COMMUNITY BASED REHABILITATION AND DEVELOPMENT

AIM: To explain the concepts of insurance and social insurance, including how they are related to taxation and the development of the welfare state. To describe community based rehabilitation management principles and related theoretical frameworks. To discuss regional management structures to promote health, environment protection and sustainable development in this context.

The relationship of insurance and social insurance to risk management and taxation

The global insurance industry has developed along with the market and investment banking. Insurance is ideally designed by insurance companies to protect premium purchasers against specifically defined risks or 'Acts of God', although the principal aim of the insurer is to make money for the company shareholders. More technically, insurance may be defined as a mechanism for contractually shifting the burdens of a number of pure risks by pooling them. The growth of the insurance business is also related to the growth of the welfare state. It is no accident that JM Keynes, perhaps the greatest intellectual influence of the 20th century on the development of the capitalist, planned economy, had intimate working knowledge of the insurance industry as well as intimate working knowledge of the British treasury and Cambridge University finances. His mother, who he corresponded with closely throughout his life, was deeply involved in local government, management of voluntary welfare organizations and cooperatives. When Keynes wrote 'Paying for the War' he suggested introduction of the compulsory establishment of individual, interest bearing post office savings bank accounts to fund government borrowing for World War II. Skidelsky writes that at the core of Keyne's vision was that modern society would no longer stand 'nature's cures of inflation and unemployment for malfunctioning in the market system'. His answer was a permanent scheme of regulating spending to avoid booms and slumps. This is an alternative form of insurance.

When purchasing insurance, business entities or other groups or individuals have traditionally purchased from private sector insurance companies which underwrite (i.e. bear the risk) of various potential economic failures which the premium purchaser may experience as a result of legal suit, injury, unemployment or other unfortunate circumstances. In 1942, the major architect of the post-war British welfare state, Sir William Beveridge, described social insurance as 'the system by which every citizen of working age contributes, 'in the appropriate class', according to the security that is needed'. He believed that each person should ideally be covered for all needs by a single weekly contribution on one insurance document, and that all the principal cash payments, (for example for support through disability or unemployment), should continue so long as the need lasts, without means test. He also believed that payments should ideally be made from a social insurance fund built up by contributions from the insured persons, from their employers, if any, and the state. Beveridge regarded the development of such a comprehensive system of social insurance as vital because of a popular objection to means testing for the provision of government welfare benefits. He thought this came from general resentment at any policy which appears to penalize those who undertake the duty of working and saving in order to provide for their personal needs. However, he did not closely address appropriate service delivery systems and the extent to which government should underwrite and therefore own funds, or be the related service and pension provider.

In developed economies, all social insurance and related rehabilitation and risk management services, including pension style supports may be most easily and appropriately understood in the context of the guaranteed welfare provision which is nationally provided and funded by government through general taxation and all related compulsory insurance. From the public policy perspective, the primary aim of social insurance and its management should therefore be to achieve the nationally required standard of social support as effectively, equitably and sustainably as possible. This also requires policies related to reduction of those market fluctuations which appear most likely to lead to

disastrous results, especially for small business and those most ignorant and powerless of market players 'the mums and dads', whenever the market cycle turns. (If you make Australian superannuation contributions, which have been compulsory for all workers and businesses since 1990, you should probably include yourself in that appropriately patronizing, economic journalists' description, even if you have no children.) The success of taxation, social insurance or insurance systems, as well as that of other business ventures, also depends partly on contributor trust. Trust ideally based on clear and easily available evidence that the structure and management of any government or related insurance operation is sound and meets contributor, consumer and community goals comparatively effectively. Transparent administration and reliable information about service outcomes are necessary for public confidence and the effective development of competition.

An important question for all nations is what should be the respective roles of government and the private sector in regard to taxpayer and business risk management in general and in regard to rehabilitation and related service provision in particular. Shiller (2003) provides a general U.S. perspective on the appropriate management of financial risk in the 21st century. His market driven approach to insurance appears to support unlimited protection for risk takers who can pay the premiums required. The assumption of risk can also be contracted out freely. This does not appear to be a general direction which can promote injury prevention or contain business cost for the majority, although the opportunity to continue to shift rehabilitation or related costs of calamity onto bystanders may please the major risk takers and their supporters. In Australia, on the other hand, it is becoming clear that there is considerable scope to improve national welfare and reduce costs through better integration of the aims and competitive administrations of Medicare, private health insurance, workers' compensation and other injury prevention, rehabilitation and insurance services. Proposals for regionally pooled funding for aged care and related services may usefully be investigated in this context. Developing countries may promote welfare state establishment in the formal economic sector first, through social insurance collected, for pragmatic reasons, from large foreign or domestic companies and their workers. However, this may have the effect of increasing social inequality by excluding farmers and others who are poor, unless steps are also taken to avoid this problem. All these interrelated issues now require close consideration.

COMMUNITY BASED REHABILITATION INTERNATIONALLY AND IN AUSTRALIA

In 1994 the International Labour Organization, the United Nations Educational, Scientific and Cultural Organization and the World Health Organization defined community based rehabilitation as:

> A strategy within community development for the rehabilitation (CBR), equalization of opportunities and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services.

The definition of disability is culturally relative. In Australia, for example, 19% of the population describe themselves as having a disability, most of which are comparatively mild and related to movement or mental problems. Recent research indicates that in China, on the other hand, 3% of the community is estimated to be disabled. (The richer we are and the longer we live the more likely we are to be disabled? Think about potential reasons for the apparent cultural differences.)

Australian governments and laws provide for a great variety of community and industry subsidies from taxpayer funds. These and related industry funds are not necessarily well coordinated from any holistic management perspective which is aimed at meeting regional community needs as effectively and sustainably as possible. Australia requires better linked, more flexible and more effectively monitored approaches toward regional community development and rehabilitation.

Check out the full U.N. CBR document on www.unescap.org./decade/cbr.htm it provides useful guidance principles in addition to those outlined below. Key organizations and related communities in any region can get together to discuss the relevant aims, data, programs of work and related funds available in their area, so as to coordinate their services together and more effectively to meet identified community needs, in the individual, regional and national interest.

According to the UN discussion, CBR includes all government and non-government services that provide assistance to communities. Commonwealth, state and local government provide a range of services and subsidies to assist people with disabilities to participate in all facets of community life. Pooled regional funding could assist more effectively coordinated, holistic and flexible management of community development and CBR. In the CBR context, community means:

a. a group of people with common interests who interact with each other on a regular basis;

   and/or

b. a geographical, social or government administrative unit

This definition provides for consistent, multicultural, micro and macro perspectives on community. A CBR approach, which also promotes national health and environment development, requires that the administrative definition of a community at the macro-level should be broadly based around area health service, local government or other relevant management boundaries. This should be supported by a regionally pooled and flexible approach to service funding, which is as broadly planned as the requirements for effectively coordinated and data driven management will allow.

For the multi-sectoral approach to CBR to be successfully translated into action, both government and non-government service capabilities may need to be improved. Employers, technical and further education colleges, schools and universities might help with this task. Improvement of the capacity and skills for facilitating community involvement is important. This and related activities must be closely coordinated to ensure the optimum use of scarce resources. In accordance with the multi-sectoral concept, systems are developed at the community level and among government and non-government welfare organizations, that interact and reach out to each other and to employers.

A necessary factor for the success of the multi-sectoral approach is the empowerment of the community. They must assume responsibility for ensuring that all community members, including those with disabilities, achieve equal access to all of the resources that are available to that community, and are enabled to participate fully in the social, economic and political life. This approach ensures that what is done in the name of CBR fits into the reality of the community and is owned by it. The program criteria for the development of CBR programs should be:

> People with disabilities should be included in CBR programs at all stages and levels, including initial program design and implementation. In order to give significance to their involvement, they should have distinct decision-making roles.
>
> The primary objective of CBR program activities is the improvement of the quality of life of the community and of people with disabilities.
>
> One focus of CBR program activities is working with the community to create positive attitudes towards people with disabilities and to motivate community members to support and participate in CBR activities.

The other focus of CBR programs is providing assistance for people with all types of disabilities (physical, sensory, psychological and mental); for people of all ages, including older people and children; people affected by chronic health problems; or other people who may be identified by the community as needing special assistance.

All activities in CBR programs must be sensitive to the necessity to try to treat the sexes equally, as far as is reasonable. Account should also be taken of the fact that women are usually the primary family care-givers for all people with disabilities.

CBR programs must be flexible so that they can operate at the local level and within the context of local conditions. There should not be only one model of CBR because the different social and economic contexts and different needs of individual communities will require different solutions. Flexible, local programs will ensure community involvement and result in a variety of program models which are appropriate for different places, communities and individuals.

CBR programs must coordinate service delivery at the local level. Professional workers and other community members may not be fully aware of the different roles and specialisations that may be necessary to assist community based rehabilitation. They may only see the problem of disability, and only seek access to a medical model of help. They may focus only on where to go and who to see about a specific physiological issue, rather than understanding the totality of what may constitute a fulfilling life for the community member who has a disability. Ideally, all should learn together to extend their view and improve their outcomes.

The primary approach to providing rehabilitation involves education, community and industry based training, and related mentoring or monitoring and evaluation functions regarding a wide range of services including:

- Medical, dental, eye care and hearing services
- Physiotherapy, communication, occupation, sport and leisure therapies and related development services
- Speech therapy, psychological counselling and related community or work support
- Orthotics, prosthetics and other devices for support

CBR workers should be trained to provide basic levels of client support and service management in the following and other areas which are consultatively identified, prioritised and funded in an appropriately evidence based manner:

- Early childhood intervention and related support
- Education in regular child care services and schools
- Non-formal education where regular schooling is not available
- Special education in regular or special schools
- Training in daily living and employment related skills, including communication

Community based development to promote health and environment protection should involve people with disabilities and their families and communities. It should also involve local, regional and national government organizations and non-government organizations, including organizations of people with disabilities. In addition, it should involve industry, research and education institutions, and include professionals working in a wide range of areas.

Particularly where there is potential for micro and macro income-generation opportunities, people with disabilities and the communities which support them need access to micro and macro income-generation opportunities, including the appropriate reorientation of existing systems. These need to be more user friendly, less legalistic or bureaucratic, and more transparent their management. Income generation activities should focus on locally appropriate and broadly vocational skills. Training in these skills is best conducted by relevant community members who, with minimal assistance, can transfer their skills and knowledge to the people with disabilities. Train the trainer systems are important and can be implemented through a variety of communication mechanisms.

The effectiveness and efficiency of all CBR and development program components, both in the community and in the areas of service delivery outside the community, depend on effective management practices. The impact of program activities must be measured on a regular basis. People need to be trained in quality management principles. Data must be collected, reviewed and evaluated to ensure that program objectives are met. In this way the success or failure of a CBR program can be measured so that appropriate comparisons and funding allocations can be made with increasing effectiveness. Trust is often based on openness, commitment to honesty, and the willingness of everybody involved to contribute, listen and learn from each other, and especially from those who have the most expertise.

INDIVUALISM, COMMUNITARIANISM AND COMMUNITY MANAGEMENT

CBR is essentially about the promotion of social and environmental welfare. Dalley has noted that social welfare policies have traditionally been influenced by the ideologies of possessive individualism on the one hand, and collective responsibility on the other. Possessive individualism involves practices based on acceptance of the rightness of the maximisation of the interests of the individual, who may in turn be expected to care for dependant family members. From this perspective, the interests of the individual are the ultimate standpoint from which theories of social organization and their related policy, legislation and administration ought to be developed, because this is seen as also being in the interests of the whole society. In such community and related policy contexts, property rights, business confidentiality and family loyalty and support are usually valued most highly by the individual and the community.

Philosophies of collective responsibility, on the other hand, are of various kinds. One no longer views the individual's overwhelming social responsibility as necessarily being to the familial tribe. As well, the individual's obligations are seen as including those to future generations, and to the broader national or international community. From the latter perspective, it is not necessarily assumed that social responsibilities are necessarily most effectively fulfilled through pursuit of individual or family interests. Rights and obligations are seen as broader, and equal to or more important than allegiances owed to kin, an employer, or an immediate community. In Australia, for example, the Commonwealth government's concept of 'mutual obligation' is a communitarian ideology. It intends that individuals and the broader society should have mutual, reciprocal rights and responsibilities, in the context of a guaranteed minimum set of expectations related to maintaining community standards, outlined in law, and administered competitively on behalf of all taxpayers and communities.

Australia is currently evaluating its laws in order to implement national competition policy. This requires equal competition on a level playing field of national standards which are applicable to public and private sector service providers and those they are expected to serve, unless alternative arrangements appear to be in the public interest. The gradual harmonisation of legal frameworks is also necessary for the effective implementation of international standards. Nobel prize winning economist, Amartya Sen, recently pointed out that the comparatively successful Chinese experience

of community-based development may provide lessons and opportunities for many developing nations, (and for Asia Pacific Economic Cooperation partners, including Australia?) In the West one is apt to forget that during the 20th century the leadership of the Chinese Communist Party successfully overthrew colonial and feudal regimes in order to institute socialist rule, and then gradually re-introduced a market economy in a nation of over a billion people, who now experience comparatively high standards of health, education and development. That is no mean achievement in community management in anybody's language.

Twentieth century history suggests that even in comparatively limited contexts, like the Russian revolution or the Vietnam War, it is extremely difficult or impossible for a political regime to carry out major feats of overthrow and domination without the strong support of peasant masses. Sen explains the early Chinese Communist preoccupation with basic health and education for the masses as necessary precursors for China's successful entry into global manufacturing markets later. He points out that nearly half the Indian population is illiterate today, whereas China has close to universal literacy, especially among the young. Sen argues that India has supported growth in its bureaucratic and professional classes to the comparative detriment of the surrounding communities. He supports the remarks of Japanese Prime Minister, Obuchi Keizo's discussion on building Asia's tomorrow in an address given to the Asian Crisis and Human Security Conference in 1999. The Japanese Prime Minister speaks of the vital aim of 'human security' and the related values of creativity and dignity. (This contrasts with older notions of national security and defense, which center more narrowly on how to fight off any potential aggression with force, rather than concentrating more broadly on the means to prevent it in the first place). 'Human security' is 'the keyword to comprehensively seizing all the menaces that threaten the survival, daily life, and dignity of human beings, and to strengthening the efforts to confront these threats'. Sen argues that support for the poor, freedom of speech and transparent management are all essential for effective operation of the market and for equality. This has much in common with holistic approaches to health as they are recommended in Australia, and as I discuss them in many of my lectures.

According to Brown and Smith, in describing how to liberate an oppressed people, Mao Zedong stated that there are two essential principles underpinning change:

> One is the actual needs of the masses rather than what we fancy they need, and the other is the wishes of the masses, who must make up their own minds instead of our making up their minds for them.

Who would disagree? If my recollection is correct, Mao also said that everybody should learn and everybody should teach. I do not think he meant by this that peasants, at the bottom of the pecking order, should try out their teaching skills on pigs and chickens. He thought, I believe, that students, professionals, others in leadership positions and communities might usefully listen to each other's views, engage in criticism and self-criticism, and ideally learn more about how to serve the broader community and closer individuals better through this process. I expect the government and the Communist Party made most of the decisions but then China was not in favour of the market or democracy. In an Australian context, I think that ideally the needs of any individual or group are best defined by themselves, in the context of all the relevant evidence about their situation, and related, comparative evidence about the needs of the population networks of which all are a part.

NORMALISATION, HUMAN RIGHTS, THE PROFESSIONS AND THE COMMUNITY

In the West, the term 'normalisation' originated in Denmark where, in the 1959 Mental Retardation Act, the aim of services was defined as being 'to create an existence for the mentally retarded as close to normal living conditions as possible. This definition was later elaborated to include 'making

normal mentally retarded people's housing, education, working and leisure conditions. It means bringing them the legal and human rights of all other citizens. In the U.S., Wolfensberger (1972) described normalisation as seeking valued ends through the process of valued means. He also wrote that 'the most explicit and highest goals of normalisation must be the creation, support and defence of values and social roles for people who are at risk of social devaluation' (1983). In 1980 Nirje described the key characteristics of a normal lifestyle in relation to eight areas of normal life. (I have changed the wording very slightly to better reflect the requirements of current NSW anti-discrimination legislation and related policy.)

Broadly, the requirements of normality relate to:

- The rhythm of the day including the times and patterns of waking, dressing, eating and retiring at the end of the day
- The rhythm of the week which is described as the importance of enjoying home, work and leisure activities
- The rhythm of the year including participation in vacations
- Progression through the stages of the life cycle including exposure to the normal expectations of childhood, adolescence, adulthood and old age
- Self-determination, including the development of sexual self determination
- Economic standards, including equal access to benefits payable and to fair wages for work undertaken in a training or rehabilitation context
- Environmental standards including the need for standards for physical facilities like schools, work settings, group homes and boarding houses to be modelled on those available in society for ordinary citizens

Nirje's statements about normalisation are essentially about rights and they can be used for developing community based service plans to meet individual and community needs, in consultation with people who have disabilities and relevant others. Wolfensberger also discusses normalisation in terms of the rights of service users to have a normal quality of life. According to Smith and Brown, Wolfensberger aligned himself with the US anti- abortion lobby and also believes the world is a place which actively seeks to destroy those labeled as disabled. If he holds such views, could it partly be because he is comparatively uninterested in the actual or potential quality of life, as individuals from a different culture may emotionally or intellectually express it? (Mine is purely interested but comparatively ignorant speculation, based on Briton's statement that):

> …….almost completely absent from Wolfensberger's discourse is a vocabulary that Nirje draws on constantly – a vocabulary of persons, applying to human subjectivity and allowing us to talk of the retarded person's experience of self and its internally measured quality. What replaces it is **a vocabulary which applies to human beings only through an external view of individuated behaviours and their applicability**. (my emphasis.) (Briton 1979: 227-8)

This sounds like a criticism that Wolfensberger takes a traditionally scientific rather than empathetic approach to other people and to the subjectivity of all. The danger of the bureaucratic, managerial, scientific or related academic paradigm is that it may lead to imposing its discourse and silencing other, less powerful perceptions which must nevertheless be vitally harnessed for effective resolution of any problems in a democracy. In some occupations within the traditional governance paradigms just mentioned, little or no interest may be shown in asking others about how they feel and think about their personal situation, so that everyone may understand it better. This behaviour may even appear necessary to occupants of managerial or professional roles, given the primary requirements

placed upon them to define and classify comparative appearances, performances and outcomes with reasonable clarity, facility and efficiency. Foucault found this tendency oppressive. Is it avoidable?

A consultative, community based approach to rehabilitation and community health management may help confront professional or bureaucratic domination, as well as any comparative lack of accountability and comparability in Australian community health service design and delivery. Duckett's recent book on Australian health care services argued that hospital treatments are comparatively expensive so people should have health care provided in the community wherever possible. However, there is little evidence that the current money spent on illness prevention programs achieve their aims effectively and community based health and welfare services generally do not provide data in a way which allows reliable estimation of how well they reach the goals of service equity, efficiency and acceptability. Duckett argues that better designed management data needs to be kept by community service providers and that measures of cure quality and care quality, as estimated by practitioners and clients respectively, are both important for an effective system. Tyne argued that communities have been taught to look to professional service providers for answers. However, services by themselves can never be enough. Communities need to invent new and networked ways of working which build and support community confidence. In doing this, the known competence of community members may be of more help than professional qualifications. Career driven professionalism should not hinder broader, more holistic, community based management approaches to meeting client needs.

NORMALISATION AND THE RIGHT NOT TO BE DIFFERENT

Goffman said that most people seek to hide a perceived source of stigma. In 'Social welfare ideologies and normalisation' Dalley argues that when Wolfensberger states that:

> 'for the largest number of devalued persons, the right not to be different in certain dimensions of living is actually a much more urgent issue than the right to be different'.

he is demonstrating he believes the essence of normalisation should be conformity. I think, however, that Wofensberger is merely stating what he thinks many people with disabilities want, as a result of his experience of them. Dalley accuses Wolfensberger of placing too little positive value on diversity and difference when he says:

> Since deviancy is, by definition, in the eyes of the beholder, it is only realistic to attend not only to the limitations in a person's repertoire of potential behaviour, but to attend as much or even more to those characteristics and behaviours which mark a person as deviant in the sight of others. For instance, wearing a hearing aid may be a greater obstacle to finding and keeping a job than being hard of hearing.

Dalley is critical of Wolfensberger because she believes such views do little to challenge fundamentally unhelpful attitudes held by society at large towards disability. It seems to me, however, that Wolfensberger is making vital points about the practical importance of taking account of **individual subjectivity and group perception** (as well as more scientifically based perceptions of reality) in the establishment and administration of good public policy. Is Wolfensberger also having a sly dig at any polite society which may be driven more by the necessity for appropriate form rather than content? In this kind of working environment, whether you do anything useful for your keep may matter less than whether you upset important people, including co-workers. Bureaucrats and managers may perhaps imagine that Wolfensberger, as a respected academic and practitioner, is subtly and ironically suggesting that some workplaces would prefer everybody to be deaf rather than face the unfamiliar or disturbing.

Dalley says that, according to Wolfensberger, when it is at its most extreme, the pressure to conform may require radical measures. He says:

> Cosmetic surgery can often eliminate or reduce a stigma, and can be as effective in enhancing a person's acceptability as teaching adaptive skills, changing his conduct or working on his feelings.

She argues that this does little to challenge fundamentally negative attitudes in the community towards either disability or being different. Personally, I think that Wolfensberger is again primarily making a vital point about the importance of taking account of the inevitably linked relationship between **self-perceptions and local perceptions,** in the development and implementation of good public policy. (On the other hand, one would not like to see a national explosion of cosmetic surgery as a result of the perceptions of clients with low self-esteem, especially if taxpayers were footing the bill). From a public policy perspective which depends upon public funding, decisions are unlikely to be well made or well measured in any moral context based purely on narrowly informed individual or small group interactions and interests. The principal moral and decision-making reference point needs to encompass a broader set of community standards and values than the purely local. Public policy is ideally designed to correct market failure, not to reflect and support the existing power relations of the market and society. (Put the scalpels and the drugs on hold?)

NORMALISATION AND THE RIGHT TO BE DIFFERENT

Despite her earlier criticism of Wolfensberger, Dalley points out that he recognises that society's negative views about others must be challenged and changed when he says:

> We should work for greater acceptance of differentness of modes of grooming, dressing, speaking; of skin colour, race, religious and national origin; of appearance, age, sex, intelligence and education. Also encouraged should be greater acceptance of the physically and sensory handicapped, the epileptic, the emotionally disordered and perhaps the sexually unorthodox.

This seems to me to be what Australian multicultural and discrimination related legislation and policy is supposedly designed to achieve. It is also normal that many of us want to be very different from our immediate family and community, and should have this accepted as our individual right, as long as we are also prepared to meet other reasonable and broadly defined community obligations. (I think it was Neville Warn, the NSW Labor Premier, who said that the best thing about the working class was being out of it. That was only his opinion.) Community planning and related development programs, projects and individual case management structures should ideally access a wide range of consultatively designed services, which can meet individual requirements, as well as provide appropriate accountability to the broader community. Many people point out that they do not primarily see themselves as cases to be managed. Nevertheless, from the perspective of the whole community, that is, in a sense, what we all are. What is a better term for this community based development and rehabilitation process?

Oliver has said that society is developing in three stages. In phase one, disabled or disadvantaged individuals form part of a larger underclass. Phase two is when they are separated from their class origins to become special, segregated groups, leading to a situation whereby disability or disadvantage comes to be regarded by others both as an individual impairment and a social restriction. Phase three, which is just beginning, is when disability or comparative disadvantage is

no longer necessarily perceived solely as social restriction. In regional societies which seek to promote health and environment protection through sustainable development in the interests of current and future generations, the threats of today ideally can become the opportunities of tomorrow. This requires national and organisational restructuring and better community management, consistent with the transparency and related key requirements of national standards and national competition policy. Education and communication play a vital role in all development.

SOCIAL CAPITAL AND PUBLIC POLICY DEVELOPMENT IN AUSTRALIA

Since the US sociologist Robert Putnam wrote 'Bowling Alone', the term 'social capital' has become the latest sociological rage. Social capital is commonly regarded as comprising all of those features of social organization, such as networks, norms and social trusts, that facilitate coordination and cooperation for mutual benefit (Cox 1995:15). Putnam, like a long line of American intellectuals before him, laments an apparently continuing decline of immediate family and community togetherness. (It must be an absolute nightmare over there by now?) Winter suggests that 'too much state' and 'too much market' theories are competing to explain this state of affairs. The former position is that the welfare state has 'crowded out' the roles of families and communities. It has supplanted reciprocal tasks they previously undertook for free, and has also encouraged people to depend upon welfare handouts. The 'too much market' alternative explanation is that an over reliance on market delivery orients individuals to a competitive, 'What's in it for me, mentality'. Market logic, driven by the ethic of self-interest is said to undermine trust, cooperation and mutuality. In this literature, doing things for free is sometimes seen as more communally healthy and satisfying than doing things for money. Market relations are characterized as impersonal (monetary), self interested, competitive, temporary and instrumental. Community ties are seen as personal (non-monetary), cooperative, long term and ideally are mutually supportive.

The international evidence so far is that the development of the international market is also positively identified with increased longevity, health, and democratic development. The same process, however, has also dramatically increased social inequality within and between nations. In Australia there seems little option but to continue to try to integrate market driven and community interests better, so that the widest possible population is served as effectively and equitably as possible, through taxpayer assisted sustainable development to promote health and environment protection. The social planning process which is developing in Australia seeks increased cooperative and competitive focus on social capital. It considers its significance not only in the broader social context of urban and rural networks, but also 'among individuals and families'. Cox, for example, states that social capital is primarily the factor which allows collective action in the public sphere and for the common good. In more market driven societies, such as the U.S., an approach to social capital building which is focused primarily on individual and family contribution to the community may be necessary, although this may not necessarily be preferred in terms of social outcomes.

For Bourdieu, 'capital' can present itself in three fundamental guises:

- As economic capital, which is immediately convertible into money and property rights
- As cultural capital, which is convertible, on certain conditions, into economic capital, and may be institutionalized in the form of educational qualifications
- As social capital, which may be institutionalized as social connexions or obligations, and which are convertible, in certain conditions, into economic capital

Bourdieu states that social capital is something that must be worked for on an ongoing basis. It is 'the product of investment strategies, individual or collective, which are consciously or unconsciously aimed at establishing or reproducing social relationships that are directly usable in the short or long term. (Bourdieu 1986:251) Onyx and Bullen state that social capital is what helps organizations to:

- Work together collaboratively
- Respect each other's values and differences and recognize common cause
  - Resolve disputes civilly by recognizing the validity of different positions and the need to operate within a framework that takes account of the common good rather than just competing sectional interests
  - Recognize that building trust requires a perception of fairness and equity to all involved, and therefore that prejudice or exploitation must be opposed
  - Ensure that the building of internal cohesion is not brought about by the exclusion and demonization of 'others'

Social capital is the mechanism that enables people to trust one another sufficiently to work collectively to solve resource problems which are shared in common. Transparency, or openness is a key requirement of quality management. In closed, dominating, aggressive or comparatively impoverished societies, individuals may fear being open, and their past experiences of exploitation may mean they have had good reason to feel this way. Social trust, feeling safe and openness are indivisible. In the absence of feeling loved and protected, trust is only likely to be built on a clear, reliable and helpful basis of evidence and good performance, ideally driven by honest and informed perceptions of a situation. As a risk manager once said 'In God we trust, all others bring data.'

In 1992 Waldrop described the chief attributes of dynamic and effective systems for managing pooled community resources. In his view they are not controlled centrally but tend to have highly dispersed control mechanisms with coherent behaviour at the institutional level, resulting from both competition and cooperation. They establish a ceaseless cycle of learning – prediction about the external environment, experimentation, action, feedback, adjustment, more prediction, more experimentation, and so on. What matters most in that process is the quality of the feedback mechanisms. It is in their ability to gather and process information from a thick web of diverse mechanisms that organizations, organisms and systems retain their ability to be or to become adaptable, resilient and robust. It is important to discussion regional management of insurance, social insurance and taxation in this context.

CONCLUSION

Rehabilitation, injury prevention, risk management and insurance methods all need to be analyzed together in the future, for more effectively coordinated management of all regional, national and international concerns. The UN has described CBR as a strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves, their families and communities, and the appropriate health, education, vocational and social services. CBR workers should be trained to provide basic levels of client support and service management in areas, which are consultatively identified, prioritised and funded on a regional community basis, in an appropriate, and evidence based manner. It is vital to take proper account of the role which must be played by **self-perceptions and the apparent perceptions of others**, in the effective development and quality administration of all policy and services. However, decisions are unlikely to be well made or effectively measured, in any moral context based primarily on individuals or small groups and their perceptions about themselves and others. Especially in a multicultural society such as Australia, the

principal decision making reference needs to be to international and national sets of community standards and values. The social planning process which is developing in Australia seeks an increased cooperative and also competitive focus on building social capital in order to promote community health and environment protection. The significance of social capital should be considered not only in the national context of urban and rural development, but also regionally, among particular groups of individuals, families and communities. Communication seems a key. This is discussed in the next chapter.

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