

# Caring and Inclusive Communities

## The Benevolent Society's thinking and approach

### 1. Introduction

The Benevolent Society's *Future Directions* articulates our organisation's goal to work towards building caring and inclusive communities and a just society. Our purpose *bubbles* prioritise working towards making communities: just and fair; healthy and safe; productive and participatory; connected and rich in cultural and recreational activities.

Working towards a just and fair society is a priority because it ensures that our organisational focus encompasses broad social structures and high-level influences on people's everyday lives. The Just and Fair Society paper explores key concepts and The Benevolent Society's beliefs and approaches.

This paper explores the three dimensions identified as constituting a caring and inclusive community (healthy and safe, connected and productive and participatory), the social policy context in which they have emerged, the theoretical and practical underpinnings which have informed our thinking, and how these dimensions will shape our advocacy, evaluation and research.

### 2. Context

The Benevolent Society's emphasis on building caring and inclusive communities has emerged in a distinct social and policy context. While many Australians are enjoying unprecedented wealth, many of the communities The Benevolent Society works in are not sharing in this prosperity. Addressing disadvantage in a prosperous country has led to discussions about relative poverty and poverty of access. Simultaneously, there has been a growing emphasis in the literature and government policy on the importance of social capital-community relationships and networks. Social exclusion and inclusion are concepts which bring together these ideas of the individual in the context of their community, and taking a more complex, holistic and local approach to combating disadvantage. Since the 1990's there has been a shift towards decentralised social services, largely delivered by NGOs. In this climate there have been a proliferation of local partnerships between governments, businesses, NGOs and local citizens aimed at finding local solutions to countering social exclusion (Johnston 2006).

#### 2.1 Social inclusion

There is a growing consensus in Australia and overseas that deprivation has a social as well as a material dimension. The term 'social exclusion' encapsulates this idea of poverty of access, support and networks which often goes hand-in-hand with economic poverty. Social inclusion, then, describes a state in which people and communities have access to a sufficient income, services, infrastructure, social networks and opportunities. The Benevolent Society's purpose to build caring and inclusive communities is directed at increasing and strengthening social inclusion.

#### 2.2 Promoting social inclusion at the community level

In his recent research into the distribution of disadvantage in Australia, Tony Vinson states:

*"...when social disadvantage becomes entrenched within a limited number of localities the restorative potential of standard services in spheres like education and health can*

*diminish. A disabling social climate can develop that is more than the sum of individual and household disadvantages and the prospect is increased of disadvantage being passed from one generation to the next. In such cases general social and economic policies need to be supplemented by locality specific ones.”*

The Benevolent Society is ideally placed to initiate place-based interventions while advocating at a systemic level for structural change.

### **2.3 The role of NGOs**

Developing social capital in communities is a key strategy in promoting social inclusion. Social capital is developed and strengthened by relationships and networks of trust and reciprocity. The link between community participation, social capital and increased wellbeing is clearly articulated in a Victorian Government model which traces a causal pathway from participation to engagement, which then develops social capital and leads to better health, education and social outcomes (Brackertz et al 2005). The results of three year research partnership between The Benevolent Society and Sydney University (Healy and Hampshire) revealed that non-government organisations are ideally placed to promote social capital networks between communities, local services and businesses, and government. By delivering services which build social capital, and by advocating for just and fair public policy, NGOs like The Benevolent Society have a significant role to play in developing caring and inclusive communities.

### **2.4 Identifying dimensions of caring and inclusive communities**

The Benevolent Society has identified three dimensions (healthy and safe, connected, productive and participatory) which constitute caring and inclusive communities which are based on the Australian Institute of Health and Welfare’s indicators for Australia’s welfare (2005). The AIHW’s indicators of healthy living, autonomy and participation and social cohesion have been incorporated into our framework as healthy and safe, productive and participatory, and connected. NCOSS’s *Measuring Up* (2005) addresses social performance reporting and identifies similar dimensions as constituting social inclusion and wellbeing. Tony Vinson’s *Dropping off the Edge* (2007) measures levels of health, safety, and economic, employment and education participation as indicators of disadvantage, and presents evidence of the ameliorating effects of social cohesion.

## **3. Key concepts**

The Benevolent Society has chosen to focus on building caring and inclusive communities by addressing their health and safety, connectedness, productivity and participation. The literature supports the importance of targeting these dimensions of community wellbeing.

### **3.1 Healthy and safe**

Prerequisites for human welfare include access to clean water and air, adequate food, shelter and housing and good life expectancy, low infant mortality and good general mental and physical health. In caring and inclusive communities there should be low levels of violence and injury and people should feel that their community is safe. This is the baseline of human needs which must be met for people to be able to participate in society, pursue opportunities and access services. Health is strongly correlated with socioeconomic characteristics (AIHW 2006), and the most disadvantaged Australians have higher death rates and are more likely to smoke, be obese and have high blood pressure.

### **3.2 Connected**

When people are connected, they have strong family, social and support networks, good levels of trust and community and civic engagement. They have opportunities to celebrate their culture and engage in recreational activities. People feeling connected is linked to the

concept of social capital. Social capital theory states that social networks have value, and that an individual is more productive when connected to others through relationships characterised by trust, reciprocity and exchange (Putnam 2000). Social capital theorists have described social capital as having three dimensions:

- **bonding:** informal ties with family, close friends
- **bridging:** generalised societal relationships with others in the neighbourhood, local services, networks and organisations
- **linking:** institutional relationships with government, legal system, police, media.

These dimensions of social capital give an ecological or holistic view of relationships and networks (see Just and Fair paper), showing how important it is for an individual to have supportive connections at each level, with family, community and the broader society. Being connected to community, through babysitting for a neighbour or volunteering at a community festival, develops and sustains social capital which positively impacts on the health and wellbeing of communities (Considine 1994). Vinson's research (2007) has found that community connectedness or cohesion weakens connections between unemployment, low income and limited work skills, thereby acting as a protective factor against cumulative disadvantage. Communities with high levels of social capital also have significantly lower rates of child abuse (Jack 2005).

### **3.3 Productive and participatory**

When people are productive and participatory, they are engaged in employment, education, training, local politics, volunteering and contributing to community life. When people are empowered and engaged they are in a position to make choices about their lives and are involved in decision-making processes. Mark Considine (1994) suggests that if undertaken in a meaningful way, participation can be the means to restore community potency.

When individuals are productive and participating, they can start to think differently about their role and agency and begin to participate in civic activity more generally. Citizens empowered to engage in civic participation ensure that "processes of democratic decision-making are legitimate, representative and accountable... (as well as) building community, civic culture, trust and tolerance" (Brackertz et al 2005).

## **4. Building caring and inclusive communities in practice**

Many of The Benevolent Society's programs already address these dimensions through service delivery. For example, the Society is funded by government to provide a number of individual and family interventions. As well as delivering these essential services, the Society is moving towards integrating the development of social connectedness into the planning and implementation of every program. Our *Future Directions* will build on the strength of our service delivery in these areas by:

- Working for change alongside the children, families, women and older people experiencing greatest need, by addressing their individual needs as well as building connectedness and support in their communities
- Partnering to tackle social issues together with communities, business and other agencies and sectors to ensure a holistic, inclusive approach that engages all stakeholders
- Mobilising a broad section of the community around social issues by using our experience to research, debate and advocate for change.

#### **4.1 Advocating for positive change**

The three dimensions of caring and inclusive communities have helped to identify twelve key social issues on which The Benevolent Society can effectively advocate. The priorities are:

1. The health and social inclusion of young children
2. Ageing well and the social inclusion of older people
3. Community safety and social inclusion
4. Leadership, democracy and the role of non-profit organisations in promoting social change
5. Secure and affordable housing
6. Mental health
7. Access to transport
8. The environment and the impact of climate change
9. The social and economic inclusion of Indigenous people
10. Income and economic participation
11. Cultural and ethnic diversity
12. Geographic aspects of social and economic inclusion

#### **4.2 Evaluating effectiveness in The Benevolent Society**

Defining our purpose as working towards caring and inclusive communities gives our organisation a focus for evaluating the effectiveness of our services. Our purpose has informed the development of the *Log frame* or logical framework, a tool for social performance reporting which has been deeply influenced by NCOSS's *Measuring Up*. Evaluation will help us to establish whether the services we are delivering are making a positive difference to people's lives and are helping to create caring and inclusive communities.

#### **4.3 Research**

Through research, The Benevolent Society can play an important role in offering policy makers innovative approaches to promoting social and economic inclusion. Research is fundamental to giving us the facts and figures to undertake credible systemic advocacy as well as having the evidence to suggest improvements to policy and practice.

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