

Health Issues *in the Community*

PART 1 **TUTOR GUIDELINES**

Section 1

Introduction and Overview

INTRODUCTION & ACKNOWLEDGEMENTS

This Learning Pack was originally written by Jane Jones and was first produced in 1997 as part of the Lothian Training Initiative – a partnership project involving Lothian Health, the Health Education Board for Scotland (HEBS) and Moray House Institute and funded by HEBS.

Following an extensive evaluation of the Initiative in 2000 HEBS (now NHS Health Scotland) funded the establishment of a Training post at CHEX whose primary responsibility was the on-going development of the Health Issues in the Community training initiative. This was followed by a full review and re-design of the Learning Pack in 2001 and an extensive development programme across Scotland which is still continuing. This development has and continues to be overseen by a Core Group of key stakeholders including core partners, core trainers, course tutors and course participants.

The initiative has been the subject of further review during 2009 which has led to the creation of this 3rd edition of the Health Issues in the Community Learning Pack. We would like to thank everyone from the Core Group, the wider tutor group and from CHEX/SCDC who contributed thoughts, ideas or materials to this revised edition.

AIMS OF THE COURSE

To enable participants to develop their understanding of the range of factors that affect their health and the health of their communities and to explore how these factors can be addressed using community development approaches.

IDEAS AND GUIDING PRINCIPLES

The core underpinning theme of Health Issues in the Community is community development. Although this term can be used to describe many different types of activity the particular perspective that is taken here places value on supporting individuals to work collectively; on extending participatory democracy; and on social justice and equity.

The course:

- Draws on a social model of health which views health and illness as having as much to do with economic and social factors as with individual behaviour.
- Seeks to promote the value of equity in terms of equal access to health, and to counter discrimination on the grounds of age, race, gender, sexuality or physical ability.
- Supports the right of people to participate in decision-making processes and to take a more active role in the planning and delivery of services.

The guiding principles which have informed the approach include the following:

- That the life experience and knowledge of course members are recognised as the starting point for analysis and discussion.
- That one of the basic processes in learning is the opportunity to reflect on our ideas with other people.
- That it is important for people to develop the skills of critical reflection on the determinants of health and ill-health, and about themselves in relation to society.
- That people should be enabled to participate in the political process as active citizens, and helped to acquire the knowledge or confidence needed for this.
- That learning can be a creative, fulfilling and enjoyable activity.

LEARNING OBJECTIVES

The objectives of the learning programme are for participants to:

- Gain a broad understanding of the key topic areas – a social model of health, health inequalities, power & participation, and community development approaches in health
- Develop their knowledge, skills and confidence to apply this learning to their own individual lives and the lives of their communities

PART 1 LEARNING OUTCOMES

On completion of the Health and Society Course (Health Issues in the Community – Part1) it is intended that participants will be able to:

- Demonstrate an understanding of a social model of health and other key ideas about health and explain how these models/ ideas relate to their own lives and communities.
- Demonstrate an understanding of the causes of health inequalities and the impact they have on different groups in society.
- Demonstrate a general understanding of community development approaches to tackling health inequalities and how these can be applied.
- Participate effectively in a group process and collect, organise and present information using a variety of methods.
- Reflect on own learning and practice, and analyse strengths and weaknesses

Section 2

Tutor Responsibilities

COURSE DELIVERY/ ADMINISTRATION

Tutors are free to vary and alter course materials to suit the needs of the group they are working with. Equally the timing and how the course is delivered are flexible and Tutors may wish to deliver individual units over an extended time frame to reflect the circumstances of those they are working with.

Tutors should ensure that, prior to delivering a course, all materials, venue, administrative and financial requirements are in place for successful delivery.

INITIAL TUTOR REGISTRATION

In order to become a registered tutor you must comply with the following.

Complete the initial Tutor Training course

Undertake practice delivery sessions equivalent to 8 -10 hours of delivery time within 5 months of completing tutor training. These should equate to the delivery of 2 full units but can be in the form of either delivering 2 full units or several short sessions which make up the time required.

On completion you should complete a portfolio of work for assessment by CHEX which should comprise of the following

- The learning logs, which you completed at Tutor Training
- A briefing note for each practice development session delivered comprising a) A note on how you planned the session and what considerations you had to take into account when doing so b) Materials used, where adaptations were made and why and c) Your thoughts on what went well or badly with each session and why. Remember this is a learning experience and there is no requirement for everything to be perfect.
- An essay of around 1,500 words on your reflective learning of delivering the practice sessions. This reflective account should contain a description of the process followed, an analysis of your learning from the process, including what went well, what could be improved and why. It is important that the account should include evidence of your understanding of the key concepts underpinning HIIC i.e. Social Model of Health, Health Inequalities, Power and Participation, Community Development

On receipt of the above your portfolio will be reviewed and you will be advised if you have met the standard required as soon as possible.

MAINTAINING TUTOR REGISTRATION

In order to remain a registered tutor and be eligible to deliver accredited courses tutors must comply with the following requirements.

- Deliver a minimum of 1 full Part 1 course or short courses equivalent to at least 2 units within a 2 year period.

Or

- Where this is not possible tutors will be able to attend a 1 day refresher session in order to maintain registration.

COURSE TUTOR REQUIREMENTS

Course Type	Credit Rating	Requirements of Tutors
Taster Session	None	<ul style="list-style-type: none"> • None
Short Courses	None (Completion Certificates Available)	<ul style="list-style-type: none"> • Notify CHEX of course delivery and numbers attending (Appendix 1)
Part 1 (not credit rated)	None (Completion Certificates Available)	<ul style="list-style-type: none"> • Notify CHEX prior to course delivery of numbers of those attending (Appendix 1) • Submit student evaluation questionnaires (in pack) to CHEX at end of course
Part 1 (credit rated)	Award of 5 points at SCQF level 6	<ul style="list-style-type: none"> • Notify CHEX prior to course delivery of numbers of those attending (Appendix 1) • For Assessment the following is required for each student <ul style="list-style-type: none"> - Minimum of 6 completed learning logs - Student assignment: 750 - 1,000 words - Tutor report on group project (Appendix 2) • At the end of the Course <ul style="list-style-type: none"> - submit assessment registration form (Appendix 3), all student assessment materials and completed evaluation questionnaire (in pack) from each student to CHEX • Note: there is a £30 fee, to cover marking, chargeable for each submission for assessment
<p>FOR INFORMATION: Part two can be undertaken as a credit rated or non credit rated course. Below are the differences between a course that is accredited and a course that is not.</p>		
Part 2 (not credit rated)	None (Completion Certificates Available)	<ul style="list-style-type: none"> • Notify CHEX prior to course delivery of numbers of those attending • Submit student evaluation questionnaires to CHEX at end of course
Part 2 (credit rated)	Award of 10 points at SCQF level 7	<ul style="list-style-type: none"> • Notify CHEX prior to course delivery of numbers of those attending • For assessment the following is required for each student <ul style="list-style-type: none"> - Minimum of 6 completed learning logs - Student assignment: 2,000-2,500 words - Tutor report on community research project • At the end of the Course <ul style="list-style-type: none"> - submit assessment registration form, all student assessment materials, and completed evaluation questionnaire from each student • Note: there is a £30 fee, to cover marking, chargeable for each submission for assessment

Section 3

Rough Guide to the Units

UNIT 1: WHAT HEALTH MEANS TO ME

Learning Objectives

To create a welcoming, inclusive atmosphere and begin to develop a sense of group cohesion (Exercises 1, 3 & 4)

For participants to gain a clear idea of the demands and opportunities provided by the course (Exercises 2 & 3)

To begin to establish the style of learning, starting from people's own knowledge and using this to identify general themes which may stimulate contradictions and debates (Exercises 2, 5, 6 & 7)

To explore the distinction between medical and social perspectives in relation to health (Exercises 2, 5 & 6)

Learning Methods

Tutor input, individual work and group discussion, small group work, large group feedback.

Overview

This unit introduces the training and gives everyone an opportunity to get to know their fellow students.

There is space for ice-breaker(s) if needed as well as setting ground rules and looking at hopes and concerns. It also introduces the key idea of the social model of health and to do this it draws on participants' own knowledge and experience. This unit can also be used as an introductory/taster session to let people find out a bit more about what is involved in the course before they make up their minds whether to go ahead with it.

This is the first time everyone has come together. Is everything in place? What will people be like? Will I do well? Everyone is likely to be a little apprehensive, including you.

The main exercise maps out the participants understanding of health drawing from their experiences.

Discussion around this is the link to the social and medical models of health.

What Tutors said

"I am glad we developed ground rules in this session. It gave us a point of reference later on in the course when discussion was lively. We put them on the wall each week and both ourselves and participants drew attention to them on several occasions."

"What Health Means to me started slowly. It was difficult not to interrupt the silence but after a few minutes groups got started and soon there was a real buzz in the room."

UNIT 2: DIFFERENT WAYS OF THINKING ABOUT HEALTH

Learning Objectives

To introduce different ways of thinking about health, culturally and historically (Exercises 2 & 3)

To consider the different status given to lay beliefs about health (Exercises 2 & 4)

To begin to explore ideas about the Group Project (Exercise 5)

Learning Methods

Individual work, small group work, large group feedback and discussion, reading and analysis, small group work based on individuals experiences. Group Project preparation.

Overview

This unit picks up on the theme of a social model of health and develops it by looking at a variety of ways of thinking about health, again using the participants own experience as a starting point.

The materials are designed to encourage critical thinking and acceptance that there is not just one way of thinking about health. First, from experience, by looking at the many causes and treatments that are known for a common cold then introducing information and discussions on how accepted ideas are influenced or change over time and that these ideas may not be accepted universally. It is important to steer away from right and wrong and focus more on difference.

What Tutors said

“This prompted lots of discussion and it was easy to overrun (something that continued throughout the course). Keeping within the timescales without cutting people off was difficult.”

“Participants found this easy to relate to. There were some tensions and politics in the group that became apparent during discussions. This was an indication that my co-tutor and I would have to be aware of group dynamics. (These did reduce as the course progressed).”

UNIT 3: POVERTY INEQUALITY AND HEALTH

Learning Objectives

To introduce key aspects of the determinants of health. poverty, inequality and social class (Exercises 2, 3, 4 & 5)

To utilise different types of resources and information (Exercise 3)

To explore the notion of relative poverty and its link with social justice (Exercises 4 & 5)

Learning Methods

Participative exercise reading and analysis, brainstorming, small group work and large group discussion, tutor input, Group Project preparation.

Overview

This unit begins to look at the impact of poverty on health and explores this through statistical analysis, reading and participative exercises. This unit takes participants into more serious areas of discussion and debate and can be make or break for some of the participants. Tutors will need to do some preparation for Exercise 3 to ensure that their group has access to the materials outlined and/or access to good library facilities (including internet access where possible). If you are not able to do this you will need to make sure you have hard copies of all reading material or source alternative materials

Participants are asked to look at the health profiles in their own locality and make some comparisons with other areas. The health profiles are available to download from the Scottish Public Health Observatory website www.scotpho.org.uk

Statistics can seem unwieldy and demotivating at first glance and there might be a need to offer support and direction to get into the material. However, this is clearly a key unit prompting discussion, emotion and passion. Participants start to get a real sense of what the course is all about.

What Tutors said

“Started to realise the amount of preparation required with my co-tutor, began allocating a half day for this. The unit also took a lot of time as participants were so interested.”

“That’s me, that’s me, that’s how I feel! Often participants haven’t realised they are living in poverty. I am one of these statistics. Going over the list of necessities in the Defining Poverty exercise was difficult for some participants too.”

UNIT 4: DIFFERENT EXPERIENCES: COMMON PROBLEMS

Learning Objectives

To broaden understanding of different groups experience of inequality (Exercises 2 & 3)

To introduce the idea of common cause and difference (Exercises 2 & 3)

To increase people’s confidence in finding information from different sources and reading critically (Exercise 3)

To introduce the concept of equity in health (Exercise 4)

To enable participants to develop a basic understanding of social exclusion, social inclusion and social justice (Exercises 2, 3, 4 & 5)

Learning Methods

Practical scenario, small group work, case study analysis, participative exercise, small group task, Group Project preparation.

Overview

This unit moves on from poverty and inequality to start looking at issues of exclusion and the idea of equity in health. It also builds on this through starting to explore social inclusion processes. It may well produce some lively debate and tutors should be prepared for quite a range of views to be put forward. This is identified as a challenging unit for both tutors and participants. The Common Problems aspect of the title leads to conclusions linking inequality with exclusion and social justice. The reading and exercises prompt thoughts and discussions on different experiences of inequality and exclusion and the feelings that may arise. Feelings and controversial views relating to this can also become apparent among participants.

Several tutors have been faced with racist or discriminatory remarks which has been challenging for themselves and participants. There are often hints during previous units that this might come up. All emphasised the need to be prepared and to think of ways to challenge discrimination constructively. Support has come from reading materials, participants, ground rules, co-tutors, taking a professional approach, keeping your role in mind and being prepared.

What Tutors said

“The unit did raise issues and get to the heart of things and although challenging I liked that it got us talking about things that are often avoided or not discussed in depth.”

“Although no amount of challenge would change this individuals mind, at a later point in the course she expressed a complete turn around - the short period of extreme stress and discomfort was worthwhile.”

UNIT 5: PARTICIPATION AND POWER

Learning Objectives

To explore different aspects of power (Exercises 2, 3 & 4)

To introduce some theoretical concepts of power (Exercise 4)

To help participants to identify obstacles to participation and the different levels of participation that exist (Exercise 5)

Learning Methods

Participative exercise, tutor input, individual work, pairs work, large group discussion, small group work, group task, Group Project preparation.

Overview

This unit lies at the heart of the Course. Again, using participants' own experiences it explores power relationships in a variety of ways. It then moves on to look at levels of participation within communities and how these can be developed/improved. The concept of power is central to community development and health and exploring this is a real eye opener for many participants. This can enhance understanding of experiences in the past but, since not having power can be a negative experience it can be challenging. Keeping an eye on group dynamics and individual responses is important in

this unit. Preparing some prompt questions to help conclude discussions on a more positive note has proved helpful. In looking underneath we can get from internalised feelings to recognition that there are other factors contributing to this and it really isn't all my fault.

What Tutors said

“People realising that they are personally in less powerful positions can become a negative. There is a tutor responsibility to turn this around, what would make the situation different.”

“The concept of power and the issues discussed within this context can seem huge and insurmountable. This needs to be turned into a positive. How could this be different, what can be done?”

UNIT 6: COMMUNITY DEVELOPMENT AND HEALTH

Learning Objectives

To place community development and health in an historical context (Exercise 2)

To begin to differentiate community development from other approaches to health (Exercise 5)

To identify the key elements and aims of community development practice (Exercise 3)

To identify the health benefits of working with a community development approach (Exercise 4)

Learning Methods

Participative exercise, tutor input, small group work, case study analysis, Group Project preparation.

Overview

This unit introduces the key themes/dimensions of community development and health. It also uses case study examples to illustrate these and to help participants relate theory to practice. You may want to draw on more recent or local events in Exercise 3 to bring things up to date and make it more relevant for participants. If the group is concluding after Part 1 it may take a bit of time and extra support for participants to make the links. During Part 2 there are opportunities to explore the community development process further and any parts of this unit that were not quite clear can be reiterated.

What Tutors said

“Some participants found it difficult to make the links here. The discussion throughout the course clearly showed they knew and understood what this was all about but it was a step change to recognise this within the theory.”

“It was hard to get participants to concentrate in this unit, the Group Project (scheduled for the following week) was distracting everyone.”

UNIT 7: THE GROUP PROJECT

Learning Objectives

To provide an alternative means of learning

To provide a medium for self-expression

To provide an opportunity for participants to carry out research and present their findings

To provide a group learning opportunity which supports the course content

To help members to develop confidence in expressing their ideas publicly

To experience the value of group support and solidarity

Learning Methods

N/A

Overview

This unit gives the participants their first real opportunity to work together on a project and to demonstrate what they've learned this far on the course although they will have been involved in planning and preparing for the session over the previous 5 Units. The Project normally takes the form of small group presentations to an audience of invited guests on an issue of importance to group members. It is a great opportunity to be creative, work with participants' skills, find their strengths and build confidence from the achievement. From the very first unit participants are encouraged to feedback on small group discussions. This is the chance to have a go at presenting information and a small confidence-builder towards the delivery of the Group Project.

Although there is time for planning in each unit it is easy to let this slip. Each slip will potentially compromise the Group Project and contingency plans are helpful such as extra sessions or doing this as a separate piece of work.

The learning log and opportunity for reflection on the group project is important. Many participants report never believing that they could have done such a thing and there is a sense of great achievement. This unit is the one that is most positively evaluated by participants and has produced some very powerful and articulate pieces of work.

What Tutors said

"Rarely have I stuck to the guidelines in the pack in preparation for this. I have been challenged by having to push people to be disciplined enough to do the preparation work. There was a lot of talking but not a lot of organising. It isn't people being difficult, the obstacles may be more about the Group Project being challenging and avoidance because of this. Participants may be scared, worried or unsure. Having to push people was difficult for me. This was daunting as I had never done anything like this with a group. A very valuable experience though. Even more daunting and valuable for participants, - we have since performed in 2 other forums."

UNIT 8: REFLECTION AND REVIEW OF LEARNING

Learning Objectives

To help people to appreciate all the ground they have covered
To help participants to appraise their own development and learning
To offer positive experience of feedback and reflection
To provide CHEX and tutors with feedback

Learning Methods

N/A

Overview

This unit provides an opportunity for participants to reflect on what they've covered so far, what they've learned and what they've contributed. The mid-point assignment (or Part 1 assignment) is also introduced in this unit and decisions made about whether students are going to continue on to do the second part of the Course. This unit is the end of the first Part of the Course which deals with some key ideas about health and society. Students moving on to Part 2 will be expected to look at how some of these ideas can be turned into action through using community development approaches.

With the Group Project over and all the Units in Part 1 covered (and probably quite a rushed and stressful time over the last couple of sessions) this is the point to practice community development approaches and have a detailed reflection of what has been covered so far. Tutors and participants especially have been surprised by the amount that has been covered and there are often feelings of relief and achievement associated with the Group Project. There is an opportunity to be creative with this session and celebrate the achievements so far.

What Tutors said

“With the shared experiences, challenges and achievements, participants are likely to have formed bonds and friendships that contribute to the group dynamic and a group culture or group norms may have evolved. Tutors have highlighted the need to think about preparing participants for the conclusion of the course. This may be about acknowledging that this is coming up and making sure participants have contact details or you may invite local learning providers to meet with the group and explore some of the opportunities that may be available to them in the future.”

Section 4

Resources and Support

RESOURCES

A copy of the course registration form (appendix 1), the group project tutor report form (appendix 2) and the assessment registration form (appendix 3), as well as general tutor resources are available through the CHEX website, www.chex.org.uk under HIIC and then HIIC resources. We hope to keep adding to these resources as tutors and CHEX staff identify useful additions to augment the course. If you identify any potentially helpful resources please let the staff at CHEX know and they will add it to the resource folder.

Please ensure all courses are registered with CHEX prior to commencement

SUPPORT

CHEX has a dedicated training and development manager responsible for HIIC nationally who can be contacted for any support or advice required. Contactable through CHEX at 0141 248 1990

Appendix 1

HEALTH ISSUES IN THE COMMUNITY REGISTRATION FORM

Main Details

Course Title:
Location (address of venue):
Postcode (N.B. essential information):
Main Tutor:
Contact Telephone:
Contact E-mail:

Other Details

Type of course (e.g. full course, Part 1, short course etc.):
Type of group (e.g. community group, school, young people, young parents etc.):
Number of students:

Please return to:

Aileen Skillen, HIIC Administrator, CHEX, Suite 305, Baltic Chambers,
50 Wellington Street, Glasgow G2 6HJ

or

aileen@scdc.org.uk

Appendix 2

HEALTH ISSUES IN THE COMMUNITY HEALTH & SOCIETY - (PART 1)

TUTOR REPORT FORM: GROUP PROJECT

PARTICIPANT'S NAME

The participant contributed initial thoughts and ideas

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The participant contributed to the development of initial ideas

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The participant actively took part in practical tasks such as preparation of materials and research

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The participant took an active part in delivery of the group project (this can include – welcoming guests, delivery of presentation, answering questions, participating in discussion with guests, etc.)

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The participant contributed effectively to the group process

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Any other comments:

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Tutor's signature:

Appendix 3

HEALTH ISSUES IN THE COMMUNITY HEALTH & SOCIETY - (PART 1) REGISTRATION FOR ASSESSMENT

I wish to register the following learners for assessment.

NAMES (PLEASE PRINT)

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NAME, ADDRESS AND CONTACT DETAILS OF TUTOR

NAME

ADDRESS

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TELEPHONE/EMAIL/.....

There is a charge of £30 per student for assessment. Please indicate the invoice address if different from the above.

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Completed forms should be sent to:

Health Issues In The Community
c/o CHEX (Community Health Exchange)
Scottish Community Development Centre
Suite 305
Baltic Chambers
50 Wellington Street
Glasgow
G2 6HJ

***Please remember to submit all student assessment materials and evaluation questionnaires with this form. Follow the checklist below.**

- Completed Learning Logs
- Group Project Tutor Report
- Part 1 Assignment
- Course evaluation questionnaire