ORIGINAL ARTICLE

Understanding ground-up community development from a practice perspective

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Abstract

This article offers a practice perspective on Community Development from the ground up regarding health and well-being. It advocates for a departure from traditional Community Engagement approaches, arguing that they fall short of relocating authority to communities as influential health producers. The author affirms that Asset-Based Community Development (ABCD) approaches are preferable Community Engagement practices, as they offer more authentic pathways toward community-centred population health and wellbeing. The article concludes that once effective ground-up community development has been initiated supplementary efforts at reform and relief are more likely to have desired and sustained impact.

KEYWORDS
public health, relationships, well-being

'For you know only a heap of broken images'.

T. S. Elliot, 'The Waste Land'[1]

1 | INTRODUCTION

Why do we confidently maintain that our health is primarily in the hands of clinicians, that our safety is determined by police response times, and that the quality of our children's education depends on a teacher's qualifications? In this article, I contend that our perspective has been skewed by what is referred to as the 'institutional assumption'—the belief that institutions are the primary producers of what we need to live a good life of prosperity and well-being.[2,3]

This notion is debunked by repositioning and re-centring regular people and their communities and recognising them as the primary producers and contributors of those things that lead to increased well-being and health. This article examines how communities can collectivise and mobilise local assets to extend their health-producing capacities. It also brings to light a process that institutions employ to undermine such efforts. It then illustrates how professionals, in practice, can reduce health inequalities by encouraging and precipitating democratic citizenship among individuals and community building among neighbourhood associations.

2 | CASE STUDY: STRATHCARRON HOSPICE

Located in Scotland's central belt, Strathcarron Hospice, opened in April 1981, has long had the objective of synthesising specialist clinical knowledge with community-centred approaches to providing end-of-life care. Key to this objective is the recognition that the love and support of friends, family, and neighbours are essential and irreplaceable. In the winter of 2021, Irene McKie, CEO of Strathcarron Hospice, stated in an evaluation interview with me: 'We die twice, first socially, then clinically. We must do more about the first'.

The Hospice took increased steps toward its objective in 2013 when it made a clear distinction between *Community Engagement*, an

approach they had previously borrowed from other hospices, and *Community Development*. The Community Engagement they had observed and experienced was often characterised by the following traits:

- Decision-making power rested with those who would not be impacted by or suffer the consequences of the decided-upon actions.
- Those outside geographic communities assumed the authority to define problems and determine solutions unilaterally.
- Outputs and outcomes were set by those external to the community, not those impacted by their efforts, and tended to be transactional and programmatic in nature.

Community Engagement can thus be understood as the 'direct or indirect process of involving communities in decision-making and/or in the planning, design, governance, and delivery of services using methods of consultation, collaboration, and/or community control'.[4]

In contrast to this approach, Strathcarron Hospice adopted the following Community Development principles:[5]

- Openly and routinely review power relations between community members and outside actors to ensure that the community holds a primary position and that members are supported in their efforts to organise themselves in inclusive and consequential ways.
- Start where the community is, but do not stay there. Support and resource them in building power and power-sharing structures that include the gifts of all residents and their associations while maintaining a critical appraisal of power differentials and robust analysis of social and economic inequity.
- Have the community-impacted identify and articulate problems and possibilities in their own language and terms.
- Whenever possible, enable the community to agree on solutions and responses to community problems, after which supplementary supports from external actors may be leveraged.
- Support the community to determine change making and desired outcomes, which happen at the speed of trust, in ways that enhance equity, inclusion, and social justice.

The Hospice's transition away from Community Engagement practices and toward Community Development principles was characteristic of the evolution of their way of knowing the communities they served.

Strathcarron Hospice started down this path with the help of a government-funded project called Reshaping Care for Older People,[6] which aimed to increase community capacity to create culturally sensitive community-led responses to end of life care. This broad ambition opened a space for learning and experimentation. As the manager of the newly formed Community Development team, Susan High noted in review sessions with me (2021): I have to admit, at that time I had no idea what Community Development truly meant'! Although the project's core principles were clear, it traversed a steep learning curve; in its early stages, it resembled more of a Community Engagement initiative than a Community Development one.

Members of this team recall those early days and the lessons learned. They saw the limits of programmatic interventions[7] and the irreplaceable value of two-way relatedness at the village and neighbourhood levels. This insight was vital to the evolution and deepening of their practice. As their approach became more nuanced and discerning, they learned to avoid the following practices:

- Activities in which a person receives support but does not choose the action and the means by which the support is conveyed or offered. In other words, they stopped prescribing.
- Convening groups in which the supported person is not missed when they are absent.
- One-sided relationships based on labels, in which the person labelled 'volunteer' or 'professional' provides support services to the person labelled 'patient' that they passively consume.
- Sympathy-based supports in which the 'patient' is understood to be a 'bundle of needs' or a 'victim'.

Their praxis[8] from 2013 to 2018 guided them instead in the direction of co-designing supports with local communities, beyond their building where they go to provide supports, that

- featured the skills and gifts of those whose capabilities are most at risk of being hidden from or dismissed by wider circles of participation within their diverse natural communities.
- fostered reciprocal relationships between the person supported and the person providing support. This focus on interdependence[9] helped to bridge both wider and new support networks across different interest groups. So that a person who may previously have solely been a member of networks identifying themselves by medical condition or age, now also were members of other associations, such as book reading groups, neighbourhood walking groups, and so forth.
- employed empathy-based approaches that celebrate the whole person, valuing their gifts, knowledge, skills, passion, time, and commitment to being present in the lives of others.[3]

The Community Development team witnessed firsthand how the people they served could be healthy and safe while remaining fundamentally unwell and unfree. The distinction between health and wellness and between safety and freedom was vital because the team worked alongside people who were at the end of their lives in ways that honoured their autonomy and citizenship.[10]

In 2018, the team adopted an explicit Asset-Based Community Development (ABCD) approach.[11] ABCD's influence went beyond the Strathcarron Community Development team to other parts of the Hospice. It even impacted how some external partners chose to work with their local communities. The journey away from traditional forms of Community Engagement that began in 2013 and led to the steady proliferation of ABCD approaches has been profoundly transformational for the Hospice and for the communities they serve. Specifically, Hospice staff (across the organisation, not just the Community Development team) reported the emergence of the following outcomes:

- Community ownership increased: 'We began receiving questions from the community and self-referrals, which we've never had before'.
- Community alternatives to Hospice service emerged: 'We observed raised awareness of the capacity of communities to do things for each other that had previously been thought of as professional functions, such as caregiving'.
- Trust between community associations and the Hospice deepened: 'More people are recognising the value of journeying at the speed of trust when working with citizens and their community. There is less pressure on us to produce interventions at an early stage'.
- Members of the Hospice reflected deeply on power dynamics and the dangers of displacing natural community capacities to provide care and enhance the welfare of their neighbours at the end of life: 'We witnessed a growing understanding of the dangers of professional overreach. Our colleagues are taking ever more seriously the mandate, first do not harm'.
- More emphasis was placed on community-centred and community-first approaches: 'We are witnessing greater understanding between professionals in the Hospice and partner agencies regarding the importance of relocating power to citizens and their communities. It has to be more than words or good intentions'.

The above quotes are anonymous reflections from Strathcarron Hospice staff, gathered during an evaluation I conducted in the winter of 2021. In practice, the Hospice has employed four Community Animators (as Robin is to Batman, so a Community Animator is to residents and their associations) to work in place-based community-centred ways with various geographical communities to support them in exploring the following questions:

1. What are geographical communities best placed to do to support residents in living their best lives right to the very end?
2. What are geographical communities best placed to do but with some support from the Hospice to support their neighbours in living their best lives right to the very end?
3. What do geographical communities need to have done for them by the Hospice to support their neighbours in living their best lives right to the very end?

By asking these questions in local communities over several years, the Animators discovered significant untapped reservoirs of community competencies essential to the well-being of individuals at the end of life.

3 | MULTI-FOCAL APPROACH

It is often said that the map is not the territory. It is equally valid to say that the lens is not the landscape. Nevertheless, human service professionals and social policymakers alike have implicit maps or preferred lenses they use to navigate and view the social and economic landscapes. The Strathcarron case study charts an organisation's journey from Community Engagement to Community Development, offering a compelling example of an institution learning to see communities it serves through a fresh lens that magnifies assets, not deficits.

Two lenses through which neighbourhoods are typically viewed when the institutional assumption eclipses community capacities loom more significant than others within the current social and healthcare landscape in Western liberal democracies: the *relief* and *reform lenses*. Both are examined here and a third, the *community lens*, is introduced. When socioeconomic issues are considered through all three lenses in the optimal sequence, institutions and communities can be restored to 'right relationship', by effecting a shift in perspective from what is wrong in communities to what is strong.

3.1 | The relief lens

Viewed through the relief lens, the well-being of individuals is seen to be the result of services provided by professionals. 'It envisions a world where there is a professional to meet every need'.[2] In its most myopic form, the relief lens portrays people as broken and needing to be fixed. It labels them as clients, consumers, patients, end-users, services users, troubled families, vulnerable elderly, and the underprivileged. Rather than defining people by their primary relationships, such as brother, sister, friend, and neighbour, institutions diagnose, characterise, and redefine them as clients within a service system.

The message is clear: the 'client' has needs that can be addressed only by service providers. Clients are needy (i.e. in need of an institutional intervention), not needed for their contributions within a community. This is not to say that this lens does not have significant utility in a just society. Neighbourhoods require and have the right to services, from refuse collection to road maintenance and human services such as Hospice care. Indeed, life-saving vaccinations have emerged due to interpreting maladies through the relief lens. The Beveridge Report in the United Kingdom and the Marshall Plan in the United States were predicated on the urgent need for relief action following the Great Depression and the Second World War. The importance of this lens ought not to be minimised. But there are hazards with this lens; chief among them are professional dominance and institutional overreach. Other hazards include clientelism and commodification of individual and community needs, which confuses human necessities with institutional categories and pathologises them.[12] Every lens has its blind spot. On its own, relief action risks becoming a form of 'poverty soothing'; by addressing the symptoms, the root causes become further entrenched.[13] The relationship between low income and health is a case in point. Across the life course, economic poverty is the most reliable predictor of poor health outcomes. Yet, in many OECD countries, more than 80% of health budgets run on relief services and programmes that draw income away from people living in poverty.[14]

Gustavo Gutiérrez put it thus: 'The poverty of the poor is not a call to generous relief action, but a demand that we go and build a different social order'.[15] This statement suggests that the root issue is one of reform.

3.2 | The reform lens

In most liberal democracies, the reform lens is layered over the relief lens and in tandem they portray a world coloured by the institutional assumption. When a person seen through the relief lens does not receive an institutional service to meet their needs, including their need for a diagnosis of one kind or another, the reform lens automatically views this denial as an infringement on their rights which sets up the argument for a reform agenda to be pursued.

Not-for-profits are particularly attracted to this way of viewing the social landscape. They typically advocate for institutional reform on behalf of the most vulnerable, those excluded from services or 'unseen' through the relief lens. Organisations that employ the reform lens tend to advocate on two fronts: (a) the issue itself and (b) the need to fund their institution in order to propel the reform agenda. When this advocacy is done well, the individual receives required services and the not-for-profit receives revenue. There are hazards, however, as with the relief lens, because the authentic voice of the community is now mediated through an agency with the proper manners and vocabulary to meet the relief bureaucracy on its own terms, which runs the risk of diminishing local democracy and autonomy in the pursuit of doing good. 'Doing going' becomes narrowly defined as the state distributing commonwealth funds to relief and advocacy agencies to provide or enhance services and programmes for the 'needy'. This is, of course, but one of many legitimate ways a state can distribute wealth; other means include Unconditional Basic Income[16] and progressive tax reforms that ensure that those who are disadvantaged by current tax laws receive the same advantages as the advantaged. The reform lens can thus open a vibrant vista of possibilities for including people at risk of not having their gifts recognised or received. When done within appropriate proscriptions (professional limits),[17] reform can open many doors to participation when orientated toward interdependence within natural communities.

Strong examples of the critical importance of appraising the justness of societies through the reform lens include the plight of refugees within neoliberal countries.[18] Needed human rights[19] legislation would not exist were it not for the heroic efforts of activists in recent decades. The reform agenda also modifies the relief actions of institutions because it seeks to position the voices of people receiving services ahead of those who provide professionalised interventions.[20]

Although the lenses of relief and reform are both essential, they are still insufficient to attain a fully inclusive and just society, because their focus is too narrow. Each lens is limited to individuals and the services they ought to receive from institutions. Human rights, fully understood, cannot be confined to the consumer rights of individuals, nor can they simply be contained within a transactional exchange between a given individual and an institution. A third critical actor must be brought into the frame—namely the community. Without this element, the relief and reform lenses, used either separately or together, risk creating the following seven unintended hazards to local communities and individual citizenship:

1. Individuals and groups are labelled and defined by their perceived weaknesses and conditions, not by their strengths and capacities.
2. Most of the money intended _for_ communities ultimately goes to those providing services _to_ them.
3. Active citizenship and grassroots activity retreat into the background, overshadowed by institutional largesse and overreach.
4. Regular people and associations see themselves as inadequate and underqualified compared to professional helpers. Consequently, they become disabled.
5. Residents accept that professionals and programmes imposed from the outside are their best hope for responding to end-of-life support needs.
6. Individuals and communities are understood and come to see themselves as consumers, not producers. Thus, they outsource death, dying, and other health- and well-being-related issues to a licensed professional or institution.
7. Institutional progressives will speak of prevention of illness while rarely talking about community health creation, because the latter relocates authority and resources towards community alternatives and away from traditional institutional interventions.

3.3 | The community lens

When viewed through the first two lenses, economically poor individuals and low-income communities are predominantly defined by their perceived problems, while their strengths and capacities are eclipsed by the bias towards what is perceived to be wrong. By analogy, current health and social care policymakers hover over urban conurbations like passengers in an aeroplane on a night-time flight. All they can see on the ground are the lights of public sector, third sector, and private sector institutions, whereas neighbourhoods are in complete darkness, except when an institution decides to point a spotlight in their direction, but then only to reveal their deficiencies.

Institutions are not the sole source of power in society. They do not have a monopoly on the means of producing the best solutions to socioeconomic challenges. Another essential power source—communities—also produces collective well-being outcomes. These primarily overlooked well-being capacities become evident through the community lens.

In contrast to the relief and reform lenses,[21] the community lens illuminates the neighbourhood or community as a basic unit of production. Through this lens, people are recognised as having capacities to produce health, safety, and prosperity. This lens reveals neighbourhood associations as contexts in which to create and locate many sustainable supports, especially for those at the economic and social margins who are in need of care and support. Those who hold to this vision see the following possibilities:

• The untapped reservoir of community potential beyond institutional relief efforts and reforms.

- A society in which citizens can be supported to be interdependent and at the centre of community life as an alternative to institutionalisation.
- That making state resources available to the community enhances people's choice, control, and civic participation.
- The necessity of increasing shared space, as opposed to managed space, to ensure that those who typically are on the margins can fully participate in civic, political, social, cultural, economic, and environmental life.
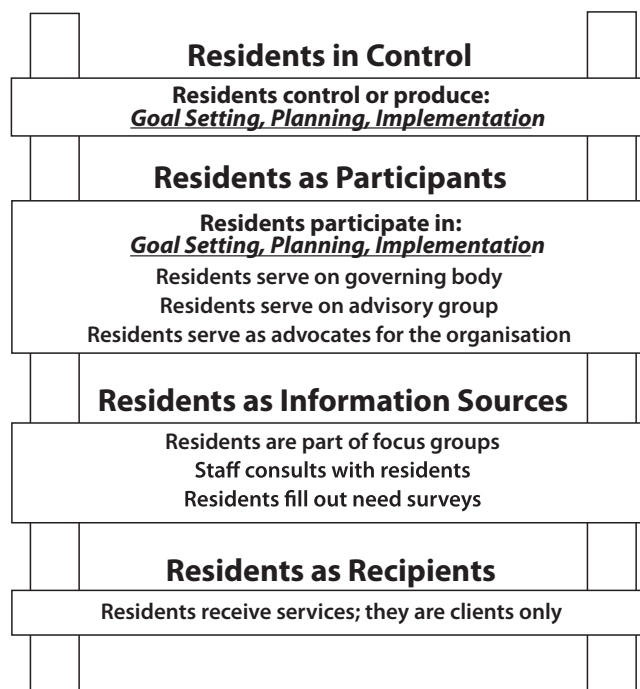
The challenge in using these lenses is to see through them in an optimal sequence, beginning with the community lens, followed by the reform lens, and finally the relief lens. Currently the opposite sequence dominates, resulting in community capacities remaining dormant and rarely discovered, connected, or mobilised, which leads to scarcity and the overlooking of abundance.

4 | COMMUNITY ENGAGEMENT OR COMMUNITY BUILDING: A QUESTION OF POWER?

Strathcarron Hospice's move from Community Engagement to genuine Community Development was achieved by relocating power and making the communities they serve the primary authority. Staff understood that these communities assumed that an appropriate response to death was a professionalised one in which the Hospice held a license on a subconscious level. The Hospice took an evidence-based approach by featuring geographical communities as primary producers of health and well-being, even in death. More than 80% of the determinants of well-being and associated health outcomes were recognised as contingent upon community connections with and within the community and the mobilisation of community assets. In practice, individuals were engaged not as passive or even active recipients of services but as lead actors in the production.

Kretzmann et al. elaborate on the various power differentials at work between human service institutions and communities (see Figure 1), in which institutions have expropriated authority in responding to a wide variety of life's maladies.[22] They note that even consulting and giving individuals positional influence to advise or advocate on service design are inadequate substitutes for allowing residents to be in collective control. Furthermore, communities are at their least potent when relegated to a passive consumer role. In short, professional dominance has harmful consequences, namely the displacement of essential citizens and associational agency, which results in the loss of both individual and community resilience and power.

Since the introduction of Arnstein's ladder of citizen participation,[23] numerous attempts have been made to conceptualise the power dynamics between institutions and communities of place. The difficulty here is that terms like *Community Engagement, co-production*, and so on can be used interchangeably to mean different things. For example, Popay[24] uses engagement and participation as the end goal, whereas Kretzmann, in my opinion, rightly distinguishes between

Residents in Control

Residents control or produce:
Goal Setting, Planning, Implementation

Residents as Participants

Residents participate in:
Goal Setting, Planning, Implementation
Residents serve on governing body
Residents serve on advisory group
Residents serve as advocates for the organisation

Residents as Information Sources

Residents are part of focus groups
Staff consults with residents
Residents fill out need surveys

Residents as Recipients

Residents receive services; they are clients only

FIGURE 1 Residents and their associations: A power ladder. Used with permission from original source.[22]

engagement and participation by residents who are in control. It is like the difference between being invited to dance and choosing the music.

Popay's formulation features five levels of Community Engagement, from least to most—from informing to consultation to coproduction to delegated power to community control. Although she usefully correlates community control with better health outcomes, one is left with the dilemma of engagement and participation being conflated with consultation and co-production. This tendency is found in most related literature and common practice, leading to deterioration in delegated power and community control.

Community Engagement tends to refer to the funded professional soliciting community stakeholders, identifying their needs, and proposing an agency-driven solution that places community members in a passive consumer role. Mapping Popay's power gradient against Kretzmann's ladder (Figure 1) shows that Popay's conceptual model does not free us from this epistemological error. In practice, Popay's model gets snagged on the third rung of Kretzmann's ladder (Residents as Participants), falling short of what she identifies as the critical determinants of enhanced well-being outcomes (Community Control as on Kretzmann's ladder). Consequently, the community is not in control because authority has not been relocated to them, leaving them in a passive consumption rather than an actively producing role.

When a power shift occurs and communities take on the role of producer, they can do the following:

- Redistribute power to non-elite groups because communities themselves have the power.
- Claim their own rights and the rights of others.
- Participate and benefit from their participation.

- Cast a vision of the future and benefit from the outcomes.
- Challenge unjust structures.
- Work with organisations on the community's terms in co-producing and enhancing community well-being.[25]

With this power shift in mind, I propose an alternative path toward sustainable Community Development in step with the one taken by Strathcarron Hospice. For developing democratic power from the ground up, I commend a Community Development/community-building approach over a Community Engagement one. This approach posits that enduring community change happens from the inside out and institutions play a supplementary role in engaging the community's own capacities. This approach also helps us to recognise that Kretzmann's ladder can be viewed from both the institutional and the community perspectives.

The institutional perspective understands the ladder as an upward progression from citizen powerlessness to community control. From the community perspective, the ladder can be understood as a descending progression in which development starts with the discovery, connection, and mobilisation of community-controlled local assets, occasionally supplemented and extended by external ones. The remainder of this article considers how to build a community following Kretzmann's power ladder by using 10 dynamic methods, or touchstone practices. These touchstones are visible in organisations like Strathcarron Hospice and others I have worked with. They have helped to free individuals to use what they have to secure what they want for their individual and collective well-being.

5 | TEN TOUCHSTONES OF COMMUNITY BUILDING

The following ten touchstones act together as a compass to orient communities toward tried and proven community-building practices that may be relevant in their own context. To be clear, these touchstones are not detailed directions to where I believe communities 'should' go. Also, they are not linear but, rather, iterative. Therefore, although they are listed here in a seeming order, from one to eight, there is no right or wrong place to start.

5.1 | Discovering and connecting an initiating group of residents

Every community has Connectors—people who value relationships over single issues, and community-building over problem-solving or Community Engagement. Typically, when you find one Connector, they guide you to other Connectors, because it takes one to know one. As the number of Connectors increases and relationships deepen, a circle of Connectors representing the diversity of the community comes into being. As an initiating group, Connectors actively and intentionally listen to and converse with people across the neighbourhood, identifying

gifts and noting emerging themes. Thus, the significant touchstone of collective citizen-led action materialises.

5.2 | Recruiting a community animator

The role of the Community Animator is typically a paid one. Individuals in this role act neither as 'insiders' (unpaid neighbours who speak for the community) nor as 'outsiders' (people committed to Community Engagement yet unaccountable to, unaffected by, or indifferent to the specific local context). Instead, they act as 'alongsiders'—people who act like companions and are skilled in nurturing collective action and inclusion among residents while not directing outcomes. In other words, when it comes to community-building processes, Community Animators are shipwrights, hired to assist in the ship's construction. They are not captain, who sets the ship's direction or destination—a role played by the Community Connector.

5.3 | Hosting community conversations

When a Connector is brought into relationship with a Community Animator, together they shift the dominant narrative through conversation. Residents have internalised the belief that they are on the lowest rungs of Kretzmann et al.'s power ladder. The Connectors flip the script through the subtle and intentional process of introducing new questions, such as the following, that shine a light on the community's strengths: What do you care about enough to act on? What would you love to do on this street if you knew three or four neighbours willing to help you to do it? Can you share a story about a time when some of your neighbours joined together to make things better locally? Questions like these are raised during kitchen-table conversations with neighbours, at fireside chats with small groups of residents, in church-basement meetings with associations, or in one-on-one discussions over coffee. Built into these conversations and group discovery processes are such practices as asset mapping, a method I prefer to call 'place-based portrait-making'. These discovery conversations evoke a new picture or way of portraying the neighbourhood and help surface what residents care about locally, what they desire to commit to collectively, and what individual and associational contributions they are willing to make. They are therefore about community power and local self-determination. They animate residents to assume their place on the highest rung of Kretzmann's power ladder. Furthermore, they focus on fostering a culture that values and includes all gifts (especially the gifts of those who have been marginalised or exiled from the community). This stands in stark contrast with more traditional change effort that tend towards either promoting behavioural change or institutional reform.

In sum, Connectors and Animators (1) support the broader community in discovering and connecting local resources in order to achieve resident-driven outcomes, (2) identify outside resources and external actors who can support and amplify the community's efforts, and (3)

continually invite residents to look at their circumstances through a community lens.

5.4 | Animating community groups and associations

Most, if not all, neighbourhoods are to some degree already organised in that every place has a variety of formal and informal clubs, groups, and networks. From five people who walk their dogs together each morning to Neighbourhood Watch committee members, people form groups to do together what they cannot do alone. These formal and informal associations participate in the community's discovery conversations.

By tapping into the life of these associations, Community Connectors and Animators can

- identify what people care about and what they are willing to invest their internal and external resources in.
- identify actionable themes that emerge from conversations.
- invite curiosity about what one association could lend to another.
- inspire the telling of stories that recount how things previously done resulted in a positive outcome.
- expand the community's imagination about future possibilities and initiatives.
- encourage collaboration between associations.
- prepare for the establishment of an association of associations.

In ABCD terms, the gifts of individuals and families are foundational to civic power. However, there are things that individuals and families cannot do without the support of the wider community. Local associations can amplify individual and family voices and multiply their gifts. Association also cannot work in isolation to build community for the entire neighbourhood. They must collectivise in ways that allow them to still do their work. Community Connectors and Animators are essential supports in forming an association of associations because they emphasise keeping efforts small, local, and non-hierarchical. This approach helps a community nurture and sustain its culture by amplifying and connecting capacities across the neighbourhood while respecting the diversity of each small community effort; it creates unity without uniformity. At the grassroots level, it moves the community from individual gift-giving to collective citizenship marked by productivity, not passivity. It also gives communities the power to hold outside actors to account when required.

5.5 | Building connections and social interactions

The physical design and planning of many communities discourage natural interactions between neighbours. Rapid demographic shifts worldwide have significantly impacted neighbourhood connections, reducing the number of socially and economically connected opportunities. In some geographic communities, especially in many rural areas,

there are fewer school-aged children and more senior citizens, resulting in more occasional encounters and conversations at the school gate and fewer connections between young and old. A dying Main Street can mean fewer local jobs and a weakening economy, leading to displacement of local people pursuing sustainable livelihoods. The result is atomised families, longer work hours, and increased commute times. In such a context, community life is often the first to suffer when people allocate limited discretionary time. What can Connectors and Animators do to help?

They can intentionally create social spaces in which residents can interact and exchange gifts. They do not tell people what activities they should engage in. They do not bring in an expert beekeeper to deliver a talk hoping that neighbours will come and interact with one another and do something about the declining bee population. Instead, they converse with residents and discover one who has built a beehive in their backyard. Then they invite that resident to share their knowledge with interested neighbours. The Connectors and Animators do what it takes to bridge the gap between the local beekeepers and their neighbours, such as organising an ideas and skills share, at which a wide array of skills and knowledge are shared, not just by beekeepers. A pancake party on a Saturday morning in the local school or sports hall, or perhaps hosted by a hospice, can be a powerful way for people to see one another as producers and citizens. When local people come to hear a neighbour speak about beekeeping in a hospice, which they thought was reserved for those who are dying, space is opened for other powerful discoveries and aliveness. Participants might say,

- 'This hospice has multiple purposes; perhaps I could use it too'?
- 'My neighbours are gifted people and can teach me things; perhaps I too could share skills and knowledge with them'.
- 'I have met people at this talk. I didn't know they lived in the same neighbourhood as me, and I certainly didn't think they shared my interest in beekeeping'.
- 'I wonder what else we share in common? I'll ask'.
- 'I met hospice residents and residents of various villages, neighbourhoods, and estates today. We all shared things we know and we have skills, passions, talents, and experiences. As a result, not only do I see my neighbour differently, I also see people using the hospice differently; I now see them as having contributions to make, not just needs'.

Such social moments are curated by resident Connectors but led and hosted by residents and their associations.

5.6 | Visioning and planning

In addition to facilitating the exchange of skills, knowledge, and passions, an influential community-building process seeks to hold social and conversational spaces in which residents and associations may come together and collectively plan and set a vision for themselves. Such an outcome cannot be achieved simply through Community Engagement, participation on external boards, or even co-production

of services. Instead, a diverse, dynamic, broad community network emerges by establishing an association of associations. Such a network helps to evoke a community-driven vision for the future and a plan for how to get there. Endless methodologies and frameworks are available for moving in this direction, including traditional Community Organising as well as more facilitative soft power processes such as Open Space Technology, The Art of Hosting, and Appreciative Inquiry. These approaches need to be held lightly. Typically, communities use approaches that make the best sense to them at any given time. Most important to shoring up the community's efforts is finding some sense of purpose. It is critical to ask _why?_ Most communities come together because they believe there is work to be done and that their _we_ has functions to perform.

In my experience, communities that have created and implemented a vision have done so in response to the following three questions:

1. What can we do together as residents, with no outside support, to fulfil our shared purpose and create a better future?
2. What else can we do to realise our vision (that we cannot do alone) with a little outside help?
3. What do we need external actors to do for us in transparent and accountable ways?

The answers to these questions create the basis of a robust neighbourhood vision that genuinely proceeds from the ground up and is democratic.

5.7 | Implementing change

Citizens are recognised by their proximity and connection to other citizens. They agree on priorities and share a commitment to acting on what they care about. They are connected to and act with others across the life course, from the cradle to the grave. Citizens do not always see eye to eye on religion, politics, or the rearing of children. In other words, at the level of opinions, there are many fractures. But the magic happens when they join in committed and consistent action and set a shared course for the community's common good. By taking collective action, their shared vision comes to fruition. They protect what they have created because they are the primary investors and the authors of the story, and in the telling they play the role of producers, and the fruits of their efforts are plain to see and to be shared.

5.8 | Celebrate every step of the way

This hyper-local community-building journey necessarily navigates many ups and downs, so it is essential to have fun and celebrate the little things, even the setbacks, because they often provide the richest lessons. As with life in general, 'community' is lived between the highs and lows. Although there is optimism about the future, doubts lie in wait, quietly (sometimes loudly) calling into question any progress that has been made. Regularly scheduled meals and storytelling gather-

ings are perfect antidotes to such moments. They provide excellent opportunities to make invisible impacts visible while respecting and therefore profoundly listening to people's doubts and learning from them.

Most importantly, those in our communities who are most at risk of not having their gifts recognised must be invited in and supported to participate fully, and their contributions must be celebrated and included. When the skills of people pushed to the margins are shared with and received by the wider community—not out of sympathy but out of empathy rooted in the belief that everyone's gift is needed in order for an authentic community to emerge—we move ever closer toward deep democracy. In every hospice, there are people who are dying to share their gifts.

Finally, celebrations can also be great contexts in which to encourage collective learning. In the chilled-out vibe of a party, we can talk warmly about our successes and cheer on the specific contributions that various neighbours have made. We can also talk about, and perhaps laugh about, the things that did not go our way and what we learned about ourselves in going through them and coming out the other side. These reflections are essential in gathering stories of change and remembering the irreplaceable value of citizenship and community power.

5.9 | Democratic local structures

Establish a local citizen-led Stewardship Group to support the deepening of an Association of Associations and the ongoing cycling of the touchstones described above.

5.10 | Financial security for local control

Establish mechanisms to secure the future of local collective citizen-led efforts financially.

It is important to avoid playing favourites with any of these touchstones; each is an optional entry point to a more connected and powerful community. The given context will determine which touchstones are most relevant for each community. It is also important to emphasise that this list of possibilities is not exhaustive in terms of practice; please read them critically and consider whether any have relevance in your context.

6 | ADDITIONAL WAYS IN WHICH HEALTH INSTITUTIONS CAN INVEST IN LOCAL COMMUNITIES

For those working in a health institution that is disinclined to engage directly in the sorts of community building that Strathcarron hospice has, many other practical steps can be taken to invest in the local community health creation. Here are some suggestions based on what I have observed useful institutions do in the name of being good

neighbours to the local communities they serve:

1. **Solidarity and Advocacy**. Healthcare institutions can lend their weight to local Community Development efforts. Importantly, the organisations that have the most impact in this regard are the ones that exhibit solidarity and actively advocate for causes that are not necessarily directly linked to their core mission. At first glance, this approach may seem counterintuitive, but institutional systems that hope to serve their communities over decades must work out how to be a good neighbour, and that starts with supporting their neighbours in achieving the things they care about. Doing so will ensure that the downstream contributions that local health institutions make to their communities' interests will come back to them as trust deepens.

2. **Convening**. Local healthcare institutions deal with a wide range of leaders, Connectors, and residents across communities and organisations at different points in their life course and in moments of great sensitivity. That often, though not always, means they have earned incredible trust, which gives them astonishing convening power among various individuals and associations. That convening power can be put at the service of communities that may be fragmented or insufficiently organised around an issue by offering to bring different stakeholders together to advance matters of mutual concern.

3. **Sharing Economic Power**: Local healthcare institutions have economic credibility that small local community groups may not. Hence, for example, a hospice can act as a fiscal agent for a community group trying to secure needed funds. As noted previously, evidence is clear that economic poverty is a significant predictor of poor health outcomes; using the local healthcare institution's financial capacities to enhance local incomes and the local economy will therefore effect a net improvement in the well-being of those who are most economically marginalised. More practically, local healthcare institutions have relationships with wholesalers, which means they have the power to purchase food, goods at scale, and services that could be immensely useful for local communities. For example, they can leverage their influence to broker with local supermarkets and wholesalers to reduce the amount of unsold produce going to landfills and instead repatriate it back into the food cycles of their local communities. Another way of enhancing food sovereignty is by supporting local food co-ops and pantries in bulk-buying nutritious food options.

4. **Sharing Personnel Skills**: Healthcare staff have many relevant skills beyond their clinical care expertise. Healthcare institutions are potential skills banks for community building; they have chefs who prepare nutritious meals for large groups; accountants, fundraisers, and people with legal and employment expertise; and they have knowledge about estate management, strategy, and negotiation. This bank of knowledge is a veritable treasure chest for their local communities. Actively supporting staff to share their expertise with local communities in a spirit of reciprocity is good for staff morale and community cohesion. This approach is a much more meaningful version of Corporate Social Responsibility, going beyond painting a classroom in a school or donating money to a local sports group to having staff become an asset to communities while playing to their own strengths. Engaging in personnel skills sharing a few hours a month yields phenomenal goodwill and community knowledge across the participating healthcare institution.

5. **Sharing Space**. Most healthcare institutions have meeting spaces in villages and neighbourhoods in addition to the grounds on which they provide healthcare services. Some of these spaces and lands could be generously put at the disposal of local community groups for no or minimal cost. The resulting goodwill and trust would make this hospitality worth doing from an organisational point of view. There is also a more significant reason that local healthcare institutions ought to consider hosting community groups: it enhances the overall social cohesion of village/neighbourhood and community life by tacitly weaving the principles of health and well-being into the fabric of the local community. As if by osmosis, these acts of hospitality precipitate further acts of community building that enhance the outcomes of people using healthcare supports while not medicalising them.

6. **Relocating Authority to Community Alternatives**: One of the most potent ways a local healthcare institution can support community building is by sparking within residents and their associations an awareness of their own individual and collective competencies in providing natural (non-professionalised and non-medicalised) care. Residents may have assumed that such supports are the monopoly of clinicians and trained practitioners within healthcare institutions. The healthcare institution can cheer on and authenticate the value of community contributions to health and well-being, creating places of belonging close to home as well as many other mutualising supports that are vital to a good life.

All of the supports illustrated immediately above are valuable investments in local communities. In practical terms, they are how local healthcare institutions can put their assets into the service of community priorities. An additional way that healthcare institutions can precipitate community building is by encouraging other institutions to engage in some or all of these practices.

7 | CONCLUSION

This article has sought to understand, from a practice perspective, Community Development from the ground up; as it relates to health and well-being. For the sake of conceptual clarity, it has parted ways with Community Engagement approaches, arguing that they fall short of relocating authority to communities as influential health producers. Instead, it has suggested that ABCD offers a more authentic path toward community-centred ways of working.

To clear ground for such authentic approaches, three lenses through which geographical communities are typically viewed (relief, reform, and community) were critically appraised. I have argued for a multi-focal approach in which external change agents—and more importantly, communities themselves—begin their efforts by first looking

through the community lens in order to discover what capacities, latent or otherwise, communities have for responding to any given challenge. A subsequent step is for communities and outside practitioners to identify practical ways of brokering supplementary reform, or additional supports, in the form of collaboration and advocacy: services and funding.

Whether the goal is to advance end-of-life care, as in the case of Strathcarron Hospice, or to bring about any other well-being effort, ABCD is about placing communities at the centre, where citizens are the primary producers of health and well-being, not simply passive recipients of services. Outside actors endeavouring to be useful should remember that community building is residents' work. Their job is to precipitate, facilitate, catalyse, and support, not direct, do to, or do for. Communities are not wastelands awaiting institutionalised versions of salvation. They are the sum of their past and present assets and their alternative futures. Therefore, those engaged in ground-up Community Development need to understand that their vocational calling is to foreground the capacities of those they serve and background the bureaucracy of their institutions. In so doing, they support the restoration of community functions previously monopolised by professionals and their institutions.

As the Strathcarron Hospice case study reminds us, one of the critical reasons that human beings gather in groups is because we suffer and die and there is no cure for that, only the solace of community. Indeed, the solace and power of community are vital across the life course, as predeterminants of our individual and collective health and well-being, they must be pursued intentionally, and ground-up Community Development is one of the most purposeful and underestimated ways to do so.

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