

Community Practice and Community Organization: A Conceptual Understanding

15

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Abstract

The chapter presents values, principles and goals that create the conceptual and professional basis of Community practice. The chapter describes the intervening method of the Community practice, challenges facing the profession, and the implications of the changes occurring in communities and societies on the role of the community workers. The Chapter also outlines the community method as a mean of collective empowerment and of mediation between individuals and society, and as a mean to strengthen the power and abilities of individuals and groups to successfully cope with common interests and challenges.

according to their values, to prevent their distress, and to empower them. Thus the objectives of community practice are to increase the ability of people to solve problems and face challenges; to connect to the systems designed to provide them with resources, services, and opportunities; and to improve and develop these systems (Itzhaky and York 2002). Community practice channels the collective power and mediates between the individual and society (Checkoway 1997), reinforcing the power and ability of individuals and groups to cope successfully with their common needs and problems. It helps people in a community to identify their needs, find their common interests, develop their self-confidence and desires to promote their interests, obtain the necessary resources, and work together to make a difference in their lives and the lives of those around them, thereby empowering them to engage in community life (Zanbar and Itzhaky 2013; Boehm and Cnaan 2012). Community practice got its upgrade when one of the practitioners became the President of the United States.

15.1 Introduction

Community practice deals with the relationship between people and their social environment. It aims to enhance their ability to obtain goals and objectives, to fulfill their aspirations to live

This chapter, which focuses on community practice, presents the guiding principles and main goals of this intervention. We begin with a review of community practice in the western world, principles of community, main intervention strategies employed in the practice, and its main functions. This is followed by a discussion of the challenges facing the profession,

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especially in light of the changes taking place in western society.

15.2 Guiding Principles

Community practice is founded on values of the caring professions, such as social work, political science and psychology: acceptance, belief in the possibility of change, empathy, human dignity, the right of the individual to assistance from the group, refrain from judgment, respect for basic rights and equality, social responsibility, commitment to personal freedoms and to raising awareness of them, universalism (Varley 1963), and self-determination of residents (Bernstein 1960). The semantics may vary; for instance, a community practitioner may use the term “resident participation” instead of “self-determination”, but they represent the same value: clients have the right to make decisions about their own lives.

In today’s technologically advanced western society, the personal and liberal values, such as social advancement, personal freedom, and equal opportunities (Bellah et al. 1985), are more widespread than the social and community ones (Itzhaky et al. 2004; Koeske and Crouse 1981) that serve as the foundation of community practice, which aims to cultivate personal ability, strengths, and potential by means of empowerment processes.

15.2.1 The Targets of Community Practice

The central targets of community practice are:

To develop appropriate solutions to the common needs of population groups.

Workers employ methods of community practice when working with a group of people who share a similar problem, for which they require assistance. For instance, a group of people with

disabilities may lack physical access to a certain service in the community, or there may be the need of a playground for young children. These are examples of needs that are not met, for which the intervention of community practitioners is required.

To enhance the ability of people to solve problems and act independently.

The role of the community practitioner is help the residents to find their strengths, resources and abilities to solve the common problems in the community, according to the fundamental approach of community practice which is strengths-based, and believes that people can resolve their common challenges (Saleebey 1996).

To connect people to the systems that supplies them with resources, services, and opportunities.

The role of community practitioners is to promote and guide the effort to create a bridge between clients and service providers, so that they attain optimal fulfillment of their needs (Sharkey 2000).

To strengthen the participation of residents in organizations and activities as a means to their empowerment and involvement and to reducing their sense of alienation.

This is one of the central principles of community practice; it is discussed more extensively later in the chapter.

To ensure effective and respectful functioning of the organizations that supply resources, services, and opportunities.

In many cases, target populations refrain from taking advantage of the social services offered them, because the programs are not accessible, because they are culturally inappropriate, or for other reasons. One of the functions of community practice is to work with providers to improve the access, availability, respectfulness of the services they offer and ensure that they are better matched to the needs and character of the clients (Boehm and Litwin 1999).

To promote the development and improvement of social policies.

Community practice focuses on problems within social structures and processes. Social issues are seen as the outcome of interactions within and between systems, so that the residents are not solely responsible for their problems. This explanation is based on the systems approach, which views social problems as the outcome of disorders and failures of the system, and not necessarily dependent on any given individual. Guided by the systems approach, community practitioners view the social systems as the target for their intervention, with the aim of promoting the development of social policies that enable more effective alleviation of social problems (Chetkov-Yanoov 1997).

In order to realize these goals, community practice combines processes, methods, and skills of organization, planning, development, and change (MacNair 1996; Rothman 1996, 2007; Weil 1996). These are implemented on different levels: the neighborhood, the community, the region, and the state.

15.2.2 Community

Researchers generally distinguish between geographical and functional communities. A geographic community is defined by physical space as well as by landmarks and demarcations that socially shape the community. Functional communities are based on patterns of interaction as well as by certain activities like family life, economic activity, governance and a symbolic life that are products of interaction in a place (see Hunter, Chap. 1 and Hillier, Chap. 20).

In contemporary research there is frequent emphasis on “community” in terms of common interests, and not only based on shared geographic territory as a basis of group identification and sense of belonging (Etzioni 1993; Handler 1990; Itzhaky and Bustin 2002). There seems to be a shift from focusing on consolidated geographic communities to greater concentration on groups founded on common interests. Such

interests may be associated with an ongoing professional issue, a social problem, or even a hobby. Nowadays, scholars refer to the geographic dimension more as a space of use than a living space. The geographic community is significant in specific cases of distress within an area that has suffered damage or disadvantaged neighborhoods, where residents organize to address a problem (Itzhaky et al., in press). Thus, the community no longer encompasses all aspects of existence, but rather responds to the needs in people’s lives for which it was created.

15.2.3 The Core Principles of Community Practice

The definition of community practice in both communities incorporates the central values and principles of community practice, including commitment to social change, client participation, and empowerment.

Commitment to social change is based on the values, equality, democracy, belief in individual rights and equal opportunities. In a democratic society, it is necessary to protect the rights of citizens, particularly the weak among them (Itzhaky and Bustin 2002). This requires belief in the possibility of change and commitment to such change, at both the personal and the social level. The importance of upholding social justice applies not only to the weak, but to society as a whole.

A community practitioner cannot accept social offenses and injustice on the level of the individual, a group, or a community. Community practitioner must take action to increase the access of the weaker populations to financial, psychological, and political resources (Maton 2000; Rubin and Rubin 1992).

Citizen participation. The participation of citizens is a central value in community practice (Braye 2000; Itzhaky and Bustin 2002), and is intended to increase the involvement of citizens in planning their life in the community, implementing community programs, planning and carrying out government policies at all levels

(Itzhaky and Bustin 2005; Lukes 2005). According to Arenstein (1969), client participation is a multidimensional value. She described it as a continuum that enables involvement from the basic levels of delivery of knowledge by the institution to the client population to assumption of responsibility for processes and decision making. Other researchers later developed this continuum and included additions (Hart 1997; Itzhaky and York 1991; Levy and Itzhaky 2011, Mizrahi 2005). The basic concept reminds us of the Chinese phrase “give a man a fish and you feed him for a day, teach him to fish and you feed him for a lifetime.”

In many cases, public officials refrain from implementing the principle of citizen participation, for fear of encumbering or slowing down the implementation of programs or due to lack of belief in the ability of their clients (Itzhaky and Bustin 2005). Other reasons for lack of client participation are related to the clients themselves. These include, for instance, fear of stigmatization as a group that receives a service, priorities based on consideration of program costs, distrust in the possibility of generating change, lack of previous experience in participation, uncertainty regarding the issue at hand, and reservations about other participants. There are also reasons related to the nature of the project, such as matters of accessibility or social issues, such as social norms exclusion processes, and others (Levy et al. 2012).

Empowerment is a process by which clients attain personal, organizational, and community power that enables them to take control of their environment and fulfill their aspirations (see Stoeffler, Chap. 16). The clients learn how to exercise their rights and make decisions regarding their future and their environment. Solomon (1976) defined empowerment as a process in which a worker works together with clients to reduce the helplessness they sense. Accordingly, it is customary to consider empowerment as a resource that lies within every person or community, and important for people and communities to recognize the potential for their empowerment (Checkoway 1991; Cnaan 1999; Itzhaky and Gerber 1999).

The most effective way for a person or a group to promote change is by means of empowerment, which is by developing genuine ability to cope constructively with social forces and achieve control over their own fate (Gutierrez 1990; Pinderhughes 1983). Indeed, research has shown a correlation between processes of client participation and empowerment (Itzhaky and Schwartz 2000; Bustin 2002), between empowerment and leadership ability, skills of decision making in the community, and the ability to influence different systems in order to promote processes of change; and between empowerment and the development of personal resources (Itzhaky and York 2002). Citizens involved in development of their community have stressed both the benefit to the community and the good feeling about them derived from this activity. They indicated improvement in their personal resources—self-esteem, sense of coherence, and sense of control—and in their appreciation by members of their family (Itzhaky and Bustin 2005). The achievement of empowerment is expressed in civil participation or the involvement of individuals in organized activity in order to achieve common goals (Itzhaky and Levy 2011).

The professional principles of community practice shape its goals and highlight its mission of empowering the local community and cultivating its ability, in order to improve the quality of life, by both developing the ability of the community to address problems independently and promoting changes in the environment (Itzhaky 1998).

15.2.4 Models of Interventions in Community Practice

Over the last few decades, different models of community intervention have been developed with the aim of improving the quality of life of the residents. These models incorporate strategies and paths for community intervention that are meant to generate processes of change. Each model is based on vast knowledge that has been accumulated over the years in practical

experience and research, providing community practitioners with a framework for their work in the field (Weil 1996). Each model is adapted according to analysis of the community's specific problems and circumstances. In the following, we present the most well-known models of community intervention. In our view, they are all based on the principles of community practice, and can be divided into four main groups: organization, development, planning, and change.

Organization. Organization refers to bringing together members of a community in order to improve their social, physical, financial conditions and promote social justice. Examples might be the establishment of a committee of active residents dedicated to promoting the quality of life in the neighborhood, reducing violence in the streets, fighting vandalism, or removing hazards from public parks and roads. According to Checkoway (1997), the moment of organization is the key point in the process of community change, because this is the means for individuals to work together, thus achieving more than each one could individually. The process of organization empowers and promotes psychological quality of life, thereby enabling individuals to increase their personal ability to cope, self-confidence, and sense of control.

Development. Local economic and social development is intended to improve living conditions and environmental quality, particularly in sensitive and impoverished communities. Examples might include attracting an organic food market or farmers market to the neighborhood in which citizens are involved in changing the face of the community.

Planning. Planning may take place on different levels, from neighborhood services (a traffic light at a particularly dangerous intersection) and inter-organizational planning to combine services and conduct joint fundraising (establishment of a treatment center for preschool children) to planning and implementing social policy at the local, municipal, or national level (development of nation-wide programs for adolescents). Community practitioners usually carry out planning together with representatives of the relevant target community.

Change. A model of social and political change is defined as an effort to develop organizations that have the power to change the direction of policy, influence the public agenda, and provide new opportunities for oppressed and excluded populations (Weil and Gamble 2005). For the purpose of generating social and political change, community practitioners may use processes of social activism (see Post, Chap. 18, who writes on S. Alinsky). This might include, for example, an education campaign focused on changing attitudes in a specific or broader population, an inter-organizational coalition focused on increasing services and/or changing policy, a social justice movement (a social advocacy association, establishment of hostels for people with disabilities according to their needs, and the like), or organization of demonstrations and strikes.

These four concepts are combined in Rothman's (1968, 1996) three models of community practice. Organization and development constitute the foundation for community development, which is the first of the three models. Planning is the basis for the second model described by Rothman, namely, social planning. Change is the basis of Rothman's third model, social action. The following is a discussion of the three models.

15.2.5 Rothman's Three Models of Community Practice

Rothman (1968, 1996) was the first to present an intervention comprised of three basic models for intervention: community development, social planning, and social action. At first, he saw each of these as an independent and separate model; later he concluded that they could not be totally separated and are often combined into a comprehensive system of intervention (Rothman 2007).

Community development model is intended to promote local projects based on strengths within the community and joint action of the entire population. The related community practice

includes recruitment of groups of activists within the community to represent it, take action to promote its interests, and participate in processes of thinking, planning, and execution. The community practitioners serve as architects, helping to build the community so that it will be able to deal more effectively with its needs in the future. This strategy is process-oriented, not task-oriented. In other words, the goal is not to provide solutions for the community, but rather to develop a process in which the community acquires tools and gets organized in order to help itself. By nature, these are processes of building and acquiring tools; therefore, this strategy is used over long periods of time (Cnaan and Rothman 2008; Rothman 1968, 1996; Weil, 1996) and usually with the consensus of all those involved.

Social planning is intended to plan and supply services to the community. It focuses on defined, concrete tasks. This strategy emphasizes the expertise of practitioners in collecting information, processing it, planning, and problem solving, establishing services, recruiting resources, and working with experts, institutions, and organizations (Rothman 1968, 1996, 2007; Weil 1996). It is task-oriented, not process-oriented; accordingly, it operates in the short term. This strategy is suitable both in cases of consensus and in situations of conflict and conflicts of interests among different groups in the community or between them and the service providers. **Social action** is aimed at realizing equality and/or social justice by exerting pressure on people or institutions that are associated with the problem or an obstacle to its resolution. Community practitioners using this strategy demonstrate intensive activism, advocate on behalf of their clients, fight for the oppressed, or go with them to demonstrations (or encourage them to do so and act behind the scenes). Their activity is aimed at bringing about a shift in the power relations and changing the existing resources. This strategy is directed at process or task goals (Rothman 1968, 1996; Weil 1996). This strategy is implemented in situations of disagreement among different groups in the community or between them and other groups of decision makers.

Both of the paths taken by community practitioners—problem solving and creating processes—include the strategies that Rothman (1968, 1996) described. The problem-solving track includes two strategies, social planning and social action, especially when the players expect and want to achieve immediate results in an intervention focused on a specific problem. The track of creating a process includes the strategy of community development, in which the community acquires tools for coping with problems on its own. Community practice addresses many different aspects; therefore community practitioners sometimes need to act on both tracks simultaneously (Rothman 1996).

15.2.5.1 Jeffries's Model

Jeffries (1996) added another strategy to Rothman's three models—social reform. Thus she created a four-strategy model with two intersecting axes (change and empowerment) and four basic strategies for intervention: community development, social planning, social action, and social reform (see Fig. 15.1).

Three of the strategies are similar to those presented by Rothman (1996): Strategy A is parallel to the strategy of community development; Strategy B is parallel to social planning; and Strategy C is parallel to social action. Strategy D—social reform—is partly incorporated in Rothman's model (1968) in the social planning strategy. The reform model in comparison to social planning model emphasizes better processes of breakthrough, as opposed to scalable change in design" This strategy is focused on cooperation between leaders and professionals of social organizations in order to change legislation and policies through campaigns and lobbying.

15.2.5.2 Rothman's Second Model

For many years, Rothman used the three- models as the main tool for guiding the work of community practitioners. In light of the criticism of his article, which argued that three strategies could not reflect the wide variety of different community conditions (e.g. Jeffries 1996; Boehm and Cnaan 2012), and that community practitioners sometimes need to use two strategies

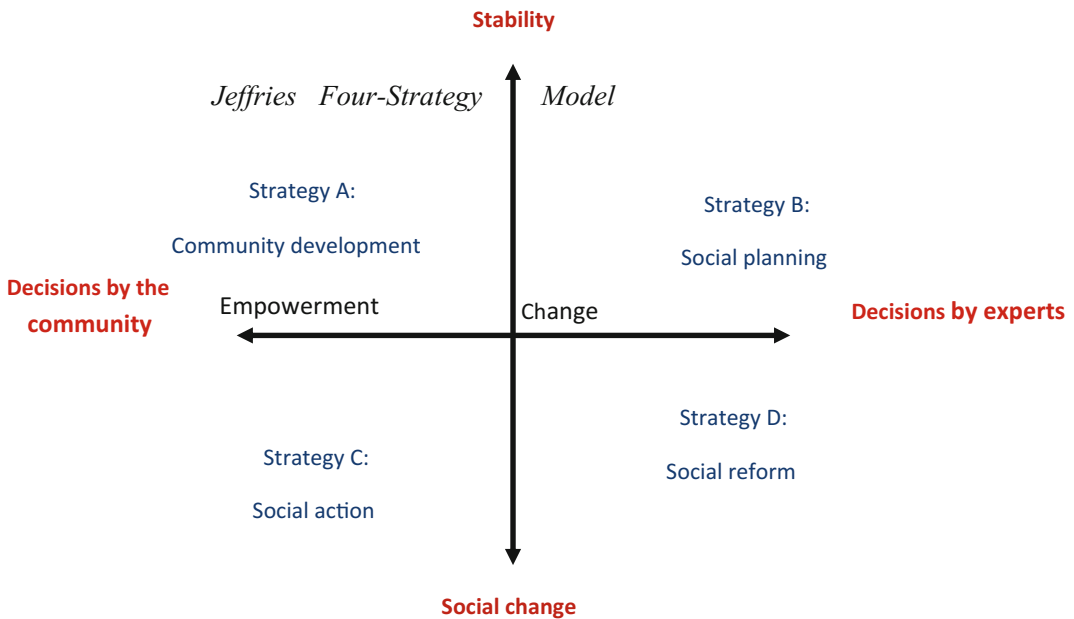


Fig. 15.1 Jeffries’s model

Table 15.1 Matrix of basic strategies for community intervention

| | | | |
|-------------------------------------|--|--|---|
| | 1 Planning/policy | 2 Development of community capacity | 3 Social advocacy |
| 1 Planning/policy | 1.1 Focus on policy planning/practice <i>Rational planning</i> | 2.1 Development of capacity for policy planning/practice <i>Planned development of competence</i> | 3.1 Social advocacy with policy planning/practice <i>Social reform</i> |
| 2 Community capacity development | 1.2 Policy practice/planning with development of capacity <i>Participatory planning</i> | 2.2 Focus on development of capacity <i>Capacity development in center</i> | 3.2 Social advocacy with development of capacity <i>Solidarity organizing</i> |
| 3 Social advocacy | 1.3 Policy practice/planning with advocacy <i>Advocacy in shaping policy</i> | 2.3 Development of capacity for social advocacy <i>Activism based on identity</i> | 3.3 Focus on social advocacy <i>Social action</i> |

concurrently, Rothman revised his three-strategy model (Rothman 2007). The new version of the model based on a continuum and includes nine intervention strategies (see Table 15.1). Three of these strategies represent focused interventions (the diagonal of three cells: 1.1., 2.2., 3.3), and the other six represent integrated interventions.

In the first focused strategy, Rothman combined social planning strategy with policy practice. This strategy focuses on problem solving; it includes the planning steps of problem definition, goal setting, implementation, and evaluation. The related **policy practice** involves different areas and levels of policy (local as well as national).

The **planning** is focused on structuring programs and development service systems.

The second model is development of community capacity or community development. In his definition of this strategy, Rothman associated it with change resulting from the empowerment of people and communities in problematic situations that undertake logical action in order to achieve goals. The empowerment process includes development of community capacity, including the assimilation of knowledge and development of skills of the residents. Community cohesion refers to social solidarity and community competence; these describe an organized community that is capable of taking action to achieve its goals.

The third model, advocacy, is appropriate for situations of confrontation and disagreement among groups. It is based on the exertion of pressure on those who resist change, in order to improve the situation of those suffering poverty and lack of rights to promote equality and social justice.

Table 15.2 shows the combination of the strategies. It describes the most suitable approach for each of the strategies and we added examples of activities corresponding to them. Similar to the empowerment axis presented by Jeffries (1996), Rothman used a combination of strategies to describe the degree of client participation on a continuum from “some resident participation in decision making” to “decisions taken by experts.” For example, cell 1.2 represents a strategy of participatory planning, which combines planning and capacity development by means of citizen participation; cell 1.1 represents a strategy of rational planning focused on problem solving, without referring to client or citizen participation; and cell 1.3 represents a strategy of advocacy within a policy practice that does not involve residents.

All the cells associated with development of community capacity include client participation, as well as training to develop local leadership and the capacity for community action. The cells related to social advocacy also represent a continuum from client participation to direction by the community practitioner or other experts. The social reform strategy mainly uses data for

the purpose of intervention and does not involve or train clients to achieve the goals. In the other two strategies the residents are involved as pressure groups.

In addition, the strategies vary in emphasis. Most community practice models combine several related strategies: when they are separated, the model they comprise is impaired.

It is important to note that community intervention must be based on analysis of the problem at hand. Some communities combine different models, because the analysis indicates a need for more than one. Take, for example, a community at the stage of development in which the appropriate orientation is process-centered and not problem-solving. If an urgent need for problem solving arises in this community, an additional social planning or social action strategy will be integrated into the community development intervention. In this specific case, however, the community leadership may not yet be developed and the residents are likely to be less involved and more suspicious of intervention; therefore, the intervention will rely more on professionals than usual when applying the strategy. If, on the other hand, the community is further along in the process of community development, more residents will be involved in implementing the problem-solving strategy. In this respect, we view the models that Rothman and others presented on a continuum, from community development to social activism.

With this in mind, Boehm and Cnaan (2012) proposed a flexible model. To implement a process of change, each community and movement would build its own unique and different model, matching its particular needs and conditions. Such a model provides increased flexibility in creating different combinations for intervention; thus the end-models may vary according to the conditions required in each community. The process itself is flexible, because in developing the model, the choices associated with one issue are not predetermined. Instead, the source and rationale for each choice is associated with the community’s specific situation. In addition, in the course of the intervention, discrete changes to the model can be customized to the specific

Table 15.2 Methods of intervention

| | Number | Strategy | Approach | Examples of implementation |
|---|--------|--|---|--|
| Planning and policy | | | | |
| Focus on planning policy practice | 1.1 | <i>Rational planning</i> | Preference for using data as a means for intervention | Comprehensive municipal planning, such as planning of central renewal neighborhood |
| Policy planning/practice with a significant component of capacity development | 1.2 | <i>Participatory planning</i> | Involvement of citizens and clients in designing and implementing interventions | Neighborhood committees, development of community leadership |
| Policy planning/practice with a significant component of advocacy | 1.3 | <i>Advocacy as part of policy practice</i> | Development and promotion of intervention by an internal agent of change | Advocacy in local or national government departments, such as health, housing, or social services |
| Development of community capacity | | | | |
| Focus on developing capacity | 2.2 | <i>Development of capacity – in center</i> | Development of problem-solving skills based on self-help | Development of local leadership, building committees, neighborhood committees, parent committees, single parent committees |
| Capacity development with a significant component of policy planning/practice | 2.1 | <i>Planned development of capacity</i> | Development of skills using predeveloped programs. | Economic development as part of local government programs |
| Capacity development with social advocacy | 2.3 | <i>Activism based on identity</i> | Development of skills using community/public pressure | Organization based on ethnic origin, self-help groups |
| Social advocacy | | | | |
| Focus on social advocacy | 3.3 | <i>Social action</i> | Use of aggressive acts of pressure | Environmentalist action, center for prevention of violence, activities related to women's rights |
| Social advocacy with policy planning/shaping | | | | |
| | 3.1 | <i>Social reform</i> | Use of data as a tool for change | The Council for the Child |
| Social advocacy with capacity development | 3.2 | <i>Organization of mutual responsibility</i> | Use of mutual responsibility as a springboard for change | Headquarters of the struggle for people with disabilities |

issues that require change, without necessitating comprehensive change that would affect other stable issues. Thus, the model's overall integrity is not undermined, whatever the conditions in the community at the various phases of its development (Boehm and Cnaan 2012).

The different methods of intervention described in Table 15.2 call for different functions of the community practitioner. These functions are diverse, complex, and vary by strategy. The community practitioner may serve as a supervisor, an organizer, a facilitator, an educator, a

coach, an advocate, an author or communicator, a negotiator, a promotor, a planner, a director, a researcher, a proposal writer, a mediator, an arbitrator, or a spokesperson. The question of which role fits a given strategy is not straightforward. According to different researchers (Bustin, 2002), the roles of the community practitioner associated with community development are: supervision, organization, education, promotion, coaching representation to the media, functions related to community building, leadership development, reinforcement, development of residents, and empowerment. The other roles cited above are associated with strategies of problem solving, planning, social activism, negotiations, advocacy, and mediation among groups. Just as the intervention strategies are often combined, so too are the functions they involve. Community practitioners often find themselves fulfilling many different functions and employing a wide range of skills. The fuller and more varied the “toolbox” they acquire during their studies and in the course of their work, the more effective their work will be.

Thus the choice of an appropriate model depends upon a map of the needs of the community, the conditions and diagnosis, and the different challenges facing the community practitioner in modern society. Each and every professional will decide, upon intervening in the community, what will be the intervention goals and the appropriate method of intervention.

In the next section, we will present the challenges facing community practice in the years to come. We will analyze one of those challenges according to our suggestion to use a variety of models of interventions in the community presented earlier. Other challenges will be presented along with the tasks of practitioners in the community.

15.3 Challenges Facing Community Practice in the New Era

As mentioned before, for many years community practitioners were primarily aiming to help people within local communities to identify social

needs and to consider the most effective ways of meeting those needs in so far as their available resources permit. They worked with the poor, the weak, the new immigrants to bridge gaps and promote marginalized populations.

Following are forthcoming challenges in light of changes and trends expected in the new era.

Change of composition and population of local communities is due to massive immigration and refugees coming from countries in deteriorating security and economic situations. This change of population creates a threat to the local population (Corcoran 2002). Local communities, especially deprived ones, face the challenge to share public services with new community members. They see the neighborhood changes while they can do nothing about it. Every once in a while, new people are coming and going, changing the neighborhood while they fall behind. They are powerless to help themselves, too busy dealing with the hardships of their lives, making a living for the family, taking care of the kids, surviving, fighting drug, violence, etc. (Grinberg and Grinberg 1985).

The challenge of the community practitioner is to try to build a community out of those segments that broadly differ in culture, background, history, attitudes, basic values, habits and way of life, but share the same geographic space. A review of the different intervention approaches and models (Naparstek and Dooley 1997; Weil 1996) shows that the combination of some models is required in working toward such an end. The community development intervention model along with social action, advocacy and above all—letting the people of the neighborhood taking the lead—seems appropriate for such neighborhoods (Boehm and Cnaan 2012). As Table 15.2 (Rothman 2007) suggests working with a combination of models: the development of local leadership which will enable the local residents to work in coordination and in real and full partnership with the local authorities, including services and organizations responsible for the various spheres of daily life. The method requires working throughout the organizational system and simultaneously working in three circles: service providers, residence and decision makers (Maton 2000).

15.3.1 The First Circle: Service Providers

All services working in deprived neighborhoods concentrate on finding solutions to people's needs, as the providers themselves define them, with little negotiations on a personal or community level among service providers and residents. As a consequence there is no real exchange between the parties. A profound change is required in the way services operate in the neighborhood.

First and foremost there is a need to adopt the idea that there should be a holistic approach to the community. As Schorr (1998) mentioned, when working in a deprived community, intervention need to address a wide spectrum of problems at the same time, otherwise there will never be a significant change in the lives of the people. Dealing with one problem at a time cannot create the needed change. In order to be able to challenge a variety of problems at the same time, service providers need to collaborate and work together on behalf of the community. Because collaborating is essential, it should be the starting point of any intervention in such a neighborhood. Service-providers have to learn to collaborate, to trust each other, to understand the task as far beyond the reach of a single service to accomplish, work and move together in the same direction as a team.

Second is the emphasis on collaborating with the community. A shift in the perception of the residents has to be made. Service providers must see, deal and work with the people as valued partners not as clients, because they are partners in a long journey to better the wellbeing of the community) Hampton 1999). In order to cope with the hardship of the journey they have to join hands, to respect each other, to trust one another. Sometimes it requires a significant change in their perspectives—the way they see each other, the way they see the community, the way they see the world—but it is a significant change that must be done.

Third, service providers have to become culturally sensitive, acquire cultural skills, and strengthen intercultural know-how in order to

become effective and trustworthy with immigrants from faraway origins (Berry 2001; Vandenbroeck 1999).

Fourth, service providers need to become empowered if they have to empower. They should acquire personal, professional and political skills so that they can be part of the community development if they are expected to understand the capabilities of the residents, to encourage their participation and involvement, and to empower them (Dodd and Gutierrez 1990; Pinderhughes 1983).

15.3.2 The Second Circle: The Residents

Broad involvement on the part of the residents has to be developed while providing a wide range of responses to the diverse needs. A massive amount of people has to be recruited and strengthened in order to take an active and leading part of the process. This means working with many groups of residents, providing many programs and activities with the purpose of personal and political empowerment, and providing them with skills and tools to actively sit around the decision-making table and to contribute to the process. Too often citizens are only a decoration to the process but have no voice or saying on the different committees. A community practitioner needs to be there to create a different paradigm: residents that are capable and empowered. The professional literature on community and the experience accrued by the authors of this paper show that success in building an autonomous community is achieved only when groups of neighborhood residents are trained and acquire a high level of leadership capability (Hendricks and Rudich 2000; Hirota et al. 1996; Naparstek and Dooley 1997; Weil 1996).

Residents have to take an active part in building the overall program of the neighborhood. They are not a marginal player on the field. They should become and be recognized for what they really are—the main stakeholders in the community and in the partnership to be built by all the partners. If we share this view there are

two directions to take: one, to communicate our view to all service providers, the other, perhaps more challenging, to communicate it to the people. It is a real change in the reality they face and it is not a simple task for people who live in a deprived neighborhood, people who are passive recipients of services, and people who are dependent on others to fulfill their needs. However, inner trust has to be built as trust in the system is a step forward in the long journey.

Building community or community development in a multicultural neighborhood means finding ways in which people of different cultures and values are brought together. This process includes finding ways to overcome barriers, envisioning what kind of life they want to live, and working on a comprehensive program to meet their challenges and needs.

Building community in a marginal neighborhood means finding the right people in and around the neighborhood, the right combination of residents, service providers and decision makers, to develop them as leaders and thus to create a team which will work together to answer the community needs.

Residents need to take part in building and implementing programs. Programs relating to education, youth, elderly etc. will not succeed without the participation of the residents in decision-making forums. In order for the residents to be partners, and both knowledgeable and skilled in planning and decision-making, they must receive training. This is especially important in respect to focused professional work, such as work with detached youth or in fields clearly requiring professional skills.

It is an arduous, long and complex process, but offers the only chance to create a real change in complex and deteriorating neighborhoods.

15.3.3 The Third Circle: Policy-Makers

In order to deal with deprived neighborhoods there is always a need to pinpoint treatment that combines physical improvements with the educational and social spheres. Activating such a process requires intervention at the highest level since

therein rests the authority to engage the relevant ministerial offices (Austin 2005; Kirk and Shutte 2004; Goldsworthy 2002). The challenge of professional intervention in the community has two folds: one facing decision-makers in the national level—and the other facing decision-makers at a local level. Professionals need to identify opportunities to influence decision-making and to spot lights on niches where they can go and take action. The main challenge is to empower community practitioners to take an active role and participate in the local political arena. They need to acquire the right attitudes, tools and competencies to work with the local politicians (Angelique et al. 2002). In order to make a difference on a national level they will need to recruit outside help.

A shift from a collective based society to an Individualism based society. New immigrants moving to western societies often change their cultures, together with the mainstream society they live in. There is a shift from a collective based society to an individualism based society all over the globe that could influence a big part of the immigrants. Individualistic cultures emphasize personal action and personal responsibility. The members see themselves as autonomous individuals; individual needs and desires are superior of those of the group. Collectivist cultures emphasize interpersonal dependencies; group superiority and social nets are densely woven. There is a real difference between the interior and exterior, and the individual needs are sacrificed to ensure the needs of the group (Ford et al. 2005). On the other hand, the individual would expect that the group will protect him and take care of all his needs (Savicki 2002).

In an Individualism based society, individuals are centered in self-realization rather than mutual help: care for the weak and issues related to society and community at large. This characterizes all strata of society and is strongly present in traditional groups that are culturally collective. An Individualism based society represents an enormous challenge to community practitioners because their job is somehow “swimming against the stream.” They must empower the individual and encourage his self-realization, while the

professional challenge is to create local safety nets and mutual responsibility among residents, and strengthen the sense of community. Rising up in a collective based culture and moving to live in an individual based one is a profound change to the individual and the family. People are losing their safety nets, the anchors of lives, and need to find another source to hold to.

The challenge for the professional intervention will be to work together with other service providers and micro social workers to rebuild safety nets for those individuals and families that lost track in modern life and need help in order to gain control over their lives.

The impact of globalization on the community.

Technological and electronic media development enable people from all over the world to become part of the global village. During the summer of 2011, hundreds of thousands of people all around the world were protesting against social inequalities with the shared idea that people can affect policies (Bennett and Segerberg 2011), an idea that still exists. On the other hand, globalization could widen gaps between groups within the local community: between those who are part of the global community by work, trade relations and friendships and other who are not. The challenge is to bridge this gap, by utilizing ties established between communities' like students' groups and exchange programs, singing and dance bands, etc.

Young people experience reduction in trust in government

and as a result less solidarity and involvement in the national political systems. This manifests in declining voting rates in national elections. It might be easier to encourage the inclination for involvement in the community level through a process of building community. This is a process that is not quick, easy, or certain, a process that requires time. The relationships that are established and nurtured during the process are as important as the completion of tasks or the implementation of programs. It is on these relationships that trust in the professionals is formed. Trust is the essence of the relationships that lead individuals to take part in the game: to take part in discovering their strengths

and developing skills to meet their needs (Gohnson and Benitez 2003).

Community building is based upon community potential and social capital (Breton 2001; Rubin and Rubin 2008). The literature on the development of social capital and collective efficacy suggests that success will depend on creative linking of local strategies, engaging residents of the neighborhood and local institutions from the bottom up in partnership with broader organizations and systemic policies that foster collaboration from the top down (Morenoff et al. 2001). The development of this linkage is a primary objective of the collaborative partnerships promoted by the current program to develop the social capital and sense of collective efficacy in the community (Bolda et al. 2005).

Shifting from social oriented policies to privatization orientation of decision making.

The privatizations of social, health, and education services, and a rash of countless charities, NGO's and 3rd sector organizations, are the testimony of the inability of the state to provide the necessary services to the weak segments of society. We witness the shift or transfer of services from the state to local government and civil society organizations and the 3rd sector, and also to a large extent the responsibility of the individual. In the absence of a formal community system that takes responsibility for meeting and satisfying the needs of the weak population, the alienation between those segments and mainstream society is increasing. The longer and deeper the gap, the more the needy will refuse and avoid asking for help and assistance due to distrust and alienation.

The challenge to the practitioner is to try to minimize damages and to produce cooperation and coalition of institutions, organizations and residents to make an impact on the local decision-making process and produce appropriate services in the community.

Insecurity and vulnerability. The community becomes more and more exposed to terrorist attacks: wars, local crime watch, as well as nature

disasters like earthquakes and floods. This fragile security situation is physically, mentally and economically taxing and threatens governments West to East. It raises the quest for resolution and puts on the global agenda the issue of community resilience (Itzhaky and York 2005). Community resilience reflects the community's capacity to overcome changes and crises. The development and enhancement of community resilience during the pre-emergency period can serve as a core capability of communities in emergency situations (Cohen et al. 2016).

The role of the professional intervention starts long before the event occurs. According to the research (above), professionals have to prepare scenarios, plan their consequences, map different community characteristics, identify hazards that need to be treated to prevent terrorist incidents, identify populations at risk, identify community resources including services that can help if necessary, and coordinate cooperation among the different services and community professionals.

The challenge of community practitioners is to combine micro and macro practice, to plan mixed interventions both in short term and long term, and to set up clear work patterns to determine policies and clear division of labor between service providers. They should develop leadership among qualified residents and provide them with the tools and skills to act on behalf of the community. They should encourage the community to rebuild itself, to strengthen and maintain itself, to empower its human and social capital and sense of belonging to the community, and to broaden and deepen relationships with others. Each of these steps increases confidence in the social system in which one lives, and helps individuals and communities to deal with crises and disasters (Paton and Johnston 2001).

Sometimes during a natural disaster, groups of individuals are getting together in order to survive. They are working to protect themselves, to get food, to get shelter, to help each other, and to contact the outside world for immediate help. Upon completing the task and overcoming the crisis they are moving forward, like after the

earthquake in Nepal (2015) where the first writer of this chapter was helping young people to overcome the trauma and organize themselves. Unlike those crises that create a "temporary community," the basic work of the professional intervention is for the long run, toward the end of encouraging the resilience of the community (Itzhaky & Kissil, in press).

In summary of this chapter, following the in-depth discussion of the various models of community interventions, and the role of the worker in coping with the forthcoming challenges, we now present the regular, or routine expectations from professional community practitioners, or as we rephrase it: "Business as usual".

15.4 Business as Usual

The challenges mentioned above emerge as a result of events happening through the last 20 or 30 years. However, the regular tasks of community practice are much more challenging and wider in scope. These challenges, related to community development and community building, shape the role and direction of the intervention in the community. In light of this, what are the routine expectations from professionals intervening in a community with the vision of improving the neighborhood and the lives of its members?

There are three main expectations from professional intervening. The first expectation relates to intervening for strengthening community residents and the second to nurturing and supporting local organizations. The third expectation includes the values guiding the community's institutional intervention and evaluation. Here is the description of the three:

15.4.1 Strengthening Community Residents

Strengthening the sense of community: create a psychological and social accessibility to the

concept of community among its members, and to emphasize the importance of community life and mutual confidence. One way to help strengthen the sense of community is by developing activities that produce social bonds or “glue” that symbolize relationships and ties between individuals and groups (Saleebey 1996). *Citizen participation*: to understand, internalize, and implement the principles of citizen participation. You don’t dictate, nor make the decisions for the community, but make sure the community members define independently their needs, their goals and priorities and are capable to work toward achieving their goals. The principle is to create active involvement of community groups as a prerequisite for building community. The groups will vary depending on the community, but identifying local organizations and working with them will be the basis for expanding the effective community based services (Villagram 2001).

Confidence in the citizens’ ability to develop independent community: To recognize the powers and skills of the citizens and examine with them the priorities, goals and ways of achieving them. The need for partnership is significant to find ways in which each and every person in the community can be accountable practical, and creative and empowered.

Hope and dream: to join the hopes and dreams of community members, most of whom are working hard and dealing with difficulties to fulfill simple dreams such as to be able to support their families. They want the kids to finish high school, they want to go to work and they want to hold on to a decent job, and to buy an apartment. They need to connect between internal and external resources in order to realize those dreams, to develop a work plan to promote achieving the dreams, and to identify the obstacles and the ways to overcome them.

Fostering commitment and responsibility in the community and its residents: see community members as people who have responsibility for the community, without reducing the responsibility of leaders and professionals. Seeing the citizens as responsible and committed to

community daily life and service sends a message of respect and independence to the community and the local organizations, not a message of dependency.

15.4.2 Sharing, Caring, and Support for Local Organizations

Working together with local organizations promoting education and culture: Local community organizations, such as synagogues, community centers, youth organizations, schools, local clinics and local businesses (cafes, gyms) who have legitimacy in the community. Combine cultural organizations, like a library, a museum, or a heritage preservation, because it is important to show that culture has influence. Through participation in cultural activities social ties are evolving and tightening, quality of life improving and common values are being built (de la McCook and Jones 2002).

Cultivating and supporting local organizations engaged in Community aid: The idea is to cultivate local organizations engaged in self-help, advocacy, counseling, and community development. Local organizations serve as an employment resource for community residents; enable community members to take part in the decision-making process; and preserve traditional values, social ties and links. These organizations offer to the customers support and understanding, and therefore it is important to cooperate, to strengthen and see them as partners rather than competitors. It is important to maintain linkage between the broader society and the local organizations to create a continuum of service and sense of security, and to prevent isolation, alienation and detachment of the organization and the community it serves. In addition, it is recommended to support the organizations that rise out of adversity, alienation and shortage of services in the community. These organizations need the partnership of community members in changing the status quo of poverty and social exclusion. Participation in these organizations has an impact

on the viewpoint of the citizens; it changes from passivity and fatalism to productivity and participatory. Also the personal identity of the participants transforms: the individual is no longer part of a marginal disconnected group, but becomes a member with more capacity and self confidence in the community.

Building community capabilities: Strengthen community capacity to solve problems through development of groups and organizations, leadership development, creating social networks, both formal and informal, that initiate opportunities for involvement in community life (Rothman 2007). In programs and projects include economic development and development of human capital in the Community (Weah et al. 2000) to help people improve their financial situation, to join the centers for entrepreneurship, to promote loans to small businesses and to acquire administrative and economic capabilities.

15.4.3 Intervention and Assessment

Diagnosis and evaluation through customer perception: Learn the background and causes of the problem from the perspective of the customer and avoid explaining the phenomenon from professional or academic eyes only. Examples can be viewed in the traditional learning cultures in Israel. For example, the system defines a group of parents who are not involved in a school as people who have no interest in their children's education, unaware of the possibility that the lack of parental involvement is because they themselves never went to school in their country of origin, don't know how to read and write, or the concept of parental involvement is unfamiliar to them. These parents are afraid of involvement, fearing that it might negatively impact their children.. The challenge here is to develop a cultural sensitivity, understanding the community sensitivity and ability to recognize the clients, and to develop appropriate interventions that encourage parental involvement (Cox and Ephross 1998).

Community norms and values: Learn values important to the individual and group and connect with them since they can be either a lever or an obstacle to the process of change. Information about the values that influence the life of the individual and their transformation objectives can provide a framework in which relationships can be built. For example, you may face resistance while working on domestic violence in certain ethnic groups, but you can work on the roles and needs of women as a starting point for intervention in family or group level (Cox and Ephross 1998). It is important to understand the way in which community norms, values, and behavior patterns stem from the tradition of the group and the individual. Whenever there are inappropriate behavior patterns the professional should reflect this to the clients and help them change them slowly, by presenting those with the right pattern to help them strengthen their resources and improve their adaptation to mainstream society. It is important to examine the patterns of community behavior for taking care of the elderly, for instance, and it is important that no elderly person will be left out without help. To work effectively with all community needs it is important to contact and partner with as many as possible community leaders, community institutions, community media, assisted by public figures all who can provide legitimacy to the community effort.

Systemic approaches: Systemic work sees the need to make transformation not only among residents but also among service providers and policy makers and the professional needs to see them as the ones who rotate the wheel of the manufacturing facilities. He must strive to generate strategic partnerships between the parts of the social systems in order to improve the quality of life for its clients. The System Theory, which is a basic element in community building, shows that clients of social services face complex problems, and accordingly responses to these problems reflect this complexity. Accordingly, it has many levels: the disempowerment of the client, the lack of service because of social policy

issues, economic systems and conditions of oppression and discrimination that contribute to development problems, etc. (Mullender 1999). *Community intervention evaluation*: Examine the community outcomes and effectiveness. Namely, to take responsibility for the long-term consequences of the intervention (Weah et al. 2000).

15.5 Summary

In the chapter we presented community practice through its core principals, main goals, founding values, basic models of operation and the main intervention strategies employed by practitioners and the roles they employ. Later, we presented challenges for community interventions: challenges that require interventions tailored to changing community needs, due to a global variable (rapid and dynamic changes in global aspects), as well as local, or inner challenges like promoting citizen's empowerment, building community and the like. In each and every strategy, in each and every model of intervention, from the very routine ones ("business as usual") to the very complicated roles, we learn that the role of the practitioner is multidimensional.

Dealing with the goals, the strategies, the expectations, and the challenges, the question of what is expected of the professional's intervention in the community has no single answer. He or she must work with all parts of the community and its organizational set. In addition, conflicts of interest between residents themselves or between formal and informal organizations, populations and cultures, security, social and economic situation all over, all these and more indicate that the role of professional intervention in the community is central, varied, complex and fascinating.

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