency, and developed as a model for further developments in the field. Carmarthenshire County Council made positive investment in *Mentrau* [initiatives/enterprises] with *Mentrau Iaith Myrddin* as the co-ordinating body. In the Gwendraeth Valley, a local doctor had started a Welsh Language self-help community scheme, and this expended onto a local community development agency with part-time development workers [Carmarthenshire County Council, 2001; plus student placement reports] Access to European Development funding played a large part in under-pinning these agencies, but eligibility to and the scope of these funds has been reduced considerably over the years [Adamson, et al, 2001; ECOTEC, 2006; WEFO, 2008].

The Aberfan coal mining disaster of 1966 drew another church organisation into South Wales – Ty Toronto. The Canadian-Welsh community's response to the disaster endowed the Merthyr Council of Churches to set up a Ministry in the Valley, and Dr. Erastus Jones was appointed to lead. Jones rapidly developed into a community development organizer, working with the local communities to re-establish their stability after the disaster. He maintained his position and, when the economic fortunes of the Valley declined along with the coal-mining industry, Jones sought social planning alternatives to de-industrialisation. Between 1973/5, Jones assembled a committee to consider alternative economic models for the regeneration of the Valleys, and this group pressurized government to re-draw the county boundaries so that the Valleys communities could be considered as having city status. This did not come to anything, in the end, but it drew together many community groups, churches, and community-based organisations across Wales [Ballard, et al [eds.], 1975].

Community development, as a professionally-generated activity, came to Wales in 1968/69, when the Young Volunteer Force Foundation launched four field projects in South East

Wales – two each in Cwmbran and Newport. Additionally, it undertook a consultancy study for Cardiff with the view to projects being established there, but not as part of YVFF's portfolio [CPF, 1982]. This began a long association with various parts of Wales, from the Ogwr Valley, to Wrexham [CDF, 1995; Bell, 1992; Thomas, 1996]. The initial fieldwork projects were: two youth volunteering projects in Newport, Gwent; a youth coffee bar project and a community planning organisation project in Cwmbran. CDF finally wound up its Cardiff office in 2011, after a 'national U.K-wide' community development agency became untenable in a devolved Wales [CDF, 2012]. During this 40-plus year period, YVFF-CPF-CDF adapted and changed from project work in small localities to county-wide resource centres – Ogwr Valley [CDF, 1995], Newport ,South Wales [Dungate, 1980; CPF, 1988], Wrexham Maelor [Bell, 1992] that offered economic regeneration consultancies, intensive community group development, and local social planning input to Councils [CDF, 2011].

In 1971, one YVFF scheme in Newport converted from youth work to community development in the Pillgwenlly district. Comprehensive redevelopment was the Borough Council's agenda for the district, but the residents [with a little prompting from the Team] thought otherwise. A prolonged campaign to reverse and/or modify the redevelopment plan took place, entailing a very high level of technical input – something that the Team did not possess in any depth. Outside assistance was sought in the form of a newly-established [U.K. national] resource Team from Shelter – the *Shelter Community Action Team* [SCAT]. SCAT seconded two planner/architect experts to work full-time in Pillgwenlly as part of the *Polypill* [YVFF] team, and thus began an on-going relationship between SCAT and south Wales that lasted for over a decade. This technical input into *Polypill* enabled the community development strategy, and the residents' repertoire of know-how to increase exponentially. Public Inquiries were contested, and won by the residents, and significant technological expertise [e.g. Ove Arup Consulting Engineers provided detailed reports on sub-soil structure and subsidence], and the Borough Council were forced to the consultation and negotiating table. The integrity of the redevelopment plan was undermined and had to be completely redrawn to be replaced by home and environmental improvement across large areas of the district [Clarke, et al, 2002]. The arrival and deployment of SCAT raised the bar as far as social planning for community development projects was concerned. It placed to the fore the whole question of how far 'ordinary residents' could acquire and use highly technical information and data, and whether or not they could represent themselves once they had it. Was the missing ingredient in situations of urban decline, etc., one of residents lacking a technical resource of their own – one they could trust? SCAT team members moved on from Pillgwenlly to provide a powerful impetus to the South Wales Association of

Tenants [SWAT], and their approach and input put pressure on Councils in Glamorgan to reconsider their consultation and planning processes [Bailey et al, 1980; Lees, et al, 1984].

The churches have always been active in community development, particularly the church-connected children's societies – Barnardos, The Children's Society. Barnardos established a long-running community development project in Ely, Cardiff [Drakeford, et al, 1993], and this project established a Credit Union, which has continued to provide much-needed financial support to a community at risk. The Children's Society ran community–centre-based projects in Bettws, Newport, Swansea, and St. Asaph [Davies, et al, 1992]. From 1975, in Newport, the Presbyterians and Methodists combined to provide a community centre [see Selby, in Ballard, 1990, pp. 60-63] This acted as a base for community development workers – initially funded by the *Urban Programme,* and then the MSC in the 1980s [see Fullick, pp. 226-249, in Benn, et al, 1986; Short, 1986]. In 1984, the Wales Council of Churches was instrumental in establishing the Newport-based *People and Work Unit.* This agency combines research into employment and economics affairs, and enters into action, educational and support services to schools and communities [Bowen, et al, 2005].

In 1975, the European Economic Community launched its Anti-Poverty Strategy, and the Voluntary Services Unit of the Home Office made moneys available for six resource centres across England, Scotland and Wales [Taylor, 1980]. The South Wales Action Resource Centre [SWAPAC] was established, following prolonged negotiations between David Smith [of the Adamsdown Law and Advice Centre, Cardiff – Garth, 1980] and Erastus Jones of Ty Toronto [see above]. Eventually, a team of seven specialist workers was appointed and Merthyr Tydfil was selected as the location for the Centre. SWAPAC provided active community resource input for community groups [such as the SWAT – above], work with trade unions promoting local employment initiatives, as well as direct, personal active and support for income maintenance and employment tribunal advocacy. This was not always met with official support, but the funding was extended to a maximum of six years, to 1981 [Hansard, 30 June, 1981]. SWAPAC provided a model for future community development approaches – high-powered, qualified workers with multi-discipline skills, operating at a number of levels simultaneously – interceding with officials, and providing grassroots support to individuals and groups [SWAPAC, 1980; Clarke, et al, 2001].

The major investment in community development in Wales since 2000, has been the local regeneration programme *Communities First.* This will be discussed in some detail below in Chapter 6. This programme has now spread to over 130 local areas, and has brought community development to most of them for the first time. In 2011, the Welsh Government launched a consultation process regarding restructuring the programme [WG, 2011]. There was widespread response to this, mostly favourable. Where dissent was voiced was where

the Welsh Government wished to remove the status and power of the local partnership boards, which had managed the local projects until now. Centralising the control and monitoring of the programme was seen by many as a retrograde step [WG, 2012]. Notwithstanding these protests, the Welsh Government proceeded with the re-organisation in 2012 [WG, 2012b], as part of the government's sustainable development strategy [WG, 2012b; & d]. In March, 2013, Huw Lewis, Minister for Communities and Tackling Poverty announced to the Welsh Assembly that *Communities First* would be regrouped into 52 management 'clusters', in line with the new policy, spending over £75millions over three years, providing over 900 jobs. A centralise training programme for workers was given to the Welsh Council for Voluntary Action [Lewis, statement to Assembly, March 19th, 2013]. *Communities First* is now a mature and experienced, albeit fragmented, community development strategy aimed at reducing poverty and community decline [Communities Directorate, 2001; NAforW, 2000]. To some extent it has been successful, but it is still deficient in that there is still no co-ordinated vision for local development and evaluation. It is hoped that the new structure might produce these essential elements.

The second major thrust of Welsh Government into community-based support services was the creation of the *Sure Start* programme in 1999, by the Welsh Office as a final act of policy-formation before the assumption of power of the new National Assembly for Wales. *Sure Start* was to focus on community development processes and strategies to provide support and opportunities to the very young children in Wales, and their families. Capacity-building in the most deprived communities will be the first priority [Welsh Office, 1999]. *Sure Start* has had mixed fortunes. It was placed under an umbrella Fund, *Cymorth* [means - 'support'], of the Welsh Assembly Government in 2003 [WAG, 2003g]. It has been evaluated a number of times [Broadhurst, 2007; Kelly, 2008; York/WG, 2006; McCrindle, et al, 2010], and whereas it has been praised for its impact on children on a face-to-face basis, it has not satisfied its monitors on inter-agency working, evaluation, capacity-building, etc. Kelly [op cit, 2008] found that the workers on these projects had no training whatsoever in community development, and appeared to have been appointed for criteria based upon traditional nursing qualifications. She found, further, that the qualified workers had no knowledge that they were supposed to engage in these developmental strategies [Ibid, pp.235 et seq]. Although the evaluations point to a collaboration with the *Communities First* projects, which have been aligning with the new strategy *Flying Start* since 2005, in their areas [WAG, 2005; York, 2006; WAG, 2009], there is no evidence that this has been possible. Whereas the anecdotal evidence of positive outcomes of *Sure Start'/Cymorth/Flying Start* are recorded as positive [WAG, 2009], there are also strong statements in the evaluation that there is little strategic awareness in the local schemes, little 'joined-up-thinking and action' [Ibid]. One of the reasons for this might be that the trained

professional workers in *Sure Start* are the Health Visitors [now called Specialist Community Public Health Nurses] have little training opportunities in community development.

Outside of the National [Wales] strategy orbit, a voluntary organization, *Communities that Care* [CtC] has set up a number of projects across the U.K. and one in Swansea, in a deprived neighbourhood. CtC is a formulaic approach to community development that promised '*prevention*' as its main outcome. It depends on marketing itself, being accepted by a community, which is then analysed for its 'readiness' to undertake CtC's intervention. The aim is to prevent risk to young people through intervening in the community, changing its structural profile, and changing the social norms of the area into those that are suitable for a community challenge to lawlessness, and moral decline [CtC, 1997]. CtC employs social planning [in the Rothman sense], organizing community leaders, agencies concerned with youth-centred welfare, health, etc., and builds new social networks and organisations around its agenda for change. The Joseph Rowntree Foundation sponsors this scheme, and has had it evaluated. The findings, across three U.K. projects, were that there was a limited benefit from this intervention, with more promised than delivered [Crow, 2004]. These findings were confirmed in an American study, where CtC is an established operator [Feinberg, et al, 2010], and both studies pointed up the weakness that being an 'interloper' into the local scene reduced its impact and set up, in some cases, tensions that were not fully overcome. Another evaluation across seven US States found more positive outcomes, but stressed that this was a long-haul programme and that results usually relied on anecdotal and/or self-reported data [Hawkins, et al, 2008]. Nevertheless, it is the employment of a sophisticated model of community development that sets it apart from its peers [competitors or rivals in some situations], which augers well for the general prospect of community development in Wales as a role model.

Another source of community co-operation has been developed in America, and has been adopted with alacrity in Wales. This is '*Co-production*' [Cahn, 2004; Pestoff, *et al*, 2008]. In this model, the needs of the community and of the public sector can be met through harnessing voluntary activity, and structuring the delivery vehicles for community services to exact the maximum of cross-sector co-operation and resource deployment in a tightly focussed way. Brandsen and Cahn, identify three models for this form of delivery institution: co-production, co-governance, and co-management [in Cahn, et al, 2008, p. 5]. Each of these approaches to inter-sectoral co-operation suggest variants on citizen control and engagement, which, they state have been easily achieves in many setting across the U.S.A. Bode analyses the application of co-production structures in three European settings, and suggests that in 'England', with its high citizen commitment to the Welfare State service model, that the acquisition of the appropriate co-operative culture may be more difficult to introduce than it was in the U.S.A. [Bode, 2008]. In terms of the model described here, co-

production presents a very useful structure for the application of social planning interventions. Co-production is based upon the principles of felt-need, administrative priority, and problem-solving. The early literature on the subject does not include any reference to catalytic, supportive or managerial inputs from the State or elsewhere. The pervading philosophy is towards mutuality, voluntary endeavour, and self/mutual help, in order to make a break with the past:

'*Co-production demands that public service staff shift from fixers who focus on problems to enablers who focus on abilities.*' [Stephens, *et al*, 2006, p. 13].

Community development has flourished from time to time in the Community Arts world. From the *Agitprop* days of the late 1960s, and early 1970s, when Cardiff Street Theatre engaged summer play and community festivals, enthusiast actors and entertainers gained their first experiences literally on the road. Street theatre gave way to the Chapter Arts Centre, Cardiff, in the mid-1970s, and this was a joint development project of a film club, street video workshop, and community activists in the Canton area. These groups grew out of the *Hook Road Action Group,* which whipped up huge resident resistance to a fast road development [see Dumbleton's, and Beard's articles in *Community Action* Magazine, No. 1, 1972, & No. 6, 1973]. Similarly, on a small scale, *Dymamix* in Swansea, started out as the organiser of Summer playschemes in the 1980s, but has now grown into a consultancy and development agency providing innovative community enterprise development schemes across the U.K. [Clarke, 2004], work with the Welsh Government and its Young People strategy, etc. A notable sustained success in the Community Arts sector is *Valley and Vale Community Arts* – V&VCA [Cope, 2002]. Cope established V&VCA in 1979, at the top of a de-industrialised Valley, and revitalized the local Miners' Welfare Hall and Theatre with dance, theatre, photography, film, local writers schemes, and local history programmes that spanned the generations – including re-connecting the South Wales Spanish Civil War veterans in a film, sound, and reunion project. Work with people with disability, especially mental disability, is their forte. South Wales has a rich history of community activity, usually led by community development workers who manage to scrape together funding for short-term projects, or are reliant on dissident professionals who give their time on a voluntary basis. The *Hook Road* organization was one of the latter, uniting architects, town planners [often from the local authority], public health officers, academics, and the like. *Community Action Magazine* [1972-1990], in London, acted as a conduit for disseminating information and appeals for professional assistance for the whole country.

Community Development Cymru [CDC] was established as a community workers network and representative organisation in 2000 [Clarke, et al, 2002]. It drew is membership mainly from the newly-established pool of *Communities First* workers, academics, social enterprises

[such as *Cymdeithas Tai Eryri* - a housing and social support agency in North Wales], and consultants. CDC was grant-aided by the Welsh Assembly Government, and was able to establish three outpost offices across Wales for the promotion of community development at the local level. CDC hoped, along with the Wales Council of Voluntary Action, to benefit considerably from the *Compact* signed by the National Assembly for Wales in 2000, which attested to the wish of the Assembly to support community development as a capacity-building and force for prevention of social decline in Wales [Nationals Assembly for Wales, 2000]. CDC was a major contributor to compiling the *National Occupational Standards for Community Development* [PAULO, 2003], the *National Strategic Framework for Community Development in Wales* [CDC, 2007], and supported the development for the Welsh Assembly Government's *Sustainable Action Plan* policy [WAG, 2004]. Unfortunately, CDC experienced financial restraints over the past years, with the major grant from the Welsh Government being withdrawn, and then being only partially restored. CDC had to close two of its offices, and this highlighted the problems for community development in Wales, as negotiating sustainable funding has always been a problem.

In an effort to widen the scope of regeneration expertise, in 2010, the Welsh Government established the Centre for Regeneration Excellence Wales [CREW] to provide research, information training, and exchange of experience across the field of physical and social regeneration. They have produced reports on aspects of the progress of the *Communities First* programme since it was reorganized, CREW has offered proposals for the comprehensive regeneration of the *Old Town Dock* in Newport, and provides feedback on Welsh Government policy implementation [CREW, 2012a & b]. The Welsh Government's White Paper has been out for consultation and the Regeneration Bill will be before the Assembly in the Autumn of 2013. It draws heavily in the commissioned practice guide produced by the University of Glamorgan [Adamson,et al, 2001], and its intention is to embed sustainable regeneration at the heart of local and central government programmers, and this entails the full engagement of the community in this process [WG., 2012].

Wales still experiences a deficit in training for community development. Since 1970, community development workers had been able to train at Swansea University, as a stand-alone, post-graduate, qualifying programme for social work: CQSW [CCETSW, 1974]. Between 1989 and 2005, post-graduate students, who wished to specialize in *community organisation* received a two-year, full-time programme, which included a comprehensive skills package, and professionally-supervised practice placements. This programme was discontinued after the re-structuring of Social Work education in 2006. Today there is only one designated Certificate/Degree programme in community development listed on the *Community Development Workforce Wales* website, in North Wales. There are a number of post-graduate degrees in *'regeneration'*, but the part-time Bachelor degree has closed in

Swansea University. A number of short courses exist at the local community level [Qwest – Tonyrefail, e.g. free training up to 'Foundation Degree' level over four stages]. Some of these local training programmers are provided by the local *Communities First* Team. There are two 'Youth and Community Work' training certificate courses on offer in Wales [CDWW, 2012]. Before the Albemarle Report, 1961, Swansea was the only British University offering a full-time Certificate in Youth and Community Work [Albemarle, 1960; Robertson, 2009], and this continued until community development became an academic subject in its own right.

To the greatest extent, the future of community development in Wales is tied to the future of the *Communities First* agenda. The new structure was announced by the Welsh Government in November, 2011 [Welsh Government 2011]. In 2012, *Communities First* would be re-structured into a directly-controlled Government initiative, and local projects were to be 'clustered' under operationally-managed district or regional control. The local management Trusts were to be sidelined to a consultative role [WG. 2011]. In 2012, the Welsh Government also published two policy documents that focused upon 'sustainable development' and 'poverty reduction' [WG, 2012a & b]. Although the 'sustainable development' document [WG, 2012a] did not mention *Communities First* by name, the whole focus of this policy drew it into the need for concentrated community development in order to deliver the necessary 'community engagement' aspects of the policy. The second document [WG, 2012b] saw *Communities First* as an essential element in the fight against poverty in the community, as community resilience had to be restored as a matter of urgency [Ibid, p. 24]. These are now mature community projects, with wide networks of interest, and their function extends into training community leadership and providing technical expertise and motivation. This augers well, provided that some of the weaknesses can be eliminated [Adamson, 2008]. Whereas the final decision on the continuance of the European Union's Structural Fund allocation to Wales has still to been announced for the next phase, it is known that funding will be reduced by at least 5% [the Welsh Finance Minister, Jane Hutt AM, issued a communiqué on 1/03/2013, to this effect]. This means, and has evoked, more stringent conditions being drawn up for the monitoring and control of the *Communities First* programme [CREW, 2012].

Analysis

The introduction of the Griffiths reforms to social care provision in 1990 [Depts. of Health, etc, 1989], saw the collapse of community social work [Barclay, 1982], and changed the relationship between social workers and the communities from which they drew their cases. From an education and training point of view, this meant that community development was no longer relevant, and so it was dropped. This created a vacuum in the training sphere for

community development workers generally, most particularly because it removed them from the status level of a higher education degree. Instead, many part-time, vocational programmes were set up outside the degree curriculum. This fed into the agenda of the Federation of Community Development Learning [FCDL], and the anti-elite position of the [now-defunct] Association of Community Workers. FDCL has been the major force in promoting the recognition of the Community Development National Occupational Standards [PAULO, 2003, as amended], which is predicated on a hierarchy of distance-learning and non-academic credit acquisition [FCDL, 2008].

The introduction of national regeneration strategies across England, Scotland and Wales produced a fairly uniform model of community development at the project level. In England, this was a localised component of each Council's regeneration strategy, which could vary greatly. In Scotland, there was considerable national co-ordination through the influence of the Scottish Executive [Muir, 2004; Scottish Executive, 2004; & 2007]. This model comprised a top-down conceptualised planning objective, followed by localised, development-implementation activities [Barr, 2005]. We will consider Wales in detail below. The impact of this model results in a gap between planners and implementers, and the introduction of the 'community' into a consultative/management structure provides formidable boundaries if serious, structural social change is required [Webster, 2003]. The old Colonial model of paternalistic guidance for the dependant community [now abandoned, and replaced by the '*Logic Framework*' systems-based project – ODA, 1995] is carefully disguised in this approach. It can be found clearly in Northern Ireland's Health Boards community focused intervention. It demonstrates the efficacy of the ABCD model [Barr, et al, 2000], and this has been adopted, usually without acknowledgement, in many settings. The ABCD model is, however, strong on anti-discriminatory practice, and consciousness-raising on ageism, racism, sexism, etc, and is a good instrument for engaging at the grassroots level and ensuring participation up to the level require by the planning perspective described above.

Despite the gains made on the regeneration agenda by the introduction by *New Labour* after 1997, and the devolved administrations in the regional administrations, government has not fulfilled its own commitments to overcoming '*silo*' restraints on inter-agency and inter-departmental co-operation and joint working. Some progress is reported but considering these policies for integrated, joint working systems have been legislated for across the regeneration evolution, little real progress has been made [National Audit Office, 2009; National Audit Office, 2013]. The Blair Government was initially committed to implementing a vision for communitarianism and the *Third Way'*, but this soon withered away. Today Government is promoting the idea that society should pull together as one '*Big Society'*, but this changes emphasis as the financial crisis hits home – e.g. the 20,000

community organisers heralded at the launch of the initiative now turn out to be mainly volunteer helpers instead of paid workers [Cabinet Office, 2010; Pearce, 2012; Locality, 2012]. Community development workers remain caught in the grip of not being institutionalised, and being constantly vulnerable to short-termism, and poor, inconsistent political leadership.

CDF has come through the many changed in political priority and policy with great resilience. CDF Ltd. has managed to secure funding for a number of innovative programmes that stretch further the definition of community development consultancy [managing the *Big Local* - funding maximisation scheme; *Active at 60 Scheme* – pump-priming small grant scheme for older people; *Community First* - the *Big Society* local development scheme.]. CDF has also demonstrated that a purposeful institution can push its message into government with sustainable effect.

Broad-based community organising is at the crossroads in Britain. The impact locally is still confined to micro-impact programmes, and their mass organising demonstrated by *Citizens U.K.* is still at the stage of the big, one-off event and image-making level. Despite the claims that they are based on the Alinsky, or Freirean, models, they seem to lack the cutting edge of impact-making that their American counterparts strive for. The key is POWER, and the U.K. organisations still appear to be coy about making power their objective, choosing localised, small-scale objectives over challenges to the overall system [TCC, 2012]. The main focus of the classical [U.S.] broad-based organisation has been around the notion of the community organiser being the driving force behind strategy and action-planning. The Citizen Organising Foundation did not make much of an impact since its inception in 1988 [Jameson, 1988], with its founding endowment coming from the Church of England, with its 'call for action' in the mode of Christ the radical [Archbishop, 1985].

Since World War II, Britain has relied on special budgets to fund a large part of its community development work. – the Marshall Aid package, the Government's Urban Programme; European Union's Social Fund; Church of England's *Urban Fund.* This has meant that it has been impossible for the model of community-based problem-solving could be built into regular, mainstream local policy development, and for the discipline of community development practice to become fully regularised. This subject will be discussed in full in the last Chapter [7]. Apart from the input by charitable trusts [Esmée Fairbairn Foundation; Woodward Charitable Trust [Sainsbury]; The Big Lottery Fund; Allan Lane Foundation; Wates' Family Enterprise Trust; etc.], there is an another anomaly between U.K. and USA funding in that it is virtually unknown for the community to fund its own community development, as is found in Alinsky/ACORN-style organisations in the USA. Self-help in funding is a prominent feature of most American projects, in addition to the work of the major Foundations, such as the Ford Foundation, Aspen Trust, etc.

Despite this factor, the most consistent element in the realm of policy has been the determination of the Welsh Government, since 1999, to include, develop and then amplify the World Health Organization's principles as laid out in the *Jakarta Declaration* of 1995 - promotion of social responsibility; increased investment for development; consolidation and expansion of partnerships; increasing community capacity and individual empowerment – all of which were embodied in the Wanless Report of 2003 [WAG, 2003]. The only factor included in the *Jakarta Declaration*, which has been omitted is the exhortation to governments to secure an infrastructure for the promotion of this framework, as has been discussed above. Within the temporary structures that the Welsh Government did provide for this activity [*Communities First*; *Sure Start*; *Healthy Living Centres*; SWAPAC - to name the most prominent] the output was varied in its success. All the programmes could be said to have failed in so far as they failed to become exemplars of good practice. As the Welsh Government only has limited powers to influence directly the work of the Local Authorities, this failure over thirteen years of devolved government to influence local Councils to implement key features of Government policy provides an interesting insight into the limitations of central power in a social democracy. It may also mark out the failure of the State better to market and convince those lower down in the chain of implementation the efficacy of community development. Alternatively, this may reflect a failure of the bureaucracy fully to understand what it is about, or for them not to value it as highly as the wording of their own policies implies. Can a tendency towards centralisation be detected in the restructuring of *Communities First*, or is it a risk factor beyond which central government is not prepared to go – as in the SWAPAC situation? SWAPAC was an independent voluntary organisation, but on a State stipend. Like the CDP earlier, frictions generated by the local projects, within a loosely-defined boundary of project independence, proved too much for the establishment to tolerate, whatever the beneficial outcomes might be.

The U.K. as a whole has produced a rich literature on community development, with the *Community Development Journal* being pre-eminent in its international field. Wales, too, has produced its quota of input into this genre: David Thomas, and David Adamson, being the most prominent. What is significant about the U.K. literature is the more or less total absence of reference to the American literature. A perusal of Irish, Australian; Indian literature produces a steady stream of references to Rothman, Rubin, Weil, Specht, etc. This may be because much of British literature has insistently been shot through with a thread of political ideological preference. British community development literature is characterised by use of the concept of Class analysis, something that is more or less absent in its American counterpart. Often, the capitalist state is the object of criticism, and the target for action. Nevertheless, many of the practice guides and compilations of case-study material demonstrate a lack of ideological analysis and targeted practice [Duncan, 2000; Clarke, et al,

2002; Popple, et al, 2002; Twelvetrees, 2008]. Probably the most influential practice guide in the U.K., presently, is the non-ideological ABCD schema. This provides a straight-forward analysis of the job to be done, and a systematic approach towards achieving all the objectives, including evaluation [Barr, et al, 2000]. Further, it conforms readily to the WHO approach to a holistic/environmental appraisal of the way to combat health and social inequalities [Whitehead, et al, 2006; Dahlgren, et al, 2006].

This detailed study of community development has been conducted from a generic standpoint, with the view of establishing just what the format is when a community development approach to community problem-solving might be. In the ensuing Chapters, the concept of Public Health will be considered in the light of what has been determined in this and its preceding Chapter. Can the generic demands and structures of a community development approach to community problem-solving be applied to a Public Health issue, of which the situation of older people is of striking prominence?

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Can a suitable model of community development be developed for the sustainable support of older people in Wales?

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Chapter 5 The World Health Organization – the 'New Public Health' and the search for policy consistency

In public health matters, there is no agency with more influence, more consistency, and more political engagement than the World Health Organization [WHO]. There can be no doubt that it has been a consistent and insistent source of pressure for positive change in public health since its inception. Its continuing influence, often behind the scenes, on its member nations' health improvement since its formation in 1946, has been a beacon of light in the often traumatic and even hostile relations between states since the end of World War II. As will be described in the next Chapter, WHO has been a major influence on, and has also learned from, the Welsh experience in Public Health. Examining the history and development of WHO policy and thinking is, therefore, of on-going interest to Wales' Health and Welfare system. From the standpoint of throwing light on the connection between an ageing population and the work of the WHO, as it will be shown, it is that agency's persistent and steady defining and redefining its notions of what 'good health' is that has drawn it along the path of identifying a world-wide approach to Public Health. This, in turn, has made nation states reconsider and restructure their own approach to this particular social issue, and enabled them to adopt internal policies that are commensurate with creating conditions suitable for the well-being of their older people. Within the realm of Public Health, it is *Health Promotion* that concerns us, as it represents a low-cost, interventionist and preventive arm of health intervention. As in the previous Chapters on community development, it will be through describing the generic values and structures that set the rules for purposeful social intervention that allow progress to be made on the particular issues.

WHO has embodied the role of the United Nations [U.N.]: '*to be a centre for harmonizing the actions of nations in the attainment of* [the] *common ends*.... [U.N., 1945, Article 1]. This section will trace the shifts in its focus, and attempt to define the main areas where is influence has been most effective, and, more pertinently, where its influence *should* be most influential if it is to harness the combined forces of political systems and national populations in realising some of its more important objectives. Certain themes become more and more important as time goes on, and, perhaps more interesting, we shall try and determine whether or not there has been a more recent shift in emphasis towards a more '*realistic*', more '*professional*' view of the shortest and most effective route towards world health objectives, given the fresh appraisal of the main causes of ill-health from disease towards lifestyle causes of personal ill-health. Because WHO has no political power, only the power of continued pressure for influence, drawing states together to confront their manifest difficulties in addressing their national health problems, and assembling the most up-to-date, practical and beneficial solutions to these issues, allows it to maintain its

influence. WHO also captures the imagination of those health professionals and researchers that wish to push forward the boundaries of what is possible in public health [Fleck, 2008].

WHO and the Alma Ata shift in priorities: In 1946, the U.N. advanced the institutionalisation of a world health body, through which its own constituent members could find a focus for the challenges in health, which all nations faced, particularly at the end of a devastating World War, and the economic retraction which followed. The Constitution of the World Health Organization [WHO] invokes the Charter of the United Nations [U.N., 1945]: 'to promote social progress and better standards of life in larger freedom' [U.N., 1945, Preamble]. Within our direct sphere of interest, and in keeping with this approach to defining its function, the newly formed WHO stated its fundamental principles thus:
'*Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*' [WHO, 1946, pp. 1 & 2].

WHO must guard against unequal development in health between nations, as health concerns pervade each and all together, and public understanding of health is paramount [Ibid]. In 1946, most of the then member states of the U.N. signed up to the new Organization.
After 1946, a period of consolidation then took place. While the Organization narrowed its focus considerably, considering its earlier, more lofty aspirations, it embarked on massive epidemiological programmes around the world and in search of cures to the endemic infectious and parasite/insect-borne diseases, which were the scourge of the poor in developing and developed nations alike [WHO, 1958, WHO, 1968]. Despite the tensions in international relations [the Cold War] during this period, the development and entrenchment of the WHO took place in relative calm circumstances [WHO, 1968]. Behind the scenes, however, concerted thinking was going on, and the concept of *Health for All* was developed that was to be the focus for the WHO's programmes and targets over the next decades [Bryant, 1988]. In Newell's collection of discussions at the centre of WHO's business in 1975 [Newell [ed], 1975, pp. x-xi] he includes WHO Director Mahler's analysis of the situation:
'*we have studies demonstrating that many of the "causes" of common health problems derive from parts of society itself and that a strict health sectoral approach is ineffective, other actions outside the field of health perhaps having greater health effects than strictly health interventions.*'

This reflects the changes in focus for the whole Organization. In the same volume, Sidel & Sidel describe the fundamentals of the Chinese [Maoist] approach to health in the community:- a combination of mass health education plus intensive localised campaigns to

enhance communal health and well-being [Newell [ed], 1975, p. 11]. It was in 1978, that a fresh agenda for the whole Organization crystallised - the *Alma Ata Declaration on Primary Health Care* [WHO, 1978].

The *Alma Ata Declaration* [WHO, 1978a] again addressed the philosophy to which the WHO was directed through its Charter in 1946, and expanded it greatly. It attaches 'health' to the general principles of the U.N., and expand the generalisations of the WHO Constitution.

'*Health is 'a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right', and the highest levels of health for all must be the goal* [WHO, 1978a, cl.1].

This is the attainment of '*wellbeing'* and, ... the reduction of the unacceptable levels of inequality of health [Ibid, cl. 2]. Clause IV introduces the '*right and duty*' of '*participation'* by the people of the community in the planning and delivery of services, and the clinical structure defined as the vehicle for this process is Primary Health Care [PHC].

PHC '*requires and promotes maximum community and individual self-reliance and participation in the planning, organization, operation and control of primary health care', ensuring that the participants are well prepared for this process*' [WHO, 1978a, cl VI, sect 5].

Further, it recognises that, in order that these objectives might be achieved, that professional assistance through the medium of *community development* be introduced by those responsible for the overall health planning and target achievement. Inter-professional co-operation is also required, and so the pattern of '*integrated stakeholder engagemen*t' is established in health care from the highest level of thinking and articulation [Ibid, cl. VII, sect 4.]. All this requires a cultural shift within health professional services of a significant magnitude. Newell underlined the problems that accompany the dramatic advances in technology, and the spiralling financial burden that they represent. Nevertheless, simple health measures could achieve spectacular goals at little cost [Newell, in Newell [ed], 1975, p. 191].

Historically and beyond epidemiology and pharmacological solutions, health condition prevention had generally not received the priority within medical thinking. The other main strand of applications for health, such as diagnostics, and clinical care had claimed precedence. These were reactive, not proactive, in the main. Ahead of the *Alma Ata Declaration*, WHO had issued an explanatory paper, explaining in unequivocal terms the meaning of each Clause in the Declaration. WHO conceptualised a national [and international] shift in focus towards health An all-encompassing philosophy, away from a

purely medical model was described, with inter-sectoral co-operation to ensure an integrated and holistic approach by society to solving the nation's health problems [WHO, 1978b]. Additionally, with this leadership from the WHO, the public health disciplines began broadening their framework to address aspects of economic and social justice as well as the medical needs of the population [WHO, 1979]. The focus now began to shift rapidly. In 1979, the WHO formulated a strategic framework that was to set its course for the next three decades. The *guiding principles* for health development [WHO, 1979, pp. 11-15] were now to embrace, as a right, the people's '*participation in the development of their own health*' [p. 11], and, additionally, to begin to assume responsibility for their own health. The family [p.27] and the whole community were to take part, collectively, in this process [p. 26]. In 1981, WHO adopted Resolution *WHA32.30 - Resolution for Health for All by 2000*, [WHO, 1981, p. 7], and invited the nations of the world to join in a collective mission, recognising that:

'*Health problems and socio-economic problems are intimately interlinked. [with] .... 1 billions trapped in spiral of poverty, disease and despair, with no control over the means to improve their situation.*' [WHO, 1981, p.19].

In Europe, a formal strategy was adopted to further this agenda , and, additionally, the members were asked to monitor and evaluate the progress, so better to inform the central Organization [WHO Europe, 1981].

It was on this agenda that the nations of the World, and Wales, particularly, would draw inspiration for their own internal health policies. Proving these policies in the field was a necessary step in gaining approval world-wide for major changes in culture and practice. Therefore when the *All Wales Strategy for Services for People with a Mental Handicap*, [Welsh Office, 1983], was implemented in 1983, it was received with great interest. This programme contained extensive provision for the consultation with service-users and their carers and their engagement in the planning processes for the new services. Eventually, these policies resulted in the complete re-drafting of the national Wales health objectives [see Chapter 6, below].

In 1985, WHO Europe spelled out specific targets for this process, and emphasised that health care systems should focus on lifestyle issues, and called for a complete change in the way national health care policies should be formulated [WHO Europe, 1985, pp. 54-75]. This specifically called for a reappraisal of the whole context of health, and a change in culture for health planning, investment and delivery [pp's. 2, 5, 20, 64,112] and the *mobilization of community leadership* [WHO Europe, 1985, p. 133], upon which they saw success for these initiatives to be predicated. In order to gather evidence for its new policies, WHO regional offices were supported in establishing evaluation programmes for

these fresh approaches to public health [WHO Europe, 1986; Pan American Health Association, 1986]. Evaluation was to take place every five years, and in this way inequalities between and within nations could be addressed [WHO Europe, 1986, pp. 2, 15]. One of the first indicators to be highlighted was that of the level and extent of citizen participation in health planning and implementation. Large disparities in attitude and application were discovered [Pan American Health Association, 1986]. Under pressure from this initiative, nations were asked to broaden their scope for measuring the health of their population. This was soon to extend to the field of environmental health, as this was seen to be a vital component of individual and social well-being [WHO Europe, 1989]. *'Health promotion should be added to health protection so as to induce the adoption of healthy lifestyles in a clean and harmonious environment'* [WHO Europe, 1889, p. 5].

Health Promotion: In order to further this philosophy and to provide direction to national governments in their re-orientation of national health care systems, WHO continued with its analysis of the international health situation, and it drew next upon the widespread interest in prevention, pre-emption and non-medical/clinical interventions for the alleviation of health problems. Interventions of the latter kind could also prove to be dramatically less costly, and, thus, more affordable for the poorer communities and nations of the planet. For this purpose, the Ottawa Conference on Health Promotion was assembled in 1986 [WHO 1986], and the now famous *Charter for Health Promotion* presented to the world. This recognised that health systems were becoming increasingly unable to tackle emergent conditions of ill-health that were as much socially determined as they were 'caused' by diseases and parasitic agents. This Charter generated a new departure for the achievement of health objectives and a new profession in health care and it underlined the need to target *Health for All by the year 2000* at the national and international levels [WHO, 1986].

Health Promotion required a positive and interventionist approach to health issues, and, without trying to eliminate clinical medicine at all, sought active ways in which the consumer of healthcare services could become actively engaged, and take responsibility for, their own health [WHO, 1986]. The social context of health was given real prominence or the first time, and Health Promotion was to:

'advocate for conditions of change in the health status within the community; enable the community to engage in these processes; employ community development methods to achieve them' and to seek new policies to embody these, so that 'health for all', and control over health could be attained' [WHO, 1986, p. 2].

Health promotion was to become, simultaneously, advocate, enabler, and mediator for health, assisting in the creation of 'healthy public policy' within supportive environments'

[WHO, 1986] These were all to find concerted application through the WHO European Region strategy of *Health 21* [WHO Regional Office for Europe, 1999b]. Health for all was to be addressed through addressing health as a basic human right, having health equity as its objective, and human solidarity as the means for its pursuit [WHO Europe, 1999b, Section II]. In Wales, some of these principles were teased out in the Welsh Office's: *Strategic intent and direction for the NHS in Wales* [Welsh Office, 1989]. This strategy marked the beginning of a radical reform of the NHS in Wales, combining economic efficiency with a community input component. These principles were later to be amplified, and embodied [see below] in Wales' most significant policy document of the 20th century, *Better Health Better Wales* [Welsh Office, 1998].

As Kirckbusch, et al, point out, putting it all down on paper is one thing, achieving it in practice is another. For a start, the power of the individual in society is puny when compared to the other forces at work. It is not just the political system arraigned against them, but the environment, the geography and the economy [Kirckbusch et al, 1988, p. 10]. In his address to the Alma Ata Conference in 1978, Dr. Mahler, Director General of the WHO, stressed the difficulties that lay before the World's health community. The PHC agenda had to be addressed at every level, from the people to the international organisations. The gap between people within and between communities and nations was a matter of greatest concern, and new cultural attitudes had now to be adopted if the objectives of Alma Ata were to be achieved [Bryant, 1988, pp. 4-6].

'*I believe vehemently that healthy policy action must move closer to the people. Rather than controlling people, it must empower and protect them*' [Dr Halfdan Mahler in Kirkbusch et al, 1988, p. 11].

The WHO sought assurance that, on a horizontal level, its policies were resonating across the health sector. At the Special WHO Nursing Conference in Vienna in 1988, in addition to pledging themselves to seek new authority in health care and health management, Europe's nurses declared that they were in full accord with the new approach to health care, and that they should develop a fresh role to accommodate this. Nurses should play their part in 'empowering' individuals, families and communities to take responsibility for their own health and to become more self-reliant [WHO Europe, 1988, clauses IV and V]. In the same year, the full WHO Assembly in Adelaide focussed on *Healthy Public Policy* [WHO, 1988, p.1] as the way forward to tackle the endemic problems of the world's health. This entailed adopting a holistic/ecological health perspective on all public policy initiatives and championing community action, alliances and inter-agency organisation as necessary vehicles in this process [WHO, 1988, pp. 1; 3; 4].

In 1985, the WHO had launched the *Healthy Cities* programme in Europe, an initiative that was soon to spread world-wide [de Leeuw, 2001]. It was the evidence obtained from this programme that enabled the WHO to promote the value system of *Healthy Public Policy* described above, and which was to inform the *Verona Initiative* in later years [see below]. This theme changed gradually, but it represents two decades of concerted effort by WHO Europe to sustain the interest of its 51 member states on this agenda. It finds fruition in the *Health 21* [WHO, 1999b], the programme that successively connected European cities in a [theoretically] themed programme of health improvement. As we shall find, the application of the overall philosophy was very unevenly applied across the region. This was taken forward by the WHO Regional Office for Europe in 1987, when, progressively, 35 European cities were enlisted into the *Healthy Cities Programme* [Tsouros, 1990]. It was stressed that '*the Healthy Cities Project should not be seen as an institutional take-over of community action and development...*' [Tsouros, 1990, p. 177], but, Whitehead puts it,

'*be directed enabling people to adopt healthier lifestyles' and 'encouraging people to take part in the policy making process*' [Whitehead, 1990, pp. 15, 17].

Tsouros, a senior official on the WHO Europe, describes

'*community organization' as* [inter alia] *community analysis; momentum maintenance; organizing for action*; ...' [Tsouros, 1990, p.178].

In Milan, in 1990, the mayors of those cities already signed up for the *Healthy Cities Project* [30] signed up for a concerted attack on '*the broader determinants of health*', including clean air, environmental health and the underlying causes of poverty [WHO Europe, 1990, pp. 3-4].

Inequalities; ecology for all: In 1991, two significant documents were published by WHO. The first, *Tackling Inequalities*, [Dahlgren & Whitehead, 1991, reprinted in Benzeval, et al, 1991] provided a coherent picture of the components that made up inequality in health. Here, the connections between the personal, family and community pressures on people were connected to the wider societal spectrum. In this way, they conform to Bronfenbrenner's concept of the science of personal ecology [Bronfenbrenner, 1979]. In his systems analysis of human ecology, Bronfenbrenner considers four levels of influence. This expands outwards, from the individual [micro-system, p. 22] through the family and neighbourhood [meso-system. p. 209], to the polity/economy of society [exo-system,– p. 237]. The over-riding system considered is the value base/normative patterns of these different systems and the influence that these may have – macro-system [Christo-Judaic traditions, e.g.]. All these systemic pressures act simultaneously, requiring accommodation on all sides, but all systemic influences have to be considered accordingly [Bronfenbrenner, 1979, p.21].

Dahlgren and Whitehead outlined the health/life chances of people in society in relation to these different systems, and provided health promotion, in particular, with an index against

which they could begin to measure inequalities in health [Dahlgren and Whitehead, 1991]. In 1989, WHO had set up a Study Group in anticipation of countries and cities havening to make adjustments to the way in which they delivered their health resources. Reporting in 1991, they decided that *healthy public policy* depended upon a holistic and ecological view being taken of the family, and the neighbourhood grouping as the basic analytical element in social health analysis [p. 13]. The community had already been identified as having the *essential voice* in matters of health [WHO, 1986, p3]. Now it was defined as the focus for WHO's *Community in Health Development*, approach. Whereas, the Study Group concluded that the day in which the community could meaningfully take over responsibility for their own health development was still some way off, nevertheless, preparation through strengthening communities, training and educating health professional and citizens alike, and planning along those lines could ensure that it would happen in the future [WHO, 1991,pp. 47, 48] In their follow-up article for WHO, in 1992, Dahlgren and Whitehead stated their belief that it was socially, economically and morally necessary to invest in reducing the social inequalities in health due to the

'*systematic pattern in all countries, with heavier burden of illness and exposure to health hazards' for those with greater health inequalities'* [Dahlgren and Whitehead, 1992, p. 2].

Through combining the framework for exposing inequalities in health, the *Health for All* programme was able to clarify its target areas for local action. These made real the more idealistic ideas outlined in the *Ottawa Charter* of 1986. Commenting on an early evaluation of the *Healthy Cities Project*, Tsouros [1992] outlines an eleven-point scale which has been used to plan intervention, and shows that cities in the programme had adopted new styles and strategies for implementing public policy with increased health benefits for all [Tsouros, 1992, p. 18-20]. Baum [1993] identifies from Australia that communities that had earlier been seen as *victim communities* were now being identified as *vulnerable communities,* and that the whole approach to service planning and delivery had been modified as a direct consequence of the *Healthy Cities* project.[Baum, 1993, pp. 37-8].

There was concern in Europe about the effect that the environment had upon health. 'It is axiomatic that prevention is better than cure, and this applied directly to the question of environmental health and the consequent effects on human well-being. A bridge is [to create] ....a mutually supportive community within a diverse and sustainable ecosystem' is the desired objective of health policies' [WHO Europe, 1994a]. Therefore, in Frankfurt-am-Main, in 1989, the WHO Europe called the First European Conference on Environment and Health. This Conference approved the European Charter for Environment and Health, which fed directly into the World Environmental Summit planned for 1992 [WHO Europe, 1994a]. In 1992, the United Nations held the World Summit on Environment and

Development in Rio [U.N., 1992], and the whole discussion became enriched with the inclusion of the word sustainable in the vocabulary of development and health. The linkages with environment and health were cemented in the Rio Declaration, and the profile of women in development was raised indelibly onto the agenda for participation for sustainability [Principle 20, Rio Declaration]. In this way, progressively, the agenda for health was extended to cover the whole system of the human condition.

Whereas, the *Alma Ata Declaration* of 1978 [WHO, 1978] had not expressly used the word *empowerment,* it had called for the full participation of all citizens, and for them to seek self-determination. It is not possible for self-determination to come about without the expression of will, determination and the capability to influence events upon a personal or group agenda. This entails the use of power, and those introducing the philosophies and policies of the WHO into the health development of local communities could not escape their consequential outcomes. Wallerstein puts it thus: '*changing social and political realities, and allowing people control over their own lives*' amount to empowerment, and '*powerlessness is a broad-based variable of disease risk*' in many settings, especially poor communities [Wallerstein, 1993, p. 219].

An action plan was designed, and the cities of Europe were mobilised to produce working frameworks for the objectives required], and 49 volunteered for the experiment [WHO Europe, 1994a; and 1994b, p. vii]. From Glasgow, evidence from the *Healthy Cities Project* showed clearly how the compound pressures of poverty, bad physical and environmental surroundings inflicted serious disadvantages onto the people [WHO Europe, 1994b]. The influence of community participation in the planning and policy implementation processes of these situations was positive, and how obstacles to greater equity can be addressed [p. 15]. From Gothenburg, a case study concerning the difficulties of an aging population highlights the differences that are emerging between countries, and their approach to 'participation'. Strongly centralist administrations [Sweden, e.g.] contrast starkly with more devolved and community-centric approaches' to the issue – the less centralist, the more open to flexibility and creativity [Glasgow, Jerusalem, Rotterdam] [WHO Europe, 1994a, pp 59-84]. Evidence of the impact of these initiatives was starting to come in. Godlee [1994] was concerned at this time that the progress had not been far-reaching enough. Godlee criticises the influence that successive [and contrary] Directors General of the WHO have had on the implementation of the policies.

His role model was Dr. Halfdan Mahler. After serving WHO in a key development role from 1969 Dr. Mahler took over as Director General for three successive terms, from 1973-1988. His style of dynamic leadership saw in some radical and controversial changes of

direction for WHO, some of which did not go down happily with vested interests. He ensured that the definition of *health* to incorporate social justice, as well as environmental and lifestyle factors, and he set targets for world health, and the objective of *Health for All by the Year 2000.* His Directorship both oversaw the Alma Ata Conference in PHC, and prepared the ground for the Ottawa Conference in 1986. These Conferences, and their collectively agreed protocols, threw open the boundaries of health promotion and community participation in planning and service delivery. Mahler's term of office overlapped with Dr. Leo Kaprio's Directorship of the European Region of WHO [1966-1985]. The two shared a common vision of the role of WHO, and Europe became a vanguard agency for the introduction of new initiatives [WHO Europe, 2010]. Kaprio was charged by Mahler to organise the Ottawa Conference, thus maintaining the momentum for change and purpose, which he [Mahler] had established [Litsios/WHO, 2008; Godlee, 1994; WHO Europe, 2010]. Subsequently, in something of a reaction to Mahler's influence, WHO elected Dr. Hiroshi Nakajima in 1988. World health is enmeshed in world politics [WHO Bulletin, 2008], and American and other big business interests had been confronted by many of the new ideas flowing from the Mahler era. Of particular relevance here was WHO's questioning the marketing strategies for breast milk substitutes in the developing world. After this Dr Nakajima was seen as a more sympathetic person to the pharmaceutical industry was a decidedly 'conservative' influence on the organization [Godlee, 1994]. WHO Europe emphasised that this was not a straight-forward task: 'delicate balance between long-term goals and short-term feasibility in today's pluralistic society;' WHO Europe, 1994d, [p. 3].
Despite this trend within the WHO, international opinion was not confined to the WHO, and the U.N. moved into the frame to comment on the objectives for the international community. In 1995, the U.N signed the *Copenhagen Declaration*, which outlined the social objectives for development.

'*Our societies must respond more effectively to the material and spiritual needs of individuals, families and the communities in which they live throughout our diverse countries and regions'* [U.N., 1995, p. 3].

The Declaration went on to specify that the social, economic, and environmental conditions must be tackled if '*sustainable development*' [U.N., 1995, p. 4] is to be attained. In Europe, the challenge was taken up by detailing the more stringent conditions under which these goals should be pursued. Detailed planning for each area must be undertaken and recorded, and evaluated [WHO Europe, 1996]. The U.N. had also called for '*transparent and accountable*' government [U.N., 1995, p. 4], and the European document invoked the *Alma Ata Declaration*, and described the conditions required for proper and accountable planning: full '*community participation'* in all the planning processes [WHO Europe, 1996, p. 19].

The state of the modern city was seen as the crucible into which all the problematic aspects of world health would be tackled. It was predicted that there would be more than 100 megacities, each with more than 30 million people, by 2025 [WHO Europe, 1995, p. 2], for which the strains on management would be severe in the extreme. Holistic analysis, and integrated action on policies that incorporated all aspects of social and economic life were needed for this [p. 3], and the local community must be reengaged in this process [p. 7].

Starting from a more or less totally scientific/ clinical/ technocratic base in 1946, the WHO had moved to selecting the best from its learning over the years towards a multi-stream approach to problem-solving. This 'holistic' perspective was soon expanded to include [*Ljubljana Declaration*] the rider that families were to become responsible for self-care as well, and that planning should include this perspective [WHO Europe, 1996. Starting in St. Petersburg, in 1993, WHO worked to bring coherence to the way in which policies were implemented [WHO, Europe, 1996, p.3]. The basis of this was to be the City Health Plan [WHO Europe, 1996], which drew into one document the desire for governments to break down the barriers between sectors and administrations n order better to focus the scarce resources available on the issues before them. In order to achieve this, measurement was needed and standardised recording methods for progress achieved. The Brundtland Commission [World Commission on Environment and Development, 1987], and the Earth Summit on Environment and Development [U.N. 1992] endorsed the need for citizen inclusion in the decision-making process and systematic planning for the development of sustainable societies [World, etc, 1987, U.N. 1987]. The holistic principles underlying this process have become known as the *Bellagio Principles*, from the Bellagio Project established for this purpose by the Canadian International Institute for sustainable Development [Hardi, et al, 1997]. These principles endorse everything that has been described as coming from the U.N. and the WHO over the past five decades, and also asked that responsible government institutions and agencies looked to themselves to ensure that their own capacity and skill levels were adequate for the task before them in this developmental process. All these processes would reach their most coherent in the WHO meeting in Jakarta in 1997.

The Jakarta Declaration: The Jakarta Declaration focused the world's health community firmly on the real agenda for health into the 21st Century: *The New Public Health* [Petersen, 1997; Baum, 1990 & 2008]. Eleven years after the Ottawa Conference, and its historic Declaration, the changed circumstances of the world community required a radical rethink if the problems confronting it are to be dealt with. The Jakarta Declaration lists the pre-requisites for health: peace, shelter, education, social security, social relations, .. protection of the elderly, empowerment of women, etc. [WHO, 1997a, p.2]. The scale of the contemporary problems was such that, without extensive co-operation between states, and

within states, progress would be retarded. The priority was for there to be social responsibility for health, rather than just state policy and services, and the participation of the community at every level was essential for this to work. Mooney [1997] describes just how far the movement to secure citizen participation and self-sufficiency can go, but success depended n the will of the state to allow and assist in the establishment of '*Citizens' Organizations*' for this purpose. One of the most significant strengths of the local organisation is its local knowledge, local credibility, and flexibility to act on local situation without bureaucratic constraints [p. 94], and these sentiments are reinforced by the experience of the WHO in Europe [WHO Europe, 1987, p. 11]. Here '*natural systems* can flourish, and where citizen engagement processes have produced '*to develop a vision for the future direction of the city*' [p.16]. It is fully recognised that the problems of the modern city [stress, rapid change in lifestyles, job insecurity, single parenthood, marginalization, [etc.] can produce disengagement of the population [p. 19]. All this brings the question back to the fundamentals outlined in the *Agenda 21* programme of the U.N. drawn up at the Rio Summit in 1992 [U.N., 1992].

Wilkinson, et al, [1998] commissioned by WHO Europe to set these ideas in context, emphasised how certain groups in society will be left at serious disadvantage if the pressure for sustainable development is not kept up. An example of this was described by WHO in a response to the Jakarta Declaration, by drawing specific attention to older people in society, and began a *healthy aging* initiative [WHO, 1997b]. In WHO's *Brasilia Declaration on Ageing*, 1996 , it was

'Health is the building block which enables individuals to continue to contribute to society', and that policy-makers 'actions must promote and support family cohesion and intergenerational solidarity'.

Further, it called for nations to provide education for the enhancement of older people's capacity to engage in society and their own '*health, self-reliance, mutual aid, advocacy and leadership'* [WHO, 1997c, p.21].

By 1997, a great deal of progress had been made in World health development. The *Jakarta Declaration* and *Agenda 21* were indicators of such, through which the nations could display their common thinking on these matters. In Europe, the *Healthy Cities* campaign was already drawing to the end of its second phase. 35 cities were actively involved, and WHO now produced a framework for the further consolidation of the programme [For interim progress report, see Tsouros, 1992]. Tsouros [1995] reports on the huge success of the first phase of the programme. Active partnerships between cities, standardised approaches to assessing health needs and intervention approaches were active agenda items for all participants, and ''joint ventures' between cities collaborating institutions, technical units

from WHO/EURO and the WHO Healthy Cities Project Office' were established [Tsouros, 1995, 135].

Now, in the Third Phase, participating cities would have to pay for the privilege, they would also have to demonstrate that they had changed to the degree that certain criteria were evident: political stability, suitable infrastructure for urban health, partnerships, city plans, etc. [WHO Europe, 1997a]. They must undertake to create the necessary mechanisms and vehicles for the participation the citizens' in this process, establish networks and *twinning for health* across Europe, and commit themselves to reducing inequalities in health, and promote sustainable development [WHO Europe, 1997a, pp. 10-28]. The conditions for *sustainable development* were spelled out in WHO Europe's next publication: *Sustainable development in health* [WHO Europe, 1997b]. This tied in directly with the *Treaty of the European Union*, Article 2, which empowers the European Union to cover the whole *New Public Health* agenda – from personal, physical health, through life-style choices, to institutional approaches to environmental health, to raise the overall quality of life as well [cited WHO Europe. 1997b, p. 10].

Europe was not alone in these endeavours, but the leadership for this programme continued to emanate from Europe, and the pressure was maintained upon city governance to ensure that all current participants, and all future entrants to the scheme, understood firmly what exactly was involved. This was synthesised into *Twenty Steps for developing a Healthy Cities* project [WHO Europe, 1997c], where each project was

'*based upon a commitment to health. [Where] they affirm the holistic nature of health, recognizing interaction between the physical, mental, social and spiritual dimensions...*' [WHO Europe, 1997c, p. 13].

The cause was taken up in other Regions of WHO, and in the Pan Americas Region of WHO, PAHO, at its 50th Session of the Regional Committee, devoted special emphasis to the situation of the aging society in their own member states [PAHO, 1998]. It saw the health of older people as a '*key element for the social and economic development of the .... Region*' [PAHO, 1998, p. 4], and established a Regional Strategy for Healthy Aging, which would encourage '*creative roles for older people in society; and supportive environments for disabled older persons and their families*' [PAHO, 1998, p.10]. The need to invest in human capital for an ageing society was crucial, and socially productive activities for older people were considered central to these [pp. 13-15]. This approach was supported by Takamura [1998], who studied the effects of ageing and community support in the Americas region of WHO. Various other writers considered the WHO *Healthy City* agenda at this point: [all in Tsouros, 1998]. Webster [pp. 1-9] explains the *Healthy City Profile*, illuminating the value of sub-profiles to emphasise special local needs [e.g. ageing; gender; etc]; Acres [pp. 10-18]

ties these profiles into the campaign for greater health equity; Rasmussen [pp. 23-30] highlights the paucity of data on the nature of personal lifestyle factors in the focussing of programmes; and Doyle [pp. 31-40] explores the problem that policy-makers have in setting up local programmes based upon non-participative structures. Here, the local people not only lack the skills to explore their own health, and its needs, but lack the capacities to engage in meaningful structured and structural activities with the administrators and technicians within development investment initiatives.

Meeting in Athens, in 1998, the WHO International Cities' conference declared: 'We will create the preconditions for change and commit our cities to these specific actions for health through leadership and empowerment; through partnerships and infrastructures for change; through integrated planning for health and sustainable development' [WHO, 1998c, p.3.]. This conference was followed by a medical practitioners' conference in Geneva in the same year [WHO, 1998b]. In light of the new directions in health diagnostics and prevention, they declared that a new type of health worker was needed to bridge the gap between expensive physicians and the need to promote healthy lifestyles, social education and partnerships for health attainment objectives [WHO, 1998b, pp. 4-9]. Similarly, at a specially-convened meeting of major non-governmental organisations in the health field, heavy emphasis was placed on variety of professional expertise, and partnership engagement strategies that might address the complexity and multi-sectoral needs of contemporary health needs [WHO, 1998c].

Significantly, Halfden Mahler, Director of WHO, drew attention to the '*political dynamite*' that an aggressive health promotion might represent as it strayed outside the traditional boundaries of medicine. Flexible and energetic NGO's were what was needed for this important function, he stated [WHO, 1998a, p. 5]. This view did not go unchallenged, as conventional medical wisdom was still seeking conventional medical 'cures' for the onset of lifestyle illness [Singer, et al, 1998]. The European Office of WHO commissioned a study to state clearly the terrain within which this new framework was to operate. The Ottawa Charter and the Jakarta Declaration had underlined the need for a common analysis of the *social determinants of health*, and it was these clear statements of priority that were setting the agenda for policy implementation. Economics, political decision-making at all levels, environmental factors, and, specifically, planning mechanisms must be brought into line with these new requirements [Wilkinson, et al, 1998]. How these might be integrated into practice, alongside, but in additional to, traditional medical health approaches, was another complex responsibility for the professional and political systems to manage. The integration of technological change [and initial investment in the same] made the whole scenario more complex again. Could the state avoid taking a positive role in this situation [Ziglio, et al, 1998]. The WHO Working Group on Health Promotion Evaluation, with high level

representation from the U.K., Canada, and the United Sates, echoed these sentiments, and stressed that participation and empowerment would bring fresh dynamics to the evaluation process [WHO Working Group, 1998].

In 1999, a variety of studies began to explore the implications of the new philosophy. From the WHO Ageing and Health Programme, Gro Brundtland, the new Director General of WHO [1998-2003], declared that the myths and denials about an ageing world population had to be exploded, and that the implications of these startling new facts had to be addressed invoking fresh methods of analysis and intervention [WAgeing and HealthHO, 1999]. This view was underlined by a *Healthy Cities* evaluation programme from Valencia, in Spain, whose co-ordinators endorsed the value of taking the holistic and integrated approach into practice [Boonekamp, et al, 1999]. Only when local authorities played a full part in the creation and implementation of policies alongside all the other stakeholders, they declared, could meaningful *'healthy public policy'* be made effective [Boonekamp, et al, 1999, pp. 105-7].

From Canada, came a timely publication of a handbook on community development [Frank, et al, 1999] that connected all the salient terms of the Ottawa Charter to direct practice. Hancock referred back to the Canadian Government's *'Lalonde Report'*, 1981, which had pre-empted the Ottawa Charter in drawing attention to lifestyle changes and the resulting ill-health in the general population. Hancock focussed on the adaptations the traditional hospital would have to make to accommodate these practical and philosophical changes [Hancock, 1999]. The *Lalonde Report* had presented a detailed analysis of the Canadian situation, but also concluded that programme managers and policy administrators should not adopt an absolutely rigid approach, but take on a flexible *'Moi sui'* [to touch or grope around], common sense approach to finding the most appropriate way of dealing with change [Government of Canada, 1981, p. 58]. The need for WHO, and other major policy-influencing agencies, was to get the concept of *health promoting* inserting into policies and practices. As with Hancock [above] there was a special need to get this concept imbedded into the community's major investment – the hospital. The difficulty was how to get the momentum going when there was heavy institutional resistance to doing this [WHO Europe, 1999a]. Another major achievement of the *Lalonde Report* was to focus attention on the real affects of policy implementation – Health Impact Assessment grew out of the stringency of the analysis made at this time [see Barnes, et al, 2000]. This issue is still alive in Wales at the present timetoday – [see Court, et al, 2007].

It was now more than 20 years since the Alma Ata Declaration, and, by now, the WHO, regionally and globally, had articulated its message with clarity, and had initiated many schemes to further its guidelines for health. How and when should the message be re-

packaged? The WHO Europe response was to initiate the *Health 21* programme [WHO Europe, 1999b; 1999c]. This sought to re-focus nations' health policies on the three basic values of the WHO –

'*health as a right; equity in health nationally, between groups and genders, and solidarity between countries; and participation and accountability in health development in the pursuit of Health for All, and the four central strategies required to achieve them – multi-sectoral action; health outcome driven programmes; integrated family/community health care; and participatory health development process and planning'* [WHO, 1999b, p. 4].

To achieve the *sustainable city*, planning that was sensitive to the *natural systems* of the community was essential [WHO, 1999c, p. 17.].

WHO engaged in a series of *Round Table Discussions* with national representative in order to impress these ideas on national policies [WHO 1999d]. Klugman shows how deeply serious issues, such as national HIV/AIDS programmes can be run effectively on a multi-sectoral basis, provided that national governments adopt an open and co-operative vision of what is possible and how it is to be achieved [Klugman, 2000]. The politics of implementing these policies are fraught with difficulties, and all sides of the equation need to understand what is at stake [Klugman, 2000, p. 109]. As it was put by de Leeuw [2001],

'*Urban governance is the sum of many ways individuals and institutions, ... plan and manage the common affairs' .... 'through which conflicting or diverse interests may be accommodated and co-operative action can be taken....*' [de Leeuw, 2001, p. 36].

In the World at large, there was a general atmosphere of economic optimism and prosperity, as, in OECD countries, at least, gross national product had risen steadily since the 1950's. The *Health for All* programme, *Agenda 21* and *Healthy Cities* schemes had all been very successful, but this momentum had to be maintained. WHO wanted to harness this spirit and, somehow, to draw all these sentiments together into a programme of practical action that would take advantage of all the groundwork, and all the schemes that had gone before. A new slogan was devised to act as the catalyst for this process: *Investment for Health.*

Investment for Health: Following on from the Jakarta Declaration in 1997, WHO Europe had taken up the challenge that tobacco consumption presented to the European community. They developed a strategy of collective and inter-sectoral co-operation and investment at a meeting in Verona, Italy, in 1998.

'*This multi-partner venture brings together political, business, academic and nongovernmental leaders to explore, develop and extend people's understanding of investment for health and how it can be used to support countries, regions and local communities.*' [WHO Europe, 1999d, p. 20].

This *Verona Initiative* – integrated, whole system, investment for health - rapidly developed a thorough-going strategic framework through which local governmental institutions could implement joint and co-operative approaches to *investing for health* [WHO Europe, 2000f]. A template for progress was presented – the Investment *Triangle* [WHO Europe, 2000b], where health, social and economic development were considered together for planning and local investment for health and general development [WHO Europe, 2000b, p. 6].

A briefing document was circulated to all member states [WHO Europe, 2000c], and additional frameworks were drawn up to ensure that interpretation for specific areas of need were accommodated – e.g. Ageing [WHO Europe, 2000e], and for different contexts - e.g. less developed economies such as Eastern Europe [WHO Europe, 2000d]. This initiative was presented as the culmination of all the progress WHO had made in the past, and it was promoted to member states both as a social and economic necessity, but as a powerful ethical lever. '*Investing in health is no longer an option - we have a moral, ethical and social responsibility not to fail ...* ', was the unequivocal summation of the Challenge document [WHO Europe, 2000e, p. 4]. Ageing was also at the heart of the *Council of Europe* meeting in Athens in 1999 where, in a concerted approach to harmonise and balance national approaches to an ageing population, and to ensure that all nations were suitably informed to fully understand its implications, the WHO Director addressed the meeting on the theme '*exploding the myths*' of ageing, and how multi-national co-operation could enhance national responses [WHO Regional Director, 2000, p., 34]. It must be understood that investment is an entrepreneurial activity, embracing forecasting and risk. The latter is an element with a high avoidance factor in public service [Buurman, et al, 2009], but the *Verona* investors were urged to adopt the planning format offered by the *Initiative*, as this would minimise the risk of failure [WHO Europe, 2000a].

For the *Verona Initiative*, WHO Europe selected 3 locations in Scotland, two in Sweden, one each in Italy and Slovenia, and Caerphilly, Wales, as pilot projects. These locations reflected the wide divergences and widening trends in the social and economic conditions found in the European Region at the time [Boback, et al, 2000; Whitehead, 2000]. Whitehead's study of 2000, revealed that even in the most developed counties in the European Region [and in the U.S.A.], e.g. Norway, Sweden and Finland, the variances in mortality were widening across different social strata, despite the considerable efforts by their welfare systems to achieve raised equality. The challenge for Wales in this experiment was summed up by Ashish:'... *it needs appropriate investment, over a suitable time-scale, and needs a marriage of sustainable development and population health*' [Ashish, 2000. p. 8]. Alas, the Caerphilly project, failed to meet these expectations. After an encouraging beginning, with joint planning between Council, Health, other public service agencies, and

the private sector, the system foundered [Perry, 2000; Watson, 2000; Clarke, 2001; Watson, 2001]. It seemed that the Caerphilly pilot was over-dependant on key personnel, who left before the benefits could be consolidated [Clarke, 2001]. In the south of Europe, similar results occurred. Things there were made considerably worse through the endemic social and economic deprivation, coupled with lifestyle factors such as the chronic misuse of drugs [Whitehead, 2000, pp. 5-6]. For these reasons, concrete data and positive outcomes were urgently sought by WHO and the member states. Using the benchmark first mooted in October, 1998, it considered two basic issues: *in what systems environment was it designed to operate, and what should the focus of the benchmark be?* [Watson, et al, 2000]. Good practice guidelines were introduced, where special attention was paid to the development of suitably trained personnel, who had to handle the conditions of inter-sectoral working and creative change envisaged by the *Verona* guidelines [Watson, 2000; WHO Europe, 2000a&c].

Ashish [2000] prepared a detailed profile of the implications for policy and the adjustments that local government in Wales might have to make if they adopted this framework in their policy-making. There were serious implications for established policies and public investment such as the EU Structural Fund - *Objective One* schemes, and others, such as *Sure Start*, which depend heavily on functioning Partnerships. Wales could not afford a '*fly-by-night'* approach to this programme [p.9]. Alliances must be forged across institutional boundaries, and this was one of the innovations introduced by the Welsh National Assembly in 1999. We shall consider this in more detail below [National Assembly for Wales, 1999].

The *Investment for Health*, the *Verona Initiative,* drew heavily on the pilot schemes for concrete evidence of the effectiveness of this integrated approach to planning and goal achievement. To help quantify this, in 2001, WHO Europe published its significant book on *Evaluation in Health Promotion* [Rootman, et al,, 2001], which addressed the main agenda for health promotion: what were the problems being addressed, what methods were used to identify them, and how [action methods] were they best resolved in the field [see: Ziglio, et al, 2001, pp. 494-6]. A schedule of indicators for monitoring an evaluation was developed [WHO Europe, 2000a], which included an intuitional SWOT [strengths, weaknesses, opportunities, threats – Sun Tsu, 500 BC military analyst – Foo, 1995, p. 24] analysis of local problems [WHO, Europe, 2000c; Foo, et al, 1995], and, after which, the emergent strong points should be the focus for initial exploitation. The SWOT analysis' success depends on the capability of the planners to obtain '*flashes of strategic insight*' [Foo, et al, 1995, p. 24]. Despite the considerable amount written on the subject, and the number of political meetings, declarations and pilot programmes, it was still thought that: '*There is still no blueprint for Investment for Health...*' and Ziglio et al, called for more rigorous planning, selection of indicators of achievement, and more consistent evaluation procedures [Ziglio, et

al, 2001, pp. 496-7]. Alas, no evaluation was made of the Caerphilly pilot scheme. Additionally, there is no evidence of any grassroots participation in the planning structures that were set up in Caerphilly.

Despite the mixed results in Europe, and after the initial piloting process, WHO Europe and WHO felt that this programme should be spread world-wide. And so, meeting in Mexico, the Fifth Global Conference on Health Promotion considered the investment needs for sustainable health, which could be induced through planned and integrated planning and investment. WHO brought the *Verona* framework to this World audience, together with studies of demonstration projects [Ziglio, et al, 2000]. The agenda focused upon the health gain outputs most needed in local circumstances [Ibid, pp. 4-7]. The well-being of all societies could be enhanced, especially those poorer and less-developed countries, as the evidence of planned and integrated education, social change, economic investment packages was there for all to see. Health impact surveys could demonstrate that equity, empowerment and sustainability went hand in hand. De Leeuw was to demonstrate [de Leeuw, 2001] that real descriptions of the reality of field work and implementation strategies were what were need to convince the World, especially when '*unconventional, intuitive and holistic measures*' might need to be employed in reaction to local circumstances [de Leeuw, 2001, p. 34]. A Some good examples of this, from the developed world, comes from specialised Foundations in their pursuit of local social regeneration. The first is from Kansas City, U.S.A., where where the *National Civic League* instigated a city-wide health and community–building exercise, under its *Alliance for National Renewal* programme [National Civic League, 2001]. Their National leader, John W. Gardner posed the important question about the need to motivate people to change their established cultural disposition towards co-operation and social change. '*How can the American people be awakened to a new sense of purpose, a new vision and a new resolve?*', he said. There was an on-going myth that the American people sustained themselves through these positive ideals and collective actions, but this was not so. '*How can we remind ourselves of the standards of excellence, ...*[and] *stir ourselves to the striving, vigorous purpose .... as citizens .... in problem-solving in their own communities?*' [National Civic League, 2001, pp. 7-9]. A second example is from the Aspen Institute, which sponsors local initiatives from its base in Washington, D.C. The notion that local colleges and Universities can act as catalysts for the local economic regeneration, and , at the same time, provide support for vulnerable groups, is borne out by their study by Fulbright-Anderson , et al, of the benefits of University/community partnerships, and the engagement and empowerment of local citizens through their enterprise [Fulbright-Anderson, et al, 2001]. As had been the case in an earlier generation of American community-building [see Chapter 2 above], there was a positive and beneficial outcome to theseis initiatives, dependant as it had been in the past, and still had to be in theseis new

initiatives, on the input of professional leadership and specially trained development workers who 'managed' the process on the ground while the 'citizens' did the work on their own behalf.

Significantly, a national [U.S.A.] institution, like the National Civic League recognised from its distillation of outcome and process materials achieved in local initiatives, a core set of operational principles which correlated positively with the framework postulated by WHO. These were: a shared vision of purpose and desired outcomes; collaborative and strategic planning; full community participation and integration into the process; organisational structure and inter-organisational collaboration in action processes; recognition of difference in circumstances, capabilities and priorities of need outcome within a common venture [National Civic League, 2001, pp. 41-44]. In a concurrent document with this American programme, WHO reiterated those necessary principles for the initiation of successful 'city health planning' strategies [WHO Centre for Urban Health, 2001, pp. 4-5]. This was based upon the HEALTH 21, and *Healthy Cities* strategic initiatives, citing the WHO Ottawa, Jakarta and Athens Declarations [see above] in their report. This Report was initiated by the WHO European Region, and one of the case studies upon which they based their findings was on a Stoke-on-Trent project. The clear conclusion from these studies was: '*The city health planning process is an opportunity to put health firmly on the agenda of other decision makers, so that they make health, well-being and quality of life central considerations in their work*' [WHO Centre for Urban Health, 2001, p. 21.]. It embodied the basic principles of: '*the need for a healthy, sustainable and equitable agenda for Member States. The main vehicle for development, communication and dissemination of strategies and policy advice.....*' [WHO, Regional Director, 2000. p. 19]. It was also recognised how fashion and historical investment in particular priorities could distort data available for other presenting issues. One such was the position of *Men* in society, and whether or not this section of society had been displaced because of the obvious disparities in treatment an opportunity that women had suffered in the past, and the subsequent priority given to them in more progressive policies. To counter this, WHO promoted a study of the nature of health for ageing men, which concluded that, whereas 25% of morbidity factors could be accounted for by heredity factors, mental illness, abuse of alcohol, lack of social support were matters that should be taken into account actively by health-responsible agencies when considering the predicament of ageing men [WHO, 2001, pp. 23-31].

WHO and older people: From 1997 onwards, WHO focussed increasingly on the older sector of communities, and national demographics. In that year, WHO published a list of the myths, which it wanted to debunk finally, and set the record straight on the position that

older people should occupy in society, and the best way through which their well-being and health could be sustained [WHO Dept of Ageing and Life Course, 1997]. Of central importance were the rights of older people to sustain their life-styles of choice, and to be entitled to social, economic, and political freedom in their own communities. WHO, especially in their European Region, sought a direct route into providing evidence of the rectitude of its approach to policy formation. Action at the local policy-formation level was easily achieved, but the measure of its effectiveness must be found in the degree to which the local population, grassroots, became actively engaged in its implementation [WHO Europe, 2002]. Strategic approaches to this critical aspect of implementation should be adopted, and the success of this was dependant on the formation of appropriate organisations at all levels in the local planning and implementation structures [WHO Europe, 2002, pp. 16-18]. WHO, centrally, decided to focus on the Elderly, and launched its *Active Ageing* initiative [WHO, 2002]. *Active Ageing* considered the economics of a steadily aging population [p. 2; pp. 42-43], and considered the medical, and social consequences of ignoring or sidelining this segment of the population into a dependant and marginalised stratum of society. Their conclusions were unequivocal. By combining the technical expertise of WHO with the political leverage of the United Nations [United Nations, 2002], this framework for co-operation, from the lowest, community level to the international and regional stage, can provide a timely and vital bulwark for nations seeking to grapple with the increasing difficulties posed by ageing populations and social change. It states:

'*Policy proposals and recommendations are of little use unless follow-up actions are put in place. The time to act is now'* [WHO, 2000. pp. 55/56].

This need for political leadership and co-ordination was endorsed by the WHO Western Pacific Region at its Regional Consultation on the *Healthy Cities* programme in 2003 [WHO Western Pacific, 2003].

Following the WHO initiative on Ageing, other agencies began to pick up the theme. The European Observatory on Health Systems and Policies published a study of international comparisons of policy and practice in 2004 [Mossialos, et al, 2004], door-opening event, which identified the EU Maarstricht Treaty of 1993 as a significant enabling policy and example for the encouragement of all developed economies [Mossialos, et al, 2004, p. 59]. Meanwhile, in Britain, the *Audit Commission* described the necessity for older people to retain their independence, and their engagement in civic society [Audit Commission, 2004, pp. 8 -18]. They explained: '*We need a fundamental shift in the way we think about older people, from dependency and deficit towards independence and well-being ...*' [p. 3]. It is perhaps ironic that the agency established to consider the most appropriate use of public funds should have to resort to emphasising *lifestyle factors*, and to advocate that the

established and responsible service structures consider that self-advocacy by older people should be given centrality in the creation of policy [Audit Commission, 2004, p. 19].
In 2004, WHO set up a Commission, which, again, stressed that the vulnerable groups in society needed special support [WHO, 2004a]. This Commission gave notice that it would be publishing another definitive document on the 'social determinants of health', following a special study that was currently being commissioned. The whole concept of Primary Health Care needed to be re-emphasised, and expanded to the realm of proactive intervention, especially for groups such as the Elderly [WHO, 2004b], where the requirements of *Age-friendly Primary Health Care*' called for significant social change. They cited two international agreements, U.N. at Madrid, 2002, and the Perth Framework for Age-friendly Primary Care [WHO, 2004b]. The Perth Framework emphasises the plight of [particularly] elderly women within the way PHC is delivered. Principles, culture, and traditional ways of working all had to be scrutinised. Older women, specifically, were a resource to society that had to be nurtured and their integration into PHC systems required a raised profile [WHO, 2004b, pp. 25-28].

WHO and poverty: It must be realised that all these Declarations, policy frameworks, and political expressions of co-operation, which were made in a state of unbridled optimism appeared to have been borne out by the economic facts [Shackman, et al, 2005; International Monetary Fund, 2006]. The World Bank continued with its priority as fighting poverty in developing economies, where it stated confidently:
'*Equitable project outcomes have also improved since expanded poverty and social impact analyses were integrated into the early stages of Bank operations...*' World Bank, 2006, p. 25].

The International Monetary Fund's Managing Director declared in the Annual Report of 2006:
'*Equitable project outcomes have also improved since expanded poverty and social impact analyses were integrated into the early stages of Bank operations...*' [IMF, 2006, p.5],

and the Board was given new powers to vote itself fresh benefits for doing its work so well..... [IMF, 2006, p. 6]. Nevertheless, despite the economic complacency of the time, some economic analysis did indicate that, even within prosperous nations, as was mostly found in developing nations, poverty itself was on the increase, often being masked by the headline indicators. In 2006, the Director General of the WHO would focus much of the Annual Report, *Working Together for Health*, on the shortage and training needs of community health workers, and the obligations that donor nations should assume towards

their training and insertion in areas of greatest need [WHO, 2006a]. Whilst stating their policy explicitly, again: '*But the community is no substitution for professional input and expertise'* [Ibid, p. 26], they went on to report that a common: '*response to critical shortages in the health workforce*' [Ibid, p. 140], was to take advantage of community- recruited health workers, where their local knowledge and insight could play a significant role in alleviating local public health conditions [Ibid, p. 140]. These views were translated into a comprehensive statement of values, through which local policies for the integration of older people into society should be framed and implemented. Older people must be considered as full '*stakeholders*' in their communities and its social, and economic policies [WHO, 2006b, p. 12].

Meeting in Tallinn in 2008, the European Ministerial Conference of WHO Europe made a Declaration that was in complete denial of the financial crisis that had been gripping the developed world for nearly two years by then. The *'Tallinn Declaration*' [WHO Ministerial, 2008] called for holistic, integrated, fiscal policies to implement the whole panoply of WHO policies and frameworks, without any thought as to how this might be achieved when most states were busy nationalising banks, bailing out failing enterprises, and trying to shield their own vulnerable citizens from social and economic meltdown. Nevertheless, by the end of that same year, in By ttheir he 2008 Annual Report, the sentiments of the title had changed markedly to: '*Primary Health Care: Now more than ever*' [WHO, 2008]. One can only speculate as to whom they were referring when they state [p.79]:

'*There is a growing demand for global norms and standards as health threats are being shifted from areas where safety measures are being tightened to places where they barely exist.*' [WHO Europe, 2006].

This was nowhere clearer than in Europe, where a penetrating analysis was shared between Member States of the implications for health of the on-going financial crisis [WHO Europe, 2009a].

'*Evidence from past crises shows that the poor and the most vulnerable are likely to suffer the most in times of crisis. Indeed, a significant proportion of the population of the WHO European Region is already at risk of poverty'* [WHO, 2009a, p. 3].

Both the IMF and the World Bank now chimed in that there was now a global financial crisis, and that economic stringency was to be the order of the day across the board [IMF, 2008; World Bank, 2008].

In the background, and in the face of a growing sense of restructuring within nations away from the health needs of the most needy, WHO was continuing to set the standards by which real prosperity of nations should be assessed. In 2005, in Amsterdam, WHO Europe called a

'*Futures Forum*....for their *Healthy Cities* programme This gathering repeated the earlier insistence that, if public policies were to work, then public participation must become an '*essential ingredient*' of the process [WHO Europe, 2006, p. 31]. Were this not to be actively sought by states seeking to solve their most intractable problems, then those '*hard to reach groups*' would fall further and further behind, thus increasing the burden on society as a whole [p. 33]. In order to emphasise the deep nature of this issue, WHO Europe again commissioned Goren Dahlgren and Margaret Whitehead to explore fully the steps needed fully to tackle '*social inequalities*'. Their earlier works on the subject had received critical acclaim and more or less universal acceptance, producing the classic '*rainbow*' diagram representing the dimensions of '*Inequalities in Health*' [Whitehead, 1990; Dahlgren & Whitehead, 1991; Dahlgren & Whitehead, 1992]. The titles of their latest treatises tackled-full on a more strident and interventionist agenda – '*Levelling up, Parts I & II*' [Whitehead and Dahlgren, 2006; Dahlgren and Whitehead, 2006]. From the beginning, they re-stated the complete message about '*holistic*' [ecological – Bronfenbrenner, 1979] analysis:
'*There are systematic differences in health between people in different socio-economic conditions. Genetic, and generational differences also play a big part. Social processes appear to play a big part in changing perceptions [smoking], and social inequalities are also thought to be 'unfair' for their victims.*' Whitehead & Dahlgren, 2006, p. 2].

Now that fundamental human rights are fully entrenched within the scope of public policies, evidence of a framework for fairness and lack of bias is now a requirement in policy making at all levels in the administration of health matters. Whitehead and Dahlgren outline 10 principles for remedying the health inequality as a crisis was now in danger of engulfing the developed and the developing world – *Levelling up* is tilted directly at the 'trickle down' philosophies of the establishment economic policy makers in the developed world, and in their 'over-seeing and mentoring' agencies - the IMF and World Bank. [Clarke, 1992; Ravillion, 2009a & b]. The findings of this financial and economic analysis show that, where there is initial poverty, the prospects for recovery through the economic growth process are strictly limited. The political denial of stark economic and social facts cannot be allowed to escape un-criticised. As put by Amartya Sen, the Nobel Lauriat economist: *'The choice of social values cannot be settled merely by the pronouncements of those in authority who control the levers of government'.* [Sen, 1999, p. 287]. Unless those in a position of suffering are allowed to take responsibility for the crucial decisions affecting their lives, then they will fall victim to the '*Nannying*' by the State, and all the fallibilities that this implies [Sen, 1999, p. 284]. For Whitehead and Dahlgren [2006] the state's role should be actively to '*empower*' those in the weakest and most vulnerable situation in order that they might take responsibility for their circumstances, and that all the agencies of the state should be focused

upon that process [p. 14]. Wallerstein [2006, pp. 8-10] puts it thus: Citizen and community empowerment, in line with the Alma Ata principles, must centre on the building of community capacity to handle these tasks and to enable them to tackle the intellectual and mechanical skills required for that purpose. The state should develop a '*macro-policy environment*' to achieve this [Dahlgren and Whitehead, 2006, p. 36].

In their two volumes on '*Levelling–up*', Whitehead & Dahlgren emphasise the causal linkage between health and economic circumstances. They identify, as vital, the ability for people to determine their own fortunes once they have been put into a position through which they feel powerful enough to understand and control their condition. The agencies of government should have as a central responsibility the monitoring and evaluation of their policies to achieve this outcome. Failure to do this will result in the failure of the social policies that are set in place to deal with social and economic dysfunction [Dahlgren & Whitehead, 2006 p. 20]. This analysis is supported by Sigrún Gunnarsdóttir and Anne-Marie Rafferty, in their contribution to Du Bois et al, 2006 [Du Bois, et al, 2006, pp. 155-164]. It is the '*social connectedness*' of all life's aspects that makes it intelligible and manageable [p. 161]. The centrality of the need to adopt this philosophy in order to deal with the emergent situation for older people was spelled out by WHO Europe as a '*Strategy for active, healthy ageing....*', for the most vulnerable populations in the poorest countries in the Region – the Eastern Mediterranean [WHO Europe, 2006a], and national representatives of these countries signed up for *Health* De*velopment Action* declaration in Copenhagen [WHO Europe, 2006b]. In this document, the countries specifically called for community development approaches to be adopted in approaching the needs of people with mental health problems [WHO Europe, 2006b, p. 15]. This was a theme to be strongly emphasised in WHO S-E Asia in 2008, where inconsistencies and vagueness about the public health role of community organisers and community support workers was still being discussed. The lack of co-ordination and learning from the experience of many NGO organisations in the field in deprived areas was severely restricting progress in these regions because of failure by government agencies to grasp the importance of these matters [WHO South East Asia, 2008, pp. 8-13].

The application of basic principles: In 2007, WHO was to take up this cause, but this time specifically for Women Ageing and Health [WHO, 2007]. 'Gender is a '*lens*' through which to consider the appropriateness of various policy options, and how they will affect the well-being of both women and men' they opined, citing their 2002 Document Active Ageing [see above] [p. 1].

'*Ageing women continue to constitute a significant proportion of the world's population, and their numbers are growing'* [WHO, 2007, p. 3].

The social, cultural, political and economic pressures that set the life course of tomorrow's ageing women should be studied in order to provide insights into the difficulties that beset them in older age [pp. 5-8]. The fact that women, rather than men, are more likely to be widowed, and their circumstances in widowhood create the situation that they experience in older age were of great importance to those responsible of creating policies and support mechanisms of the future [pp. 30 – 38]. Allen, in the U.K. context, arrived at the same conclusions, and said that the over-stressed concentration on the welfare of children was masking a more severe condition of older people [Allen, 2008]. Older people were experiencing [poverty and deprivation on a scale unimagined by the rest of society, and, in certain groups, such as ethnic minorities, this situation was even worse [Allen, 2008, pp. 21-26].

In 2008, WHO re-visited its retired Director General, Halfdan Mahler, who had spent nearly 40 years as a servant of WHO [WHOB Editor, 2008]. Despite the political conflicts of the Cold War, he said, it was still the basics of health promotion and primary health care that presented the greatest challenges for WHO. He cites the almost '*spiritual atmosphere*' that transcended all the political differences between nations at the Alma Ata Conference in 1978 [see Fleck, 2008, and the perceived failures of the disease-prevention programmes that tilted the balance]. World nations had to detach themselves from their insistence on one-issue policies, and to embrace the *holistic*' perspective and problem-solving approach to public health investment [WHOB Editor, p. 2].

As Coyte, et al, put it [2008, p. 18], the best use has to be made now '*of the mix of resources they have in terms of skilled labour, infrastructure, technology and informal care networks to deal with the rapidly changing population demographics and the expectations of their constituents*'.

PAHO, considering the Americas' needs for the future, foresaw exactly the same scenario. The sheer weight of responsibility for the ageing population within the economic system was going to exhaust resources, and produce social tensions and deprivation, as already over 50% of the population lacked sufficient resources to meet their current needs [PAHO, 2008, pp. 10-11].

In the background to all these statements, and re-statements of intent and principles, some WHO programmes were continuing undaunted. The *Healthy Cities* programme, established in 1986, was continuing to recruit participating cities more than 20 years later [Edwards, et al, 2008]. The aim was to create:

'*comprehensive active living strategy aims to enhance opportunities for all the population groups, paying special attention to children and youth, older people, and neighbourhoods with low economic status*' [Edwards, et al, 2008, p. 6].

The original emphases remained: participative planning, inter-sectoral partnership, and the highest level of active engagement in policy implementation that was possible [pp. 8-10]. The value of this approach was now being considered in basic epidemiology programmes, as new nations discovered the dangers and their own ill-preparedness for industrialisation and 'modern' work conditions, and their cumulative effect on disease [Griffiths, et al, 2008]. Building into government the realisation that stakeholder involvement, capacity-building, and cross-agency/departmental co-operation were essential ingredients for success was still being 'discovered' [Griffiths, et al, 2008, pp. 23-29]. Writing for the WHO Europe, in 2008 [Kanström, et al, 2008], re-explored the concept of '*profiles*', originally described as a useful framework for making a planning analysis for *Healthy Cities* or component parts of cities [see above for: WHO Europe, 1994; WHO Europe, 1996; Tsouros, 1998; WHO, 2001; WHO Centre, 2001; Edwards, 2008]. This time the concept/planning tool was applied as the framework to ageing sectors of the population, where, if access to health support systems was to become a sustainable possibility for these sections of the population, every available resource pool had, firstly, to be found or developed, understood, and then deployed so that the maximum extent of resources might be engaged [Kanström, et al. 2008. Pp. 32-33]. As a clue as to how this might be achieved, Ritsatakis [2008] demonstrates how older people have their own vital role to play in the running of their own environments, providing and supporting social welfare services, deliberating upon and deciding upon policy formation, and fulfilling all the roles of the active a and engaged citizen [Ritsatakis, 2008]. '*Use it or lose* it' is the plea Ritsatakis makes for states to take advantage of this huge social resource pool in all societies [p. 10]. This approach was also advocated for Eastern Europe, where [see above] great disparities in public health service provision exists, particularly in mental health services [WHO Europe, 2008].

As the storm of financial upheaval, after 2007, raged around the markets and economies of the World, WHO began a concerted effort to obtain some influence over the way in which scarce national resources might remain focused upon public health matters. Established in 2005, the Commission on the Social Determinants of Health reported in 2008 [WHO, 2008a & b]. The Commissioners declare at the outset in their Report: '*The Final Report of the Commission on Social Determinants of Health sets out key areas – of daily living conditions and of the underlying structural drivers that influence them – in which action is needed.* These include the social determinants of health, the effective improvement of health and health equity across all Member States [p. vii]. They went on to say that it was Public Finance that was essential for the success of these programmes [p. 12] and for health equity [p.12]. The State has a duty to defend and guarantee the comprehensive array of rights of its population [p. 18]. 'This Report, of 256 pages, marks a major statement of intent by WHO

to ensure that the future financial needs of nations needed to be kept to the fore, especially when the major donors, and financial capitals of the world were going through a major re-appraisal of their lending and financing policies. The continuing availability of funding for the welfare of vulnerable groups [especially children] was essential if '*health equity*' was to continue to be an aim of public health policies, and it warned against the rich using the financial crisis to further exploit poorer peoples and sections within society WHO, 2008a, [p. 16]. This Report further warns against the consequences of driving economic wedges between large sections of society, through creating or widening social and economic class differences. There must be room for all citizens to manoeuvre so that society can continue to adjust to social change. It states, under the heading of *Social Movements:*

'*For changes in power, there also needs to be space for challenge and contest by social movements. Although social movements and community organizations tend to mobilize around concrete issues in local everyday life, their actions are clearly rooted in and address structures and processes that extend far beyond this local realm.*' [WHO, 2008b, p. 165].

Fernandez, et al [2009] point out how difficult this is to maintain when financial pressures increase. The problem is, however, that most models do not work in practice, and that the 'funder of last resort' must continue to be the state [Fernandez, et al, 2009, p. 14].

In Zagreb, in 2009, the nations of Europe reaffirmed the principles of Alma Ata, and endorsed the findings of the *Commission into the Social Determinants of Health* [WHO, 2008 – see above]. They also committed themselves to the launch of Phase V of the *Healthy Cities* programme, and that, despite the economic turmoil of the present time, their focus must remain on developing sustainable systems that were also environmentally sound [WHO Europe, 2009, pp. 4-5]. The question of environmental health was addressed by the WHO Europe *Parma Declaration* of 2010 [WHO Europe, 2010a], and this was a theme immediately taken up by the Welsh Assembly Government, which produced a set of indicators for the measurement of the sustainability process [WAG, 2010]. Throughout 2010, WHO Europe continued to provide information and public pressure on member nations. The U.N. Millennium Goals of 2000, for focussing all nations on the need for re-establishing global sustainability over the years 2000-2015, were presented by WHO Europe on a five-year countdown assessment in 2010 [WHO Europe, 2010b]. In many areas, including child poverty and gender equality, the nations of the world were falling behind the targets they had set themselves, and most nations had not achieved much progress on citizen empowerment. At their *Fifth Ministerial Conference*, in 2010, set in Parma, social and gender inequalities again raised themselves as target failures in the European Region of WHO [WHO, Europe, 2010c]. Nevertheless, in 2010, WHO Europe could celebrate the

publication of a volume recording 60 years of concerted public health progress in the WHO European Region [WHO Europe, 2010d].

Conclusions: WHO has come a long way since 1948. It has managed to move with the times, changing its priorities and messages to conform to the health needs of the World. It has presented to the World a constant and reliable picture of the planet's public health needs, and it has sustained its own internal pressure to keep its member states alert to the dangers of complacency, back-sliding, and failure to produce empirical evidence for its effectiveness. It has introduced some significant concepts into the thinking about public health:

1. Health gain must be a constant goal for all policy implementation processes
2. The traditional medical model is not now sufficient to define nor treat social and personal illness, and that a holistic model of resource planning and intervention based upon lifestyle has to be incorporated into all 'health' programmes.;
3. Health Promotion is a legitimate branch of health science and as a platform for social and economic intervention - it should be the bedrock of health policy-making;
4. Prevention is cheaper and more effective than cure, and the sustainability of all expenditure and investment must be demonstrated;
5. Health promotion interventions can be employed in all branches of health, and that problem-solving, holistic approaches yield the most effective results;
6. Effective health programmes must combine the resources of the nation, firstly into inter/infra agency co-operation systems and partnerships, and, secondly;
7. Co-operation can be achieved with positive outcomes both within and between nations for the achievement of public health objectives;
8. The citizen and all other stakeholders must be included in the planning and decision-making process;
9. Monitoring and evaluation of all public health investment must be maintained.
10. WHO has placed pressure on all its member nation states to redefine the position of older people within their communities, that their full social worth as citizens be recognised, and their contribution and role in the national economy given its rightful place in the design and implementation of social policy.
11. Since Alma Ata in 1978, community development has been promoted by WHO as the most effective mechanism for the realisation of WHO policy objectives within local community initiatives. But, as Andersson et al [2000] point out, decentralisation without proper planning, implementation and monitoring can see even the most progressive policies fail.
12. The reality of ageing is that support will vary with age and changing economic and social circumstances. Older people will need more self-help, plus more intensive, collective

support as their individual circumstances change over the years. Community development is identified by WHO as the agency for change and support that can provide this.

The WHO has learned that a complex institution [itself] is capable of learning, under difficult circumstances, that it can develop working models that can be disseminated to governments and field agencies in terms that make sense – enough sense, that is, so that governments are prepared to build them into their policies [see Chapter 5, below – Welsh policy]. The difficulty is, as demonstrated in the *Verona/Investment for Health* programme, it is not easy to implement on the ground, but some of its Health Promotion programmes have been running since the 1980s [*Healthy Cities* programme]. WHO is in an almost unique position, having a network of employees and professional contacts spread around the globe, from whence cometh its data, knowledge, and inspiration. It can also command the research of top experts in the varied fields it covers. The WHO put pressure on nations to accept definitions of '*health*' that have been politically sensitive in some quarters, and even taboo in others [sexual health, female mutilation practices, AIDS treatment, etc.], and to use its offices to enable the currency of the whole-system/ holistic/ecological model under the banner of *Health Promotion.* Its central position enables WHO to proffer advice objectively [in most circumstances], as far as the latest science will allow. An interesting example of this is pertinent in Wales, when WHO warned against states cutting essential health funding in time of financial stringency – especially when funding has to be passed down the chain to subsidiary agencies [the UK/Wales relationship comes to mind].

Wales has maintained its symbiotic relationship with WHO since the 1970s, and the city of Cardiff has been a member of Phase V of this programme since 2009 [applications are competitive and costly]. Cardiff has now set itself an agenda for health comprising: Caring and supportive environments; healthy living, and healthy urban environment and design. This broad approach to public health will make demands on all aspects of public administration in the City [Cardiff, 2011].

Chapter 6 Public policy in Wales and Older People

Introduction

In the previous chapters we have examined the historical progression of community development, and explored the emergence of policy from the World Health Organization [WHO] in the field of the *New Public Health* with a view to establishing a connective linkage between the two. This chapter is an examination of the salient features of Welsh Government policy with a special focus on older people. The themes that are developed within these policies and those that point towards support for Older People in the community are of central interest. It is hoped that it will be possible to discover and analyse those mechanisms that the Welsh Government develop as being appropriate for the effective implementation of their policies in this area. Once this study is completed, it is intended to connect backwards again to the themes of the previous sections of this thesis so that a framework or application model relevant to policy implementation can be described and justified.

This study has been focussed upon the formation of policies in the Public Health field in order to establish the administrative potential for implementing action for the achievement of positive change and the conditions for more beneficial health for older people. Who are these people and what are the logistics involved? The population of Wales has been rising slowly over the past decades, and is set to reach 3.2millions by 2023 [Statistics for Wales, 2010, p. v], or even 3.32millions by 2037 [Statistics for Wales, 2013a, p. 12]. The same projection predicted that the number of people over 65 years would rise from 586,000 in 2012 to 878,000 in 2037 [Ibid, p. 4]. This is quite a dramatic increase [more than 50%] when compared to the projected rise of only 2% for children under 16 for the same period, and 8% for the population as a whole. This will be borne by an economically active population that will only have increased by 20% over the same period [Ibid, p. 15].

In Wales, there is little internal migration [ONS, 2012; Statistics for Wales, 2013], with most Counties in balance between inward and outward movements. Cardiff is the only significant exception, and the Welsh Government predicts that any real increase in the population of Wales in the next decade will come from inward migration, mainly from England [Statistics for Wales, 2010, p. iii].

Despite the positive projection of policy towards independence, well-being and the broadening of opportunity [Gartner, et al, 2007; Chichlowska, 2013], much of the discussion around older people raises the question of '*dependency ratios*' [NHS Wales, 2012; Statistics for Wales, 2010, 2013; House of Lords, 2013].

As the age structure of the population changes over time, there is a subsequent effect on the proportion of dependent people; children (aged 0-15) and older people (of SPA and above)

are defined as dependent people. This proportion of dependent people to the rest of the population is known as a '*dependency ratio*' [WAG, 2009a, p. 35]. This ratio underlines the connection between economically active people and other vulnerable groups [children, disabled, older people, etc.]. From the point of view of older people, their social status depends, to some extent, upon their relative '*weighting*' in the national statistics.

Gartner, et al [2007] highlighted the lowest life expectancy rates are found in the deepest rural areas, and also in the peri-urban [on the Valleys fringes], areas but not all share pessimistic views about the future prospects of the population in Wales. In 2006, the Department of Health [U.K., not Wales] painted a very optimistic view of what positive leadership could achieve increased health and well-being for older people, and it is this feature of public policy implementation that is vital to the realisation of '*integrated social care*' that is '*integrated and locally sensitive*' [Chichlowska, 2013, p. 110]. In its Review of the progress of the *Older People's Strategy*, in 2012, Statistics for Wales found that the overall health of the older population was improving, and across 16 indicators that covered Social Inclusion, Material Well Being, Active Ageing, Social Care, Health Care, & Health and Well Being [Statistics for Wales, 1013b, p. 2]. Most factors showed a static or improved situation over the period since the launch of the *Strategy,* but that there were less people being cared for at home than before [Ibid]. This is a testing area for the *Strategy,* but this initiative is beginning to show positive results as revealed by the Older People's Wellbeing Monitor for Wales 2009 [WAG, & Anderson, L, 2009]. The *Monitor* completed a thorough '*profile*' of the older population of Wales, and this provides a solid base to work from in the future.

There is a need to consider the divide between rural and urban settlement, and the disposition of older people across this scenario. Although more than 63% of Wales' population live in urban areas, less than 20% of the land area is included in this definition [Gartner, *et al*, 2007]. Over the past 40 years, to 2004, the number of people attaining the age of 80 years increased fourfold [WAG, 2004e], and this trend continues [Chichlowska, *et al*,, 2012]. Older people in rural areas experience a higher quality of life in many respects than do their urban counterparts, and since devolution, rural older people have experienced improving states of health and well-being [Statistics for Wales, 2012]. Nevertheless, rural living brings with it the potential for increased isolation and the need for mobile support and, perhaps, more multi-skilled carers under conventional social support systems, especially in cases of critical health conditions [Chichlowska, 2012, *op sit*,, pp. 18; House of Lords, 2013, p. 47]. Under a community development-generated support system, additional resources would have to be deployed to assist with mobility of voluntary support systems, participation of the individual older persons in empowerment activities, and more intensive community

development support for systems and liaison with second and third tier mechanisms in the administration. This will be addressed in the next Chapter.

As we have already discovered in Chapter 5, on the World Health Organization [WHO], Welsh policy has not developed in a vacuum. There has been a great deal of cross-fertilisation between the Home nations and internationally, and the WHO has drawn on the Welsh experience to inform its world-wide role as informant and educator. We wish here to expand greatly the examination of Welsh policy, and to show how the WHO philosophy [along with other international influences] has played its part its development. From an on-going scrutiny of the international arena, we will draw on some of the most interesting developments in policy and practice as they relate to the developments in Welsh policy as they arise. Now that national Government has been firmly established in Wales, and the administration is now into its second decade, under virtually the same political mission throughout, it is time to study and analyse progress.

We are especially interested in how the application of a fresh interpretation of the term 'health' has been developed in Wales, in particular, because 'health' is a critical issue for older people. How Wales deals with the 'health' of its older people will reflect in some great part how successful the whole adventure of devolved governance has been since 1999. In order to assemble the information that we require for this study, we have worked steadily and carefully through the historical evidence in order to plot the changes that have taken place. Part of the challenge for those responsible for the 'health' of the population has been the translation of a traditional 'medical model' of health into a model that has a broad social dimension – from '*health*' to '*health and well-being*'. At the international level, the theoretical work on this had been done to great effect. We have shown how WHO has produced the analysis, the frameworks, and, at the level of campaigns and project work, has established a credible record for its work in this direction. It might be said that in the international arena the debate has been 'won'. But it is at the local and national implementation level that problems might lie. We intend to scrutinise Wales' progress since Devolution, and trace this process. Our intention is to establish linkages with two other factors that have been of foremost interest – the analysis of a social intervention model that might enable those responsible for the implementation of social policy to achieve a steady, sustainable and positive outcome for their efforts, and, also, to obtain a wider, more international perspective on the process in Wales, and the progress that is being made.

In so doing, we will be essentially attempting five tasks:

1. to isolate a chronology, and the salient pointers for the development of social policy in Wales, with special reference to policy for Older People around and from Devolution in 1999;

2. to trace the treads of social policy from Devolution to the present, with a view to integrating the thinking across the Social Welfare and Health sectors;

3. to highlight the consistencies, and any contradictions or shortcomings in the policy as it developed with pointers as to how these may affect the future for community services and community support for older people in Wales;

4. To suggest what measures might benefit the policy-makers in their pursuit of sustainable progress in this regard;

5. to describe suitable take-off points for connecting policy to community-based actions that would enhance community-based support for older people.

Although I have researched beyond 31.12.2011, it is necessary to establish boundaries for this investigation into the formation policy of the Welsh Government. For this reason, I have chosen the middle of 2013 as a necessary closure point.

The development of a new, more inclusive agenda for public policy

Devolved power to Wales from the U.K. Government is clearly demarcated in the major social policy areas [see Schedule 5 Government of Wales Act 2006], but some powers have been retained by Westminster – for example the powers of Taxation, and the Home Office in matters pertaining to Immigration, etc. Within the 'Schedule 5' powers, the Welsh Government is responsible for legislative '*measures*' for the governance of the '*Welsh Zone*' [Government of Wales Act 1998]. In the National Assembly for Wales' powers are exercised through its administrative Executive, the Welsh Government, and the delegation of powers to the local authorities in Wales is through this mechanism. This further delegation of powers between the Welsh Government and the local government is still dependant on the uneven system of delegated responsibilities, which developed across the United Kingdom over the evolution of government [Jeffrey, 2002; Hutt, 2004a]. Because of this structural process, one size cannot be made to fit all, and so public policy is often framed in non-prescriptive, but permissive terms. Empowering legislation tends to offer carrot and stick opportunities to local government to raise and spend money for the implementation of central public policies. In this way, the local implementation of central policies can be brought somewhat into line. The Local Government Act 2000, for example, gives Local Authorities the power to do anything within their remit in economic, well-being and environmental terms, but they cannot do anything outside normal channels, like raise extra funding for their projects, nor do anything that central government may decree as outside their brief in light of current policy [HM Government, 2000a, Section 2, Section 3]. Most recently, there has been a hardening of attitude within the arms of central governance in Wales towards more centralised control of centrally-funded/supported activities. This process will be explored as it arises.

The 'New Public Health' as a framework for service planning and meeting social needs.

At the beginning of the early 1980s, there had been a wide-ranging discussion on the causes and remedies for inequalities and the way in which the overall health of sectors of society were defying the considerable advances in public health since World War II. Within this broad area, Wales was prominent in exploring local policies that focussed on the immediate and social needs of people with a Mental Handicap [Learning Disability] [Welsh Office, 1983]. This *Strategy* required authorities and caring agencies to focus on the '*normal human needs of those in care*' [p. 1], and advocated community integration of services and support. Evidence was coming in from elsewhere for policy-makers. Governments in the developed economies were advised through the Lalonde Report, of Canada [Government of Canada/ Lalonde, 1981, see Chapter 6, above], where cost increases beset policy planners, and apparently unhelpful 'diagnoses' of social illness prompted that *life-style factors*, and *well-being* be focussed upon as more plausible causes and targets for remedial intervention [Ibid. pp. 19 *et seq*; pp. 31 *et seq*].

As we have seen above [Chapter 5], the World Health Organization [WHO] did much to pioneer the concept of health promotion and a holistic, all-encompassing approach to health. Nevertheless, the WHO had to be diplomatic with individual nations, for these reform policies might be seen as threatening to some, and offend many of the powerful interests that had been driving the international agency since its inception. Hitherto, WHO '*prescriptions*' had been mainly clinically-based, local medical interventions, mass epidemiology, and structural public health programmes [WHO, 1958]. It was up to one of their ex-officials, by then working in the U.K., to draw out the lessons drawn from the field in the WHO operations, and to apply them to an emergent and restructured practice approach in the British NHS and local government [Macdonald, 1992]. This had been heralded by the WHO in 1978 [WHO. 1978 a&b], and linked strongly to holistic policies [WHO, 1981], and Health Promotion [WHO, 1986]. These global promotions included maximum participation by the consumers of health services, and also called for community support, through community development, to be an essential part of the initiative to change medical/health outlooks and practice. By 1988, this holistic analysis became known as the *New Public Health.* It was seen as a prerequisite for a healthy population, and became firmly enshrined in the WHO practice expectations. The *New Public Health* was a whole-system approach to the healthy citizen, and included social justice, and equity of the citizen, advocacy and mediation, as well as to build health public policies that will promote supportive communities and [WHO Adelaide Declaration, 1988, p. 1]. For this to be a success, the WHO had, as early as 1975, stated that a radical departure from conventional services was needed, and that a new approach to service-building was required [WHO, 2008a. p. 121]. Elaborating on this approach, Dr Halfdan Mahler [Director General of the WHO] addressing the Adelaide

Conference of the WHO in 1988, said that the *New Public Health* should empower and protect the people, who, ultimately, must take responsibility for their own health [even in the face of severe obstacles such as the environment and the economy]. '*Healthy Public Policy*' can produce supportive social environments for this [Kirckbusch, *et al*, 1989, p. 14]. It was the WHO *New Public Health* philosophy that was to be applied to the new system in England and Wales: *Primary Health Care*, as it was to be called by the NHS [see British Medical Journal, 1979].

By the 1980s, the U.K. Government had already embarked on an extensive social experiment in social care – *the Normanton Experiment* [Hadley, 1984], which heralded a major shift towards community-based social care. There had also been widespread moves towards implementing the *Barclay Report* [Barclay, 1982], and a *community social* work model [Hearn, et al, 1989; Smale, et al, 1988; Smale & Bennett, 1989a; Darvill, et al, 1990]. Further, in the Welsh Office, the Local Authority Services Division published their Report: *A Good Old Age*, which stated that official services could not operate without the continuing support of family, friends and neighbourhood connections, and that greater help for this network must be provided [Local Authority Services Division, 1985, para. 22]. Notwithstanding these changes, the development of '*community care*' policy was piecemeal in the 1970s and 1980s. There were a lot of problems in this new approach to integrated care management. It required a great deal of co-ordination and inter-professional co-operation, and guidelines for the achievement of this were published [Local Government Services Division, 1985]. Nevertheless, this proved difficult to achieve [Donegan, 1988].

Working towards a focussed approach

In a scientific sense, an 'ecological', or 'whole system' approach to health improvement was identified as being required to solve the problems of an industrialised and more educated and informed world [Bronfenbrenner, 1979; Labonté, 1991a & b]. 'Healthy Public Policy' and public accountability for the standards of health had to be at the centre of health strategies [World Health Organization, 1988]. In 1985, in Wales, the Local Authority Service Division had already drawn attention to demographic projections and their implications for 'care of the elderly' [*A Good Old Age*, Welsh Office, 1985]. It summed up its appraisal of the situation, and suggested changes in practice that would put pressure on local administrations to make full use of local resources, and to promote co-operation and collaboration across all sectors of social endeavour. Neighbourhood support for older people was especially favoured in this process [Ibid, p. 16]. It was proposed that older people should remain in their own homes for as long as possible, allowing for self-help, self-care, thus, retaining as much control over their own lives for as long as possible. [Ibid, p.8]. Drawing directly on the experience and leadership of the WHO European Office [WHOI Europe, 1986], the

Welsh Office Minister established *Heartbeat Wales* through the National Health Service in Wales to promote healthy living and the prevention of heart disease [Secretary of State for Wales, 1987]. The new Welsh Health Promotion Authority implemented a process of community development within all its strategies. In practice, this meant creating support group-type initiatives locally [Welsh Health Promotion Authority, 1987, p. 4].

This problem persisted after the Conservative Government's reforms of 1990 when a firm and enduring structure was given to the process of providing community care with Social Services as the 'lead agency' [Griffiths' Report, 1988; Depts. of Health *et al*, 1989; NHS and Community Care Act, 1990]. The Griffiths' Report had laid out the future framework for social service provision by announcing firmly that henceforth, Local Authorities would only provide social services '*within the resources available* ....' [Griffiths, 1988, para. 1.3]. Whereas money values and expenditure limits did hamper progress, there was more to the issue than that. Inter-sectoral co-operation, or the lack of it, contributed greatly to the frictions within the care system. The Personal Social Services Research Unit [PSSRU] studied the process over an extended period across the 1990s, and found that many of these difficulties were more or less intractable due to the divergence of professional cultures, priorities and perceptions of need [Kesby, 2000]. This will be expanded upon below.

From an administrative point of view, this new structure and focus for social care was not sympathetic to the needs of neighbourhood support for social care users. Its cost/business focus distracted care staff from it, and so it was to be some time before the administration in England and Wales was come to grips with the WHO vision of social care as an ecological/holistic *Health Promotion* approach. There was potential for tensions within the public health sector and the community care system. The U.K. was an active and full participant in the programmes of the WHO in its attempt to '*bring health to all by 2000*' [WHO, 1988, & 1997a], and its special emphasis on older sector of the population [WHO, 1997b & c]. This was not a static approach to clinical health services, but a dynamic and engaging commitment to societal health that fully engaged all sections of the population, especially the most vulnerable, in an attempt to assist them all to construct healthy and active lives. It would require a full commitment to integration and joint planning of services and social support.

A Report by the Welsh Health Planning Forum [1993], focussing on older people, encapsulated all the principles that were to be built into all future Welsh policy documents, such as health gain, choice, information, spiritual support and access to care, but a move towards the active engagement of citizens in planning their own services was still to come. The following year, the same body had envisaged that Welsh Health agencies and bodies would plan strategically, especially in abandoning silo-based institutional ways of working and begin addressing the issue directly [Welsh Health Planning Forum, 1994]. Project-scale

approaches were tried on the ground, particularly in West Wales [West Wales Health Commission, 1993a, b, c, d]. *Health gain, people-centeredness, and resource effectiveness* were the main indicators examined [West Wales Health Commission, 1993a], but these were not embraced with much fervour anywhere else. For example, none of the people-centeredness aspects of the Welsh Planning Forum [1993] were taken forward even in the West Wales Local Health Strategy programme. Further attempts to integrate these ideas were followed up by Health Promotion Wales - see 'Health Promotion section below [Thomas, 1995; Labonté, 1997].

In 1999, the devolution of Wales as a separate governmental structure took effect, and from that date a progressive, albeit gradual, divergence of approaches to achieving health and well-being between Wales and England can be traced. The new Assembly identified three strands of development in its services through which it intended to integrate support for its most vulnerable citizens: a broad definition of '*health'* as the *'New Public Health*; *Health Promotion* as the main vehicle for promoting and monitoring the progress; and *structural reform* in service agencies to deliver the changes [see below]. Parallel developments in England [Dept. of Health, 1999], saw the 'Health' White Paper: *Saving Lives: Our healthier nation* calling on Local Authorities to take on a positive public health approach to health in general. It stressed that the term *public health* applied to all issues related to health, from the environment, through the social dimension, and on to personal health matters. In the same vein, the Home Office, in 1999, still speaking for the whole United Kingdom, and the centralised regeneration project, supported these findings. The Report cited the *Amman Valley Enterprise* scheme, started by a Swansea community development student on practice placement in 1987 [Home Office, 1999, p. 13]. It asserted that safer and more confident communities resulted and that self-help was an important mechanism for strengthening the democratic process in communities [Ibid, 1999, p. 1]. The Royal Commission on Long Term Care [under the Chairmanship of Sir Stewart Sutherland], *Respect of Old Age – Long Term Care, rights and responsibilities*], produced a large collection of researched data and analysis, which gave strong support to this approach [HM Government, 1999 a, b, c, & d; Joffe, 1999; Means, 1999].

In this way, the whole thrust of social policy in the U.K. was gradually been moving away from a depersonalised, administrative model to a more citizen-focussed approach. This movement built on the '*Citizen's Charter*' introduced by Prime Minister John Major, in 1991 [Office of the Prime Minister, 1991]. From then on, citizens must have clear expectations about their public services, and, in the *Citizens' Charter* White Paper, were laid out the 'Principles of Public Service, which included: '*Standards, Openness, Information, Choice, Freedom from Discrimination, and Recourse to complaint'* [House of Commons Select Committee, 2008, pp. 7/8].

Building on this philosophy, as the last task of the outgoing administrative Authority for Wales, the Welsh Office, in 1998, had provided a working framework for the new National Assembly for Wales [NAforW – constituted in 1999]. This foundation policy, – *Better Health Better Wales* [Welsh Office, 1998a], identified *well-being* and sustainable health as the primary objective of the Health strategy that should be followed by the new Assembly. The citizen's personal control over their own lives for health and well-being was the central theme of this [Welsh Office, 1998a, Cl. 3.1]. In response, perhaps, to this holistic overview, the new Welsh Secretary for Health and Social Services in the NAforW, in her address to the *Developing Partnerships Congress Partnerships for Progress - Community Care in the 21st Century*, stated that the *'healthy community'* required fresh ways of supporting well-being, and Wales was going to develop completely fresh ways of approaching the issues through partnership in design and planning services between the statutory, voluntary and private sectors [Hutt, 1999, p. 6]. This policy blueprint also provided the backdrop for what would become, in future, Wales' *Communities First* programme, for action intervention in areas of special deprivation. *Better Health Better Wales* provided the framework for the *Healthy Living Centres* initiative in co-operation with the *New Opportunities Fund* [National Lottery], and the *Local Health Group* approach to providing and integrating Primary Health Care in the community [Clauses 3.22; 6.21; 6.25; 6.26]. These were supported by *health impact assessment* measures [Clause 8.7 *et seq.*], and action research [Sustainable Health Action Research Programmes [SHARP], Clause 8.5]. This approach reflected the findings of the Chief Medical Officer [England and Wales] who published a report in 1998, which described a: *Project to Strengthen the Public Health Function in England.* Inter-agency working, involvement of the public and the extension of education and skill in these regards were the most prominent findings [Department of Health Chief Medical Officer, 1998].

The creation in Wales, in 2000, of its own community and economic regeneration scheme, *Communities First* [NAforW, 2000a] provided a policy lead for the rest of the U.K. All the other 'national' administrations did likewise, following an extensive [U.K.] pilot scheme *'Bringing Britain Together'* [Social Exclusion Unit, 1998]. In the first public report on this scheme, social exclusion and the renewal of deprived neighbourhoods were the priority, planned on a whole-community basis [Dept. of the Environment, et al, 2000, p. 49]. U.K.-wide social experiments on issues such as community regeneration can be seen as indicators that, even after governmental devolution, considerable co-operation on U.K.-wide issues continues to be developed. Although predicated, nominally, on economic regeneration, *Communities First* was designed, in concept, to become an important prototype for integrated, inter-agency co-operation.

Health Promotion – the new framework for care and support

The Welsh Office had, in 1987, set up a new agency through which the *New Public Health* agenda could be interpreted – *Health Promotion Wales* [HPW]. Over the years, HPW had produced a series of initiatives and studies, many of which had made a profound impact on the international health promotion field [Michael, 2008]. This relationship was reciprocal, such that from 1985, with the launch of *Heartbeat Wales*, a National strategy that incorporated the WHO '*Health for All'* principles [Ibid, p. 24].

In 1995, the old HPW, now under the umbrella of the Health Promotion Authority for Wales [promulgated in 1991] established *Communities for Better Health* programme, and commissioned *Helping Communities to Better Health: the community development approach* [Thomas, 1995]. Thomas directly linked the necessary developmental strategy of community engagement to the *New Public Health* agenda. He reported how high risk communities could be brought into the active planning and execution of policies, and highlighted hitherto isolated initiatives at the local level [see e.g. Fisk, 1992].

In 1995, Health Promotion Wales called a conference in an attempt to unify the philosophies and strategic priorities of health promotion agencies in Wales. Their promotional material for the conference stressed the agenda of the WHO *Ottawa Charter for Health Promotion* [WHO, 1986], which championed a *holistic/whole system approach* to health and social welfare [Health Promotion Wales, 1997, p. 2]. The *New Public Health*, as this model became called [WHO Adelaide Declaration, 1988; Baum, 1990 – see Chapter 5, above], required far more than a simplistic service-provision/curative approach to health and its related matters [see Dahlgren *et al* diagram below]. It required working together, sharing resources and information, the development and the participation of local communities, etc. to provide a far more complex agenda for intervention agencies, requiring new forms of training and planning. The conference recognised that these heightened responsibilities also provided the opportunities to share in increased benefits, and that the full spectrum of public service agencies was now in the frame for this agenda. This required commitment to this cause, taking responsibility for this generic approach, and developing mechanisms that would encompass change, providing and sharing of resources and decision-making, changing the way established professionals provided their services to the community, and testing the outcomes [Health Promotion Wales, 1997, p. 7, *et seq;* Kenny, 1996].

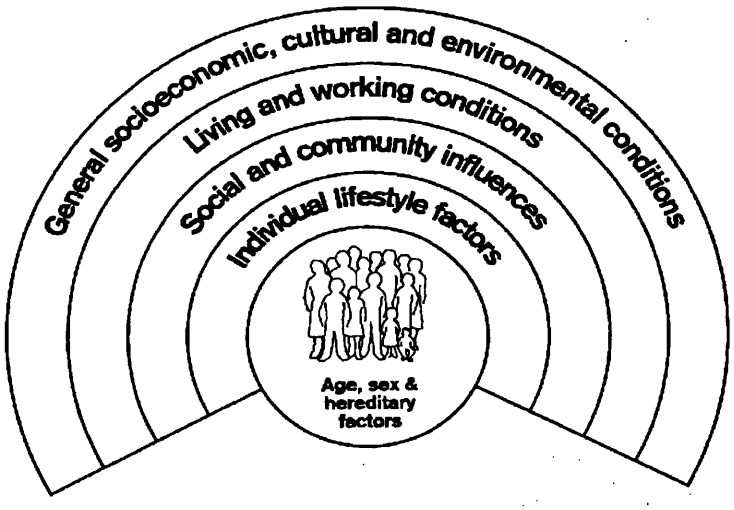


Figure 1 Inequalities in Health – a holistic framework for intervention

Adapted from: Dahlgren, G. & Whitehead, M. (1991) ***Politics and strategies to produce equity in health*****, Stockholm, Institute for Future Studies.** [Under this model, any analysis for intervention strategies has to consider, simultaneously, the implications, pressures and openings for/limitations on action, which might come from across these abstracted boundaries of influence. In-depth information about the nature of specific communities is required – see model, Chapter 7, below]

HPWs next achievement was to commission Ronald Labonté, a prominent, Canadian, public health and development expert, to appraise the best way forward for public health agencies in Wales to engage in the emergent structures of social reform and health improvement. He described in whole-system dimensions how the NAforW should adopt a framework that included the essential components of community and agency mobilisation for social; change: '*community organisation; group development; personal care; political action; community advocacy*' [Labonté, 1999, p. 13]. To support this work, the HPW had set up its Health Promotion Library in 1989 [now a part of Public Health Wales] to act as a permanent repository for Welsh, British, international and WHO materials on health promotion, and it now embarked on a support role for practitioners in the field for the interventionist model of Health Promotion.

The criteria for social change are often described within the calm environment of policy statements, but their practical implications are a lot more difficult to implement. Contemporarily with these statements and informative pamphlets from HPW, others were doing more penetrative analyses of the significance of this practice mode [Lapthorne, 1998; Wilkinson, et al, 1998]. Key elements for the success of aspects of health promotional

activity, such as lifestyle change require the active engagement and empowerment of those most bound up in the practices. All vulnerable and potentially marginal social groups were to be included – including older people. Additionally, many of these agents may have no initial stake in the services or practices which are being changed. Nelson *et al* point out how difficult it has been to engage people in any new forms of social and/or economic activity, and that there is considerable and on-going institutional resistance to these changes, too [Nelson *et al*, 1995; Kotter, 1995; Setterlund *et al*, 1995].

Structural reform towards the *New Public Health*

From the date of the publication of the Griffiths Report [1988], and the subsequent restructuring of the Health and Welfare services towards a '*mixed economy of welfare*', or market reform structure [Mayo, 1994; Wistow, 1994], the pressure was on all agencies to fit into the new scheme of things, or lose vital funding and political support. Regardless of political 'colour', successive governments have proclaimed their policy priorities in favour of the control of expenditure as at least equal to the welfare benefits to be accrued from policy implementation. Responsibility for achieving this was explained by the Secretary of State for Wales in anticipation of the forthcoming National Assembly for Wales [Secretary of State for Wales, 1998]. Giving a stern warning about controlling funding limits, the Secretary continued that there would be special emphasis placed on ensuring that those in control of delivering services would be responsible for making sure that they would be most effectively used [Secretary of State for Wales, 1998, Clause 2.22]. The levels of expenditure for the new National Assembly would continue to be controlled through the Barnett Formula of budget determination. The Government of Wales Bill, it was noted, failed to guarantee the level of funding that might be required for Wales, leaving it reliant on Parliamentary discretion [Twigger, 1998, p. 18].

In more ways than one, 1998 proved to be a significant year: Wales prepared for devolution in the forthcoming year, and the WHO launched a significant number of critical documents aimed at transforming public health, health promotion, and changing the World's perceptions of viable models for achieving its health objectives [WHO, 1998, a&b; Ziglio, 1998]. In Britain, a major commitment to them was signalled up in 1998 about citizen participation in the planning and decision-making within the NHS, and associated health and welfare activities [including social care]. '*Effective patient and public involvement is crucial to the NHS of the future.... through a genuine partnership*' [Welsh Office, 1998b, p. 1]. The new structure of Health Boards was expected to guarantee these progressive steps [Welsh Office, 1998c]. If this was to succeed, so much would depend on the way it was approached, and so the *involvement of patients* was written into the framework or the new NHS Wales [Welsh Office, 1998b]. 1999 was to be equally significant because it shaped the direction in which

the Assembly was to go from then on. As a corollary to the assumption of new structures for the NHS in Wales, the National Assembly re-endorsed the WHO definition of Health, already a fully-credited component of Welsh policy for Health Promotion [Health Promotion Authority for Wales, 1990a], and stressed that forthwith the implementation of new Health policies would be accompanied by formal *health impact assessment* procedures [NAforW, 1999a]. These must target *lifestyle* factors, and fully engage the local communities in their progress [Ibid, pp. 9 & 26]. The strategic vehicle for this would be the *Local Health Alliance* [NAforW, 1999b], where community groups [along with all public agencies of any importance] would be drawn into to play their full part [NAforW 1999b, p. 11]. This was to be a fine balancing act between financial pragmatism and value-driven service planning.

Milligan, ten years on from the Griffiths watershed, raised a cautionary note for the agency level of operations: as the Voluntary Sector took on more and more responsibility for the delivery of services, its individual agencies become increasingly dependent on political patronage, and contractual arrangements. Constraints on the state creating policies [finance, etc.] restrain the politicians, who restrain the agencies. How independent, then, can an agency be? Its scale, range of activity, traditional place in the community - all become distorted by these pressures [Milligan, 1998, pp 750/751]. Harding then warned how the *Community Care* regime might give way to finance-driven *functionality* rather than a *care* approach [Harding, 1999]. As we shall see in the following chapter, social planning, or 'strategic management' as it has been called [Mintzberg, 1998], would see the task of manipulation towards common goals as one of the main objectives of policy implementation.

The underpinning funding structure was vitally important – state funding, personal expenditure, or a combination funding approach: which, if any, was affordable? Older people would need a whole range of specially-designed social provision – housing, nursing care, domestic and other formal help [Wittenberg, 1999, p. 63]. The logistics of this were appearing to be complicated in terms of the then current organisational structures, as the integration of resources and professional skilled applications would be needed [Barnes, 1999; Boonekamp, 1999; Capewell, 1999].

Was it going to be possible to '*plan*' ahead, whilst sustaining informal care and a positive social profile of the older person in times of declining, personal capabilities [Almond, 1999]? Parker drew attention to the considerable differences in uptake of the new philosophy towards health and well-being [Parker, 1999]. Where Nicholls had called for adequate planning and resourcing of local Health Authorities and primary care deliverers and for them to '*create genuine opportunities for community involvement with structures in place to support this'* [Nicholls, 1999, p. 54], Parker had identified that, especially at the level of local General Practitioners, they were largely ill-prepared for this change in approach [Parker, p. 60]. One of the difficulties with this '*business as usual*' approach by the

entrenched NHS and Social Care institutions was that there was scant room for manoeuvre towards a '*community-centred*' model for social care.

It was with uplifting, therefore when, from Wales, specifically, came the news that on the innovatory NIMROD scheme for supported community living for people with learning disabilities, and '*normalisation*' approaches to disability and vulnerability were being developed. This dimension to social care had been largely ignored, even by Voluntary Sector agencies [Wainwright, 1999, p. 444; Wolfensberger, 1999]. In London, in addition, a study of attitudes of Lay and Executive Officers of Primary Health Groups showed a marked reluctance to respond to the perceived needs of the community within which they worked [Anderson, 2000]. Thus, the expectations of the WHO Regional Office for Europe '*Health 21*', which sought to increase engagement in community life by 50% during this initiative [WHOI Europe, 1999, p.183], and the reality that was confronting it both in Wales, and elsewhere, might be somewhat out of sync. In England, the main commentator, *The King's Fund*, set out how the WHO *Healthy Cities* agenda might be used to supplement the state's initiatives in the regeneration of the country's poorer and most marginalised districts [Gowman, 1999; Social Exclusion Unit, 1998]. Gowman's [*King's Fund*] report states that the identification of need for individual families should be defined "*firmly in the context of the community or neighbourhood,*' and they should be strengthened within this context [Gowman, 1999, p.22]. The alternative might be social isolation and loneliness, which would weaken well-being and health status [Hall, *et al*, 1999, p. 3]. The NIMROD experiment, potentially, had prepared the way for more far-reaching developments in policy [Humphries, et al, 1984].

So many of the pressures on older people apply variously to other vulnerable and demographic groups in society. Thus, the *New Public Health* and *Health Promotion* approaches to achieving ecological balance for these groups require many similar philosophical outlooks, as well as professional and social skills. In making the analysis below, it is intended to draw upon as wide a range of insight, policy and application as may be possible to understand more fully the nature of the challenges that the older people in our society may pose today, and in the future [Windle, *et al*, 2002; Hallett, 2002; Welsh Assembly Government, 2003a; Reed, 2004; Department of Health, 2005b; Welsh Assembly Government, 2008f].

By the year 2000, the term '*stakeholder*' had begun to creep into the policy documents [Welsh Office, 1998b; Department of the Environment, 1998] and literature [Barnes, *et al*, 1999; Schmeer, 1999]. Baker defined stakeholders as: '*people who care about what will be learned from the evaluation and about what will be done with the knowledge gained'*. Stakeholders were the 'doers' of programmes and their evaluation; they were also the targets of programme as the primary users, and/or secondary users. Additionally, they might merely

be interested parties' [Baker, 2000, pp. 13/14]. The official sentiment appeared to be that '*stakeholders*', particularly at the non-statutory level, should be given as high as an engagement profile in all activities and documentation as was possible. Taylor-Gooby analysed the attitude of the then Prime Minister, Tony Blair. He had stated that the traditional conservative, collectivist, representative institutions [such as trade unions, and welfare state collectivism] were now a drag on change and development. A new '*individual risk society*' now required that all '*stakeholders*' obtain a space for their voice and needed to be represented directly [Taylor-Gooby, 2000, p. 346]. With stakeholder representation would come a degree of '*empowerment*' [Laverack, 2000; Labonté, et al, 2001 a&b], and other approaches to dealing with 'them' included 'active ageing' [Bernard, 2000]. For this to be a positive contributor to those managing the distribution of state resources, and the fine tuning of policies to meet need, an in-depth analysis of those stakeholders would be a great asset [Brugha, 2000; Colquhoun, 2000; Dalzeil, 2000]. As will be shown in the next Chapter, the uncertainty of shifts in stakeholder opinion could be minimised, and the mobilisation of their collective resources can be enhanced if interventionist activities are properly implemented by the state's agents. In many ways this will counteract the tendency shown by Hunt [1990] where some social strata gain more than others from involvement, and where some groups do not believe that they can benefit from collective action.

Serious efforts were now being taken to connect policies with communities. A major player [across the U.K.] was the *Big Lottery Fund*', which sponsored a number of specific schemes in Wales, and elsewhere. The most prominent of these schemes was the *Healthy Living Centre* initiative, which ran alongside the Welsh Assembly Government *Sustainable Health Action Research Programme*, or *SHARP,* from 2000-2006. This was linked to Action Research and community development approaches to engineering social change on a localised basis. The main problem with both of these schemes was that they were of short-term finding duration and, like many similar programmes of this nature, they failed, in the main, to attract mainstream funding after the initial pump-priming initiative had run out [Loney, 1983; Bridge Consortium, 2003; Bridge Consortium, et al, 2007; Hunter, 2007]. As Wanless had pointed out, strategic necessities demand that we take a long-term view of our future needs, and that we plan and execute our investments accordingly [Wanless, 2002, p. iv]. In an attempt to widen the scope of policy implementation and its integration across a wider section of society, the National Assembly for Wales, in 2000, signed a Compact with the Voluntary Sector [represented by the Wales Council for Voluntary Action [WCVA], that specifically expounded the processes and virtues of community development as an implementation model for action within the community sector [NAforW, 2000c] – see below. This followed the U.K. Government's initiative to build cross-sector confidence, and practice models [Home Department, 1998].

In 2000, the U.K. Government introduced a sweeping challenge to local government responsibilities in England and Wales: The Local Government Act 2000, which afforded local government the powers for promoting economic and social well-being, as well as integrating care of the environment into this outlook [HM Government, 2000a, Part 1, Sections 1 & 2]. This was the enabling legislation for the integration of inter-agency activity, and also to allow for the measurement and targeting of changes required in the implementation of the *New Public Health* and the achievement of health promotion objectives [Hamer, *et al*, 2000; Kelleher, 2000]. It gave impetus to the National Assembly for Wales to introduce the '*sustainability'* elements of the Government of Wales Act 1998, through putting people and their quality of life at the centre of policy implementation, and broadening the scope for transparency and longer-term planning [NAforW, 2000b, p. 3].

Rising numbers of older people in the population began to cause feelings of urgency in the NHS in Wales and steps had to be taken to ensure that pressure on the fixed resources of the NHS be kept to a minimum [Hallett, 2002; Steele, 2002; Sainsbury Centre for Mental Health, 2002a&b]. There had also been a structural shift in the care of older people, as the number of residential and nursing homes in local government ownership had dropped relative the number of private homes – from 1980, these had declined from 198 in 1980 to 140 in 2001. This represented a reduction in available places to 4,534 in the Public Sector and a rise to10,703 in the Private Sector [National Statistics, 2002, p.34]. There had also been a dramatic rise in assessments. These had risen from 39,048 in 1994, to 83,982 in 2001 and on the way up, and corresponding placements into independent residential care have risen from 1,496 to 2,559, whereas placements into Local Authority care has remained relatively stable at 1,270 to 1,358, and on the way down slowly. [Ibid, pp. 34/35]. Costs had also escalated tremendously, and budgeted expenditure had been forced to rise to £284millions by 2001 [Ibid, p. 117].

For these as well as any other reasons, the Voluntary Sector's capacity to play an increased role in the process of providing material support for the State in tackling these pressures was needed. Through this new Compact arrangement with the Voluntary Sector, the National Assembly introduced a pump-priming grants scheme to bolster the efforts of small organisations at the community level [NAforW, 2000 b&c]. This '*compact*' made explicit the need to structure planning and to reorient the general conduct of public bodies to build in a role for the Voluntary Sector in all policy implementation processes [NAforW, 2000c, p. 6]. The Assembly envisaged programme partnership working to emerge in varied forms, with the Voluntary Sector groups and organisations becoming participants, with government, at the following levels: '*supporter; agent; adviser; junior membership; joint ownership; community ownership*' [NAforW, 2000d, p. 25].

It was being shown that, given the obvious differences in prosperity between nations, within countries there was a growing disparity between the health of the most prosperous and those less off [Ziglio, 2000]. Winter connects this to the erosion of social contact, the weakening of social institutions, and cites evidence that nations with

'*higher and more equal incomes have been found to have stronger norms of trust and civic engagement than those with lower and less equal incomes.*' [Winter, 2000, p. 13].

Social connectedness was *social capital*, and this had a direct bearing on health [Putnam, 1993, Winter, 2000]. Campbell describes how, if local governance takes full advantage of the opportunities in legislation [HM Government, 2000, e.g.] for them to '*downstream*' health provisions into a community setting, then there were many more openings for delivering on health and well-being than before [Campbell, 2001, p. 6]. Against this background, in their first strategic planning document since devolution, the Welsh Assembly Government pledged itself to: '*Three major themes: sustainable development; tackling social disadvantage; equal opportunities*' [WAG, 2000a, p. 7]. The NAforW then summarised its position thus: '*The Assembly's major themes of tackling social disadvantage and promoting equal opportunities are fundamental to improving people's health, while investment in improving people's health is essential for sustainable development*' [NAforW, 2001b, p. 17].

The centre of the strategy was to help communities to develop a shared responsibility for action to improve health through changing lifestyles and addressing other social and economic factors [NAforW, 2001b, p. 4], and building inter-agency partnership working [NAforW, 2001a].

Simultaneous guidance on these measures were given in England [Office of the Deputy Prime Minister, 2001], and in Wales [NAforW, 2001c]. This followed a clear pointer from [Wales'] Peter Townsend, who had chaired an investigation under the NHS Wales Resource Allocation Review. The Townsend Report advocated raised consciousness within the NHS of the National Assembly's *Health and Well-being* agenda, and urged collaboration within the NHS Departments, and joint approaches to problems with agencies outside the NHS for the achievement of these goals [Townsend, 2001, p. 20]

Clear and explicit advice to governments on how to initiate partnerships with citizens followed immediately from one of the main WHO researchers into social inequalities, Susan Rifkin [Rifkin, *et al*, 2001]. Additionally, Mittelmark [2001] demonstrated just how far imaginative programmes can go in terms of citizen involvement in planning social change for health in collaboration with government. To this end, in Wales, the European Social Fund-sponsored *Communities First* strategy for the regeneration of disadvantaged areas was to be harnessed for the enhancement of community health [Communities Directorate WAG,

2001; NAforW, 2001d]. Thereafter, and in line with this, terminology used in Wales changed to describe '*community health development*', and how to centralise all the available resources for that purpose [NAforW, 2001a, p. 19]. Additionally, the Housing Division of NAforW produced a strategy for Housing, reminding citizens of the NAforW's duty to observe the spirit of the Local Government Act 2000 and to draw on all available agencies, beyond traditional departmental boundaries, and creating new strategies for this purpose [NAforW, 2001e, p. 20].

In an early attempt to put some substance on the partnership and inter-agency philosophy within NAforW policies, the NAforW Health Promotion Division and the North Wales Health Authority [Institute of Medical and Social Care Research] sponsored a study into how authorities and local communities might adopt a developmental framework, and work together towards achieving the levels of co-operation necessary for successful policy implementation. The final framework is described in '*The Healthy Communities Planning Framework*', which focused on health and well-being, especially in community regeneration, across a wide spectrum of social and economic life [Wesley, 2001, p. 2]. This comprised a Local Authority, inter-departmental 12-stage programme, requiring a high degree of co-operation. Unfortunately, this framework was never issued/published, despite having undergone an extensive piloting process across Wales. A hint as to why this initiative failed can be gleaned from Labonté, who pointed out that complexity and procedural changes are accompanying hazards when professional practice patterns are required to adapt, such as including stakeholders who might have powers and specified roles in the process [Labonté, 2001 b&c]. Going beyond policy, into practice, and involving real change, can become too complex and threatening for those who do not know whether or not there is a direct benefit for them, with no immediate pay-off in sight [Labonté, 2001b, p. 115; Powell, in Oliver et al, 2003 p. 53].

Thus, there was obviously a long way to travel before the institutions of government became '*empowering organizations*' [Minkler, 2001, p. 787]. It may be too much to ask people with their own take on their own status, professional training, and with established ability to analyse and take decisions based upon well-established protocols, to surrender these to unknown forces in the community. They certainly may baulk at being the instigators of this process. Laverack, *et al*, describe this process as developing '*power from within*' that has to be deliberately developed by those responsible for Health Promotion [Laverack, *et al*, 2001, p. 183]. These mechanisms are not easy to put into place.

Some of the forms of intervention required for contact with the wider community in England have been analysed [Alborz, 2002, Windle, 2002], but it was found that the new Primary Care Groups [Primary Health Groups in Wales] seemed more tentative in their own response to this. The medium for contact with local people was limited to 'consultation', rather than

any joint planning being envisaged [Alborz, 2002, pp. 23-25]. King's Fund research across the U.K. found that there was some movement in the poorest of communities, but that was all [Gillam, 2002]. The WAG then issued a consultation document, *Well-being in Wales* that called for wide-spread and concerted engagement of the professional health and welfare services in Wales with their communities [WAG, 2002b]. This Paper reinforced the findings of the King's Fund, in that the programmes in the poorest areas had made progress, but *Well-being in Wales* called for total coverage for this approach, across all sectors of public life and service, so that well-being can be steadily improved [WAG, 2002b, p. 5].

For social and cultural minorities, this form of contact was seen as mandatory, if health gain and good relations were to be achieved [Rai-Atkins, 2002 a&b]. In light of the demographic changes towards a heavier weighting for older people in the population, a new social planning structure needed to be set up to accommodate the needs of older people, and to ensure that the system could widen social and mutual support and responsiveness to need [Steele, 2002, p. 93]. In order to shore up a system that was showing symptoms of unsustainability [Wanless, 2002, p. 119], the top priority was to '*delay the demand for expensive residential care*' [Steele, 2002, p. 95].

Following on the publication of the U.K. Department of Health *Essence of Care* guidance document in 2001, WAG in 2003, published Indicators for the guidance of personal care workers. They were well advanced on their English NHS counterparts, which did not come to grips with '*well-being*' issues until some years later – particularly in 2006, when the Department of Health published Prof. Philip's Report into the '*Implementation of the National Service Framework for Older People* [NHS, 2006c] and the follow up to *Essence of Care* [Department of Health, 2006d] where well-being was given a thorough-going examination from a care provision and Health service standpoint. In Wales, the 2003 guidance comprised 12 areas for the monitoring and assessment of care quality. Four of these were concerned with the social aspects of life, while the remainder targeted personal, physical and organic healthcare matters [WAG, 2003g]. Respect for the individual, his/her relationships and the promotion of independence were the strongest themes described in this array of support settings in which care providers should concentrate in order to sustain health and well-being. There must be no presumption of the permanence of infirmity or immobility, and cared-for people should be actively encouraged to maintain/regain independence in all sectors of their lives [Ibid, pp 30 *et seq*]. Too often, it was the low expectations of those caring for a person that limited the horizons in this situation [Ibid, p. 25]. Over the years, NHS Wales has published *Older People Indicators* for each Health Board for their area populations [e.g. Cardiff & Vale UHB, Beti Cadwaldr UHB, etc. – NHS Wales, 2012]. Despite the continuous pressure for the providers of health services to do otherwise, these indicators do not include a 'well-being' component, but confine themselves

to clinical health matters exclusively. Whereas the NHS acknowledges that older people will live longer, and live more active and fulfilled lives, by placing the emphasis on morbidity and mortality indicators, the NHS undervalues the former, positive indicators of health and well-being. Nevertheless, having been promised in the original '*Strategy for Older People...*'[WAG, 2003 p. 30], even by 2005, WAG had still not built indicators into its own concept of policy-implementation planning, relying, instead, upon sentiment rather than firm direction [WAG, 2005g]. Considering the strong policy announcements that would be introduced in 2003, WAG was obviously operating internally in the very administrative 'silos' that it bewailed [Audit Commission in Wales, 2004].

The paradox of the Wanless Report alongside the Older People's Strategy

As policy developed in the new National Assembly for Wales/Welsh Assembly Government and as new ideas and priorities were drawn into high focus by these policies, it became clear that it was the '*processes*' of governance that were the main target for legislators. From *Better Health Better Wales* [Welsh Office, 1998a] this format has persisted until the present day – *Together for Health* [WG/NHS Wales, 2011]. These '*processes*' centre upon formal Partnerships, fresh formations [Alliances, e.g.], and the injection of small-scale, innovatory initiatives [*Communities First*]. Other lobbies, such as those promoting better fabric in the housing stock as a mechanism for improving health and well-being [Audit Commission, 1998; British Medical Association, 2003] did not really get a look in. Crawshaw argues that it is on the scale of public/private investment on new housing that the social structure can be beneficially changed as a contingent ingredient of relocation, etc. [Crawshaw, *et al*, 2003]. Lucas [Lucas, *et al*, 2003] examines the effects of the Local Government Act 2000 in this respect, and reports that many U.K. local authorities are abandoning the more '*global*' and *ecological* models provided by the WHO for those more *focussed* or with a *localised* view of providing remedies to social dislocation or dysfunction. Lucas draws attention to the promising signs from the Caerphilly target area for the WHO Agenda 21 initiative, which sought a '*whole system*' approach to planning and implementation of the *Local Agenda 21* agenda [Lucas, *et al*, 2003, pp. 10-25]. In the Statutory Instrument 2003 [*No. 154 (W.24) The Health, Social Care and Well-being Strategies (Wales) Regulations 2003* – NAforW, 2003], the National Assembly again called for a '*strategic*' and *whole system* approach to sustainability across the whole spectrum of social, political and economic development. The problem appears to be that institutions such as the NHS were given the lead role in social change strategies, and their needs are strikingly different from the *well-being* agenda in the actual policies [Lloyd, 2003]. As it will be shown below, it is crucial that the purpose of governance is just as important as the form that it takes. For the well-being of older people,

the strategic objectives of new policies must become the yardsticks for measurement if effectiveness is to be assessed [Patten, 1997; Learmonth, 1999; Judge, 2001; Baud, 2008].

When the Welsh Assembly Government [WAG] issued their consultation document '*When I'm 64... and more ....* ' [WAG, 2002c],, the forerunner to the Strategy for Older People, it amplified the philosophy of the old Welsh Office outline of expectations for the new Welsh governing body [Welsh Office, 1998a]. In '*When I'm 64 ....,*' WAG set out a 7-point framework for future strategies. Not only did this framework cover the basic and social needs of the individual requiring assessment for public and personal care support, but this document sought to provide an unequivocal policy statement for full-system, co-operative approaches by all public and other sector agencies involved in care and support for older people [WAG 2002c, pp. 3-9]. This WAG initiative was predicated upon the principles enshrined in the [1991] United Nations '*Principles for Older* Persons' [United Nations Res. 46/91], which presented a holistic and whole system approach to recognising the position of older people in society. Central to this U.N. Resolution were the ideas of '*independence*' and *'participation*' of older people in society as full citizens [United Nations, 1991, pp. 1-2]. The preservation of the dignity of the individual within society was conceived as a '*preventive*' measure in public health terms [WHO, 1981; Welsh Health Planning Forum, 1989]. The *Strategy* [WAG, 2003b] was a *New Public Health* model, not a medical model. An essential ingredient of this consultation was to raise the Assembly's desire to put older people at the centre of concern in public policy in Wales. A special Cabinet Committee was to be established for this [Ibid, p. 15]. Discrimination had to be countered positively [ibid, p. 5], and an '*effective voice*' was to be provided for older people in every Local Authority, and their participation in public affairs was to be promoted [Ibid, p. 17].

In following this set of criteria, WAG set itself apart from the pattern established by the [UK] Department of Health in 2001, where the National Service Framework for Older People was still predicated on a more traditional '*medical model*' of top-down clinical assessment of needs and prescription [Dept. of Health, 2001b, p. 21]. The central philosophy of Welsh public policy on Older People ties in completely with the WHOs 1999 statement of values on Ageing. Older people need to live in a creative environment within which they can be active participants [WHO, 1999, p. 3-5].

In 2003, with the publication of the first generation of Older People Strategies [WAG, 2003b], the Assembly Government also issued a comprehensive overview of its plans for '*Health, Social Care, and Well-being'* [WAG, 2003e]. From the level of Local Authority administrative processes to neighbourhood inclusiveness, *the 'integrated and multi-disciplinary approach'* is underlined [WAG, 2003e, p. i]. For this Strategy it then issued an 'action plan' for its implementation [WAG, 2003d]. This '*Preparing a Strategy*' document committed WAG to engaging older people in service and social development, and also

committed local authorities to the employment of community development approaches to this process [Ibid, p. 7]. It also looked forward towards the issuance of a National Service Framework for Wales [Ibid, p. 11]. It can now be seen clearly that WAG had an over-view of its health and social care policy that required a whole system and integrated approach from all responsible agencies and communities. In the first Progress Report on the Older People's Strategy's development, the Minister of Health and Social Services commented that the Strategy was *'the first of its kind in the UK, has been very well received by external partners'* [Hutt, 2003a, p. 11]. The same Minister reported at the end of the first year of the Strategy that the majority of Welsh Councils were making '*good progress'* with the remainder still only '*fair*' [Hutt, 2004b, [p. 2]. On a wider front, WAG's '*Health Challenge Wales'* was also seeking to meet the demands of an increasing elderly population, which, by 2021, was forecast to rise to 843,000, or 28% of the population' [Office of the Chief Medical Officer, 2004, p. 2]. This was in line with earlier projections [HM Government, 1999a], and it left intact the necessity to engage actively in social policies in support of the overall strategic needs of this sector.

Thus, 2003 saw a proliferation of Welsh Assembly Government policies [WAG, 2003 a,b,c,d,e,&f], all of which reinforced the philosophy of partnership, engagement of communities and targeting elements in society who were deemed to be most in need of support. However, of the greatest significance, was the publication by WAG of a '*Review of Health and Social Care in Wales*' [WAG, 2003f]. The Assembly had commissioned a special panel of senior civil servants, together with a notable private consultant on economic affairs [Derek Wanless], to pronounce on the policy implications of the financial health of the health and social care institutions in Wales. Wanless had been previously employed to undertake a similar analysis on the National [U.K.] NHS, and had produced a prognosis and schema for reform that would require radical changes in practice and outlook [Wanless, 2002]. Despite the U.K. Treasury sponsorship for this effort, the 'Treasury' document remained a private consultant's report, and was not linked directly to the policy-making process. In the Wales '*Wanless' Report'*, however, the driving mechanism for the analysis came from the Departmental heads of the Welsh Assembly Government. For this reason, the weight and importance given to this Review was of great importance. The Wales *Wanless Report* [WAG, 2003f] did not cringe from making clear and unequivocal statements and recommendations, namely: Wales had an unhealthy population that needed significant health service input from the State [p. 21]; the NHS, and its ancillary social care system, was *unsustainable* in its present form and outlook [p. 28]; radical change including enabling the community to take responsibility for its own health if the essentials of the NHS were to be preserved [p. 51]; a whole-system approach to reform and working must be adopted [p. 13]. It is against this backdrop that all policies developed in Wales over the next decade must be

considered. Wanless was calling for policies to support an NHS in financial crisis, and the *Older People's Strategy* [WAG, 2003b] was calling for social care support and engagement processes that make a wider impact on health and well-being. Neither makes many concessions to the needs of the other. One of the ironies reflected through these documents is the fact that, while they were in the process of being drawn up, working groups of Civil Servants were also engaged in another, more serious, activity, and some of these Civil Servants must have been in attendance at both sets of discussions.

The main difficulty with the structure of most of the policy documents is that, whereas they pronounce on what is to be desirable, they do not follow through into the substance of how any change is to be processed. People and communities cannot participate merely by being '*stakeholders*', who may, or may not, be properly '*consulted*' unless they receive some preparation for the task. Capacity-building is the necessary and mostly-omitted ingredient [Plummer, 2002; Steele, 2002; Bergdall, 2003; Holden, 2003; Merzel, 2003; Nutley, 2003]. Yet Wales' Minister of Health, Hutt [2003b], in the very face of the Wanless analysis, calls for the staff of the over-stretched NHS institutions to somehow be freed up to do their specialised professional tasks outside of the traditional hospital, etc. settings. Regretfully, there is no provision of the wherewithal to do this. Similarly, justifying the Voluntary Sector as a worthy participant in this process, the WCVA issued a guide as to how this might be achieved. But, rather than suggesting a concrete framework for action, it makes good use of the '*should*' and '*could*' tenses [Wales Council for Voluntary Action, 2003]. In the next chapter, an analysis will lead towards the formulation of a framework for the realisation of these objectives.

In the Summary document of the *Wanless* Review, the wording was starkly cataclysmic, claiming that the acute services would be 'overwhelmed' if the changes were not implemented [WAG, 2003f, p. 1]. '*New service models*' are urgently required if the future of the NHS in this economic climate is to be preserved [WAG, 2003a, p. 4]. The central recommendations of the Strategy for Older People [WAG, 2003b] are to ensure that older people are able to participate, and to underwrite future consultation in policy development. All this would strengthen participation, including volunteering and community awareness [WAG, 2003b, p. 11]. The Policy guidelines that were attached to the Older People's Strategy [WAG, 2003b] underlined the Local Authority's lead role in establishing and delivering the objectives of the Community Strategy aspects of this policy [WAG, 2003e, p. 13]. The *Wanless Review* requires action now. The *Older People's Strategy* requires long-term developmental change.

In 2004, The Audit Commission [the Wales Audit Office was not set up until 2005], reported that there had been some indicators of good practice in the area of partnership working. Overcoming the well-worn obstacles to change within organisations and pressure on

resources were reported as being accomplished. This demonstrated that planned change was possible under certain circumstances [Audit Commission, 2004, p. 29]. Specifically, with regard to older people, it continued that agencies must become involved to support participation, and the sharing of understanding within partnerships. The older people's agenda must continue to be promoted through a whole-system approach [Audit Commission, 2004, pp. 30 et seq]. Commenting on the implementation of the Wanless proposals for Wales, the Audit Commission accused the NHS in Wales of not spending its scarce resources effectively, and that the interdependence of functions across agencies must be recognised more urgently [Audit Commission in Wales, 2004, p. 9], and that single integrated budgets for services for older people should be created within Local Health Boards within a '*whole system approach*' [Ibid, p. 23].

The Cardiff and Vale NHS Trust commented on the expected increasing cost in providing services for an expanding older population, and that more '*investment was needed in primary community care'* [Cardiff and Vale NHS Trust, 2004, para. 1.4]. An informed public now had raised expectations about the nature and effectiveness of services, but the blocking of beds in hospitals was already an acute problem, which stymied reform and progress. Carlisle, *et al*, reported that many schemes to engage actively in the current issues failed fully to engage with the issues as they seemed to fail to grasp what was required [Carlisle, *et al*, 2004]. There was evidence of good practice, where basic social care approaches are expanded to produce capacity-building and community development support for communities [for example the SHARP '*Holway House Project*'] [Ibid, p. 27; Porter, et al, 2007]. In their findings, '*Good practice'* must stimulate others into action and tap into existing interests at all levels in their participating systems and groupings. The active engagement of citizens was vital to this [Carlisle, op cit, p. 126].

The Office of the Chief Medical Officer in Wales [Office of the Chief Medical Officer, 2004] responded both to the '*Wanless Report*', and the WAG policy statement '*Wales, a better country*' [2003] by producing the framework for a local '*Action Plan'*, in an attempt to unify many diverse policies and ideas about strategic thinking [Office of the Chief Medical Officer, 2004, p. 3]. This was essentially a re-statement of national Health priorities and how they were to be achieved – through targeting inequalities, working through partnerships, and tackling the headline health issues: tobacco usage, substance abuse, teenage pregnancy, etc. What is surprising is that despite the length of exposure to these topics, the WAG was still not making explicit how local authorities and agencies in other sectors were to actually bring this to fruition through work on the ground. With the assumption of powers to promote well-being under the Local Government Act 2000, there was an immediate need to create the necessary framework for the achievement of this objective.

Clarke describes one such framework [Clarke, 2004a] whereby government agencies can adjust their structures to accommodate these demands, and the Comptroller General highlights the dysfunctions of whole systems unable to cope with this sort of policy shift [Comptroller and Auditor General, 2004]. This shift requires: a clear vision and objectives; direct action, including re-design of services; sufficient resources; the taking of manageable risk, and the creation of a seamless service with a user-focus. *'There must be recognition that all agencies are inter-dependant.'* [Ibid, p. 27]. Fairnington [2004] shows how this sort of approach is most-often cut off, with a hiatus between the top [the actual planning mechanism] and the community dimension of official intervention [the policy delivery arm of the state, etc]. Godfrey draws attention to the benefits of closely co-ordinated development strategies in the [English] programme '*Caring Together*', where older people are encouraged and supported to enter into supportive relationships in their own communities, under the critical interest of the public services which strive to adapt their own interventions towards accommodating the needs of these people as they emerge [Godfrey, 2004].

Within these themes, the Local Government Data Unit Wales [2004] set out to identify just what this meant in social and economic terms for the older people in the South Wales Valleys. The Unit identified 40 indicators that needed to be measured and built into the planning framework for future developments in this sphere [Ibid, p. 3]. Even within fixed institutions, such as hospitals, it was beginning to be realised that these policy changes were going to make a direct impact on the way in which services had to be delivered. The whole system had to be adjusted to meet these demands [NHS Estates, 2004 a&b]. There is no shortage of good advice, and good research into the subject – local, and international [Reed, 2004; Russell, 2004; Saegert, 2004; Stegeman, 2004]. In a European study, Stegeman cites the evidence from the *Bryncynon Community Revival Strategy* incorporating a Healthy Living Centre. The overall impression gained from this research was negative, in that many gains were of a relatively small scale and often did not address the over-riding issues such as poverty and social inclusion [Stegeman, 2004, p. 10]. Saegert [2004] and Syme [2004] explore American programmes with similar findings. Syme shows how intervention across various levels in strategy implementation can be very difficult administratively, and that strong, central control is needed: [Syme, 2004, p, 4/5].

Rounding up his work at the Treasury with a final synopsis of his work, Derek Wanless stated that this was an opportunity to effect change that, once missed, might spell out the nemesis for the entire social welfare and health system in the U.K. Amid growing public concern with the *New Public Health* agenda of lifestyle-induced ill-health, he stated that people needed direct support in this process so that they could make better decisions about their own welfare and well-being. Adequate workforce capacity would be needed for this to

take place [Wanless, 2004, pp. 4/5]. These sentiments tie in directly with the findings on the WAG, 2003, [Wanless] Review [op cit].

The Sustainability Agenda

At this time, WAG called for the creation of a '*sustainable Wales'*, through '*Learning to Live Differently*' [WAG, 2004b], reminding administrators that:

'*The National Assembly for Wales has a duty under section 121 of the Government of Wales Act 1998 to promote sustainable development' [WAG, 2004b, p. 2]. This 'sustainability' needed to set: 'an example for others to follow ... through a 'bottom up, top down' approach'* [WAG, 2004b, p. 11].

In the accompanying Action Plan for achieving these goals, WAG described how past gains in terms of good practice had to be consolidated, and that this had shown how important it had been to incorporate agencies into the process from the other Sectors in the society [WAG, 2004a, p. 20]. This approach was immediately put into effect through the *Communities First* scheme [WAG, 2004c]. Nevertheless, this policy was completely dependent on the understanding and collaboration of each local *Communities First Partnership*, which had been set up to deliver local control [and local, as opposed to National, conditions of employment] to local schemes. In many respects, this latest policy pronouncement mirrored those in the original floatation document of *Communities First* in 2000 [NAforW, 2000a].

'*During 2003/04 the Audit Commission in Wales (ACiW) carried out a baseline assessment of regeneration in all 22 councils in Wales'* [Auditor General for Wales, et al, 2005, p.1], in which the baseline assessment of need was obtained, and the development framework set for building an sustainable path to progress for Wales' local communities. The Auditor General reported that there had, initially, been progress on the headline administrative decision-making and the formulation of local initiatives. After that, however, progress in most areas had been slow [Ibid, p.4]. Major challenges remained [Ibid, p. 4], and that many authorities still did not have

' a clear strategy that integrates economic, environmental and social issues that sit alongside mainstream programmes' [Ibid, p. 5].

The policies of the *Big Lottery Fund* [see above] also emphasised this factor, as its short-term funding strategy, and the lack of forward planning by local authorities in underwriting future funding for these schemes were all coming to fruition with the closing of the *Healthy Living Centres* across *Wales* as the funding began to run out. The *Big Lottery Fund* reported that, in the case of *Healthy Living Centres, 'None feel confident about their futures in this*

respect.' [Big Lottery Fund, 2005, p. 8] and, although there was the stirring of a community-based model for the continuing integration of populations as they aged in *Healthy Living Centres*, the whole scheme was wound up before anything could be consolidated.

In England, the Department of Health was outlining its view that similar policy structures were needed in the *participation* quarter as well. If communities were to be empowered in order that they might be able eventually to take responsibility for their own health [WHO, 1997a&b; WAG, 2003a] then '*specialised health promotion*' techniques must be deployed [Department of Health, 2005, p. 40], and the European Commission reinforced these sentiments in it renewal of the European Structural Fund contribution to the regeneration of the Welsh Valleys [European Commission, 2005]. As Hunte, *et al*, point out [2005], '*The real test of government's commitment to public health will be in implementation*'. Health changes are a long-term goal, unlike most service delivery timescales [Hunte, *et al*, 2005, p. 23]. As Castle demonstrates in her study of housing and community regeneration for the Chartered Institute of Housing in Wales, sustainable regeneration at the community level requires joined-up implementation, joint planning and, above all, community development input to ensure that the local communities are in a fit state to respond and maintain their input to such a process [Castle, 2007]. Sustainability has been at the heart of the National Assembly for Wales' agenda since devolution and their White Paper: *A Sustainable Wales Better Choices for a Better Future* re-emphasised this commitment, aiming to strengthening the strategic planning and deployment of Welsh Government resources to achieve its objectives [WG, 2012b].

Tension between Health and Welfare Agendas

One of the basic stumbling blocks to inter sectoral collaboration appeared when the Welsh Assembly Government produced a definitive framework for the future of the NHS in 2005. In *Designed for Life*' [WAG, 2005a], WAG reiterated its commitment to partnership working and to the inclusion of the community into the planning and service delivery process. One critical defect in this policy framework was that it deferred any commitment to the engagement of the community until 2011, putting all its energies into restructuring the professional, medical and Care services between 2005 -2008 [WAG, 2005a, p. 25]. In light of the amount of focus on the processes of 'engagement' and promoting inter-agency co-operation described above, it is surprising that this is the outcome, and may be an opportunity missed. In politics, and the creation of policies, five years is an eternity.

The Report on the Second Year of the *Strategy for Older People* cites all the targets set back in 2003, when the Strategy was inaugurated. The Minister, John Griffiths, in the *Forward,* praises how seriously the '*engagement and citizenship for older people is being taken and the progress made in 2004/05*' [WAG, 2005f, p. 2]. An *Action Plan* for inter-generational

linkages had been drawn up and implemented [WAG, 2005f], and an active push towards involving volunteering activities was also under way [WAG, 2005f, pp. 6 & 9]. In reality, the Wales administration still appears to be long on '*hope*' and still short on '*results*'. The WAG 'Local Government Partnership Scheme' reported that the Older People Strategy was an area on which some progress had been made with 62 projects across the country. Nevertheless, since 2000, there is still a concentration on fact-finding and consultation within the '*Partnership*' sector at the local level [WAG, 2005e].

No doubt financial shortages and consequent prioritisations were behind this. It was pointed out by the WAG Economic Development and Transport that '*Wales – a vibrant economy*' [WAG, 2005b, p. 23] that Wales had a lower than U.K. average wage base, and that [p. 51] the tax base was also lower *per caput* than for the rest of the U.K. Public Debt levels were also rising steadily [Auditor General for Wales, 2006]. The fact that there might be financial shortfalls was overlooked completely in '*Inequalities in Health: The Welsh Dimension 2002-2005*' [WAG, 2005d], but there appeared to be more promising news on the *Older People* front. Some alleviation was offered by the European Union, with €3.9billion being pledged under the European Social Fund, and the European Regional Development Fund in 2005 [European Commission, 2005, p. 3].

In light of the Wanless Report [WAG, 2003b] and its findings on the prospects of bankruptcy in the NHS in Wales, the Wales Finance Ministry is positively sanguine about the future funding prospects, arguing for investment as normal in the Hospital and community primary health care sector [GPs] [WAG, 2005d]. In 2006, the Auditor General for Wales revealed that borrowing by the NHS in Wales was reaching the state where some NHS Trusts were approaching insolvency status and that most spending plans by the Trusts appeared to be on short-term expedient objectives rather than linked into the *Designed for Life* strategy [Auditor General for Wales, 2006]. In a paper prepared for the Health Promotion Division of the WAG in 2006, Clarke proposed that strategic approaches to health planning would enable clearer assessment of policy objectives [Clarke, 2006]. This reinforced the findings of the joint-Department of Health/Welsh Assembly Government study of the position of Health Promotion [the profession] in the scheme of things. Griffiths reported that Health Promotion professionals could prove to be the cement in the structure of interagency co-operation and for the realisation of the *New Public Health* agenda of the Assembly, and the Department of Health in England [Griffiths, 2005]. The need for this analysis was shown again in the King's Fund-commissioned paper on the same issue [Curry, 2006]. This highlighted the confusion of data across the NHS, and also described a trend towards abandoning strategic objectives, such as preventive strategies, in favour of straight-forward cost-cutting measures.

We can see that there was on-going confusion across Departmental boundaries regarding priorities, even within the same Ministry. Beyond the immediate concerns of the NHS, the Department of Health was actively promoting its *Partnerships for Older People* programme [Department of Health, 2006c], and was setting developmental targets through its '*Sustainable Development Action Plan 2006*' [Department of Health, 2006b]. As far as Health Promotion was concerned, despite

'*some quantified evidence as to the effectiveness of some health promotion and public health interventions, this area is generally weak.*' [Curry, 2006, p. 35].

In Wales, Mark Drakeford [now an elected Member, and Minister of Health in the Welsh Government] describes the lack of progress being made, seven years on, towards overcoming the '*legacy of the deficit in health*' inherited from the old Welsh Office regime [Drakeford, 2006, p. 558], and, with these comments in mind, it might be hoped that the publication of the *National Occupational Standards for Older People in Wales* [Healthcare Alliances, 2006] might eventually bring some coherence to local practice in this field. The NHS and the WAG Office of the Chief Medical Officer now both pledged to institute: '*ecological and future generation-friendly policies, with community sensitivity*' [Department of Health & Social Services, 2006, p. 5].

2006 turned out to be a headline year for social policy with significant relevance for older people. The *Beecham Report* [*Beyond Boundaries* - WAG, 2006a] was a '*Review of Local Service Delivery*', and targeted the profile and impact that citizens might/should have on the planning and delivery of local services. It also described how the: '*consumer boom has also changed the willingness of the public to tolerate high levels of taxation*' [WAG, 2006a, p. 4] and the changing expectations and role that citizens might play. This approach would require a fresh model for service provision, considerable organisational change and a new outlook by those in public service towards the 'citizen'. The historic legacy of recruitment, in-service training and bureaucratic structure of Welsh public service meant that there would be considerable barriers to change. Thus, this new systemic restructuring was to be extremely ambitious, if it was to ensure that partnership working would deliver tangible benefits to citizens. A whole new structure of intervention had to be devised to span the complex levels of the systems it was covering [WAG, 2006a, p. 71]. The focus on partnership [drawing in all stakeholders] would require leadership, new time-scale models and development of the means for its own delivery. Dr. Brian Gibbons, the then Minister of Health declared that citizens would be put first to foster effective collaboration, and obtain better value for money through promoting more skills and redefined roles [WAG, 2006b, p. i].

Wales and Older People – the past ten years

At the end of 2004, WAG had adopted a solid and determined approach to defining the community that it wished to create - one based upon social justice, and in sustainability mode that would resist slippage and wastage [WAG, 2004a; WAG 2004c]. It had made steady progress on implementing the *'Strategy for Older People'* [WAG, 2003b], and had launched the *National Partnership Forum*, with a definite mission statement to widen the arena of interaction and influence between the older people constituency and the Assembly Government [WAG, 2004e]. In their first version of the new Assembly's vision, '*Making the Connections – delivering better services for Wales'* [WAG, 2004a], this vision was described as '*radical*' for requiring cross-boundary co-operation within public administration bodies [WAG, 2004a, p. 9]. Additionally, the WAG saw its role as being unique, being co-operate internationally, and continuing to share its learning and good practice models across a wider audience [WAG, 2004c, p. 21]. Supporting this cross-border approach, in 2005, the *Big Lottery Fund* announced the results of its first significant research investigation of its, 1999-launched, *Healthy Living Centres* scheme [Bailey, 2005]. Users of these centres reported the beneficial effects of the £280million investment by the Fund, but the research pointed out that its major hopes for promoting sustainable community health mechanisms was not proving justifiable.

WAG drew a direct comparison with the English system, and responded strongly to the publication in 2004 of the [England] Department of Health White Paper '*Choosing Health* [HM Government, et al, 2004]. This White Paper had invoked all the themes of the WHO *New Public Health* – working in partnership, well-being, community empowerment, setting standards and targets for public services, but it fell short of actually requiring the NHS to act as an instrument for achieving these aims. The White Paper had very little specifically aimed at the attainment of health and well-being by older people. WAG, on the other hand, had issued a White Paper of its own targeting specifically the interface between the public and the officials of the state. Citizen participation was to be at the forefront, and the objective was *'Equality and Justice*' [WAG, 2004a, p. 3]. The next year [2005] WAG and the [Westminster] Department of Health produced a written analysis of the differences between its own policies and those outlined in *Choosing Health* [HM Government, 2004]. This centred on the role of *Health Promotion* in the future scheme of services in Wales [Griffiths et al, 2005 – see above]. This document reminded Wales that the message of the Wanless Report had been unequivocal, and that the call for citizens to take responsibility for their own health was just as relevant two years on. Under '*community development ....*' it specified that authorities should, at every level: *'plan & implement an evidence-based strategic approach to building community capacity*' [Griffiths, 2005, p. 101; also - Department of Health, 2005].

There was obviously room for improvement, as the Audit General for Wales in its appraisal of public investment of social change initiatives drew attention to the need for tighter control of public funds at the local level. The whole mission would fail unless systematic project and performance management was introduced, and that effective co-ordination and monitoring of progress was needed. Present systems were not yet up to this challenge, it continued. The alignment of all policies and action processes was an essential pre-requisite for this. This had yet not happened [Auditor General, et al, 2005, p. 29/30]. The *Big Lottery Fund* had already produced a similar finding, suggesting that most local authorities in Wales were too hasty in taking public moneys, without considering the long-term implications for their own budgets. There was an air of caution in the public information being shared at the time. Authorities were accused of accepting anecdotal evidence of their work's impact, rather than taking empirical evidence themselves, and 'partnership working' had faced a severe test when the first study of their effectiveness was published [Young, et al, 2003; Hunter, 2007, p. 11]. The Scoping Study Report for the new OPAN research and development project drew attention to the huge gaps in empirical data on older people and ageing in Wales [Phillips, et al, 2005]. In Scotland, Bolger [2005a] reported that their national levels of poverty were higher than in most Northern European levels, and that there was no room for bad planning and uncontrolled financial profligacy. The Auditor General reported that, in Wales, with its '*history of entrenched and profound deprivation to understand the need for, and the difficulties inherent in, finding integrated solutions.*' [Auditor General, et al, 2005, p 3], terrible wastage would result from bad management. These conditions persisted, as Kenway, *et al* [2007] discovered in their Wales-wide study for the Joseph Rowntree Foundation, even and although there were additional moneys available from the European Union; – Structural Funds contributing €3,900million over six years to West Wales and the Valleys, and this might have provided a false sense of security that the future was being underwritten by larger forces than themselves [European Commission, 2005, p. 3].

The persistence of poverty and general inequality forced a concerted effort to get all the U.K. nations to approach the question of sustainable development within the same guidelines. HM Government convened a U.K.-wide meeting to agree the framework [HM Government, 2005]. This would entail creating National policy in each Nation:

'*that delivers high levels of employment, and a just society that promotes social inclusion, sustainable communities and personal well-being'* [Ibid, p. 7].

For sustainable communities, development had to take place at every level, and local capacity-building was required to enhance the power of local people to act for themselves [Ibid, p. 9]. It is apparent that, in order to achieve this, each 'individual' would have to be

considered as such, and separated from the 'community' at large. Thus, national administrations/ governments would have to come to terms with the specific nature of each of their own communities, rather than with generalities, and then delve even deeper, if they wanted to affect the individual constituents. A European and American study showed how wide the variations were between the cultures. For example, American 'elders' were more prepared to live with their peers than were Europeans, and in the Netherlands, special villages were being build to ensure that multi-generational cross-section to satisfy the sensibilities of the older residents whom the Government wished to re-house for a prolonged retirement experience [Harkin, 2005]. Green [Green, *et al*, 2005] shows how the dynamics of community living can disrupt planning decisions, especially in terms of inward and outward mobility. This makes the delivery of policies such as we are discussing, a lot more complex than it is to make them. Hunte points to the difficulty in obtaining evidence of the benefit of social engineering policies that take time to reach any fruition, and which are, anyway, continuing to be affected by circumstances beyond their control [Hunte, 2005,]. *Age Concern* insisted that it was the context people found themselves in that dictated how they identified themselves. Obstacles to this definition process became barriers to progress [Age Reference Group, 2005, pp. 11/12].

This scenario raises the risk factor for politicians and administrators, who face more pressing pressures on a day-to-day basis. This should not deter them, however. From across Europe, the evidence, supporting the need to establish '*healthy policies'*, continued to accumulate. For example, Marmot, writing in *The Lancet*, comments on the efforts by Sweden, *inter alia*, to combat poverty and exclusion in its older population. Direct steps were taken by the authorities to create the social conditions for change, putting in more effort when more challenging situations arose [Marmot, 2005, p. 1103]. The reasoning behind these approaches to change the social and material conditions of the older population [in particular] was related directly to the actual material circumstances of this age cohort. The Wales Index of Multiple Deprivation [Local Government Data, et al, 2005], now published for the second time, demonstrated the continuing relationship between social and structural factors affecting health and well-being in Wales. This index can be linked to the *Economist Intelligence Unit's* '*Quality of Life Index'*, as the latter shows how extensive the web has to be cast to include those factors relevant to solving the underlying issues of poverty, and well-being. Factors such as geography, community life characteristics, political freedoms, etc. have to be taken into account [*Economist*, 2005, p. 2].

This list contrasts with that of the Wales '*Sustainable Development'* Index, where demography, and, specifically age-related circumstances are not identified outside of the 'working age' bracket, or for the very young [Statistics Directorate/National Statistics, 2005]. When the state of the Welsh economy is considered, however, it can be seen that

productivity in the economy lags well behind that of the U.K. average. Despite having a lower cost of living, the demography of Wales places an added burden on those in work due to the lower than [U.K.] average number of working age people in work [WAG, 2005b, pp. 22-24]. Finding new forms of economic investment, and seeking new formations for wealth creation were of pressing concern to the administration [WAG. 2005c]. The message of Wanless [WAG, 2003] was still imposing caution on the Welsh Assembly Government. Money shortages and risk aversion were very much on the agenda for the public finances, and spending on Health was being scrutinised very carefully [WAG, 2005d]. As we have described above, the new White Paper on Health, *Designed for Life* [WAG, 2005a], spelled out a very conservative and consolidating agenda for the mainstream NHS in Wales when, perhaps, a more creative and imaginative plan might have been more appropriate in an environment working against the maintenance of good health in the population. Moreover, there was constant pressure from critiques of the way the system was being run from outside the state. The Joseph Rowntree Foundation, the King's Fund, and *Age Concern* were demonstrating how effective they could be in establishing facts from the field, and challenging the nature and purpose of public policies. Joseph Rowntree has established a multi-centred project to test the real extent of '*client involvement*' in '*person-centred*' services, and to suggest models for satisfying the expressed needs of their clients [Glynn, et al, 2008].

To *Age Concern's* Age Reference Group: 'security of funding' is always an issue. '*Some older people experience prolonged and profound deprivation and exclusion*' [Age Reference Group, 2005, pp. 29/33]. The King's Fund showed how, despite heavy investment by the Labour Government since 1997, British spending on health and social welfare was still well behind most other developed countries [Netton, et al, 2005; Whitfield, et al, 2005]; and Joseph Rowntree warned that the capacity of the Voluntary Sector, particularly those agencies not geared up for large-scale service provision, might not be capable of meeting government expectations on taking up the slack left by restructuring, etc. [Paxton, et al, 2005].

Consolidating the Older People's Strategy

Within this context, within the Department of Health and Social Services, the *Older People's Strategy* was moving ahead apace. The creation of forums, strategic partnerships, and the plans to appoint Older Persons Champions were underway [WAG, 2005f]. Whereas WAG reported: '*commitment to working in partnership'* and '*to look at progress in community improvement*' [WAG, 2005f, p. 9], and how there was '*unfinished business*' in those areas of public service outside the boundaries of the NHS, due to funding shortages [WAG. 2005d], progress was still fragmented. A focused '*Action Plan*' was devised in an attempt to

bring coherence to the process of implementing a '*Healthy Ageing'* Strategy for Older People' [WAG, 2005f]. WAG described how many social and economic institutions could be brought into the scope of social support for older people in the locality – taking all community-located communication avenues into consideration, such as libraries, pharmacies, mailshots, etc. [WAG, 2005f, p. 31].

As early as 2006, WAG was issuing cautious warnings on whether or not the '*Designed for* Life' plans for the NHS could be brought in within the planning time-table [Auditor General for Wales, 2006]. Failure to deliver this strategy could place the whole '*Older People's Strategy*' under pressure, as the full co-operation of the NHS would be required. Any shortages of services provision, and/or individual resources could severely limit the prospects for older people's well-being [Burholt, *et al*, 2006], and discrimination against older people in public services was still commonplace, limiting their uptake of services [Butler, 2006]. In terms of the Local Government Act 2000, the strengthening of the working of partnerships was a good way of tackling this form of discrimination [Commission for Healthcare, etc., 2006], and strengthening the voice of older people within them was the best way forward [Department of Health, 2006a]. In their evaluation of community strategies in Wales, WAG found that there had been some considerable progress, in some quarters where there had been a history of local partnership. Where there was no such tradition, then trust might be harder to establish, particularly in areas with volatile political atmospheres [WAG, 2006d, p. 36]. WAG recognised that: '*the public have both rights and responsibilities'* because of the need to respond to high levels of social need, particularly in demographically-scattered and economically deprived locations, high cost might be incurred [Ibid, p. 6, & p. 4].

WAG had launched its two major restructuring of public services programmes, '*Making the Connections*' [WAG, 2006i] and '*Beyond* Boundaries [WAG, 2006a] with the clear statement that the new approach to public service would not be following the [England] model of '*client customer*' [WAG, 2006i, p. 5]. '*Beyond Boundaries*' [otherwise known as the *Beecham Report*] was to provide the internal focus and purposefulness to the administration in implementing WAG's policies [WAG, 2006a]. Taken together, and considering the *Wanless Report* [WAG, 2003a], and the *Older People's Strategy* [WAG, 2003c] within this context, a whole-system scenario has been created for the interface between the public and the administration of their government. *Beecham*, [WAG, 2006a, p. 71] set out that WAG's administration should ensure that the benefits of partnership were tangible to the participating citizens, and that this was best achieved by working across the widest organisational and sectoral spread as possible [Ibid, p. 71].

Additionally, WAG set up a working party to assist Local Government and WAG itself to cement working partnership mechanisms between both levels of governance [WAG, 2006e].

The sensitivities in dealing with older people in the community were brought out in the publishing of the '*National Service Framework for Older People in Wales*' [WAG, 2006b]. This made a direct reference to *'Making the Connections'* [above, WAG, 2006i] and drew attention for the need for priority to be given to older people, because of the changing demographic of the older population. This was expected to increase to 82,000 people over the age of 85 years by 2026, and retirees will rise by 11%, at a rate three and a half times faster than the population as a whole [WAG, 2006b, p. 9].

WAG also published its Consultation Document: '*Fulfilled Lives*', a blueprint for the future of Social Services in Wales, that recognised all the features of people in the community to which we have referred, and sought to ensure that Social Services worked in partnership with all other agencies in order to ensure that the specific needs of [*inter alia*] older people were being met [WAG, 2006h]. Social Services had to be '*drivers for change'* [Ibid, p. 23]; partners which '*influenced, developed and enabled'* [Ibid, p. 3], and provided '*corporate leadership'* [p. 16] in the drive towards putting the '*citizen first'* in ensuring that '*modern, accessible and responsive services*' [Ibid, p. ii]. These would continue to be the '*core service'* in Local Government in '*promoting wellbeing, social inclusion and community safety'* [Ibid, p. 1]. The most important inclusion from this study's position is the vision of WAG that Social Service will change to embrace the '*proactive promotion of health, well-being and community development'* [Ibid, p. 33]. These sentiments were supported by Wallerstein [2006], who stresses that need for communities to be supported in this endeavour if they are to be successful, as: '*Community empowerment outcomes include community bonding measures'* [Ibid, p. 10].

There is a certain irony in this document because, since 2000, the National Assembly for Wales, through its *Care Council for Wales* [HM Government, 2000b, Sections 5; & 54-65] virtually eliminated community development from the new social work curriculum. The new curriculum structure had been developed through extensive consultations with statutory Social Services employer agencies, Colleges and the Voluntary Sector, and was led by Officials from the Care Council for Wales, and the National Assembly [both of these were in constant contact with their counterparts in Whitehall during this process]. The emergent curriculum became driven by partnerships which oversaw the College programmes, through which the statutory and service-delivery needs of Local Authority Social Services Departments became dominant. One determining factor in this emergent structure was that Social Service Departments in Wales no longer employed community development workers and thus many of the desired processes outlined as priorities in Welsh Government policies lack the necessary vehicle for their accomplishment [see next Chapter].

Writing a report for the King's Fund, Derek Wanless provided a full scenario for the comprehensive social support for Older People [Wanless, *et al*, 2006]. This report reminded

us of the findings of Wanless' earlier work for the HM Treasury [Wanless, 2002], and the Welsh Assembly Government WAG, 2003a], when he had described the need for citizens to take responsibility for their own health if core services were to be maintained at the public expense [Wanless, *et al*, 2006, p. 169 *et seq*]. In England, alongside the King's Fund Report, a debate was being carried out regarding what the various definitions meant concerning the 'Involvement of the citizen in the provision of services' [NHS Alliance, 2006]. It was the finding of this Report that, unless citizens could be marshalled to participate, their input would lack credibility. Community development animation was required for populations in this situation [presumably, all populations] [Ibid, pp. 6/7]. Wilson commented that the age-old difficulty of community development workers working with local councillors for the furtherance of local or national policy objectives was fraught with difficulties [Wilson, 2006].

Cameron explained that the lack of clarity over defining terms added confusion to the implementation of policy [Cameron, 2006]. Thus, there is obviously a lot of room for misunderstanding in this area. An interesting example of this comes from the work of WHO analysts, Dahlgren and Whitehead. They published an up-dated version of their 'social inequalities in Health' treatise under the title of '*Levelling Up*' [Parts I & II – see Whitehead et al, 2006; Dahlgren, et al, 2006]. In Part I, '*equity*' is defined as being synonymous with '*equality*' [Whitehead, et al, 2006, p. 4/5], whereas when '*equity*' is used to mean '*ownership*' [Dahlgren, et al, 2006, p. 103], '*equity*' has the conventional economic meaning, as in share ownership = '*equity*'. In a context of '*healthcare is a market*' approach, there is obviously room for some serious clashes of opinion [Walsham, 2006]. WAG was keen to demonstrate that it was still a part of this larger dialogue on health priorities, and commissioned an enquiry into how the public responded to the idea of '*taking responsibility*' for health. They questioned all County Councils in Wales, and tested their policy implementation against the six priority areas identified by '*Health Challenge Wales*' [see WAG, 2002b], and the WHO '*Jakarta Declaration*' [WHO, 1997a]. Together, these provide a broad Health Promotion agenda [Rothwell, et al, 2006]. Most sectors [business, Local Government, Voluntary Sector] declared that it was not their responsibility to take on the responsibility for others' health, and that personal responsibility must be taken. Schools showed the highest inclination to shoulder the burden of promoting health, as far as they could [Ibid, p. 17]. There was obviously some way to go before the intentions of most Welsh Assembly Government policy could be realised.

The Government of Wales Act 2006 listed all the devolved powers of the Administration under '*Schedule 5*', and this Act gave the powers for the promotion of well-being in all aspects of life. [HM Government, 2006]. The Act also placed a mandatory obligation on the Welsh Assembly Government to develop and monitor a '*sustainable development scheme*'

[Section 79]. In 2003, when the first version of the '*Strategy for Older* People' appeared [WAG, 2003b], the philosophy of the Strategy outlined a 10-year perspective for change [WAG, 2003c, p. 12]. This framework was successively strengthened in subsequent Reports and renewals of the Strategy, with increased awareness in the population at large of the situation of older people [WAG, 2007e, p. 7; WAG, 2007f]. This was not necessarily going to be an easy task, as the WAG Cabinet Sub-Committee on Older People, meeting in November, 2006, published the Assessment figures for Older People registered with Social Services. The numbers of Assessments were rising steadily over the years since devolution, and were running at '*over 250 per working day*' [WAG Cabinet, 2006, p. 4], and *Statistics for Wales* projected the population growth for people of retirement age between 2006 and 2031 to be from 307,000 to 403,200 [Statistics for Wales, 2006, p. 7].

In 2007, the Welsh Assembly Government featured its first coalition alliance between Labour and Plaid Cymru Parties [Labour and Plaid Cymru, 2011]. Their joint manifesto centred on citizen engagement, sustainable economic and social objectives, and to cultivate a 'rich and diverse culture' [WAG, 2007a, pp. 27, 30, & 34]. The Auditor General for Wales had drawn attention to the problem facing the NHS in Wales, as planning to reduce public expenditure [and at least maintain balanced books for the financial year] appeared to be failing [Auditor General, 2007, p. 12]. In her [U.K.-wide] study, Louise Bell drew attention to the continuing marginalisation of older people, due to the failure of services and society to be there when they were most needed: '*For the vast majority of older people, retirement is not about cruises - it's about finding a way to get by*'[Bell, 2007, p. 31]. Financial pressures on local authorities, and the processes of the market, saw higher proportions of older people being cared for in the private sector, and in this way their human rights were being diluted [Gibb, 2007]. This is especially pertinent for Wales, where it was reported that older people with a mental health condition were in need of receiving special attention. In the final policy document on the strategic direction for Social Services in Wales that had been under consultation since the previous year - *Fulfilled Lives, Supportive Communities* [WAG, 2007e] defined its terms of reference for Services. Its approach to service provision is: [Section 1.9] ... *firmly rooted in both the social model of disability, and in a rights based approach.* This is in line with the UN: '*Principles for Older People'* [WAG, 2007e, p. 2].

This policy stressed that changing demographic patterns across Wales, falling fertility, and a rising pattern of '*life-limiting long-term illness'* [Ibid, p. 12; Héran, 2007], which afflicted 23% of the adult population must be taken fully into account when planning services. Unless the Social Services regime could adopt a corporate leadership structure [Ibid, p. 16], and spread the burden of direct care and support onto other responsible agents, they would not be able to cope. Joint working, down to the level of the local community, was to be the only way forward [Ibid, p 18]. The WAG Advisory Group on the Strategy for Older People

reported that whilst '*real progress had been made*' in establishing structures and mechanisms for engaging older people in joint-working processes, nevertheless '*progress was slow'* [WAG Advisory Group, 2007, p. 72]. Nevertheless, WAG remained committed to a whole systems approach to change and a positive move away from the '*older age as a problem*' view of the older people in Wales [Ibid, p. 10], and that further guidance should be issued to Local Government to assist it in this task of providing the leasing role in the Strategy [Ibid, p. 11].

A corporate study of the needs to revamp management in order to achieve the appropriate structures and internal culture was developed by a private management consultancy agency in England [Ceridian, 2007]. The factor most '*critical to competitiveness*' was the creation of the '*human capital*' necessary for the accomplishment of the agency's tasks. Human capital in an outcome-focused organisation is best developed through targeted training. This is designed so that the corporate culture can be reinforced through those taking it identifying with the collective mission of the organisation, and the necessary functions of the staff within this [Ceridian, 2007, p. 4]. The Department of Health [U.K.] issued two documents on how to further the cause of commissioning health services, and concluded that, whereas the voluntary and community sectors were often experts in their respective fields, they faced extreme difficulties when it came to competing in the marketplace. Special circumstances might have to be created to allow them to enter the market at all [Department of Health, 2007a&b; Harding, *et al*, 2007]. One of the flaws in the commissioning of services culture was that successful contenders for government contract funding tended to be focused '*up*' towards the central government's priorities, rather than '*down;*' towards the needs of the locality [Department of Health, 2007b, p. 57]. In England, it is the NHS that is charged with leadership, through their National Service Framework for Older People, for the advancement of health and well-being of older people [Department of Health, 2001b, p. 107]. The Audit Commission found that progress in realising this role was not progressing well [Audit Commission, 2008]. These issues probe some of the needs of agencies in Wales when contemplating the changes required by the Welsh Government's evolving policies regarding the implementation of the *New Public Health* regime. This may be because the Welsh Government has not yet produced explicit guidelines for the development of human capital in the course of implementing its policies in local situations.

The second phase of the '*Strategy for Older People in Wales*' was launched in 2007 [WAG, 2007f]. It reflected the considerable progress in policy formation in Wales, and highlighted the appointment of the special Minister of the Welsh Government for Older People, and the requirement under other legislative frameworks for integrated and co-operative work between State Departments [Ibid, p. 10 *et seq*], the Voluntary Sector, and, where possible, the Private Sector [Ibid, p. 15 *et seq*]. The creation of the new post of Commissioner for

Older People was to mark a major step forward in realising the aims of the Strategy overall [Ibid, p. 16] and this was reinforced by the establishment of an inter-Departmental initiative to counter age discrimination in Wales [Ibid, p. 2]. The funding of the older people-focussed research centre – Older People's Ageing Research Network [OPAN Cymru] in 2006 demonstrated the seriousness of the Welsh Government to consolidate its work in this area [Ibid, p. 51].

Connecting Well-being to Capital - Initial Policy

If social inclusion is to be a central government and a local priority [see WAG, 2006e], then one way to assist this process is to enlist the assistance of special support units, which could help local contenders for contracts to organise themselves better for the task [Fitzpatrick Associates, 2007]. Separating out the *content* from the *form* in this discussion is an important issue. If the '*market*' is to be the measure of the success of various players in their success in obtaining contracts, and the measurement of their performance in them, then that is one thing. If, however, the whole process of '*engagement*' or '*participation*' is supposed, also, to enhance the overall situation and make aggregates of citizens better off in some form of health benefit as well, then that is another matter. Combating social isolation is about systems change, and not about the provision of services, *per se*. Studies [Wm Enterprise, 2006; McCormack, et al, 2009] have shown how important social inclusion is with advancing years. McCormack, *et al.* show that from 60 years plus, well-being is increasingly eroded by shifting social circumstances, and so policy-maker must be aware of this factor [McCormack, *et al*, 2009]. But the State is inclined to envisage its own role in terms of its historical and structured orientation towards older people.

Large studies have shown that older age is not a consignment to inevitable decline in physical and mental capacity [Centres for Disease Control, 2007], and the spirit of *Fulfilled Lives* [WAG, 2007e] and other supportive documents from WAG and beyond [WAG, 2007a; WAG, 2007c; Harding, 2007; Thomas, 2007], demonstrate that fine-tuning the *form* of the solution is tantalisingly near. How the content is realised is another matter. In May, 2007 Rhodri Morgan, Wales' First Minister, said that the Assembly's commitment was to empowered communities regenerating themselves in co-operation with the Assembly and all the other resources available to them [WAG, 2007c, p.2]. Unfortunately, time and time again, Wales Government studies show that implementing WAG's policies for change, co-operative working and devolution of power meets with great resistance within government agencies, in particular [Welsh Office, 1985; Department of Health, 1998; Boonekamp, 1999; Page, 2000; Audit Commission, 2004; Audit Commission in Wales, 2004; Audit Committee NAforW, 2008; Flynn et al, 2008; Auditor General for Wales, 2009; Audit Committee WG, 2012].

Looking beyond the Assembly for guidance on this approach, Popay, et al [2007] in their study for NICE, focused upon three major criteria, at three levels in society, for testing the success of community engagement for improved health [in the *New Public Health* sense]. These were community engagement and development addressing the social determinants of health and inequality; community engagement in health promotion activities, and cost effectiveness throughout: [Ibid, 2007. p. 22]. Further, they reported that there is considerable variability across intervention schemes in terms of engagement and success of outcome, and the Royal Town Planning Institute [2007] suggest that the objectives of these schemes are often quite clear to corporate interests in the planning stages, but these may not be shared lower down the engagement hierarchy. Shaw suggests that there are a lot of exaggerated claims made for the proposed outcomes of these processes [Shaw, 2007], and it is not yet sure whether or not small gains will be sustainable [WICC, 2007]. Some influential commentators do not consider this issue, despite the necessity of full engagement for the success of their policy inputs [Wanless, *et al*, 2007].

Bearing in mind that 'neighbourhoods' are the backbone of many a government policy [Taylor, et al, 2007; Sustainable Development Commission [Wales], 2007; Thomas, 2007; WAG, 2007e] how, then, does one go about meaningful and lasting 'empowerment'? As Geddes' national [England] evaluation of partnership performance on this issue concludes, it depends on what or whom one measures. Authorities, despite their claims to want to include the community in its activities, responded that they were not aware that a '*well-being*' component was a priority, whereas the voluntary and community sectors claimed that this should be a central issue [Geddes *et al*, 2007, p. 41 *et seq;* Hunter, 2007a&b]. Hunter draws attention to the focus in Wales on local community engagement through the *Big Lottery Fund*, and its Healthy Living Centre programme, but stresses that this gave rise more to generating a '*voice*' within the community, rather than negotiating structures for institutional change [Hunter, 2007b, p. 8]. In rural communities in Wales, in particular, the decline in social networks puts the concept of well-being as a central issue when policy-makers have to plan for the dependency needs of an aging population [Kenway, *et al*, 2007]. Prevention of dependence is a crucial aspect of strategic planning, and WAG clearly laid out its commitment to this in their *Healthy Ageing Action Plan* and in their 2007 revision of the Older People's Strategy: [WAG, 2007e, p. 35; WAG, 2005d]. Lee, 2007, p. 47] described that loneliness was a major force in producing social deprivation in older people, and that this was definitely a preventable factor.

On the same tack in England, the National Community Forum, which was set up by the Government to assist in engaging community in the policy development process [del Tufo, et al, 2007], '*insider*' and '*outsider*' channels became a feature of more mature systems of engagement of the wider public. There was a great danger of co-option of '*insider*' members

[i.e. accepted by the officials] of the citizens' representatives within the government structures [del Tufo, 2007, p. 27; c.f. Arnstein, 1968]. Unless '*citizens were given more power in the decision-making process'*, and their status within the decision-making process more defined, interest would fail [del Tufo, 2007, p. 35/6]. Similar structures and processes were operating in Scotland [Scottish Executive, 2007]. Whereas, in Scotland, as differentiated from England and Wales, there is a tradition of community engagement that goes back more than 40 years [Bryant, et al, 1982; Highlands and Islands Development Board, 1982; Smale, et al, 1989], Dewar points out that there have still been considerable difficulties in getting participation off the ground, despite the eagerness of older people to take up their statutory right to participate in the planning processes [Dewar. et al, 2004].

In 2007, UNICEF published a study that questioned whether or not 'progress' equated with benefit to the targeted social groups or some statistical outcome devised for measurement for those implementing the social policy [UNICEF Innocenti, 2007; see also, IpsosMORI/Nairn, 2011]. They showed that poverty, and other measures of deprivation are not, on their own, a measure of negative well-being. Additionally, affluence did not guarantee it either: '*There is no obvious relationship between levels of child well-being and GDP per capita.*' [UNICEF Innocenti, 2007, p. 3]. Stimulated by this Report, the Institute of Policy Research commissioned Allen to undertake a similar study, but about the situation of older people [Allen, 2008]. Well-being had begun to supersede pure national wealth [GDP] as a credible indicator of national success, but that progress towards achieving it '*appeared to have stalled*' [Allen, 2008, p. 18]. Consequently, inequalities were increasing and incidences of mental and emotional distress and the ill-health that followed were increasing in the over-65 age group [Ibid, p.22]. Bacon, [2008] found that loss of family and social ties counted for more than relative economic prosperity. The prevention of conditions that stimulate ill-health and social dislocation is described as the most beneficial to on-going well-being in individual health. These conditions are found in the support for neighbourhood ties, as well [Ibid, p. 69-72].

In 2008, the Department of Communities and Local Government [Dept. C&LG] - focussing on England - published a number of studies and polices that highlighted the importance that well-being has in the creation of the balanced society [Dept. C&LG, 2008 a,b,c,d,e]. It published a : '*cross-government strategy for housing and communities, connecting housing, health and care'* [Dept. C&LG, 2008a], which outlined their plans for reform towards guaranteeing an active ageing population through opening up opportunities within housing choice, and providing social support in order to realise housing's full potential as an underpinning service for well-being [Dept. C&LG, 2008a. p. 39].

The mental health of ageing people must be of prime concern [Dewe, 2008], and the environment has to be nurtured to support people in their needs [Edwards, 2008]. Part of the

task of generating well-being is to create a sense of ownership and control over all aspects of their lives [Dixon [ed], 2008]. This might extend towards taking control of the processes that give them support for the essentials of their lives. Kendall [in Dixon [ed], 2008] complains that: '*Too often lip service is paid to these issues*' [Ibid, p. 45]. Since 1991, the introduction of '*choice*' and '*access*' to public services have cast a particular bias towards the construction of policy by government. This came in with Prime Minister John Major's '*Citizens' Charter*' [Office of the Prime Minister, 1991, p. 49], and expanded in scope and significance ever since. Elbourne, acting for the Department of Pensions, and citing the Audit Commission, for England, found that barely one third of Local Authorities had any meaningful contact with their older people, but where they did have contact clear models of engagement emerged with beneficial effect [Elbourne, 2008, p. 4]. This showed that there was a very mixed bag of performance between England's Local Authorities, despite the introduction of 'B*eacon Authority*' incentive schemes, etc. Elbourne's specific role was to explore the effectiveness of the '*Better Government for Older People*' initiative that had started in 1998. Harvey's study for the *King's Fund* found that there was a wide diversity of collaborative service model being employed by different Authorities in compliance with Health and Social Care policies, but that some positive reshaping of commissioning, monitoring and the setting of outcomes was urgently needed [Harvey, 2008]. The Government's response to Elbourne [Department of Work and Pensions, 2009] was accepting of all points made, but lacked any clear statement of direction other than to reinforce existing measures and processes of consultation with older people.

Earlier, the Welsh Assembly Government entered into the second phase of the Strategy for Older People [WAG, 2007e] with a strong statement about strengthening the '*engagement, participation, and empowerment*' of older people, particularly at the local level [Ibid, p. 4], and the combating of age discrimination at all levels [Ibid, p. 19]. The first five years of the Strategy had shown clear benefits in terms of establishing structures for communication, long-term sustainability, etc. [Ibid, p. 8]. The key to the success of this will be in the methods that are adopted locally and nationally to achieve them. Strategies for this process require a vision that ensures sustainability and diversity that incorporated the 6 supporting principles of '*involvement*'; '*integration*'; the adoption of the evidence-based '*precautionary principle*'; '*polluter pays*'; '*proximity*' – solving the question locally; and '*reflecting distinctiveness*' [WAG, 2008e, pp. 11/12]. Local Service Boards were to become the central vehicle for integrating, co-ordinating and monitoring local services across the administrative areas [WAG, 2007b].

In the most deprived areas of Wales, the *Communities First* Strategy was revamped radically, with the WAG taking over from local control in order to firm up the contractual basis of intervention, and the economic dimensions of sustainable development. Public

health and personal health outcomes will also be a priority. These set and measured outcomes, together with Private Sector engagement in partnerships will dramatically change the nature of the programme [WAG, 2008a]. WAG also declared its commitment to engage the formal Voluntary Sector in its plans for an integrated and institutionalised path towards planned social change across the board, harnessing their expertise and to help the Sector to make an ever more positive contribution to the quality of public services [WAG, 2008b, p. 6]. It might be suggested here that the Welsh Government was moving away from the 'softer' outcomes of well-being focussed programmes in favour of the SMART (Specific, Measurable, Achievable, Realistic and Timed] objectives of the new, centralised *Communities First* regime [WAG, 2008a, p. 9]. This is another example of economic realities, and short-term political goals taking precedence over broadly-based community strategies. Despite renewing the central commitment to the Well-being Strategy, through the issuing of fresh guidance on how partnerships should be strengthened and directed at the local government level, WAG removed the requirement that Local Health Boards and Local Authorities consult locally before deciding on their priorities under their Health, Well-being and Social Care Strategy [WAG, 2008f, p. 15]. The community development aspects of *Communities First* were discussed above, in Chapter 3.

Notwithstanding all the positive and affirmative intentions of this refreshed policy, there is a need to cater for those who cannot fully protect themselves. Not everybody understands their position in society *vis-a-vis* economic recovery, or within the *New Public Health* agenda. On this basis, far fewer people will be able to play a positive part in the process. In this regard, expediency and cherry-picking of social assets is taking over from whole-system approaches. As Henwood, et al., report, centrally-directed strategies for change actually become a minefield for those not fully in possession of either/or support and correct information [Henwood, et al,, 2008]. Mixed messages abound within this scenario, and, WAG, does its bit to ensure that they and we should be aware of the possibility of some shortages of provision in the future. Care must be taken to ensure that those older people who fell outside the criteria of eligibility for services [a majority in England and Wales] retained their dignity, even if they had to pay for their own support [WAG, 2008c, p. 18]. The House of Commons Public Administration Select Committee issued is appraisal of progress made under the Citizen's Charter since 1991. The Committee praised the Charter as '*a significant milestone in public service reform*' assisting citizens to pressurise public services better to meet their specific needs [House of Commons Public Administration Select Committee, 2008, p. 31]. The WAG reforms of 2008 appear to be reversing this trend.

The Wales Council for Voluntary Action called for added vigilance in this situation due to the effects of economic recession on this vulnerable section of the population [Wales Council for Voluntary Action, 2008]. Also, the Wales Audit Office warned that without this

extra input, and the full engagement of the community, vulnerable people would be put at risk due to the shortage of resources to support them [Wales Audit Office, 2008]. These points were underlined by a report from the coal face. Swansea County Council, invoking the WHO *health inequalities* spectrum [Dahlgren, et al, 1991], and the stern message of the Wanless Report [WAG, 2003a], generally endorsed the overall priorities of WAG policies but the Council also pointed out that, considering Swansea was home to some of the most deprived communities in the nation, and that the situation for many old and vulnerable people was already critical in the area, direct service input was going to be necessary until such time as preventive and alternative supportive measures could be developed [Swansea Local Health Board, 2008]. Flynn found that the possibilities for risks, conflicts and incentives must be clearly communicated within the partnerships, especially to the communities, and that, where this happened in the past, there had been a willingness to collaborate with WAG on the issues. Sustainable development approaches were still more difficult to establish within partnerships [Flynn, 2008, p. 7].

When it examined the WAG's major community-based initiative, *Communities First*, the Auditor General for Wales produced a generally positive review of these Partnerships [Auditor General, 2009]. It did criticise the lack of monitoring of policy implementation ['*but, despite improvements in monitoring, the progress made in meeting the programme's very ambitious objectives remains unclear*' - Ibid, p. 17], and considering that the *Communities First* programme had been running since 2000 [NAforW, 2000a], it criticised the slow pace at which these Partnerships had been set up. In 2008, the National Assembly's own Audit Committee had urged the Welsh Government to ensure that its own practices and departmental guidelines allowed for '*joined-up government*', as there were signs that many of the old obstacles to development had not yet been eradicated [Audit Committee, 2008, p. 8].

Despite a greater scale of operation, England had forged ahead in the formation of developmental Partnerships, and by 2009, all local authorities had established one, and evidence was available on their progress [Dept. C&LG 2009a]. Policy implementation guidelines had also been issued, and the authorities' power to promote well-being [Local Government Act, 2000; HM Government, 2007] had been extended greatly to include the power to promote economic formations across all Sectors. The '*Well-being Power*' could expand their participation in commercial and charitable activities to advance the cause of social care and for economic advancement [Dept.C&LG, 2009b p. 17]. In this regard, England and Wales appear to be following parallel routes towards 'well-being through economic mobilisation'. HM Government recognised that *social care* in the community had to reach out to many different kinds of need, across different groups – elderly, disabled, vulnerable, etc., which was made more complex due to geography, ethnicity, and culture.

Because of this, it was vital that social care planning embraced the holistic picture of need, and that joined-up administration was at the core of the vision [HM Government, 2009].

In times of economic recession, particularly, the difficulties of sustaining personal security are compounded by uncertainties in the employment field, and one's own potential to provide for future dependencies. Fernández *et al* 's WHO study projects a need for between 2% and 4% added investment in long-term care services for older people will be required due to demographic factors alone [Fernández, *et al.*, 2009, p. 1]. They continue, that despite 'need' being defined according to political and normative considerations locally, it was not possible to estimate a universal cost structure, because of the considerable variables involved. Nevertheless, these were estimated to exceed £30,000 in England for those over 65 years [Fernández, et al., 2009, p. 6]. Unfortunately, these figures have deteriorated subsequently. Weekly costs for private residential care in 2011 were £719 for nursing home care [£37,388 pa], and £497 for residential care [£25,844pa]. Local authority residential care worked out at £982 per week [£51,064 pa] [Curtis, 2011, pp. 25-28]. In Wales, costs are consistent with the England pricing.

The Local Government Association [England], re-emphasising the demographic situation towards increasing proportions of older people in society, indicated that, despite the expansion of policy areas needing intervention, and government pressure on individuals to change social and behaviour habits, there had been no substantial increase in funding to support this. This process would soon become unsustainable, particularly for people with restricted financial means [Local Government Association, 2009, p. 45]. Thane concluded that well-meaning statements, without funding support, did not advance the cause of progress in health or in the integration of services [Thane, 2009, p. 14]. Perhaps as a consequence of this, government priorities to mobilise the Voluntary Sector [in England] towards actively building engaged communities was facing a crisis due to an emerging survivalist culture in beleaguered communities. The necessary cohesive mechanisms for change were missing [Harding, 2009, p. 7].

In Wales, a sizeable majority of older people declared that their neighbourhood and social ties were essential, and these were currently on-going sources of support in their present lives. Despite their own optimism, older people in Wales perceived that general prejudice in the society around them did not auger well for them to obtain the actual support that an aging and more vulnerable section of society required [Parry, et al., 2009]. This study, *Voices of Older People in Wales*, concluded that there was considerable concern for the situation of older people in residential care in terms of quality of care, and that negative attitudes towards older people compounded this [Parry, et al., 2009, p. 31]. As the *Older People's Strategy Annual Report* proclaimed, older people must remain rooted in their communities, '*integrated into community life'*, actively engaged in sustaining and fulfilling activities to

ensure their on-going well-being [WAG, 2009f, p. 3]. By way of celebration, October 1st was declared *UK Older People's Day*, and the Office of National Statistics chose the event to publicise the fact that Britain's ageing population was extending into much longer 'old age', and life expectancy at birth was steadily increasing [Office of National Statistics, 2010].

The Alzheimer's Society reported that there was a problem with intermediate care for Alzheimer's sufferers. There was a reluctance to provide support for people going into and coming out of hospital, all of which caused problems for families and hospitals alike [Alzheimer's Society, 2009]. Wales was in the process of producing a *Dementia Plan for Wales*, and the number of people with Alzheimer's Disease was on the increase across the U.K. [Ibid, p. 2]. Against this background, WAG issued a *Green Paper* consultation document '*Paying for Care in Wales: creating a fair and sustainable system*' [WAG, 2009g], which laid out the choices that might have to be made in face of the rising demographic curve of personal dependency on the state, and the declining finances of the WAG.

In the final appraisal of the '*Partnership for Older People Projects*' [POPP – in England], Windle, et al., concurred that cuts in public funding for care services for older people would have, and were already having an adverse effect on services, and that short-term funding arrangements restricted the implementation and follow-through effectiveness of services already in operation, considerably [Windle, et al., , 2009, p. 48]. A WAG-commissioned, Cardiff University study is embarking on a similar investigation of the '*Older People's Well-being Monitor for Wales*', this will begin as a '*research of research*' study, and the field will cover care, carers, social support, social cohesion, and growing old in community [Turley, et al., 2009].

Another situation causing concern is the question of the actual abuse of the elderly. The Care and Social Services Inspectorate Wales' data for 2009 suggest that incidences of abuse against older people in care dependencies are higher than is reported, and that: '*the trend is upwards, except in South Wales*' [Care and Social Services Inspectorate, 2009, p. 12]. This was a factor underlined by the Assembly Government in its *Paying for Care* policy [above] when they decided to set up their Adult Protection Project Board in 2010 [WAG, 2009g, p. 21]. Social Services were still being challenged by instances of bad practice, failure to collaborate with other agencies, and exposure of vulnerable people to the weaknesses of centrally, rather than locally-devised policy and practice frameworks [Ibid, p. 22].

The *Older Peoples Monitor* published its criteria for good practice, and a comprehensive list of '*indicators*' for the measurement of '*well-being*' [WAG, 2009a, pp. 169- 70]. It highlighted the slow but steady rise in the dependency ratio, where the numbers of older people in Wales had risen 4% between 1991 and 2007 [WAG, 2009a, p. 36]. However, the *Monitor* reads very much like a framework for action, rather than a record of progress. The

Annual Report of the Older People's Strategy is much more constructive and direct [WAG, 2009f]. It does report that there is National [U.K.] and international recognition for the *Older People's Strategy*, and, whereas it has a wide variety of progress to report across the Counties [partnership development, the appointment of the Older People's Commissioner, etc.], and the continuation of WAG's pledge to provide support funding, it still reads much like a wish-list, as did the *Monitor'*, when achievements in citizen engagement are considered. Since 2003, £13million had been invested in the Strategy by the Assembly Government, 80% of this going to local statutory and voluntary activities [WAG, 2009f. p. 4]. As the Policy Strategy Unit at Assembly level became more successful at mainstreaming the Older People's agenda across government departments, so the task of monitoring specifically targeted activities within general intervention activities would become more difficult [Ibid].

By 2009, on its *New Public Health* agenda, WAG was still in the promotional mode. In a '*technical working paper*, WAG continued to spell out its ambitions regarding fulfilling the potential of partnership working, and the engagement of the community in its policy programmes, but it recognised its limitations due to semi-structural issues, such as officials' leadership and skill capabilities in this fresh line of activity. Considerably more training was required [WAG, 2009d, p. 20]. To further the *New Public Health* agenda, WAG launched a fresh strategy to try and overcome all the frictions and fragmentary elements of previous policies in its '*All Wales Community Cohesion Strategy'* [WAG, 2009c]. In his Introduction to the policy paper, Minister of Social Justice and Local Government, Brian Gibbons, AM., explained that all Welsh communities had to be drawn into the policy framework, however cohesive they believed themselves to be. People had to be assisted to get on well together, and this was a task of tackling a wide diversity within complex dynamics of living and mutual association. '*One size does not fit all*', he writes [WAG, 2009c, p. 6]. This last-mentioned statement is one that will be of great significance in the next chapter. The more people were exposed to social pressures that they could not meet, the more vulnerable they became, and the more they needed supportive services of some kind or another. Promotion social cohesion had to be an integral part of policy implementation [Aylward, 2010, p. 4].

A major landmark in 2010 in Wales was the publication of the Report of the Independent Commission on Social Service in Wales [ICSSW]. The Commission had spent two years gathering information from a wide spectrum of experts and visits to local authority and other settings. Their findings confirm much of the information already available in non-consolidated form: that despite the creation of new models for working, there is still a failure to work effectively together across governmental and sectoral boundaries; management in Social Services is not seeking strategic objectives, but is set in more traditional modes of planning, etc. Agencies working together still remained a distant target

[ICSSW, 2010, p. 18]. The ICSSW found much good practice in pockets on the ground, but explained that the '*new realities*' of financial cutbacks, the mixed economy of welfare, and the desperate need to embrace positive leadership was a big challenge for the Social Work profession and the service. Interestingly, in its quoting the WAG White Paper '*Fulfilled Lives, Supportive Communities* [WAG, 2007e], and identifying the 'Role for Social Services' section with its four principles, ICSSW chose to emphasise three of its own: '*Influencing; Developing; Enabling'*, and not the one attribute that might be deemed to be essential in the 'new realities' world they describe – 'empowering' [ICSSW, 2010, p. 21].

Funding the strategies: *Well-being* was a new indicator, introduced into the WAG *Scheme for Sustainable Development,* in 2010. Back projections for this indicator show that, despite the impact of recession, general well-being in Wales has continued along a level path over the past 5 years [WAG, 2010d]. This is supported statistically by the Office of National Statistics, in their study of the relative fortunes of Wales and the other British Regions between 2008 and 2010. Wales did not fare worse than many of the English Regions during this period across a wide front of social and economic indicators [Campos, et al, 2011]. In other words, the recession was hitting all British Regions pretty evenly, given their relative starting positions. In March, 2010, the Chief Secretary to the Treasury announced that 'Wales was well funded', and that there was to be no revision of the 'Barnett Formula' by which Wales received its State Revenue support from Westminster [Williams, 2010, p. 1]. It was against this somewhat negative scenario that WAG published its 'Final Budget 2010-2011'. This showed nominal increases in expenditure for NHS and for Social Justice and Local Government. All other Departments showed reductions, and the overall budget was down on the previous year [WAG, 2009e, Section 1]. Of this WAG's allocation for its own *Older People's Services* accounted for £2.45million, a relatively small amount [Ibid, p. 6]. Behind this situation, of course, lay a much wider structural problem – the international financial crisis. The International Monitory Fund [IMF] had pinpointed the beginning of the World financial crisis as 2008, when the accumulated housing debt in the USA was defaulted on a large scale [International Monetary Fund, 2009]. In the same year, the IMF called for swingeing changes in financial management practice, and budgetary restraints, which caused heavy restructuring of national finances and public sector spending [IMF, 2008]. This elicited a steady stream of cautionary messages from providers of social care and other services about their reduced potential to sustain their provisions. It became evident that, despite the proliferation of policies and the calls from central government for action across a wide front, when the crisis came in their hitherto secure funding, responses were mixed. Some authorities continued to expand public involvement, others did not [Action Shapiro/LGA, 2010, p. 34]. An evaluation of the '*Carers' Strategy*' in England and Wales

[began in 2000] suggested that local flexibility might make considerable gains in those areas of potential vulnerability under economic pressures, and that common indicators for the monitoring and measurement of progress was assisting in standardising practice and local administrative structures [Seddon, 2010]. In specific, and important areas, such as emotional stress experienced by carers, and where risk levels were higher, basic support was sometimes all that was needed [Ibid, p. 1485].

In May, 2011, the National Assembly for Wales saw fit to issue a guide to the way in which the block grant from the Westminster Government was calculated and applied to the Welsh Budget [National Assembly for Wales, 2011]. The Welsh administration still has no discretion over the size of the allocation, and, despite the devolution of responsibility for many of the functions of Westminster, the NAforW did not have discretion over the level of planned outlay in these areas - e.g. 99.1% of the NHS function is devolved [Ibid, p. 2]. In its Budget for the Year 2012-2013, for example, saw local employment schemes, crime prevention and enforcement, and poverty alleviation as the most pressing strategic priorities [Hutt,2011, p. 33]. Despite increases in some capital allocations, the NHS allocation, and that to Public Health, and also to Social Services, all showed a steady decline over the projections for the next four years [Ibid, pp. 31-33].

The Welsh Assembly Government opened up a consultation about the future of payment for care [WAG, 2009g], and the Older People's Commissioner for Wales [OPCforW] published what amounted to a manifesto for future priorities [OPCforW, 2010a]. The Commissioner called for fresh approaches to the challenges posed by the financial crisis, but did not specify how these might be achieved [Ibid, 2010a, p. 2]. The Welsh community's response to the consultative Green Paper, *Paying for Care in Wales* [WAG, 2009g] was mixed, and seemingly contradictory. Most people in Wales responded that they wanted consistency across the United Kingdom [England and Wales, at least], when it came to assessing payment processes. Most supported early and preventative intervention by Social Services and a central role for the State in the role of providing for basic care requirements. But responses to the ways through which the system should be administered was mixed between an '*English*' or a 'all-*Wales*' approach, but what was wanted was the '*simplest and fairest*' [WAG, 2010b, p. 12].

In 2011, the Welsh Assembly Government changed its name to 'Welsh Government', and will be referred to as '*WG*' in this text, as appropriate. The Government in Wales also published its '*Programme for Government*', where the new [no-majority] Labour Government spelled out its on-going loyalty to the programme it had followed since the National Assembly and Government was set up in 1999 [WG, 2011a]. Underlying the difficulties for the Welsh Government is the overall weakness of the Wales economy [Beatty and Fothergill, 2011], the lack of opportunities, lack of qualified personnel, and lack of

investment [Beatty, Fothergill, et al, 2011]. One effect of the recession is that many people approaching retirement age will have to postpone this due either to the extended working life requirements of the Government, or due to diminished returns on their pension pots. Another effect of the recession is that forced early redundancy consigns late-mid-life men [in particular] to a psychological wilderness, borne of feeling useless [Elliot, et al, 2011; Hossein, 2011].

Age Cymru published an appraisal of Welsh Government policies, and their general endorsement of the upbeat and optimistic projections that they support [Age Cymru, 2011]. *Age Cymru* promoted the idea of '*Lifetime Neighbourhoods*' [Ibid, p. 30], within which the essence of Welsh Government policies on participation, engagement, and support during vulnerable periods of life could be enacted with confidence by older people. Attree, et al, fully supported this view with their literature review of community-focussed policies. They found that active social engagement produced improved physical health benefits [Attree, et al, 2011, p. 155]. *Age Cymru* warned against policies saying one thing, and doing another [Age Cymru, 2011, p. 11], paternalism was still a feature of official practice. Shared decision-making was an essential for this policy to progress [Alltimes, et al, 2011, p. 13].

The *Alzheimer's Society* continued its campaign against any cuts whatsoever in public service provision. It maintained that the number of people suffering from Alzheimer's disease was under reported, and that demographic changes made the underpinning of existing services essential to meet the need today and in the future [Alzheimer's Society, 2011]. In 2009-2010, expenditure on Social Services for people over 65 years accounted for £655millions of Local Government spending. This was supported by the Commission on Funding of Care and Support, which called for more, and not less, funding for care services [Commission on Funding of Care and Support, 2011]. Public opinion, on the other hands, was suggesting that the Government's attitude towards people have into make a larger contribution to supporting themselves, rather than getting services, was increasing [Jarvis, 2011]. But another side to the question was that older people with high support needs, themselves, were still missing from the debates about objectives, giving rise to stereotyping and assumed homogeneity [Blood and Bamford, 2010; Bowers, et al., 2011; Katz, et al, 2011.

In Wales, meanwhile, the Wales Audit Office reported that, whereas, in 2005, the system of linking agencies across sectors was fragmentary, to say the least, by 2009, given the continuance of some '*talking shops*', and inter-agency working difficulties, the situation in Partnerships had improved [Wales Audit Office, 2011, p. 48]. Under the auspices of the Older People's Strategy the *National Partnership Forum for Older People* continued to make a significant contribution to the development of the policy agenda for ageing [WG,

2011b, p. 4], and good examples had been found of planning groups that were setting fresh directions for local service improvement [Wales Audit Office, 2011,, p. 48].

There is a need for a serious reality check on the actual capacity of the systems, at all levels, to correspond to the demands that are to be made upon them. On the one hand, we have structural services being asked to change, while maintaining stability in service delivery, and yet they have to take on the new challenges of adapting to the *New Public Health* agenda, and to the participation agenda as well. The problem was that public expenditure on Social Services, and other support mechanisms, was virtually static over the past few years [WG, 2011c]. The Social Services are at the forefront of the Care programme, and the interface between the client system, the community and the state mechanisms. The 'think tank' ResPublica commissioned a study of this situation, and their findings pointed to a very uncertain state of affairs [Wilson, et al, 2011]. It commented that there had not been a serious debate over the nature of nor the demands that might be made by the '*Big Society*' [Ibid, p. 10] . Is it '*just a fig leaf, for the paucity of policy?*' [Ibid, p. 62]. Is all this talk of reorganisation just a meal ticket for the army of consultants who will be brought in to measure and comment of changes? Even with all the benefits of strengthening communities and social networks, there is only just so much that the average person can contribute beyond their current circumstances [Ibid, p. 32]. Nevertheless, Carwyn Jones, as the new leader of the Welsh Government, stated in 2011 that the Welsh Government was committed to support the development of a fairer society. This, he described as *sustainable development*' [WG, 2011a, p. 1].

In those areas where there was already a commitment to, and a long-term investment in, the building of community from within in preparation for these changes [the *Communities First* scheme, operational since 2000] there was a move towards centralisation, and the assumption of state control over planning, objectives, and processes. The administration, orchestration and delivery of the scheme will be delivered by a closely monitored and scrutinised hierarchy of Welsh Government control. The '*participation*' levels of the local communities will be '*closely monitored*' rather than being in the driving seat of operations as before [WG, 2011d, p. 20].

Statistics Wales reveals that there are more older people in Wales than in England, Scotland or Northern Ireland, with one in four over the age of 60 years. They also have more limiting long-term illnesses than their English counterparts. In fact, across most of the health indicators, Wales' older population fares worse than their counterparts elsewhere in the U.K. [Statistics for Wales, 2008]. Whereas health statistics demonstrate that the older one gets, the more prone one becomes declining physical health, the WAG *Strategy for Older People*...[WAG, 2003b] promoted its philosophy of adopting the *New Public Health* model for preventing or slowing this decline by offering governmental support for healthy ageing

and enhanced well-being. WAG adopted its *Health Ageing Action Plan* in 2005 with the expressed purpose of improving health in advancing years, and *National Service Framework for Older People* [WAG, 2006b] underlined the priorities for a whole-system approach towards achieving this objective.

There is a problem over achieving these priorities, however, as is considered below, as the strategic objectives for the NHS in Wales for the 10 years from 2005 [WAG, 2005a] relegate any move towards a 'whole-system' approach to some future date. When the *Fulfilled Lives* Social Services policy document also appeared in 2006 [WAG, 2006h] it called for new efforts to achieve 'joined-up government', and this became a target for criticism from some well-researched research, both in Wales and in England. The House of Lords published its Report '*Ready for Ageing?* ' in 2013 [House of Lords, 2013]. It called for the principles expounded by successive governments for a whole-system approach towards 'integrated care' and support mechanisms to become the essence of health and social care support of the older section of society [Ibid, p. 81], and for the informal care provided my an army of family and community networks to be recognised and supported [Ibid, p. 83]. Costs had to be brought down, or the NHS and Social Care services, which were already in financial crisis, would founder [Ibid, p. 8].

In Wales, in 2013, also, The Interim Report of the '*Realistic Evaluation…..* [of health and social care] came to the same conclusions as those of the House of Lords [Chichlowska, *et al*, 2013]. In Wales, the starting point was well in advance of the English position, as policies calling for integration had been in place for some years [see above]. Nevertheless, the findings of this research found that there was still a marked disparity between policy wishes and delivery on the ground. Whereas of the *NHS Reform and Health Care Professional Act* (2002), promoted '*integrated care as a panacea response to achieving better outcomes for and with patients at lower cost*' [Ibid, p. 109], this was not a cheap option. On balance, and in line with savings that could be made across a longer time scale than that hitherto factored in by the policy makers, it would prove to be cheaper in the long term to promote and deliver community based care systems that supported continuing independence for older people [Ibid, pp. 109, 112, *et seq.*]. This, too, was a systems-based approach, considering strata of concern and intervention embracing the micro- system, the meso-system and the macro-system. Nevertheless, this analysis did not go as far as that of the House of Lords, as it did not call for any real intervention to strengthen '*informal care systems*' [House of Lords, 2013, pp. 82-3, & 90]. To realise these changes in patterns of care, service managers needed to train for and act in a far less '*risk adverse'* manner [Audit Committee National Assembly for Wales, 2008, p. 30]. The '*Realistic Evaluation….'* Report may spell out the problems that confront policy makers, but [at the Interim stage,

anyway] they do not spell out how to make the actual changes required. [See Chapter 7, below, for a model for this purpose].

In 2011, the Welsh Assembly Government published its consultation document on '*Sustainable Social Services for Wales*' [WAG, 2011b]. In this document the Welsh administration renewed its pledge to engage stakeholders in the planning and delivery of Social Services in the face of increased and unsustainable demand for Services [Ibid, pp. 6, & 9]. Significantly, [Ibid, p. 15] this document states:

'We will work with all stakeholders, and in particular with service user interests, to develop a model of self-directed support that is consistent with our principles for social care',

And, it goes on [p. 17]: '*3.24 We will support the wider development of the community leadership role of local government... We also see public health services playing a key role. We expect the full engagement of the third sector in the provision of community-based support services, particularly in the context of the development of social enterprises in Wales.*'

The local authorities are now tied into the community dimension of providing care and support for Social Services clients, and their communities.

In 2013, the Welsh Government introduced a Bill, *the Social Services and Well-being (Wales) Bill* further to develop the sentiments contained in the 2011 '*Sustainability*' principles. It strongly emphasises the '*well-being*' principles of the Local Government Act 2000 [op sit], with respect of older people receiving the support of the local authority, and it empowers a local authority to pay for the support and development of partnership structures for the fulfilment of these objectives [WG, 2013, Cl. 148]. Since the tabling of the Bill, many amendments have also been tabled [the Bill will be debated until, at least, the middle of 2014], and so it will be interesting to discover how many of the new powers of the Welsh Government will make it to the promulgation stage. In her regular '*Updates*' on the progress of the '*Sustainability*' agenda, Social Services Deputy Minister, Gwenda Thomas, in a written statement, said:

'*As these expectations grow, so too does the service delivery models evolve and adapt to meet them.* ***This can lead to new and innovative models*** *but these in turn create anomalies within the existing system.*' – author emphasis [http://wales.gov.uk/about/cabinet/ cabinetstatements/2013/ regulation inspectioncare andsupport/?skip=1&lang=en – accessed 24.11.2013].

With sustainability, partnership, stakeholder participation and well-being on the priority agenda for the Welsh Government and local authorities, the time is perhaps ripe for innovation and developmental change within Social Service delivery for older people.

Analysis and discussion

The history of Welsh policy towards supporting and protecting older people pre-dates the creation of the National Assembly for Wales in 1999. We have shown how the energies and focus of the Administration and officials in Wales, together with an active Voluntary Sector, have maintained a creative and progressive movement towards solving problems and refining principles of practice for the benefit of their client constituency. In Wales, too, full advantage has been taken of international connections and the independent development of policies elsewhere has informed Wales in its own progress.

Since the earliest days, Wales' administration has worked to ground its policy in firm experience gained at the level of the beneficiaries. A good example of this was the NIMROD scheme for people with Learning Difficulties that pioneered community care and independent living back in the 1980s, and the *All Wales Strategy for Service for People with a Mental Handicap* [Welsh Office, 1983]. Additionally, over the years, there has been a remarkable consistency in the language used to convey the message of policy direction. For the new Welsh Assembly Government, the Welsh Office set the scene with *Better Health Better Wales* [Welsh Office, 1998a]. Not only was disease to be prevented, but health equality was to be the target for all initiatives. Individual responsibility for health was the watchword, being integrated into all policies, and new forms of collaboration were to be developed for local improvements and value for money [Ibid, pp. 1-2]. Again, in 2003, in the *Strategy for Older People in Wales*, older people's participation in planning and volunteering was to be developed in order to strengthen local control and enhanced benefits [WAG, 2003b, pp. 10/11]. And in the most recent past, in *Getting on Together – a community cohesion strategy for Wales*, local partnerships were exhorted to integrate cohesion through linking activities and strategies in a positive promotional strategy [WAG, 2009b, p. 4]. Phrases containing sentiments such as partnership, participation, value for money permeate these documents.

There has been continuous pressure from Welsh policy makers for local government, quasi-state agencies, Voluntary Sector, and any other agencies willing to participate in social intervention, to achieve better and firmer results within a number of clearly defined parameters: integrated and partnership working; sustainability; consumer/client engagement; value for money; and transparency in policy formulation and implementation [Welsh Office, 1998b; Welsh Office, 1998d]. As we have shown above, all Welsh Assembly Government/Welsh Government policy and consultation material has included these parameters, and the only cases of deliberate policies involving '*back-sliding*' occurred with the NHS policy document '*Designed for Life*', when a delay factor for implementation of the community-engagement dimension was put on hold for five years [WAG, 2005a], and,

secondly, and most recently, there has been a deliberate step by the Welsh Government to take control of a centrally-funded, but devolved-to-local-control partnership programme - *Communities First* [WG, 2011d]. As has been found in this research, what the Welsh Government has lacked in the past is a direct input into the work on the ground, so that it can demonstrate and take part in the necessary work to achieve its policy objectives. This last-mentioned move may be seen as a significant step to rectify what WG sees as an overdue remedy for local foot dragging. Significantly, the response of the wide-cast consultation on this policy change received warm support from the communities, voluntary sector, and the Communities First partnerships themselves [WG, 2012a].

In our main area of interest, policy development in Wales has followed a different tack to that in England. England does not have a focussed policy strategy for older people, whereas, since 2003, the *Strategy for Older People in Wales* has done a great deal to consolidate thinking, and to make local government, the Voluntary Sector, and, to some extent, the Private Sector aware of the framework within which the Welsh Government wants all agencies and stakeholders to work, and to strive towards common goals. The Older People's Strategy provides a very positive framework for the development of policy that will build the Strategy into a successful vehicle to provide support and a life of well-being for the older people in Wales. What is required is a mechanism to achieve its goals. In the Older People's Strategy reportage over the past nine years, there has been constant coverage of the efforts of central government officials working at the local level to support and motivate Local Government to implement the policy's main concerns. But Local Government's territoriality is an established fact of governance, and this appears to be defended. This tradition has been carried further, into the newly created Local Health Groups/Boards. Over the years since Devolution, these bodies, too, have maintained a relative aloofness to central government's badgering for change. Steps have been taken to conform to the required *form* asked for by WG, but there has been reluctance to step fully up to the plate. The Wales Audit Commission has been working consistently towards changing this cultural issue, and they will take fully into account the relative negative findings of the evaluation into partnership working by WAG in 2006, when it was shown that this had not really started working because of cultural impediments [WAG, 2006d]. Early results of on-going scrutiny of the implementation of strategic programmes show that there has been some progress, but that the pervasive culture of silo-type administration models still persists. A powerful emphasis is being placed on the *Communities First* programme as an apparent panacea for tackling effective partnership matters. *Communities First* projects are still in a small number of locations across Wales [WG, 2009], and it would take considerable extra resourcing to spread these project out, across their local authority/regional '*cluster*' areas [WG, 2012].

Despite the coherence of the wording and focus of policy development in Wales, there has been a growing sense of unreality over the capacity of the Welsh Government to deliver on its policy, despite its earnestness of intent. Since the *Wanless Report* in 2003 [WAG, 2003a, and the stern message of the impending insolvency of the NHS, the Welsh Government has continued with its up-beat political message of 'more and better' each year. In the year after the *Wanless Report*, in 2004, the Audit Commission in Wales published a realistic, albeit gently optimistic, appraisal of the NHS in Wales' chances of being able to maintain its spending plans for the foreseeable future [Audit Commission in Wales, 2004, p. 4]. By 2010, however, the [now called] Audit Office [Wales Audit Office, 2010] had hardened its line considerably, and it was warning of considerable cuts in public spending to come. The Wales Audit Office casts serious doubts on the finances of the NHS for the immediate years to come [Ibid, p. 12], and states clearly that Local Authority services in the field of welfare are going to have to be cut back by 2%, at least [Ibid, p. 22]. The National Assembly for Wales had to approve additional expenditure on the NHS of £22millions for 2011-12 for the past year [Roy, et al, 2011]. The NAforW Public Finances Committee reported in 2011 [published in 2012] that these cuts would have wide impact and implications for public service delivery. Its findings were based upon the latest Report by the Audit Commission [2010], and there was no other point of reference in their Report for their data. Most of the Report, in fact, is a series of quotations from the Auditor General's Report.

If there was a non-government, independent monitoring body, of the core bases of public institutions in Wales, beyond those of the Auditor General, and the Public Accounts Committee of the NAforW, then a serious gap would be plugged. In England, the Government can expect penetrating and swinging attacks on its policy from the Independent Sector. For example, Robinson, et al, 2005, looked at *social care* in London, and found it lacking in most aspects, from housing, support for the older person, to Race Relations and discrimination [Robinson, et al, 2005]]. Derek Wanless, author of the 2002 HM Treasury Report on the NHS finances [Wanless, 2002] moved over to the King's Fund, and has continued to contribute to the debate on the future of services [particularly to the older person sector] since that time [Wanless, et al, 2006; Wanless, et al, 2007]. These reports reveal that, despite some solid progress towards the targets, those of public engagement have not lived up to expectations [Wanless, et al, 2007, p. 168]. There is no equivalent critique of policy implementation in Wales at present. The ICSSW Report [2010] concluded that there was a highly organised model for integrated community services to bridge primary and secondary health care, and that '*holistic*' needs would be advanced with the responsible partners [ICSSW, 2010, p. 40]. This is hardly the stern warning we might have expected concerning potential financial instability, failure to work outside the silos of Government administration, and the other factors which they identified in passing in their Report. The

'*Realistic Evaluation.....*' research [Chichlowska, *et al*, 2013, see above] may yet produce some concrete guidelines for action on this area, but they have not ventured much beyond the traditional boundaries of health and care services in their '*Interim*' analysis.

In Wales, there is no mention of David Cameron's *Big Society*, but neither is there an overt drive to publicise the benefits to and duties towards Wales' desire for its citizens to get engaged in the implementation of policy for common benefit. The *Big Society* is a Cabinet Office initiative, without any substantial policy document behind it. It is the responsibility of the newly named *Office of Civil Society* answerable to the Cabinet Office. In England, things are pretty fragmented as well. There are a number of disconnected initiatives: *National Citizen Service* volunteering scheme; the *Community First Fund* to encourage local community activities; '*Growing the social investment market*' a rather vague term. Whereas the *Big Society* in England is already defaulting on its ambitions to fortify local communities with trained *community organisers* [Bunting, 2011], similar schemes in Wales, connected to thorough-going policy initiatives are beginning to stabilise and make a presence. In the field of older people, the *Older Peoples' Strategy* is a much more thriving concern.

The nearest thing that England has to the Commissioner for Older People, was the short-lived appointment of Dame Joan Bakewell as '*Voice of Older People*', but the U.K. Government has baulked at making an appointment similar to that in Wales. Northern Ireland appointed its Commissioner in 2011. In Wales, the Commissioner has made some impact in establishing links, and setting out the programme that will be followed in future. It is interesting to note that the word '*prevention*' does not appear in any of the Annual Reports of the Commissioner [e.g. OPCforW, 2011; OPCforW, 2012]. The first evaluation report of the Commission makes much of the statutory basis for the Commissioner, and that no work was allowed to begin until after the appointment had been made and the post assumed [OPCforW, 2010a, p. 9]. It is apparent that the Commissioner has spent a lot of time meeting older people in Wales, but has concerned [her]self with that, and representing their interests, often specific in case experiences, rather than developing a thorough-going strategic older people's lobby in political circles. The Commissioner for Older People in Wales appears to be concentrating on the micro-needs of the people, and this is inevitable when a 'commissioner' position is established, in line with the social justice and human rights component of the role rather than establishing a politically demanding strategic outcome for the overall position of older people [OPCforW, 2011]. In the Annual Report for 2011/12, the Commissioner continues the line that personal need is the most pressing priority for the Commission. Preventive and developmental strategies have not yet registered on the agenda in any significant way [OPCforW, 2012]. A more holistic approach to the development of strategy for the Older People's Commission might seem to be more appropriate in a time of economic decline, as we have described.

Robinson, et al, [2005], draw attention to the distinction between '*welfarist*' [p. 7], and 'well-being' approaches to defining objectives in health and social policy. They claim that an ethos of '*welfare*' creates a 'dependency' culture, and that 'needs' should define the arena for interest and intervention. The difficulty in Wales is that the term 'well-being' appears to have replaced 'welfare' in many policy documents, and this term leads to even more latitude when defining purpose, progress, or attainments. The Welsh Government has established a firm grounding in policy towards older people, and has many of the necessary components in specific, and related, policies to create a tightly co-ordinated and effective system of support and protection for older people. What is required is an effective mechanism for breaking down the institutional barriers between agencies and branches of government administration so that the potential for this can be realised. All Sectors need to be involved in this. As Gwenda Thomas, AM. Deputy Minister for Social Services, Wales Government re-emphasised in 2012 that citizens needed a much stronger voice in public affairs and control over their services. A '*supermarket approach*' to public services would not suffice [Thomas, 2012]. Lister points to the deleterious effects of consigning older people to eroding financial circumstances, and the effects that poverty has on their way of life. People in poverty usually lack the power to have their voices heard [Lister, 2012].

What Wales lacks at the moment is a powerful *think tank* such as the *King's Fund*, etc, which dominate analysis thinking in England. The *Institute of Welsh Affairs* has, since 1999, published three tracts on younger people [one looking at inter-generational contact], one on sustainable [economic] development, and two on education. Otherwise, the Institute's efforts appear to be focused firmly on the structures of governance in Wales, and the Welsh language. This does not reflect the primary focus of the Welsh Government, which promotes social integration and community enhancement from all its Departments. An opportunity is being lost here to provide a weighty input into the progress of the Welsh social contract, the health and well-being situation, and the prospects for social change under trying times.

Community Development as a mechanism for achieving the goals of the Older People's Strategy.

Since the Government of Wales Act, 1999, Wales path into self-government has been framed by relative good times – until the economic recession struck in 2008. Starting albeit from a low base of prosperity relative to England, Wales was very optimistic about its capabilities to achieve goals that would bring Wales up into a more prosperous and beneficial era for its citizens. Since 2008, however, things have deteriorated, and Wales finds itself back in the economic doldrums. Strange [et al, 2008] point to the fact that Wales has the slowest growing economy in the United Kingdom, and Ball highlights the fact that home-grown

entrepreneurialism is not a feature of Welsh economic fortunes [Ball, 2006]. Without high disposable income, businesses and families cannot stimulate economic growth from within the nation [Jones, 2008]. According the *Statistics Wales,* in 2013, the Welsh economy is growing very slowly, and has not made much advance over the past decade [Statistics Wales, 2013]. But the demands on the economy and citizens by the welfare services continue to grow, and some solution has to be found.

Certainly, the basics are in place – consistency in policy development since 1998, where community development has featured in policies as a component: Welsh Office, 1998 – *Better Health Better Wales*; NAforW, 2000 – Housing Strategy; NAforW, 2000, Compact with Voluntary Sector for community development; NAforW, 2001 – *Communities First*;; NAforW, 2001 – Promotion of Health and Well-being strategy; WAG, 2003 – Strategy for Older People; WAG, 2007, *Fulfilled Lives*; WAG, 2008 – *One Wales*; WAG, 2010 – *Working with Communities;* ; WAG, 2012 - Sustainable Social Services. Additionally, the Welsh government has insisted that *sustainability* be at the core of all policies [NAforW, 2000 – *Learning to Live Differently*; NAforW, 2001 – Health Alliances; WAG, 2004 – *Sustainable Development Plan*; WAG, 2009 – *Getting on together*; WG, 2012 – *A Sustainable Wales.*

Despite this consistency, and policies, the Auditor General for Wales considered that Wales was not able to produce the policy shift on the ground, and that it required special circumstances to produce the desired effect – such as the Cardiff Bay development project; of the *New Town* developments of the 1970s [Auditor General, 2005]. Additionally, there were too few resources available to produce the desired outcomes in this sector [Auditor General for Wales, 2009]. In order to make the most of all the resources that might be available, cross-sector co-operation [Private, Public, Voluntary and Community] is the only way forward. The concept of 'development' must also be widened to recognise the *New Public Health* implications of social and economic development and regeneration [Labonté, 1991; Michael, 2008; WAG, 2009]. Adamson [et al, 2001] has fed this information directly into government, but the time for this sort of focus shift needs to become a reality. Certainly, the importance of this strategy must not depend on the uneven disposition of the *Communities First* establishment, which has failed over twelve years to produce anything coherent by way of national learning about community development. This history and analysis of Welsh policy has been made to discover whether or not there is an opening for a structured strategy for community development within the structure of the Welsh State. This will be discussed in a broader context in the Conclusions Chapter below.

[Note: The Report of the Williams Commission into Public Service Governance, in Wales, will be published in January, 2014, and this will have some bearing on community-based

service delivery, including the co-production of services. This will, it is hoped, reinforce the findings of this study, and strengthen moves to make '*stakeholder involvement*' a greater feature of Welsh public life].

Chapter 7 Conclusions and final analysis

In this study four major themes have been examined: the extensive history of the development of community development, both here and abroad [2 sections], the evolution of policies within the WHO, and the development of Welsh policy since devolution.

Key findings from the focussed research:

Chapter 2: Here the path of community development was traced more or less exclusively in the United States, due, mainly to the total absence of other literature on the subject. In the U.S.A., we found the first systematic attempt to analyse in depth what was involved, and to discover its utility. This was successful in that the US Government was able to enlist its benefits as a strategic intervention initiative to focus [especially] rural communities on the agricultural and economic needs of the nation in the time of War, and in post-War reconstruction. Alongside this, the theoreticians produced an extensive literature on the subject, which gave it sufficient, non-ideological, intellectual respectability to enable the National Conference on Social Work to establish the Lane Committee on 1938. The Lane Committee established that community development was a rational, systematic, application for the development of strategic objectives for planned social change, and that it should be included in the regular repertoire of all American social workers, and in their basic training [Lane, 1940; Harper, et al, 1959; Dunham, 1970]. Almost no notice was taken of this process in the United Kingdom, despite the fact that the U.K. had furnished the basics for community intervention from the end of the 19th century. In 1943, the U.K. Government acknowledged that the application of community development in the U.S.A. had brought about some positive, developmental improvements in the lives of poorer, rural and urban Americans [Colonial Office, 1943, p. 54], but it was not until 1954 that these issues were taken up in any systematic way. Even then, after being provided with the basic framework, colonial administrators were to use their own initiative in its implementation [Colonial Office, 1954].

Chapter 3 Community development progressed determinedly across a number of fronts after 1940. In the USA, two models competed for respectability – the conventional, consensus model of the Lane Committee, and the conflict-oriented Alinsky model. In the relatively *laissez-faire* climate of American community activism, charities adopting community-organizing approaches [as opposed to more therapeutic approaches] had to become business-oriented if they were to survive. The state, and some Foundations, to be sure, did offer some spectacular grant-aid programmes, such as the *War on Poverty* [Marris, et al, 1967], but, mainly, community organisation was dependant on local subscriptions, *Community Chest* fund-raising initiatives, or established charities such as the Bank of

America's community development grants programme [to promote community stability through house-building].

The Alinsky-based, 'membership organisations', however, could take a more aggressive stance in the face of intractable local issues, and thus the conflict model was always an option for all, depending on the levels of social need, frustration or wilfulness of the population. The notion of democratic choice and control is always at the back of the American community organization experience. In taking donations from powerful supporters [such as the Roman Catholic Church] Alinsky always insisted on autonomy and resisted pressure from his funding sources for control over the unfolding activity. The people on the ground, who held feedback sessions after every '*action*' [act of confrontation] decided for themselves on the next steps, and how the mission strategy was progressing [Fagan, 1979; Pitt, et al, 1984; Delgado, 1986; Gittell, et al, 1998]. Another significant feature of American community organizing is that it is mostly self-funded from the indigenous resources of the poor, or other groups in society. Alinsky used outside resources [very often the Roman Catholic Church], often to pump-prime the activities [in *Back of the Yards,* Chicago, for example], but Alinsky found that equity [ownership] is a vital component for underpinning motivation. Outside of the Welsh Language sector in rural co-operatives in Wales, there is very little evidence of self-funding, even on a small scale. Many Welsh projects, such as *Mentrau Iaith Cymru*, are directly funded by the Welsh Government, as well.

The Americans also invented the community development corporation - CDCs [Twelvetrees, 1989], after the collapse of the *War on Poverty* and when poor communities were seeking some means of regeneration and self-sufficiency. The community housing co-operative or community-owned super market are all institutions that are now readily recognisable in America. But it was the acquisition of corporate financial support through '*leveraging'* that made the biggest contribution to the enhancement of the community business model [Blaustein, et al, 1982; Fisher, 1999; Rothman, 2008; Feehan, et al,, 2013]. Borrowed money had to be paid back, and this focused the business acumen in the communities. Since the 1960s, the CDC has entrenched the business ethic, and financial orientation of community organizing in the United States. The business model proves particularly effective in strengthening ethnic minorities in the U.S.A [Blaustein, et al, 1989; Twelvetrees, 1989; Gittell et al, 1998; Atlas, 2010]. CDCs and the conflict model present to minority Americans an alternative to food stamps, and privately-rented tenement housing. The CDC embodies the capitalist ethos that permeates community life, and they also extol the business ethic of society at large.

At the other end of the scale, and as another symptom of the vitality of the American approach to the subject, the question of the 'dying American community' was raised

pointedly by the sociologist James Coleman. Coleman identified the need for reinforcement of a feeling of the 'collective' – a value of social networks, it: '*inheres in the structure of relations between actors and among actors*' [Coleman, 1988, p. S98]. This resonated with aspects of the personality that suspended self-interest, to enjoy the knowledge that 'belonging' was important [Ibid]. This theme was then taken up by the political scientist, Robert Putnam. Putnam had been studying Italian village life, and he concluded that the loss of traditional, communal pastimes led to social decay, unless replaced or compensated for in some way [Putnam, 1993].

He then applied the same logic to the United States, and his research found that the decline of team bowling activity, which consumed a great deal of Americans' social networking time in the 1950s, had resulted in the loss of community spirit and personal, social identity. Bowling had now been totally displaced by television, and other, more individualistic activities. As such, the sense of '*community*' was now more a myth than a reality for many Americans. Societal failure, as already demonstrated in this decline, was so critical that it was making parts of America ungovernable, especially parts of the inner city [Putnam, 2002; 2004]. Putnam's work raised a lot of interest, and the World Bank considered it to be of enough importance to make a thorough analysis of its place in social assessment processes [Grootaert, 1998]. The concept quickly grew beyond the original boundaries studied by Putnam, and it soon became interwoven into the framework for assessing the quality of public health [Lynch, et al, 2000; Farrington, 2002; Morrissey, et al, 2006].

The concept of *social capital* has now become confused, or conflated with another concept, *human capital*. As Coleman explained in 1988, *human capital* constitutes the skills that enable our culture to transform materials into useable artefacts [Coleman, 1988, p. S100]. Some writers, who are claiming that *social capital* has the ability to orchestrate social change through its innate qualities, are stretching the concept beyond reason [Muntaner, e al, 2008]. The measurement of social capital is still an imprecise science because *social capital* is an ethereal phenomenon [Field, 2003]. This is because the concept, itself, carries some moral connotations about the quality of social networks and the density of cultural ties [Etzioni, 1993; Field, 2003]. Nevertheless, it is now established as an indicator of significance with the WHO, and with the U.K. Government [Marmot, 2010]. Putnam's last word on this matter is that society must reform itself towards participation, and any form of participation will do. The most positive activities for increasing *social capital* are found in faith organisations, and in social service of some kind. Even re-establishing the camaraderie of the workplace would go a long way to raise morale and well-being [Putnam, 2000, pp.404 *et seq*].

Chapter 4 Community development in the U.K. has presented a completely different picture to that in the United States. Firstly, there is the matter of ideology, and the

permeation of the profession with a socialist dream of better places to be, and the [almost] antagonistic orientation towards business that that embodies [*pace* New Labour]. The problem arose from the institution of the CDP in 1970, and the lack of administrative control over the fieldwork philosophy of the teams *in situ.* Instead of taking up the challenge of inner-city [and rural] deprivation, and attempting to restore some economic recovery in their communities, the CDP teams set about castigating the capitalist system, and motivating their respective communities into endless challenges of their local authorities, etc. The result was that none of these communities benefitted anything save a few short-term gains [housing maintenance, e.g.]. There was only partial success in one CDP project [Oldham], in the face of Council opposition, where even an orthodox approach to social planning met with stern resistance. [Corina, 1975]. Alan Barr emerged from this situation with a positive learning experience, which he was able to transfer with success, incorporating community development into the Scottish *Community Development Centre*, with a continuing national impact [Barr, 1991]. From CDP IIU [1975], Bennington [1976], and Cockburn [1977] to Ledwith [2011], Shaw [2011], and Jolly [et al, 2012], the market and the capitalist system are castigated for their oppression and failure to respond to democratic principles. Unfortunately, this study is not about choosing a preferred economic system, but is about discovering an intervention model that can survive and thrive within current circumstances for the support of older people. Today's older generation is stuck with the system we have.

The CDP project as a whole was disbanded and forgotten [except in the literature –see above], and in England and Wales, at least, the Labour Party went into denial of community development, generally. It remained in the doldrums until the emergence of the '*enlightened*' philosophy of the *Third Way*, under New Labour [1997-2010]. This resurgence was mainly the brainchild of John Prescott as Deputy Prime Minister, and Minister for Communities and Local Government. It was on his watch, that the profile began to rise again. The attempts by the Social Exclusion Unit between 1997 and 2006 to bring public officials into the frame for social regeneration alongside economic regeneration had some limited successes, particularly in the area of child poverty and exclusion [Hills, et al, 2005]. Nevertheless, despite '*taking poverty and exclusion extremely seriously*', the Labour Government of those years did not achieve much overall for older people living in deprived circumstances, as housing costs escalated in this period. [Hills, et al, 2005, pp. 5-6].

In the U.K., institutions have been developed that might serve an important function in the dissemination of a holistic model for community development. When Y.V.F.F. was formed in 1968, a feature of its staff was their idealism, dive, creativity and vision of what they were trying to achieve in society – mainly a more equal society. Since that time, despite its having the ear of government, and a Parliamentary representative as its Chair, it failed to act as a

lever on government to alter policy towards the universal adoption of a community development, problem-solving approach to governance. Now that CDF has been forced to sever its formal links with government [CDF, 2012], that potential for influence may have gone forever. The model, itself, is still valid, however, if the state was to decide that it needed a semi-autonomous vehicle from which to launch a campaign to change governance towards this format. CDF, however, was never given the authority that this function required to be effective.

In Britain, the achievements of community development since 1940 comprise a shrugging off of the 'colonial model', and the assumption of a collaborative role alongside the newly-elected coalition Government and its *Big Society* programme. It has failed produce any real concrete learning from the intervening years, and it has failed altogether in adopting any of the learning that has been accruing in other countries, especially the United States. One of the major differences between British and American approaches to community development is that Americans deal in material effects, and the British deal more in abstractions. The British are focused on difficult-to-measure *social capital* [see above - identity through social network awareness], whereas the Americans tend to measure advances in *human capital* [the acquisition of quantifiable skills]. Shaw [U.K] talks about '*community as possibility*' and protecting '*creative spaces*' for people [Shaw, 2008] whereas Minkler [U.S.A.] invokes aggressive empowering planning interventions for the 'elderly poor' of San Francisco [Minkler, 2008]. Ledwith urges us to achieve *praxis* and the '*radical agenda*' as the basis for a viable model for community development in economically-recessional Britain [Ledwith, 2011]. In the U.K. the theme in the heyday of activist literature, *Class*, was the only medium for communication [Leonard, 1975; Bolger, et al, 1981], whereas in the U.S.A. class is hardly ever raised. There appears to be a cultural blind spot when it comes to recognising the contribution the U.S.A. has made to community development thinking over the decades.

It is still an open debate whether or not '*participation*', *per se,* enhances social cohesion [Mohan, 2013]. In fact, some see it as a mechanism for binding people into processes that are anything but liberating [Henkel, et al, 2001]. But the World Bank, and others, are of the opinion that social organisation in formal endeavour, particularly focused on economic outcomes is the most powerful force for social well-being [Mansuri, 2013; Sagar, 2013]. Plummer [1999, p. 9] sees community participation as a mechanism for building the authority's capacity for problem-solving, provided that the authority, itself, has developed the capacity to manage it effectively.

Chapter 5: From its inauguration in 1946, The World Health Organization [WHO] immediately began to set global standards for assessment, monitoring and policy development. Its interpretation of best diagnosis and practice moved steadily ahead, and by

1986, it had refined its expectations of how primary health care should be achieved to incorporate *Health Promotion* as the best mechanism for preventing the deterioration of the health of national populations [WHO, 1978; WHO,1986]. Achieving these objectives, in Europe, initially, saw the adoption of the *Healthy Cities* programme [on-going], and the re-identifying the processes of achieving healthy populations through prevention. This involved the participation of stakeholders in determining how best to deal with health issues, and this process was redefined as *The New Public Health* [WHO, 1986; WHO Europe, 1990; WHO, 1997]. In countries where transmittable diseases had been tamed, and life-style factors made up the major part of ill-health, radical changes would be needed for the raising of general well-being and supporting people to change their life-styles to achieve better health. This required that public health policies adopted a holistic/ecological view of problem-solving, and that the outlook should be one of prevention and precaution instead of relying on curative methods only. Most importantly, it was recognised that the World's nations could no longer afford to provide curative services for life-style health issues [WHO, 1997]. The evaluation results of better health for all using these new forms of planning and intervention, [WHO Europe, 2009a & b], reinforce the World nations' subscription to these objectives [WHO Europe, 2009c]. If the symptoms of ill-health could be traced to the negative effects of prosperity in post-industrial capitalism, public health, however, was still committed to a *modernization agenda* – seeking 'growth' in good health, in the face of the economic model that was the main cause of the situation. The effects of the WHO, under its Director, Halfden Mahler, from 1973-1988, were to adopt an aggressive, and progressive policy for the *New Public Health* agenda This was aimed mainly at the economically developed world, calling on these countries to adopt broad-based programmes for better health, healthier lifestyles, and comprehensive health support services [WHO, 2008]. The culmination of this process was the *Jakarta Declaration* of 1997, which also introduced the concepts of power sharing between community and state in health planning and delivery. This received a strong response from around the world [WHO, 1998c], and the adoption of this 'ideology' for health policy is strongly evident in Welsh Government thinking today. The difficulty is that government is not going to be able to provide sustainable growth, sufficient tax revenues, or a 'universal' Welfare State under today's economic conditions.

From 1999 onwards, the WHO concentrated a lot of its effort to change the health culture towards recognising the equality of older people within the public health sphere [WHO Dept. of Ageing etc., 1999]. A series of detailed reports and regional policy documents did much to raise the profile of the active older person, and the need to build in active local policies towards realising these objectives [WHO Ageing Health Programme, 1999; WHO Europe, 2000; WHO, 2001; WHO, 2002; United Nations, 2002; WHO, 2004; WHO, 2006b; WHO

Commission etc,. 2008; WHO Europe, 2010b]. The *Healthy Cities* Programme [see above] did much to achieve this in the local and national settings.

Chapter 6: Since the early 1980s, and then as the Welsh Government, through all its name-changes, Welsh Health policy has followed the WHO path with dutiful and beneficial effect. In 1987, the Welsh Office had created *Health Promotion Wales* to pioneer the *New Public Health* approach to health policy. This was reinforced in 1991, when this agency was consolidated into the Health Promotion Authority, and the publishing of *Better Health Better Wales* in 1998 set the new administration on a focused trajectory. The '*Wanless'* Committee [WAG, 2003a] reinforced the WHO's clear message about the costs of providing acute health care, and directed the Assembly towards making a necessary accommodation towards a new, financial reality. Outsourcing the responsibility for lifestyle health to the community began to underwrite policy formation [WAG, 2005a]. The fact is that while current policy still reflects a resolve towards implementing the *New Public Health* agenda, the same cannot be said about its successes. News reports about Health Authority over-spends, government bail-outs, and service restrictions are still a regular feature of the national press, and of the Auditor's Reports [Wales Audit Office, 2010a & b].

Certainly, a tight local focus had been possible across the agencies responsible for the health agenda because of the original co-terminosity of Health and Local Authorities. This would have been an advantage from a service-planning position – from 1999, up and until 2009. But when the NHS in Wales was restructured to reduce the number of Health Boards from 22 to 7 [plus 3 NHS Trusts] in 2009, the situation changed. The reconstituted Health Boards now span a number of Local Service Board [LSBs] areas. This must reduce the influence that local areas have over the local impact of more centralised health policy-planning. In any event, since *Designed for Life* [WAG, 2005a] the focus of the NHS in Wales has been drawn away from active consideration of the community dimension of its services. Despite the Government's issuance of numerous policy documents since that date, all echoing the core of Welsh Government philosophy of active partnership, the NHS itself has retained its own inward-looking service focus, despite having to participate in local planning activities via the LSBs. The recent NHS policy document amplified this trend, urging the development of well-being for its staff, urging full and active partnership with 'key stakeholders' but making no mention of any community connection beyond its engagement in LSBs [NHS Wales, 2012]. Concepts such as *Healthy Hospitals*, which entail the community resourcing of services, and community outsourcing receive no mention [Court, et al, 2007].

The LSBs, themselves, are non-statutory agencies, and they have been issued guidelines that downplay the involvement of the community in their planning activities. It seems that the community is to be consulted, as it is supposed to be the source of public service rationale/*raison d'être*. But there is no active inducement, nor exhortation to bring the

community into the planning chamber [WG, 2012d&e]. The Welsh Government has strengthened the centrist tendency by re-structuring the local strategic planning framework - the *Community Strategy, Health and Social Care, Community Safety, Young People's Strategy* are now combined onto one, over-arching Strategic Planning approach – *The Single Integrated Plan* [SIP] [WG, 2012d], to be developed by the Local Service Boards. This Report continues:

The core membership of a LSB should consist of leaders of the local authority (political and / or executive), police, health service, county voluntary council, and a senior representative of the Welsh Government. LSBs can determine whether to expand this membership, but as strategic partnerships, they should ensure that their own structures are streamlined and fit for purpose [Ibid, p. 8].

This is a significant statement of intent. It appears that there are no immediate plans to integrate the community within the planning framework, except as bystanders. The 'key factor' of citizen engagement is now open to much more restricted interpretation.

The Welsh Government has consistrently pursued a policy that not only set up a framework which demanded a community development application to achieve the desired outcomes ingredient [NAfW, 1999c; NAfW, 2000c; WAG, 2003d; WAG, 2006d], but actively asked for its adoption as the necessary [WAG, 2000e; . The decision by the Welsh Government to centralise the management and prioritising the goals of the *Communities First* programme is an interesting and significant development [WG, 2011]. Since 2000, the *Communities First* regeneration programme had been based upon a locally-determined, mainly process-oriented intervention, with very limited goals and little strategic vision or connectedness with other projects. In the 'cluster plan guidance' document for the new structure, project teams are instructed to identify their plans, how they measure progress, and how they justify their continued funding to partners. A strategic vision is also required [WG, 2012e]. Despite this, there is no template for the consolidation of the total, or anything like the total, resources of an area. In other words, there is still no strategic vision for *Communities First* for the achievement of regeneration goals and objectives, just an enhanced role under more centralised control than before. The Welsh Government should make more demands on its own strategic planners for the implementation of policies such as those in Public Health, as so much hangs by its success [WG, 2012 a&e]. What has been discovered in the course of this study is the lack of evidence about the effectiveness of community development. The reasons for this are: most funding is on a short-term, project cycle, and not programme-based; there is no uniform model or set of criteria against which to measure the output; professional workers often work to their own, individualistic criteria and outlook, so that communications are fragmented across project boundaries; community development

managers are untrained in the practice, and so they are not aware of what they should be looking for.

Community development and the community in Wales: Up to the end of 2012, the cumulative effect of policy formation in Wales for the support of older people in the community hinged on the Government's ability to provide a consistency of message to local government, the NHS, Voluntary Sector, and the community at large, and to push for its implementation across the board. The Welsh Government had certainly provided the policy framework, since 1999, building on the priorities of the Welsh Office's *Better Health Better Wales*,[Welsh Office, 1998a], and following on with the *Strategy for Older People in Wales* [WAG, 2003b]. With the complementary policies on service delivery – *Making the Connections* [WAG, 2004a], and for joint-working with community input - the *Beecham Report – Beyond Boundaries,* [WAG, 2006a], it would appear that all the necessary frameworks were in place. The appointment of the *Older People's Commissioner for Wales* [OPCforW] was the final piece in the network to ensure that all resources were focussed and channelled to the appropriate targets. There are a number of caveats to this scenario – firstly whether or not the Welsh Government has the necessary ability to deliver its own policies on the ground, whether or not it has the will to do so, and what forces are aligned against it in achieving its objectives, and why. One positive feature of the literature [and certainly in practice in the devolved Wales scenario] is that there now seems to be a fresh spirit to co-operate with government, and, in partnerships, with business as well, across the whole approach to community development in Britain. It seems to have originated around the time that Barr [Barr et al, 2000] published their *ABCD* model of effective community development work. There was no talk of '*class*' or '*struggle*' in this model, and within the literature, things all began to come into an acceptance mode. In Wales, this was very evident in the compilation of case studies of community development in south Wales [Clarke, et al, 2002], where every example was of a project working in co-operation with the state schemes.

There is no doubting the Welsh Government's concern to create the necessary environment for the continuing support of its older citizens. The early introduction of the '*sustainability*' programme to span all Government Departments [WAG, 2004c] promised integrated government engagement, partnership, and community participation. This consolidated the *Local Health Alliances*' initiative taken in 1999 [NAforW, 1999b]. Unfortunately, despite the reinforcement given to the Welsh Government in its endeavours by the *Local Government Act 2000*, where the well-being of all citizens was to be actively promoted by local government, much of the Welsh Government's efforts to create a legislative framework for this process was slow to materialise [Audit Commission for Wales, 2004; Audit Committee, NAforW, 2008; Audit Committee WG, 2012]. These reports noted that local

government was having on-going difficulty in developing effective partnership arrangements that might produce material results for the benefit of its constituents. The Independent Commission on Social Services in Wales [ICSSW, 2010] confirmed that the economic recession was taking its toll on the gains that had been made over recent years in raising the profile of social care within government priorities. But the underlying message is still told of the urgent need to build into the system of social care some of the urgency that had been reported to the WAG in 2003, with the publication of the *Wanless Report* [WAG, 2003a]. Public statistics still reflected the unfortunate facts that Wales was an unhealthy place to live for older people, and that unless restructuring of public services took place to reduce the burden on shrinking government finances, the system would become unsustainable [Kenway, 2007; ICSSW, 2010; OPCforW, 2012; WG, 2012b].

The demography and disposition of older people in Wales necessitated the creation of a focused agency, the *Older People's Commissioner for Wales*. It is not yet clear whether or not this structural innovation will deliver preventive or palliative solutions to the challenges ahead. With a rising population of older people, the *Strategy of Older People in Wales* [WAG, 2003b], certainly provides a mechanism that, combined with the role of the Commissioner, could produce dynamic pressure for change. Any development of this scenario must also consider that the older population in Wales is spread across many differing landscapes – urban, and rural. Below, a model that incorporates a positive strategy for the Commisssioner is outlined.

A great deal of the preparation for structural change within service delivery has already been accomplished in Wales. In addition to the creation of the Older People's Commission, and the regeneration programme, *Communities First*', there has been a great deal of modelling through *Healthy Living Centres* [Clarke, 2002a; WAG, 2005g; Bridge Consortium, 2003, & 2007] and many community development projects and community-based community enterprises [Carlisle, 2004]. The work done in exploring the subject at the University of Glamorgan [Adamson, et al, 2001] has also identified the essence of good practice in this field, and the Welsh Government has established good relations with the community development workers' organisation, *Community Development Cymru*, which it continues to fund, albeit on a reduced scale.

We are dealing with a very complex issue in presuming, as we shall, to want to change the way in which a Government approaches the implementation of its own policies. Approaching a complex issue is fraught with difficulties, but then the whole question of development at any level is complex. It must be tackled. Jones [2011] identifies some of the issues that have to be faced, and facilitating governance and cultural change features high on his list. One of the main difficulties that an agent faces when attempting such a task is the problem of being enabled by employers, etc. to be flexible and to call upon resources to act

out of their normal comfort zone or protocol [Ibid, p. 1-2]. When the varied needs and ambitions of an ageing population are incorporated into this, a clear framework is needed and a powerful vision needs to be adopted by all participants. Nevertheless, not all the rules may apply....., and so an understandable framework for its implementation must be devised.

The development of a Systemic model for community development: The primary instrumental task of a community development worker is the building and sustaining of organisations. At the local level, this entails implementing the framework described by Barr and Hashegan in their *ABCD* model [Barr, et al, 2000], or, similarly, the framework of Henderson and Thomas [Henderson, et al, 2002]. Put simply, this entails: entering a community, identifying issues of local concern, targeting local people who share a desire to solve these issues, and assisting and supporting them in organising local resources to deal with the issue. Sustaining the new organisations is the on-going task of the worker, and assisting them to seek out new goals, etc. This responsibility extends, also, to the assessment of existing organisations in the community and assisting them to strengthen their situation, organisational competence, and then 'guiding' them to develop a wider, general community interest for their activities. Building community-wide representative organisations follows from that, and all this has to be sustained over a considerable time period. [Clarke, 1996; Clarke, 2000]. For older people, any social structure upon which they may later become dependent has to be set up in such a way that its sustainability can be ensured, and underwritten by its own inherent resources and characteristics [Clarke, 2004a; Clarke, 2006; Blake, *et al*, 2008]

We will consider here two templates for the construction of the model that will be required – with modifications: Rothman's three level *'Approaches to community intervention'* [Rothman, 2001], and Plummer's *'Strategic framework'* for municipal capacity –building [Plummer, 2000]. We have already considered the importance of these theorists above [Chapters 3 & 4] and we will describe how their frameworks combine, with modification, for the purpose we have: to provide a community development framework for the support of older people in the community. Rothman presented a number of major statements about how community organisation might best be analysed – into three 'modes'. The original framework [Rothman, 1970] was modified in 1995 [Rothman, 1995], to include a wider, international perspective, but the basics – *locality development, social planning* and *social action*, remained unchanged. Most recently, in 2008, a third revision to the model was made [Rothman, 2008]. This was a more radical departure from the first two – breaking down the dimensions into a matrix across 9 segments, divided across three main integral characteristics – *planning, capacity development*, and *advocacy*. For closer, analytical purposes, this later analytical framework introduces nuances of difference between methods

and value that are not strictly relevant for our purposes here, and so we have adopted the second model – Rothman, 1995. Notwithstanding this, Rothman's latest exposition is useful as a reference point.

Rothman's model firstly required a professional worker, and/or those who make social policy, to consider planned social change from the perspective of the local community [Locality], and then from the standpoint of the planner, in top-down mode [Social Planning]. Rothman's third mode – *social action,* is omitted here because it entails producing a 'conflict' model of inducing change; something that is not compatible with stable governance [see Alinsky, Chapter 3 above]. The professional is required either to acquire the necessary skills to operate at two levels/modes simultaneously, or to ensure that there is a team of other workers available and engaged to take on the second level of intervention.

It is necessary that this whole process is driven by policy, management frameworks and monitoring from the top-downwards. Only in this way can the process be resourced appropriately, that the recruitment and training of staff be accomplished to the necessary levels, and that lessons learned at each level by each 'mode' of functioning be fed into a combined learning institutional framework. The model adopted by the Welsh Government for the future governance of the *Communities First* programme is an appropriate one for this purpose, without the limiting factor of being confined to the areas of greatest social and economic need in the nation [WG, 2012b & d]. At the local level, strong linkages between this policy framework and a local government *strategic planning partnerships* has already been proposed, using the *Local Service Boards* as the platform [WG, 2012e]. The adoption of the framework for strategic planning, and the issuance of guidelines for implementation by the Welsh Local Government Association in 2013, ensured that, at least, there is a concerted orientation towards the outcomes that are desired [WLGA, 2013]. What remains now is for the presentation of a model to fit within this framework for the co-ordinated support of older people.

Building a local social development structure: Harding [1991] cites commentators on the USAID's Handbook on the *logical framework* for evaluation [Harding, 1991, pp. 295-7]. How is a model for intervention selected, and how is it determined whether or not it has been successful? For evaluation, the problem of deciding between qualitative and quantitative indicators should be down to whether or not they can elicit verifiable results for the investment made. Some lend themselves more easily to describing process, and other outputs, but, in the end, the data from the qualitative indicators are all quantified, in order to make the assessment [Ibid, p. 299]. In the end, it is the final outcome of the project that is important, but data must be assembled to assess the project's achievements. The adoption of an intervention framework may be more problematic.

Although community development presupposes that it, itself, is an intervention strategy envisaged and implemented from the top-down in society, it is necessary to prepare intellectually for a bottom-up structure, because it is the stakeholders in the community who are the most vital ingredient of the mechanism that will bring about lasting change. The writings of A.K. Rice and Eric Miller, of the Tavistock Institute put the social applications of *systems theory* on the agenda for community development. In their 1967 work, *Systems of Organisation* [Miller, et al, 1967], they make it plain that it is the quality of boundaries around a task-oriented organisation that determines the capacity of that organisation to carry out its tasks. They distinguish between *sentient* and *task* systems. *Sentient* systems are those that attract loyalty from its members/participants, and *task* systems are focussed upon the goal or objective as an end in itself. The type of organisation created will reflect on the nature of the activity undertaken – *task-centred* systems will be more outcome-focussed, but may suffer from internal frictions, and loss of momentum unless 'motivated' by some form of external control. *Sentient* systems, however, which may start off highly focussed and motivated, may erode quickly, unless buoyed up by incentives [Miller, et al, 1990]. Some sort of compromise must be made if the system we will describe is to work. A task-oriented group, which demands the loyalty and creative input of its members on an on-going basis, has to be motivated and guided. Methods for conceptualising these ideas can be expressed visually.

The micro-structure: The principles of assessing the community development process are built up progressively through the examination of each and every organisation with which the professional has contact. The process of developing such a structure, which will deliver planned social change, beginning at the grassroots of society, can be represented diagrammatically. The primary formation needed is the simple organisation, at the local level. Drawing on the framework presented by Miller and Rice, a diagrammatic representation of the task may readily be seen in Figure 2, below.

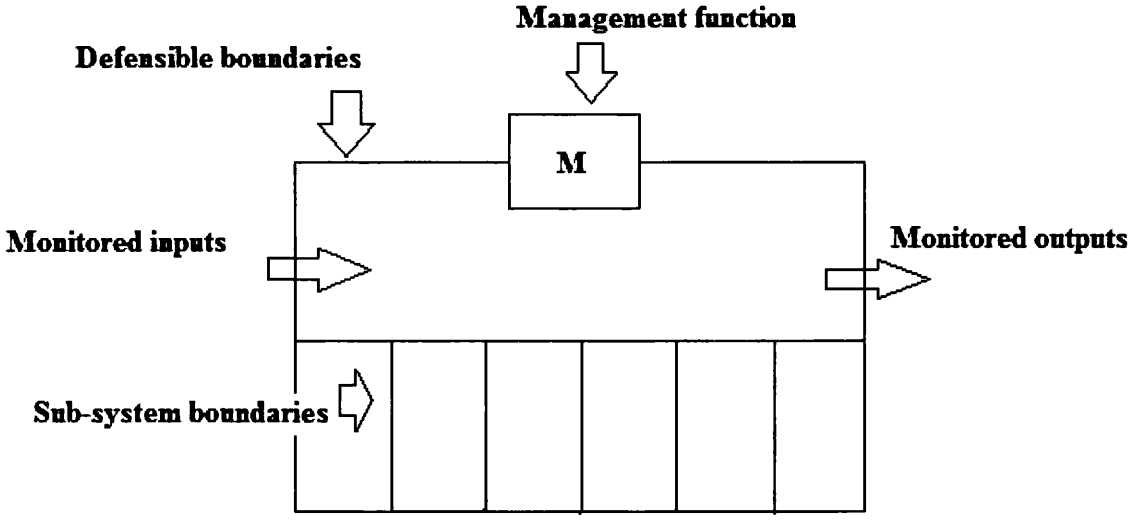


Figure 2. Simple system diagram

In the diagram above, the crucial organisational boundaries are defended by the Management function, which also has the task of delegating tasks within the system. The control of inputs and outputs of the system completes the cycle. The quality of the system depends on the nature of the *participation* of its members, which are discussed below. Because all effective models of social intervention require that monitoring and evaluation systems be instituted, on this micro-scale of organisational development, just what is happening will rapidly become clear to the professionals engaged on the ground, the external administrators, managers, or funders. It is the task of the community development worker, at the level of the '*locality*' [Rothman, 1995, p. 37 *et seq*], to build viable organisations at the grass-roots level, and then to repeat this operation as required across all communities targeted within a strategic intervention programme.

One of the clearest of these evaluation processes is that described by the HM Government Overseas Development Administration [ODA], [now] Department for International Development [DfID]. ODA/DfID has a long history of monitoring and evaluating overseas development programmes, and individual projects [Marsden, et al, 1990; Marsden, et al, 1991; ODA, 1995; Cracknell, 2000]. ODA adopted the USAid model developed by Rosenberg in 1970 [Rosenberg, et al, 1970]. This monitoring and evaluation framework won world-wide acceptance across the economic and social development arena, but mostly in the context of developing economies [Cracknell, 2000]. This method of measurement has some serious critics – namely because the parameters for measurement can often be set by powerful donors, or local political or administrative staff, who have their own sense of priority – political or financial, or both [Thomas, 2000]. Nevertheless, with properly set

objectives, secure boundaries and secure financial backing, this method of measurement has much to commend it [Clarke, 2000].

Critics aside, the intended outcomes of evaluation are laudable: to create a manageable evaluation method; to educate all the participants in the value of and in the processes of evaluation; and to produce recording of events that were relevant to all levels in the project hierarchy [funders, administrators, staff, and other stakeholders – citizens and agencies] [Rosenberg, et al, 1970, p. I-3]. Any final project report should reflect not only what characteristics of the project were successful or not [indicators] but also provide linkages [using indicators again] between the different phases if the project/investment process – design, input, outputs, outcome [Ibid, II-14]. Within an organisation, process goals, such as communication processes, delegation suitability, etc., may have to follow different assessment and analysis, but they are subsidiary to the 'input/output' objectives set the organisation [Clarke, 2000].

Up until now, and the Welsh Government's consolidation of the *Communities First* programme may reverse this, community development funding usually dictated that inititatives were set up on a *'project'* basis. In seeking an abstract framework for development, and ignoring the inherent weaknesses that this involves, Cusworth's project management design suggests the building in of monitoring and evaluation from the moment that a project is agreed upon, before the final design is implemented [Cusworth, 1993]. In the model that is presented above and below, points for engaging in the evaluation process occur at every point of intersection of each function with another. This is one of the strengths of the logical framework of the ODA, but they, themselves, are slow to realise it.

If one is reliant on a long list of indicator values [qualitative analysis] then the correlation can become a statistical nightmare. Looking immediately for positive values, an 'on-off', 'plus-minus' set of criteria, from a pre-calculated set of objectives, will give the funders and the participants an immediate sense of success or failure. In an action framework, where change is on-going, continuously, and where political and funding cycles are on short time-frames, it is this sort of 'result' that is desired. Community development is NOT a universal service, nor a panecea. It works on a percentage basis, benefitting those that are in the frame at the time, and those who are in a position or desire to take advantage of it. It is a function of the professional worker to maximise this figure, but it all depends on the level of co-operation, the motivation and the morale of the participants to decide on the level of positive outcome that can be attained. This approach is not alien to official processes, as, originally, it was the WHO that introduced the concept of *'Rapid Needs Appraisal'* [Annet, et al, 1988; Chambers, 1992; Lazenblatt, et al, 2001] – 'needs assessment on the back of a fag packet!'

It would be beneficial for a national programme if data were to come available across all dimensions of planned social change – individual citizen, local community organisation,

agency planning and delivery level, agency infrastructure, and the environment [Clarke, 2000, p. 265]. For some problem-solving activities, it would only be possible for this data to be gathered nationally – e.g. on infrastructure, the environment, etc., but the quality of the local social planning and locality community development processes, and the way in which these are recorded and measured, would be crucial for good programme evaluation. Currently [2012], there is no mechanism for doing this in Wales, even for *Communities First*. Kelly's study of *Sure Start/Cymorth* [Kelly, 2008] shows how far away this was for other targeted areas of social intervention.

An essential component of the development process depends on the quality of the participation experienced by the people involved. The stable community is the well-organised community, and Rothman's Mode A model strives towards broadening the organisational base of a community as far as is possible. Much of the research centres on a narrow subject universe – e.g. when the project target is 'older people', just working on/with the 'older people'. Evidence supports the need to cast the net wider, and to study the quality of interaction between the older segment of the population and the wider community. Schmitz [et al, 2012] examined the attitudes of older people [using neighbourhood centres] towards neighbourhood, and found that it correlated very positively with reduced hypertension, and their interest in maintaining good health. This supports the findings of Reed, et al [2004], who found that older people were much more likely to engage in spontaneous social activities the more they were engaged in other social activities. The Joseph Rowntree Foundation study of the same year examined most aspects of older people's social and residential lives. It found that older people valued their participation and also welcomed support and assistance in maintaining all their social connections. These covered a wide variety of outlet opportunities, and these were only restricted when the person's own individual capabilities failed, or when the support system failed them [Godfrey, et al, 2004]. Osmond agrees, citing beneficial lifestyle changes, especially outward going activities. But he states that Wales is especially bad at developing these options [Osmond, 2010].

Stevenson reflects on the powerful forces that assail older people who try and remain engaged in social and other activities. Ageism, sexism, and increasing personal frailty are all factors that, if not recognised and countered, can result in a falling off of social interaction, thus increasing dependence and isolation. The diversion of people from oppressive situations is a powerful mechanism for raising well-being, but there is continuing pressure against it working [Stevenson, 1996, Taylor, 2012]. Cooke, on the other hand, whilst recognising what can go wrong in groups, describes how easy it can be to sustain group focus and morale, if the task is properly managed [Cooke, 2001]. Oakley [1990] opens up the discussion about *quality* vs *quantity* in the debate about project outputs and evaluation

requirements. Marsden [1994] poses the dilemma for the professional development agent. The closer that an outsider gets to understanding the local culture, the closer that person gets to being '*sucked in*' as an '*insider*', and loses objectivity. But the objective of getting close to the culture [and the population] is so that one can take full advantage of local resources, local knowledge, and local leadership for the delivery of the project. '*This is a political step*' [Ibid, p. 52], but the ultimate reality of politics in this situation is that intervention, as a matter of policy, has to move ahead. Mosse asserts that professional workers are not passive agents of their employers, nor of the communities they serve. Instead, they should be careful not to confuse their 'mission' with the true needs of the community. Seeking out, and being sensitive to, local knowledge, *and participation, learning and planning* will ensure that the local culture is infused into a scheme for maximum benefit to all [Mosse, 2001, p. 17]. Nevertheless, those running a project are acting at the behest of their sponsors, and participation might just be seen as window-dressing by the sponsors, in order to satisfy their desire to be *post-colonialist* [Ibid, p. 33]. Richards accuses the advocates of *local knowledge* of being *anthropological romantics* [Richards, 1993, p. 62]. This could be a limited, myopic approach to problem-solving, he claims. The donor/investor in project development strategies is seeking a practical, usually a material, outcome that will serve the long-term needs of the community and the administration together. Richards invokes Giddens [the inspiration of New Labour's *The Third Way* slogan of 1979] who advocated a combination of agency, structure, and power orientations. This blends Marxist social science, structural functionalism and anthropology to assist in bringing in all the necessary ingredients for the social processes to work – people's action, administrative control, and measurable outcome [Ibid, p 71]. On one level, this would appear to be an opportunity for '*co-production*' ventures to be built up [Stephens, et al, 2006].

There are still challenges to be faced by those intent on implementing policies that require cultural change. The major barrier seems to be the reluctance of institutional power bases to relinquish their power, and their freedom to self-determination. Cemlym describes how, despite government support and investment inducements, local authority resistance to change and to outside intervention proved to be a significant barrier to real change [Cemlyn, 2005]. These findings have been reported continuously by the Welsh Audit Commission when commenting on the ability of local partnerships to overcome these barriers [Auditor General for Wales, 2005; Auditor General for Wales, 2009; Adamson, 2008]. This study of community development will show that it is just that the correct model has not been applied to the process of ensuring sustainability in the development process.

Meso-structure: Having grasped the essentials of the micro-structure for organisational development, the professional will now extend the model into a wider context – into a locality development strategy of the local community. Once additional micro-systems

[community groups, old or/and new] have been targeted by the worker, and they can be, or are already, engaged in working for their own specific objectives, the task of the worker is to widen the scope and interests of these groups to embrace wider issues of general community concern. Some of this can be done by extending the interests of each group – for example, to widen their capacities and to broaden their membership to embrace new segments of the population [e.g. vulnerable members of the community]. This cannot always be achieved, or not to the extent that might meet the wider community's needs in any social issue [i.e. the support of older people], but this is an on-going task. *Non-directive* leadership has been a constant component of community development [Biddle, *et al*, 1964; Batten, *et al*, 1967].

There are many community interests or issues that individual groups either do not have the capacity for, or of which they are unaware of the need to address them. There are, for example, issues that concern the whole area, but are not the specific responsibility or direct interest of any group [e.g. the decline of the physical environment]. The majority of these issues get referred to the Council, etc, on an individual basis, having no organised [read *powerful*] representative to ensure that the matter is considered formally by an authority empowered to react to it. A new kind or organisational structure is needed; one that is charged with making these issues its primary task. The community development task in this instance is to create the conditions within each [community] constituent group such that they see the relevance of this new kind of organisation. If enough groups are willing to establish a new problem-solving mechanism, a new organisation for this task, then this should be established, using representatives from the existing groups as its membership. The professional's task is to see it established, and then to 'manage' [non-directively] this new organisation to make itself representative of the community's wishes, needs and vision of itself. Each extant, constituent organisation, and the new, representative organisation must have a clear target responsibility, boundary integrity, proper management capability, its own resources, and a sustainable structure. The consolidation of all groups and the linking of them to this common agenda represents the community development task at this level.

The new organisation has a reciprocal relationship with the wider community, and with the constituent groups, all of which have representation on the new body. In the short term, the new body is likely to be financially dependent on the constituents, which will have to bankroll it from the start. What is likely to happen is that the new organisation is then poised to assume more power than was ever possible for the smaller constituent organisations, and become the arbiter of community outlook, policy and driver of fresh activities within which the smaller organisations can participate [e.g. community festivals, campaigns, etc.]. The community development worker can/will assist this organisation to assume this mantel on behalf of the whole community. [see Figure 3, below]

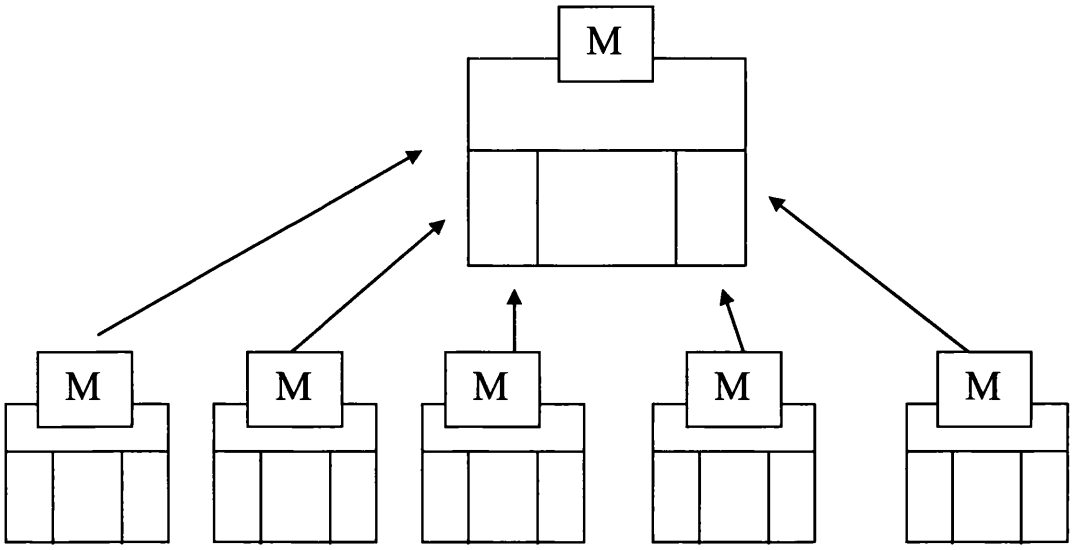


Figure 3 Representative Community Organisation: Representational task delegated to new organisation

A secondary function of the community development worker in this situation is to sustain [ensuring succession] the management quality at all levels, and to ensure that the constituent pool from which the new organisation gets its authority is fed by a widening number of new [or older, non-member] organisations from the community at large. It is represented above in Figure 3.

This process is discussed extensively in Clarke, 2000 [see also Miller, et al, 1967, & 1996. If this structure can be replicated across the whole area for which an authority is the agency of governance, then it will constitute a '*Community Sector*', with which it can work constructively for the solution of wider social issues.

The focus for community workers in this situation, working under the auspices of the *Strategy for Older People in Wales* [WAG, 2003b], will be to bring about the maximum support for older people in the community and to enhance both their well-being, their social capital, and their own life skills through engagement in community life in the widest sense. This can be done through a combination of creating new organisations for older people out of their own, or wider community resources. This is then enhanced, and the interests of older people broadened and consolidated, by encouraging the older segment of the community to engage in wider social activities for themselves, and to join other organisations. Next, comes the focusing of all social groupings within the community at large on the needs of older [and other vulnerable groups] people in their particular community. The objective will be for the creation, eventually, of new organisations within the community that will act to provide direct support for older people, on a sustainable, organised, reliable [thus semi-controlled] basis. How this process fits into the wider strategy

of the local authority is developed in the next stage of the model, below. Creating a network of older people's organisations will raise the whole profile of ageing across the wider community, and it will also strengthen the role of older people within other organisations of a more secular persuasion. Focussing them on these tasks becomes the next phase of the community development worker's responsibility. We might call this new structural approach to community organisation: *community social planning.*

The macro-structure: As we discover every day, the problem for policy-makers is that the more that fiscal policies, brought on by the economic recession, undermine the tax base and public spending power, the more the spending capacity of government is restricted. The ability to provide services on a universal basis via the public purse is the first to suffer. Thus, this ideal becomes less and less viable. Thus it becomes the more urgent to find an alternative way of doing things that do not place an escalating burden on public funds. There is also an open question as to whether or not the public provision of services is the best way to satisfy the wishes and needs of the population. Hitherto, we have had only a one-dimensional model to choose from – public services, or nothing [except for those able to pay for individual services]. There has to be another way forward, so that the contraction of essential services in the NHS and welfare systems can continue to tackle critical need, without being forced out altogether [Wanless, 1982; WAG, 2003a; also - WHO, 1997a].

The micro- and meso-structures [*community social* planning] outlined above will enable the community to begin to tackle the issues from a local perspective. This was usually the limit of most local government or voluntary sector community intervention vision – 'get the local community organised' sums it up – play schemes, activity groups, Health and Safety forums, etc. This can usefully be termed '*community* work' – palliative or therapeutic organisation, capable of little significant social change in itself [Arnstein, 1968]. In the current economic and care crisis, local strategists are grappling with the issues raised by policy – how to affect the integration of the 'community' into planning and delivery of public services [OPCforW, 2012; Public Finance Committee, 2012; WG. 2012b], a more creative and far-reaching model is required.

On the positive side of meso-structure development, with the adoption of this extended model of intervention, the community will become empowered to handle many of the situations, for which now the local authority is the first port of a call. Small organisations will become to do things better for themselves, and members of these groups, with representatives on the meso-structure, representative organisations, will now have a reference point for social action, and engagement on wider issues. General members of the community will also have a point of reference, and will feel their community enhanced by that activity. The knock-on effect of this is enhanced *social capital*, or network awareness, within a community [Dasgupta, et al, 1999; Field, 2003], and enhanced well-being [WAG,

2009; Age Cymru, 2011; Thomas, 2012; WG, 2012; WLGA, 2012]. The next step is to get a new, focused strategic partnership constituted and up and working. This will enable the combined resources within an authority area to begin to solve problems on the part of the whole community, and to seek the most beneficial outcomes for local issues. In Wales, such a strategic partnership is the Local Service Board, which creates and administers the structure we are describing here - the *Single Integrated Plan* [SIP] [WG, 2012d].

The model that will be described below will meet most of the criteria required to fulfil the needs of the SIP. For this, in the first instance, we need to call in the model presented by Plummer [Plummer, 1999], which is itself a modification of the *social planning* model presented by Rothman [2001]. A detailed, holistic assessment has to be made of the field covered by a social issue. This is made by the administrative organisation – in Plummer's case, the '*Municipality*' or local authority. This assessment considers the capacity of the 'municipality', itself, to make the shift from service-delivery-style social administration to 'participatory' social planning, with '*people and communities at the heart of planning and delivery*' [WG, 2011e, p.7]. In Wales, the lead authority is the lead authority in LSBs [WAG, 2008h].

Plummer describes the 'municipality's' task as making four separate appraisals in order to assess the issues before it. The first step is to acquire realist knowledge of the forces at work in society, which may hamper of enhance the work to be done – the politics, the economic forces, the prevailing culture in the area, etc. The active engagement with political dynamics is not something that government officials do happily, but it has to be done. Advanced warning of possible hurdles and friction points are best anticipated before they become obstacles. The SWOT analysis is particularly useful here [Foo, et al, 1995].

Plummer [Figure 4] seeks to make major changes in the capacity of the authority to come to grips with the process of engagement. This means that change has to start from within, and is not just foisting change and pressure by using outside force. If the internal capacities and the vehicles of change that could be brought out at the community level are not established, then the process will not work. Change does not, however, come about without leadership and will. The authority must wish to implement the policies of the Welsh Government on the vital issue of continuing and sustainable support for older people in the community, and it must be sure of its reasons for doing so. Selling it to a wider audience, and audience of stakeholders, and contributing participants is not going to be straight-forward. The current expectations are still that the State will provide as a last resort. Plummer [Plummer et al, 2002] makes this point clearly when emphasising that the success and failure of this process starts and ends with the vision, management, internal structures, finances, and, above all, attitudes of the authority. To this must be added the skill, authority and motivation of the

professional community development workers who must drive the process [Plummer, et al, 2002, p. 281].

Professional organisers within the authority have to be empowered to promote and monitor the necessary organisational changes. Firstly, they will have to scrutinise Plummer's model [1999 – see diagram 4 below], and review the capabilities of the authority to adapt itself to the changes in service delivery that will have to take place. If it is to engage in community and other sector participation in the processes of local government, this will entail assessment, training, and experiments in extension of public service into the community. Internal management structures will have to be reshaped to accommodate these changes, and a strategy compatible with the authority's internal needs for addressing outside interests, culture and capabilities will have to be established. How does the authority wish to deal with outside agencies within its own structured procedures?

There will be many points of resistance [see CDP example in Chapter 4 above], as neither officials nor elected representatives will be anxious, in practice, to give up their authority, or to leave their established comfort zones [Parsons, 1947; Handy, 1988, & 1990]. In one real case study, where there was a desire to focus the community on this process, the Chief Executive and the Executive team of the Council's Chief Officers fully accepted the concept of detailed agency planning, and full community involvement in its execution. They then found that the elected representatives threw the whole thing out without any discussion. The councillors claimed that the whole approach was hostile to their role as elected members [Clarke, 1996b]. In this case there was no model in place, which would have ensured that the internal workings of the Council were prepared and receptive to the process. Additionally, there were no trained officials who had any competence in managing the changes that would have been required, and no prior warning had been given to the elected members, or their support solicited. The freshly instituted Cabinet system of Council leadership instituted in some authorities may provide a false illusion that highly centralised decision-making is all that is needed to change policy and direction.

Figure 4 [below] contains tasks and abstractions, as many of which have to be absorbed into the culture of the authority before work proper can begin. The professional, *social planner* can assist directly by interpreting the implications of community participation, assisting the authority's divisions in establishing appropriate boundaries for the new circumstances, and assisting them to devise strategies of their own to feed into the new vehicle. Once the authority has come to grips with the necessary internal changes it has to make, it can concern itself with the way through which it is going to engage the wider community in its activities. The structure and the policy frameworks are already in place through the strategic partnership [LSB] mechanisms, but the authority has to decide how it is going to go about power-sharing with the new partnership structure.

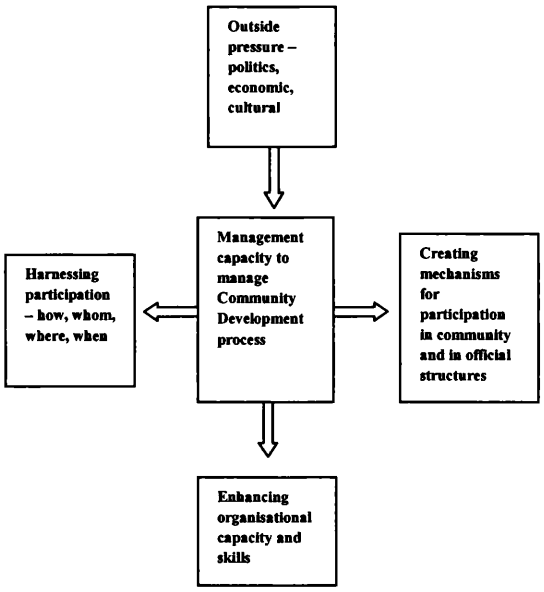


Figure 4: The capacity of the authority to implement community development strategies - adapted from Plummer, 1999, p. 8

The *social planning* [Rothman, 1995, pp. 43. et seq] function within the Municipality/ Authority is a continuous one for the professional worker in order that the strategic developments can be kept under scrutiny and the correct applications made by, firstly, the authority, and then by all the other institutional agencies. Communication, liaison, diplomatic intervention on behalf of all interests, and pressurising the leadership of participating agencies towards a common focus is the extension of the *social planning* role [see below].

It is the desire of the Welsh Government that the community-at-large play a full part in the planning and delivery of services – *mainstreaming the aging agenda* as outlined in the Older People's Strategy [WG, 2011b, p. 11]. This means that costs of some of the process are going to have to be made by the authority, in the first instance, at least. Plummer shows that, for instance, the Private Sector is not experienced in engaging in joint activities, especially if it is expected to provide resources. The Public Sector has been a *milch cow* for the Private Sector in the normal run of events [Plummer, 2002, pp.29 & 31]. The same could be said of the Voluntary Sector, which, since the Thatcher reforms of the 2000s, had become a contracted provider of many services [Depts. of Health, etc,1989]. The best way to establish this new way of working with all parties is for the existing strategic partnership organisation [LSB] to create a new organisation - a problem-solving, work accountable, cost centre for the LSB, with a specified plan of its own. It will comprise members of all the participating

agencies, as deemed to be relevant, but this structure will also connect directly with local communities through their representation created through the meso-structures [above].

The next step for the authority is to begin linking these changes with outside sectors. Much of the ground work at the community level has already been done, with a new, organised *Community Sector* having been prepared and rehearsed by community development workers in the community [figures 2 & 3 above]. Bringing the voluntary sector on stream, in all its dimensions, and bringing in the private sector will become a focused task for a specialist worker –another *social planner* [Rothman, 2001]. This will probably have to be done through forms of representational bodies. Miller warns that institutional change can bring about a greater level of centralist control, which is the last image that this process wished to introduce [Miller, et al, 1967]. The more there is differentiation between agencies in terms of power or resources, the more difficult this will be [Resnick, et al, 1980]. Nevertheless, the authority IS going to want to control the nature and the direction in change in and outside the community, and so this is a sensitive and delicate path that must be followed [Ziglio, 2000; Home Office, 2001; Barr, 2005; Mansuri, et al, 2013]. The extant model is for programmes and resource workers to be parachuted in without warning or consultation. Patently, this will no longer suffice. The stakes are far too high, and the whole concept of sustainability has now been introduced and the basic formulas worked out in some detail.

In Figure 5, below, the diverse yet focussed task of the community development process can be clearly seen. Micro-level, meso-level, and macro-level workers combine to produce a problem-solving formula for tackling wider social issues of concern to both the community level of society, but also to the agencies responsible for managing them. A central, strategic organisation, organisation 'A' is going to assume considerable power within the wider community, and also become a reference point for the authority, and the co-operating sectors - Private, Voluntary and Community Sectors. The representation of each 'sector' will have to be negotiated, and a proliferation of *'representative organisations'* should be resisted. Levels of representivity can be worked out, as part of the work of the Strategic Partnership itself, with assistance from the professional support workers. The main task, overall, is the consolidation of effort and focus, over a long time-scale of the maximum amount of human, material, and financial resource on the main issue – in this case, older people. Because of the potential for this model to involve community and institutional engagement across a wide spectrum, this effort and focus can be direct or indirect.

The new organisational structure will look like this:

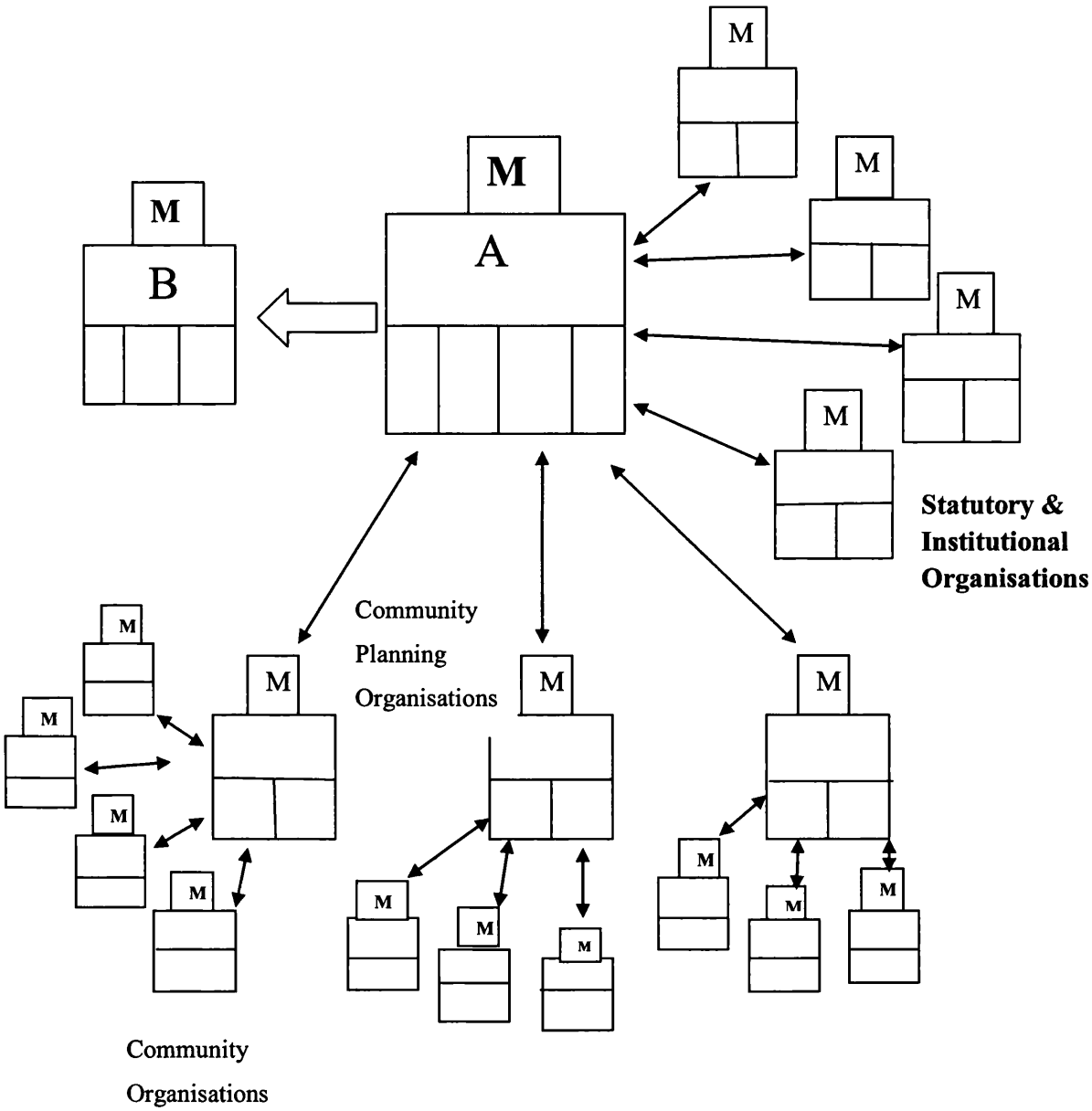
Figure 5 Integrated Strategic Planning Organisation

Key: A = Strategic Partnership Organisation

B = Semi-autonomous, task-focused, funded, problem-solving organisation

→ Direction of delegated function/information/control

M Management function



In this study, we are concerned with the outcome of the implementation of social policies on the fortunes of older people. Once the lead Authority in the Local Service Board and the *Single Integrated Plan* become focussed on the needs of older people, no resource that can

contribute to their support, well-being and enhancement of their lives would be left out of the frame. The *social planner* would see to that. At the moment, public and contracted services are concentrated on the narrowest of interpretations of what constitutes 'a service', and what their purpose is - a problem-solving approach [Figure 5], with a full mandate to seek lasting solutions to the issues besetting our older community would choose a different route, and would require completely different work patterns and communications.

This is a model that worked well in Caerphilly, for the short time that it was operational under the WHO *Verona Initiative* [Watson, 1999; Perry, 2000; Watson, 2001]. However, the planning team within the lead authority was too shallow to survive changes in personnel, and the focus of the authority moved elsewhere. This highlights the necessity of in-depth preparation for such a sea change in outlook and practice by authorities.

So far, we have worked along the lines that a consensus model is the only one that might be acceptable to work within a local authority. Is there a place for a '*conflict model*' to be introduced? Certainly, there is a very strong case for any professional worker to be vested in the theory and practice of the conflict approach. Conflict, modified according to the circumstances can be a useful and powerful tool for the achievement of objectives. Alinsky was the past-master of managing brinkmanship, as community organisations and authorities were brought by him to the edge of communication breakdown before a final showdown [Alinsky, 1969]. The exercise of naked power between unequal partners either has to be masked, or conventions agreed for its suspension. Often, as Alinsky showed, the underdog has the advantage as they are not inhibited by convention in the same way as legally-bound institutions. No authority can operate outwith its statutory powers, but often these are not explained and it takes a crisis to reveal how far these powers extend, or do not extend. In building an organisation whose function is to co-operate with an authority, advanced transparency would be a good practice model to follow. The authority will be aware that what it is planning through the implementation of this model will forever change its relations with the community [and other sectors], but it has no real option but to go ahead with it. Last minute [political – e.g. reneging on an agreement] would have to be ruled out. Uphoff examines Weber's analysis of power, and his concept of '*probability*' – that power will be exercised '*unless....*' [Uphoff, 2005, p. 221]. He goes on to demonstrate through the presentation of case material, that the sharing of power – *empowerment* – can be beneficial for all parties in the social change context [Ibid, pp. 239-242]. The community development social planner has to be able to ensure that the manipulation of power does not corrupt nor stifle this enterprise.

Interestingly, it is the notions of power and of 'conflict' that introduces the professional to the ethos of the 'business model'. Once 'problem-solving', cost-centre accountability, impact assessment, sustainability and regular evaluation are built into the formal structure of

a project/programme, the new system cannot operate on unclear objectives, methods, expectations, or, even, sanctions if it fails. It is for these reasons that the spirit of the *New Public Health* model of participative, empowered, community delivered, social support systems has to adopt an entrepreneurial outlook and framework. Effective management will have to be grounded in financial reality, and the level of State resource input will necessarily be limited. Wanless [WAG, 2003a] demonstrated how the State's finances cannot support peripheral services, particularly those in the community, as only the acute services demand priority for resourcing. Weaning the community off the State's '*welfare state*' stipend is a major and vital step to be taken. Community development is the art of garnering and mobilising resources outwith the State; to provide alternative resources, new resources, resources over which the state has only marginal control. The business model is the only one that might enable this development to aim subscribe to self-sufficiency, sustainability and autonomy for this purpose.

Effective management is of the essence of the business model. The community development professional is going to be responsible to ensure that the management of groups and organisations at all levels in the emergent structure is competent. Management will have to be versed in the vision of the enterprise, and have a firm grasp of the importance of the activity. The social planning community development worker must have this situation under constant monitoring, and this is as an on-going, non-project, time scale.

Accountancy texts, instead of Marx, or even Weber, will have to become the reference books for the *social planner*. Reading the *Financial Times* instead of *The Guardian* may re-orient the professional mind-set. The systems analysis approach is a great assistance in achieving this outlook [Pratt, et al, 1999]. It must be remembered that the social planner is not going to be the instrumental 'manager' in this complex system of social change. The social planner role will be of being the constant 'advisor' to management. For this reason, the social planner has to be a better manager than the managers themselves, but they must not become aware of this. The Cabinet Office have sponsored a '*Guide to the Social Return on Investment: an encouragement for regular business to invest in socially-beneficial projects as a part of their normal business strategy* [Nicholls, 2012]. This guide spells out the philosophy of the kind of entrepreneurial outlook our social planning partnerships might produce – a low social-cost enterprise, which is in surplus, but viable in the market place.

There is a complementarity between the model espoused by Alinsky and what is proposed here. Alinsky was under no illusions about what forces were up against the struggling, minority movements he supported. Nevertheless, he instilled in them the necessary resolution to overcome their opposition, and many of the 'enterprises' he assisted into being survived over many decades– e.g. ACORN [Brooks, 2002; Atlas, 2010]; San Antonio [Warren, 2001; Vazquez, 2005]; California - United Farm Workers [Ferris, et al, 1997;

Thompson, 2005]. This was social action in the market place of democracy. The parameters of the logical framework of evaluation stand up in this context, with the modifications we suggest. One great test for this model is whether or not 'social democracy' can stand the stress of power-sharing.

In acknowledgment of the role that the authority has to play in this process, it must be recognised that the bureaucracy will have a role as well. Nevertheless, this has to be reduced to the absolute minimum, and a semi-detached status for these new structures will have to be negotiated. Unless this new approach to community intervention, power-sharing, and results-dependant empowerment is recognised correctly, then it cannot work. It has to work for the reasons described as the conditions laid out by the WHO, the Wanless Report, and the Welsh Government. The professionals responsible for the execution of this policy need to be assured that their enterprise is grounded on a firm foundation. A business model would provide such a basis.

The final model that would meet all the needs of a preventive and supportive system for older people in the community would look like this:

Policy level: The Welsh Government would revise its policies regarding the Older People's Strategy such that the Old People's Commission would have an interventionist role, especially at the level of Strategic Partnership in Local Service Board areas. This would provide oversight into the preparedness and capacity of local authorities and Public Health agencies to implement their own *Investment for Health* framework for the support of older people in the community.

The Commission would also have a monitoring role regarding its implementation.

Investment for Health is a sustainable community development model, embracing both social planning and locality community development [Ashish, 2000; Ziglio, 2000; WHO Europe, 2000]. The Commissioner must have the authority to call in all the enabling policy already in place: the full range of proposals in the 'Older People's Strategy' [WAG, 2003b], the sustainability agenda [WAG, 2003g; WAG, 2004b & c]; wellbeing for the communities [Local Government Act, 2000]; The *Beecham Report* – citizen engagement [WAG, 2006a]; health alliances [NAforW, 1999]; healthy ageing [WAG, 2005g]; etc.

The creation of an enabling agency for public policy would be a necessity if a programme of this importance is to work. The Commissioner's target for implementation would be the Local Service Board, but working in liaison with the local authority.

Implementation level: A policy framework for the Older People's Commission:

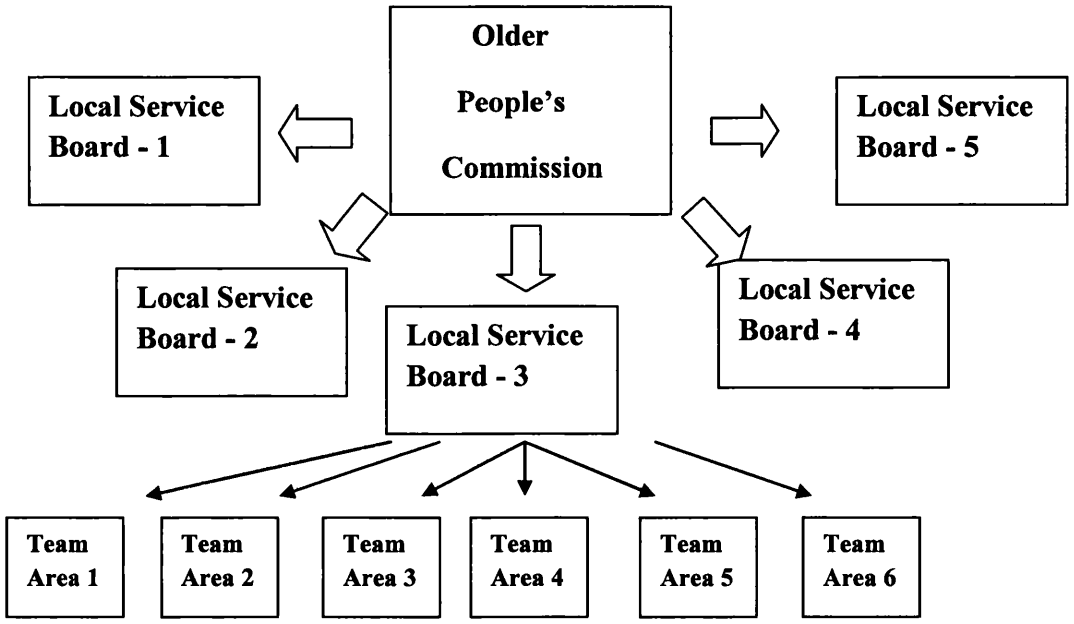


Figure 6 The Older People's Commission for Wales, and its relationship with LSBs, and local development teams

The Commission would provide assistance to the Local Service Board, and local authorities, to prepare a strategic approach towards *Investment for Health* and the delivery of a *Social Planning* approach to service planning and delivery for older people. The local strategic objectives would be established for the prevention of older people becoming dependant on the services of the state, except as a last resort. Preventive work would entail: introducing the communities into the service planning process [Partnerships] as equity-holding stakeholders, and for the delivery of support services.

Within each Local Service Board:

- an older-people-centred, problem-solving organisation would be created [an organisation 'B' in Figure 5 above];
- this would have an action plan, and developmental objectives specified;
- planning and monitoring the deployment of social planning [community development] staff for the implementation of local development
- through this organisation, the LSB would be responsible for monitoring and evaluating localised development programmes;
- localised development would entail creating new, and strengthening existing organisations for the community support of older people, and for increasing the profile of older people within existing networks .

Community development support work is required for all these function levels – at the social planning level, and at the community level. At the agency level, community development

support and motivation is required to assist agencies to engage in cost-sharing, joint planning and staff re-orientation towards this process. At the community level, the community development task is the on-going mobilisation of community organisations for locality problem-solving activities on a sustainable basis, and the engagement of these [and existing organisations] in representative participation as stakeholders in the social planning structures created for the purpose by the local authority. Enhancing the community's focus onto, and the integration of older people into, community life is the 'health' objective of the exercise.

Training and deployment requirements: The professional task of functioning competently as a *social planner* at all levels in communities, between communities and the local authority/Local Service Board required highly trained, motivated professionals with an appropriate level of status. This can only come about if the present system of community development recruitment of taking on inexperienced, neophyte workers is scrapped, and a suitable mechanism for training and preparation of *social planners* is developed. Reinstituting something like the [now abandoned] post-graduate Diploma in Social Work [DipSW] level of community development training would be a suitable model for this. At Swansea University, the DipSW provided social workers to qualify with a complete repertoire of community development theory, skills and practice capabilities after a two-year programme.

Community development has been blighted to date by short-term funding cycles, and too little determination to see an agenda of sustained social change through under its auspices [Plummer, 2002]. Somehow the potential for this model of social intervention has to be recognised and the opportunity grasped. Anecdotally, it has been said that the changes which stripped community development out of the curriculum of social work education that were motivated by the fact that community development was the only feature of professional practice that actually worked. The evidence points to endless tinkering with policies, the re-structuring of mechanisms, and redefining the linkages between Departments and agencies, without any firm hold being taken to confront the real issues. If prevention, anticipation, and focus on problem-solving are to be incorporated into the public health agenda, then community development has to be adopted.

Rural Wales: The questions of geography and demography are especially relevent to the establishment of a viable intervention model. The uneven demographic spread of older people across Wales raises many issues for a Welfare State, as variation and flexibility have to be woven into the fabric of standardised policy frameworks. WAG, in 2009, produced its plan for Rural Health [WAG, 2009i], where it considered the prioities for rural health. Community cohesion, and the role of volunteering, were seen as highly valued components of the service delivery scenario [WAG, 2009i, p. 9 *et seq*], and in the consultative doicument over the role of Communty Nursing [WAG, 2009j], community development was identified

to be a basic component of the Community Nurse's repertoire [Ibid, p. 22]. The Welsh Nursing Confederation does not respond to this point in its feedback on the Consulation [Welsh NHS Confederation, 2009].

As the situation of older people in rural setting can become more critical, faster than their urban equivilents, social support is seen as a very important element in sustaining social relevence and an active engagement in personal good health [WAG, 2009i, pp. 10, 15]. The application of this *social planning* model, therefore, in these circumstances is going to take more carefull planning and execution. Special cultural features, such as the availablility of the Welsh Language for people with incipient degenerative mental diseases is of great concern to planners. Social support connections have a central role to play here [Ibid, pp. 14/15; WAG, 2009a , p. 175]. Under these circumstances, and from a top-down perspective, social planning will have to provide sufficient resources for staff on the ground to make the more difficult connections. The delivery of *community social planning* for localised activities can probably draw upn traditional networks, which may have to be re-oriented to cope with these extra-ordinary needs

The completed model: This model requires detailed testing in the field. It has been devised from a combination of historical research and analysis, and from extensive fieldwork experience. The uptake of this model is the only way in which extra resources, financial, material and human, can be drawn into the social care system without drawing on state funds. For that reason, there is no profit in it for the private sector. It is also the cheap option, requiring an investment of about 40 staff, with suitable training, spread across the LSBs, to implement an imaginative and service-relieving community initiative. It will see the creation of a vibrant *Community Sector*, with equity [ownership] in social care, and a locally-accountable structure. This model can also provide the necessary 'care', being community-based, which the public service, or for-profit sector cannot provide, outside of residential units. Community development is an application of social intervention that can be replicated across the entire public service area. It elevates skilled personnel to positions with great social responsibility, but it does not remove from the people in community leadership positions the responsibility of local control. It is a culture-changing manipulation of people's orientation to the realities of their own circumstances, away from the dependency culture that is running out of financial and political steam at the present time.

This study has attempted to take the best from the past and integrate it into the needs of today and tomorrow. It is also an unashamed attempt to present the potential of community development, in its widest and complete sense, before a public which needs its insight and capabilities more than ever.

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