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Abstract

Careful examination of the literature of community practice shows that existing community practice models do not adequately respond to the unique and changing needs of various communities. This article provides an alternative model that challenges the existing models. Based on extensive content analysis of the literature and practice knowledge, this alternative model offers sufficient flexibility to adapt to any particular community. The model is also participatory, process-oriented, and reflective. Herein we first review existing models, provide criteria for assessing their applicability, then introduce the new model, and subsequently discuss its applicability and merit.

Keywords

community practice models, participatory, process-oriented, reflective, community practice

Disciplines

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Comments

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Towards a Practice-based Model for Community Practice: Linking Theory and Practice

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Careful examination of the literature of community practice shows that existing community practice models do not adequately respond to the unique and changing needs of various communities. This article provides an alternative model that challenges the existing models. Based on extensive content analysis of the literature and practice knowledge, this alternative model offers sufficient flexibility to adapt to any particular community. The model is also participatory, process-oriented, and reflective. Herein we first review existing models, provide criteria for assessing their applicability, then introduce the new model, and subsequently discuss its applicability and merit.

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Throughout the past century many scholars and practitioners aimed at developing models¹ designed to both explain the nature of community practice and help practitioners do their jobs well. Intermittently over one hundred years—and continuously over the past four decades—authors from various parts of the world tried their hands at developing models and sets of models for community practice (Weil, 1996). While literature

about community practice goes back to the 1920s, undoubtedly, the three models identified by Rothman (1968), that is, locality development, social planning, and social action, contributed a great deal to changing the thinking regarding community practice (Checkoway, 1995; Hardina, 2000; Jeffrie, 1996; Staples, 2004; Twelvetrees, 1991; Weil, 1996; York, 1984). Yet, these three models portray three areas of community practice intervention only and did not fully meet the needs of the community practice field. More alternative models were developed, such as: a feminist model (Hyde, 1989; Sanders, Weaver, & Schnabel, 2007), policy practice (Droppa, 2007; Hong, 2007), economic development (Hoyman, Franklin, & Faricy, 2009), community building (Foster-Fishman et al., 2007; Mulroy & Lauber, 2002; Naparestek & Dooley, 1997), community capacity (Fawcett, 2007; Saunders & Marchik, 2008), community advocacy (Crampton & Coulton, 2009; Otis, 2006), and community engagement (Butler & Eckart, 2007; James, Green, Rodriguez, & Fong, 2009), along with frameworks offering a varied set of models (Checkoway, 1995; Popple, 1996; Rothman, Erlich, & Tropman, 2009; Wandersman, 2004; Weil & Gamble, 1995).

All these models are synthesized from major categories of community practice, for example, goals, area of intervention, strategies, tactics, and the roles of the practitioner. Each model includes a unique combination of these categories. The rationale for each particular synthesis is based on the unique effect achieved by joining these categories into a coherent framework or a quasi-theory for potentially better understanding the domain of community practice. Usually, each model is based on a central concept related to a particular theory that implies a socio-political and moral approach, and which reflects a particular functional trend in practice.

These different models have much to contribute. They serve to generate knowledge and research, make the field better understood, and guide students and practitioners toward the formulation of strategies in practice. Some models focus exclusively on describing the field and less at guiding practice. These models are extremely important, as they lay the intellectual foundation of community practice. An intervention-based model, however, tends to utilize more accumulated practice knowledge and serves to determine goals, targets, and strategies for community change.

The ability of any of these models to reflect the enormous diversity that exists in practice has been questioned (Cnaan & Rothman, 1986; Hyde, 1996; York, 1984). Moreover, the source of this doubt is the many necessary adjustments that need to be made to any model during the intervention process. Thus, most models were revised and modified to reflect changing and diverse environments and yet they are insufficient to serve as practice frameworks (Checkoway, 1995; Rothman, 1996; Weil, 1996). As such, community practice models are often removed from the reality of the practitioners.

The art of choosing a model is still associated with selecting certain elements that are formulated a priori, outside the relevant community in which the change occurs, without the participation of local residents, and with limited flexibility to adapt the model to the unique conditions of each community. Moreover, the existing community practice models usually call for active participation of citizens and practitioners, but are pre-determined and hence minimize residents' possible contributions. While these models are based on rich practice or research experience, they stem from different communities and hence may be foreign to the community in which they are implemented.

This consistent pattern in the evolution of community practice models stands in contradiction to other approaches in social work, such as empowerment (Abel & Greco, 2008; Boehm & Staples, 2004; Everett, Homstead, & Drisko, 2007; Itzhaky & Gerber, 1999; Jordan & Jordan, 2000), the strengths approach (Cohen, 2000; Saleebey, 1997; Schatz & Flagler, 2004), and the reflective perspective (Farone, 2004; Gould, 1996; Leung, 2007; Ruch, 2007), which all call for the involvement and control of both community members and practitioners in formulating models that influence their own conditions and practice. Indeed, community practice models are often less community-oriented and conceptually more top-down. Furthermore, a general model for action based on the commonly accepted paradigms may not work well because today an increasing number of communities insist on being involved in decision making. They do not passively allow officials and professionals to represent them; but rather wish to get involved (Leighninger, 2006).

Following our critique of the accepted approaches to developing models in community practice, we propose an alternative model, a community practice model that is akin to a road map. In our proposed model, each set of users can choose the roads to take based on the vehicle they drive (resources), the specific terrain they will be traveling (obstacles and problems), and their desired destination (end goal). Intended as a working tool rather than a set of pre-determined directives, ours is not just one more pre-designed model, but rather a specific localized framework that can be applied to each specific community context. Our proposed community practice model is not limited to community practitioners, but can also be used by administrators and social work practitioners in the field, particularly in circumstances of critical community change, insertion of new communities, initiation of new projects and services, integration of fields of intervention, and introduction of processes of comprehensive and strategic planning. Perhaps most importantly, it can be employed by members of the community without the presence of a professional.

Common Approaches to Model Development

Community practice began at the same time that direct practice started. While Mary Richmond set into motion the tradition known as direct practice, Jane Addams innovated the settlement house movement that evolved into community practice of today. For many decades community practice was taught as a method without a conceptual framework. Classes and books offered some principles as well as many case examples. While direct practice was refined and further conceptualized, community practice remained a diverse set of practices waiting for guiding conceptualization. The first recognized attempt at building models in community practice came from Rothman (1968). Rothman proposed that community practice can be categorized into three distinct realms of intervention: locality development, social planning, and social action. From that time on, community practitioners were able to define their work conceptually. However comprehensive and refined this was, it left a wide range of practice activities undefined and outside the model.

A common way of dealing with the diversity of practice is simply to increase the number of models offered (Checkoway, 1995; Popple, 1996; Taylor & Roberts, 1985; Weil & Gamble, 1995). Among those that apply this approach are different authors suggesting different sets of models. For example, based on her historical review of the development of models and an adjustment of the models to reflect the times, Weil (1996) identified and outlined the following eight distinct models: neighborhood and community organization; organizing functional communities; community, social, and economic development; social planning; program development and community liaison; political social action; coalitions; and social movements.

Others authors have focused on one model. York (1984), for example, focused on doing for or with local residents. These single models were usually adopted later as part of a comprehensive set of models. For example, Popple (1996) incorporated both a feminist community work model and an education model into his set of models. Similarly, Weil (1996) included an economic development model in her set of models.

Recently there has been increasing support for the development of a comprehensive community model, based on the approaches of strengths and community empowerment. Such comprehensive models, which guide action in different aspects of community life, constitute an alternative to separate models that focus on specific, single aspects (Delgado, 2000; Saleebey, 1997). For example, the community-building model prescribes several guiding principles: (a) intervention in a given geographic community; (b) an integrative, holistic approach that assumes a relationship between the different needs of citizens (education, health, housing, and employment) and the need to link the different services; (c) a need to develop local leadership that is capable of leading the change; (d) delegation of authority from central to local government; (e) reliance on community assets and strengths, and (f) mobilization of external resources (Foster-Fishman et al., 2007; Mulroy & Lauber, 2002; Naparestek & Dooley, 1997; Saleebey, 1997).

In a different manner, based on the overlap among the various models and the mixtures and hybrids used in practice, Rothman (1996) suggested that his three original models provide take-off points for creating other combinations or

submodels, referred to as *modes*, which combine all three of the original models and nine interactional combinations.

Currently, the field of community practice is becoming saturated with practice models. Yet, as we will demonstrate, many of these models fail to accomplish the central theme that they strongly advocate for; they are not locally-based and they are not grassroots-determined.

Criteria for Development of Community Practice Models

Developing a model to be practice-relevant requires concerted effort in recruiting the participation of citizens and co-operation among the stakeholders in the community. While most models allow for minor modifications as local adaptations, the model proposed here is predicated on processes of active planning in and by the community. For a model to be relevant to real life practice, it must meet certain criteria summarized below in Table 1.

Critical Dialectical Process

Critical–dialectic thought includes the presentation of reasons, conclusions, claims, and assumptions that are consistent, comprehensible, and relevant (Clark, 2002). Critical thinking consists of a clearly expressed thesis or question, a search for reasons, updating, use of reliable sources, a description of the situation in its entirety, and a search for options that are relevant (Gambrill & Gibbs, 2009; Yanchar, Slife, & Warne, 2008). Critical–dialectical thinking is a fundamental social activity (Johnson, 1992; Mumm & Kersting, 1997), and reveals itself through some defined activity or issue (Kersting & Mumm, 2001; McPeck, 1981).

The job of the community practitioner is based in the Socratic model (Brickhouse & Smith, 2000; Constable, 2008). Instead of suggesting a precise formulation of policy and action guidelines, as accepted by many models, the practitioner leaves this formulation to the community and experts. In a more flexible model, the practitioner encourages, challenges, and questions community members into discussing each relevant issue, where relevance is determined by the community.

Table 1: Comparison of Paradigms for Model Development

Characteristics: Who and What Makes a Model	Accepted paradigm for model development	Proposed approach to model development
Critical–dialectic process	The members of the community are presented with a prepared formula for action. Knowledge of the models develops without linkage to local critical thought.	In a process of dialectical critical thought, the practitioner, following the Socratic model, challenges the participants to debate their local reality and elicit their own suggestions.
Level of community involvement	Models are designed outside the community, with a possibility of choice from structured modules. Community members have a low level of influence.	Models are designed within the community; the process reveals strengths of community members; they participate actively and have influence and control over the model design. The model serves the community members as a contract for joint activity towards change in the conditions of their lives.
Deduction/ Induction	Model development is based on theoretical and professional knowledge and experience, and a deductive process of model design. The practitioner serves as an expert.	The model is developed in a reflective process, encompassing professional and experimental knowledge. The process is integrative – inductive and deductive.
Discursive communication and deliberative democracy	Formal communication is used in model development, with emphasis on description of goals and means. Usually, the community is expected to select one existing model.	Discursive communication and deliberative democracy are employed to develop a model.
Model flexibility	The categories of all models are interrelated. Separation impairs the rationality.	The categories of the model are related to the place and time in which the model develops, allowing flexibility.
Integration of policy and implementation	The model focuses on description of policy guidelines, with little relationship to implementation.	The model describes guidelines for policy and implementation, including the link between them.
Social capital	Social networks are limited.	Social networks are active; all three types of social capital: bonding, bridging and linking are developed.

His or her role is to pose questions and to draw out clarifications and illustrations of the implications of their ideas. The practitioner lays open opposing views, or dialectics, to the discussants, encouraging new perspectives and building of methods of action accordingly.

Level of Community Involvement

The common paradigm for model development in community practice concentrates on conceptualizations from across communities to provide an overarching knowledge. When such a model is formulated, it is usually refined and becomes quite rigid. For example, when a community practitioner is contemplating the use of any given model, the options are using it "as is," using it alongside other model(s), or creating a hybrid of existing models. This type of pre-determined structure leaves little for local stakeholders to influence. On the other hand, a more practice-based model can be worked out organically while still incorporating systematic knowledge. Such a model allows all stakeholders to engage in discussions which will reflect their social and political realities as well as assess the community's strengths. Moreover, overt discussion of major issues may serve to create a social contract among the participants that reflects their agreement and mutual commitment to work together to implement the model that they have formulated and designed.

Deduction and Induction

Borkman (1976) suggested a distinction between the professional knowledge and professional expertise that professionals possess versus experiential knowledge that is acquired by members of the community in the course of their direct personal experience. Leighninger (2006) stressed that citizens should express their experiences, insights and recommendations. They bring unique knowledge and information. However, most community practice models are based on professional knowledge and expertise. Similarly, the common paradigm for model development has been based on a deductive approach. The deductive process allows for testing, examining, and comparing of successes in different places and assessing their suitability for other communities. Then, what could we do with a model that combines the two, that is, based on deductive knowledge, yet incorporates an inductive, or experiential, base?

Developing a model like this does not rely solely upon a priori practice and a fixed set of rules based on theory. Conceptualizing and applying such a model evolves, step

by step, in the course of collecting, studying, and analyzing bits of information that come out of a dynamic process that is guided by the model yet is grounded in the field, that is, in the community. In this circumstance, the practitioner encourages community members to express their experiential knowledge, which can help resolve local problems by capitalizing on their personal experience. The practitioner does not disregard the theoretical professional knowledge that he or she acquired through academic study: alongside it, they also activate a process that Schon (1983) calls reflection in action and reflection on action. Such reflective activity calls upon higher levels of practice wisdom or artistry (Gould, 1996; Leung, 2007; Moffat, 1996; Ruch, 2007).

Discursive Communication and Deliberative Democracy

In the spirit of Habermas (1984, 1998), a concept of deliberative democracy has evolved over the years, which calls attention to the need to encourage citizens and other groups to engage in public discourse. According to Habermas, the opposite of discursive communication is instrumental or strategic communication. Deliberative democracy assumes that in many cases the preferences of different groups vary and contradict one another, and a free, open, and rational discourse is necessary, in which each group expresses its view (Borgida, Worth, Lippmann, Ergun, & Farr, 2008; De Greiff, 2000; Fitzpatrick, 2002). Another central aspect of deliberative democracy is the process of acquiring knowledge intrinsic to it. The participants must research the policy issues in question and consider their implications for different resolution options. The meanings of "participation" and "public opinion" are measured not only according to the ability to influence, but in the nature of the public opinion as informed and well founded (Elster, 1998; Gastil, Black, Deess, & Lighter, 2008; Kelly, 2004; Weeks, 2000).

Most community practice models do not contradict deliberative democracy, but they do not explicitly encourage such discourse. These models assume a priori what is appropriate and limit the boundaries of the discourse. A more effective model could be consistent with the message of deliberative democracy and provide a suitable framework for encouraging it. The new model could conceivably evolve in the course of

discussion by citizens and different stakeholders who make decisions that will determine the ultimate pattern of their activities and their lives. Such a discussion could draw on reasoning and judgment based in the best that community practice literature has to offer.

Model Flexibility

Most community practice models are composed of interrelated categories: when they are separated, the model they comprise is impaired. Thus, instead of being bound to the model's categories, a "bottom-up" model, specific to each community or movement, offers greater flexibility without compromising integrity. 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 various combinations for intervention, that is, 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: rather, the source and rationale for each individual 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 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.

Integration of Policy and Implementation

Finally, when a general model for action based on the commonly accepted paradigm is adopted, it is not possible to preserve the continuum between policy and implementation, as the designers of the model are rarely, if ever, located in the same time and place where the process occurs. A more open model locates its development in the precise place where the process of change occurs, enabling consistency between the policy guidelines and the implementation plan. This relationship between policy and implementation is essential as community practice seeks not only to describe and explain

situations, but also—and, indeed, especially—to influence and guide processes of change.

Social Capital

A general model for action based on commonly accepted paradigms is often not a result of discourse that takes place in social networks and therefore does not generate social capital. The proposed model, on the other hand, is based on active participation from varied formal and informal networks and encourages the building of social capital. As such it includes components such as connections with friends and neighbors, active participation in one's community, and tolerance and feelings of trust (Lin, 2001; Putnam, 2000; Warren, Thompson, & Saegert, 2001). Social capital is a resource that contributes to social and economic community development and helps individuals and communities better cope with situations of crisis (Mathbor, 2007; Warren, Thompson, & Saegert, 2001). Three types of social capital have been recognized: bonding social capital, which is typically found in tight and homogenous communities; bridging social capital, which is found in heterogeneous societies with loose social connections; and linking social capital, which refers to mutual connections outside of the local social network (Mathbor, 2007; Putnam, 2000; Warren et al., 2001). The proposed model stresses all three types of social capital: bonding, bridging and linking. The model presents an opportunity for, and encourages that, everyone's voice be heard. As people who work together to solve public problems come from diverse backgrounds, using all types of social capital increases the probability that elected officials will hear from, work with, and respond to community residents and their requests.

In sum, according to most existing models, participants are expected to take part in applying a preexisting model they have had no part in designing, which runs contrary to empowerment (Abel & Greco, 2008; Boehm & Staples, 2004; Everett et al., 2007; Itzhaky & Gerber, 1999; Jordan & Jordan, 2000), the strengths-based approach (Cohen, 2000; Farone, 2004; Saleebey, 1997), and reflective practice (Gould, 1996; Leung, 2007; Ruch, 2007; Schatz & Flagler, 2004). The use of existing models may preclude critical thinking since such thinking

may pose a challenge to the basic principles of these models (Kersting & Mumm, 2001; McPeck, 1981).

Based on the previous analysis, the following standards are proposed for creating a new method of building a community practice model.

- The practitioner and community members should indeed have a model to guide the process of change, but it should be one into which they can integrate their own reality.
- The model should be enriched with key elements drawn from knowledge and research in the field of community practice, elements that are relevant for developing a distinct model in each particular community. Yet, it should be conceived and designed through a reflective process rather than chosen as a ready-made, "off-the-shelf" package.
- The model should be derived through a discursive process that engages all possible stakeholders.
- The model should be the result of a discursive and reflective process based on local knowledge and practice experience.
- The model should be flexible, allowing for the dynamic changes that are required during its application.
- The model should include all the issues essential for community change, thereby making the process feasible from its inception.

Methods

The approach proposed here was developed with the aim of supplying a framework actually based on the standards presented above. To facilitate this process, we performed a content analysis in order to identify key polarities in community practice. The content analysis consisted of two stages (Hodder, 2000; Lincoln & Guba, 1985). In the first stage, we collected and reviewed a comprehensive body of relevant literature in the field of community practice (37 key papers in all). This included (a) literature on models (Checkoway, 1995; Mulroy & Lauber, 2002; Popple, 1996; Rothman, 1995; Weil &

Gamble, 1995), and (b) using Social Work Abstracts, articles written between 1999 and 2008 identified for the key phrases "community practice," "community organizing," and "community work," (Alvarez, Gutierrez, Johnson, & Moxley, 2003; Anderson, Zhan, & Scott, 2006; Babacan & Gopalkrishnan, 2001; Boehm, 2004; Carley, 2005; Cashwell et al., 2004; Coleman, 2004; Cox, 2001; Fisher & Shragge, 2000; Gray, Wolfer, & Maas, 2007; Gutiérrez & Alvarez, 2000; Hardina, 2004; Hartnett & Harding, 2005; Ife & Fiske, 2006; Itzhaky & York, 2002; Knight, 2007; Korazim-Körösy, 2000; Martinez-Brawley & Gualda, 2006; Mizrahi, 2001; Moffatt, George, Lee, & McGrath, 2005; Mulroy, 2004; O'Donnell & Karanja, 2000; Ohmer & Korr, 2006; Pardasani, 2005; Pyles, 2007; Robinson, 2008; Sanfort, 2000; Share & Stacks, 2007; Shepard, 2005; Stern, Alaggia, Watson, & Morton, 2008; Weyers & van den Berg, 2006). This served as a general review of the issues of community practice.

In the second stage, we conducted a content analysis of these selected articles and sources. The content analysis yielded several central issues, each of which embodies dilemmas and positions of polarity which we also call "paradoxes." These issues were then framed in terms of opposing forces, potentially indicating various directions of activity (for example, incremental vs. breakpoint change; comprehensive vs. focused practice). In defining and formulating these issues, an attempt was made to address six basic dimensions of the process of community practice: (a) goal definition; (b) identification of the clientele benefiting from the outcome of the model; (c) development of an operative system; (d) choice of the target system; (e) choice of alternatives for action; and (f) description of the roles of the practitioner.

The paradigm that describes different aspects of the practice in terms of polarity, as described in this paper, is not entirely new, and has been suggested in previous studies (Boehm & Litwin, 1999; Korazim-Körösy, 2000; Rothman, 1964; York, 1984). However, even those that do indicate polarities generally focus on a single, central issue, without being comprehensive. In addition, they neither describe how to reach decisions and construct the model from within the community nor address policy and implementation.

The Proposed Model

In their stead, we propose a model that meets the standards laid out above. Our model is based on existing knowledge, yet is not pre-determined and requires those involved in community practice to apply it anew in every community and to any change effort.

The essence of our proposal is a community model that develops through each community's discussion regarding central community issues and conditions. Each issue in the model is represented by two opposing positions. That is, each issue is a paradox and the stakeholders must choose the position they wish to take. Instead of importation of pre-assembled directives, it presents sets of polarities that the community chooses from. All combined, these local choices become the practice model for that community.

A key step in formulating the model is the actual debate, managed at the community level, of issues that are relevant to the specific community in question. The outcome of the debate is an integrative and unique model that includes a "road map" of policy and action directions, tailored to the particular conditions and desires of that community. The results of this analysis are 12 paradoxes/polarities that are presented in Table 2 and are listed below.

Geographical-based Community vs. Community of Interest

Community practice is often directed toward a geographic community, such as a neighborhood, village, or city. The point of departure for such a program is the promotion of interests common to the people living in close proximity, and the development of a community identity that offers a sense of belonging. In contrast, the practice can also cut through geographic frameworks and act according to either a regional or a national basis, as in the activities of social movements, or even on an international level. Occasionally the practice can take place within a community that is geographically identifiable, but is nevertheless defined by non-place properties, as in the case of communities based on religion, women's groups, or the elderly, that is, groups formed to promote the population's identity or common interests, emphasizing affinity to the defined social group rather than to its geographic location.

Table 2. Model for Community Practice: Key Issues for Real Life Practice

Geographic community: Defined by interests and identities of people based on their geographic location. Developing responsibility and spirit of a local community.	↔	Community of Interest: Defined by interests and identities of groups and populations that cross geographic boundaries. Developing inter-local networks.
Enhancing community integration: Focus on mixing groups that are distinct in terms of culture, identity, and interests.	↔	Maintaining group identity: Preserving and fostering the unique identity and character of each group.
Focusing primarily on activists: Informing and explaining tactics.	↔	Appealing to indifferent community members: Persuasion tactics.
Integral/comprehensive change: Attempting to tackle a host of problems at the same time as a means to eradicate the root problem.	↔	Targeted focused intervention: Attempting to tackle one, often most pressing, problem.
Intra-community-focused change: Focusing on change within the community. Cultivating self-help, building strengths and assets within.	↔	External change: Focusing on change outside the community, such as legislation, and importing outside resources.
Collaboration with government: Change and programs are based on government support.	↔	Collaboration with nonprofit organizations: Including informal, non-profit, and private organizations.
Technical-rational approach: Change managed by means of systematic planning and activities. Each phase is based on the previous phase.	↔	Organizational-political approach: Change is managed by negotiation with interest groups. Activities conducted to support social justice.
Incremental process: Change involves a constant, continuous process. The process of change occurs in phases over a long period of time.	↔	Breakpoint change: Process of change dramatic and immediate. Shift is fundamental in nature
Mass mobilization: Change achieved through mobilization of a mass of people who advocate a specific change, assuming that the mass creates power.	↔	Small action system Change achieved through coordinated/joint activity of a relatively small, defined group, of professionals as well as community leaders.
Collaborative strategy: Concern for all groups that may be of relevance. Change achieved through mutual-ity, understanding, and agreements.	↔	Confrontational strategy: Concern only for the interests of the client and/or action system; aspires to win.
Directive approach of professionals: Professionals are the focus of the action and decision-making process.	↔	Non-directive approach of professionals: The clients are the focus of the action and decision-making process.
Routine Activity: Focus on central services; linear planning; solutions for varied needs; long term processes and treatments.	↔	Activity in crisis: Focus on "reaching out"; immediacy; short-term thought and action; spontaneous and intuitive action; activity directed at meeting human basic needs; authoritative activity

Enhancing Community Integration vs. Maintaining Group Identity

An important theme in community practice is the choice of focusing on common themes and characteristics and thus aiming for a unified front or encouraging diversity and aiming for the formation of a coalition. This type of challenge is likely to arise in a practice that targets a geographic community, or in various non-localized communities. The former approach (integration) sees conflicts as a natural component of the development of human relationships and integration as the only way that can lead to coexistence in the community (for example, local bowling leagues). The opposite approach (maintaining group uniqueness) is based on valuing the preservation and fostering of social and cultural identification groups, such as orthodox religious groups.

Focusing Primarily on Activists vs. Appealing to Indifferent Community Members

The literature debates whether to focus on activists and people who are truly party to the problem as compared with attempting to reach each and every member of the community. The latter is clearly desired from a democracy perspective but is considerably more difficult and time-consuming. This paradox becomes irrelevant when there are sufficient resources to reach all segments of the community. However, more often than not, resources are limited. Focusing on supporters and the interested segment of the population is also predicated on the assumption that there is little chance of increasing the motivation of averse or indifferent groups. An example of this would be individual union rallies during contract negotiations as opposed to larger rallies in which other unions come to lend their support. Again, in every community, discussions of this paradox should occur and the final decision should be locally relevant.

Integral/comprehensive Change vs. Targeted Focused Intervention

Should community practice develop a comprehensive intervention that deals simultaneously with various areas and functions, or should it focus on only one issue? The primary justification for a comprehensive approach is that often groups

in distress face a variety of social problems simultaneously, such as unemployment, paucity of educational resources, low income, poor housing, and inadequate health care. Progress on one front that is not accompanied by an effort on other fronts may likely fail. A focused approach is based on the assumption that a population has an overriding need in a particular area, such as economic development or civil rights, and on a further assumption that a solution in one area can trigger a chain reaction, exerting a positive effect on other areas as well. Targeted focused intervention is characterized also in ad hoc processes. People may build a short-term coalition around a single issue or interest that will be dissolved as soon as the objective is achieved. On the other hand, a comprehensive intervention demands ongoing activities and more formal institutionalization for the long term.

Intra-community-focused Change vs. External Change

The community practice literature shifts from traditional locality development (building the community and its capacity) to pressuring the environment (as in policies and resources) to change. For example, according to the 'community capacity enhancement' perspective, the community has the will and strengths to help itself, it knows its priorities, and control of the strategy rests within the community. Intra-community-focused change emphasizes developing leadership, participation, empowerment, and building and improving local services. Alternatively, the critical goal is effecting a change outside the community that will help internally, such as lobbying the government to repair and improve local infrastructure. This is based on the open system theory which stresses that a community is effective if it imports the necessary resources effectively. Too much dependence on internal resources may block external opportunities. Here again, there is no ultimate right or wrong but rather a paradox to be debated and in each case decided locally.

Collaboration with Government vs. Collaboration with Nonprofit Organizations

In various countries and cultures, government is the most trusted partner, as it offers more financial resources than any

other possible partner and has the power to legislate. At the same time it is less flexible and often tied up with bureaucratic red tape. Nonprofit organizations are less powerful, but are flexible and can engage in various coalitions, especially when the goal is to modify a governmental policy. The local community has the responsibility to assess if they want to collaborate with governmental bodies, nonprofit organizations, or both, as well as the level of collaboration they are comfortable with, and may reassess this decision over time.

Technical-rational Approach vs. Organizational-political Approach

The rational (technical-rational) process is managed through systematic and linear planning and activities in which each stage follows and is based on the previous stage. Coming from the field of planning, it focuses on clear methods, research, instrumentation, data analysis, computer skills, and report-writing capability. The political (organizational-political) approach, on the other hand, is characterized by negotiation and mediating among individuals, groups, and organizations, and emphasizes the actors in the decision-making and operational processes. The objectives of each approach are also formulated differently. Rational objectives are oriented toward providing effective services to cope with the needs of consumers, and are described in terms of solutions to social problems or completion of specific tasks. In contrast, political objectives are driven by ideas, values, and beliefs of stakeholders and formulated in terms of human rights, responsibilities, and important moral issues. Each community at any given time is expected to debate and define its own preferences. Indeed, sometimes communities attempt to integrate both technical-rational and organizational-political processes, but some components are distinctive and require different focus.

Incremental Process or Breakpoint Change

A constant, continuous process, in which small steps are taken to achieve changes, is called *incremental* change. This is part of an ordinary flow in which each step brings small but meaningful progress upon which the next step is built. One example of this is communications and media regulations, which are constantly evolving. In contrast, in a breakpoint change, the shift is sudden, rapid, and fundamental in nature.

A breakpoint change interrupts the performance trends and shatters the rules of the previous game, making assessment of prior experiences irrelevant. An example of this is The Patriot Act, which changed many privacy rights that had previously existed. Here local preferences should be set in each community by local members according to their needs and, when necessary, re-debated and readjusted accordingly.

Mass Mobilization vs. Small Action System

The community practice literature suggests two possibilities for mobilization of actors. The first is mass mobilization of as many actors as possible, recognizing power in large numbers. A demonstration in which only 20 people take part is seen as not nearly as effective as one with thousands of participants. Alternatively, small groups of professionals and dedicated members can indeed effectively plan and execute a change process, often with limited interruptions. As before, the choice is locally based and open to debate as needed.

Collaborative Strategy vs. Confrontational Strategy

The dilemma of choosing between collaborative and confrontational strategies has been interwoven into a variety of studies of community practice. A collaborative strategy is characterized by a high degree of concern for both the action and the target (change) system. The change is achieved through mutuality, understanding, and agreements. Some examples of collaboration include revealing and sharing knowledge, active inter-organizational communication, and program collaboration. In contrast, a confrontational strategy is associated with a high degree of concern for only one major interest, the goals of the action system. Examples of this strategy are bargaining, severing contact, ultimatums and threats, demonstrations, disobedience, and class action lawsuits with emphasis on non-violent activities. Again, the model simply puts forth the opposing options and the community selects what it prefers.

Directive Approach vs. Nondirective Approach for the Professional

Here, on the one hand, the professional is the core of all activities and decision making, without whom no action is taken. Typical roles include planner, expert, implementer, activist, advocator, promoter, or partisan to support justice. Alternatively,

the professional is only a helper, if at all present, and the responsibility to make decisions and act lies solely with the involved members of the community. Professionals act as enablers, facilitators, brokers, coaches, or partners. Again, the decision to choose one approach or another or any combination is made through discourse and can be revised along the way as many times as needed.

Routine Activity vs. Activity in Crisis

An additional paradox is the appropriate intervention in routine times vs. activity in crisis times. Routine activities are those employed by the practitioner when the community is facing a challenge that is not an immediate crisis. In such cases time is less of an issue, while coalition building and consensus building are priorities. In times of crises resulting from natural disasters (such as flooding, or earthquakes) or societal disaster (such as war, increase in drug trafficking, or economic disaster), individual and community coping mechanisms are frequently ineffective and unable to deal with the rapidly changing conditions, dangers, and threats brought about by the disaster. Frequently tension heightens, and with it a sense of anxiety and hopelessness. Each circumstance calls for a different activity. Disaster often obliges professionals to leave their posts and to provide services through 'reaching out' with a sense of urgency. In a disaster, instead of linear planning in stages, intervention is based on combined short-term thought and spontaneous and intuitive action. Instead of providing citizens with alternative solutions for varied needs (the approach in routine times), professionals are expected to focus on activity directed at meeting basic human needs and assuring safety and security (in disasters). Disasters often require solving problems by more authoritative, single spectrum activity rather than complex long term processes and treatments.

Discussion and Applications

As noted above, community practice has developed models to aid the practitioner, but many of them present serious drawbacks, key among which is a top-down stance. Appropriately, these models are based on the best

conceptual and empirical knowledge available at the time they were proposed. However, after these models were developed, they were espoused as truth and rigidified. At the same time almost all community practice models call for flexibility and adaptability to local conditions, resources, problems, and actors. As indicated in Table 1, the existing models have been found to be problematic when applied in practice.

Instead, our focus is on the development of a new, more flexible model for community change through public "discussion" that takes place within the community among grassroots citizens and leaders as well as professionals, managers, and decision-makers. Practitioners are expected to mobilize and convene communities, rather than focus only on decision making. They have responsibility to build wide forums that enable citizens and other stakeholders to work together. As Leighninger (2006) noted, "Rather than lobbying the people they are expected to help people lobby for themselves" (p. 215). The model can easily be applied by members of the community alone in absence of any professional: an educated local resident with leadership skills can use this model to successfully guide a resident-based community change effort.

One of the gaps cited repeatedly in the literature is the lack of linkage between theory and practice (Wandersman, 2004; Weil, 1996). One key advantage of this proposed model is that it provides professionals with tools to implement theoretical ideas into daily practice. The conceptual knowledge is applied in a manner that is easy to follow and any professional can easily make the link between the two.

In each community at any given time in the development of the model, the practitioner involves the participants in discussion of the issues and the formulation of agreements. That discussion becomes a social contract for effecting change in the particular community. Members discuss and agree and in the process they take ownership of the process and become committed to the model they have composed and continue to construct locally.

Another advantage of this model is its flexibility. The suggested model is a suitable tool, particularly in cases when significant changes in communities are required. When the first indication of a problem becomes apparent, the professional or

activist brings stakeholders together and asks them to assess what their model should be, using the 12 paradoxes. When agreement is achieved, tasks and responsibilities are worked out. However, the model is not sacred; over time, any stakeholder can call for further discussion on one, a few, or all of the issues and a new or revised model will emerge. The proposed model is truly bottom-up and community-sourced, a tool that any community practitioner can adopt and apply to various communities and situations.

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Endnote:

1) In our article here, the word 'model' is used rather than 'strategy', although these terms are sometimes used interchangeably. However, the point of departure in this article is based on the literature on community-practice models (Popple, 1996; Rothman, 1968; Weil & Gamble, 1995), and it suggests the transfer of the arena of model building from academia to the community. In this context, the term 'model' serves to describe a guiding framework, tailored to the specific community where the change occurs, and not a design for the purpose of generalization.