

PHCM9010

Community Development

Summer Term, U1-11



UNSW
THE UNIVERSITY OF NEW SOUTH WALES

SCHOOL OF PUBLIC HEALTH
AND COMMUNITY MEDICINE

Contributor

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Module 1: History, meaning and conceptual frameworks

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Case Studies

Welcome

Welcome to the course “Community Development” PHCM9010. This elective is highly recommended if you want to deepen your understanding of health promotion and health development (including health services development) from a community perspective. It has been designed to meet the needs of local and international students using a range of case studies to explore the range of contexts and issues that need to be addressed.

This course explores the meaning and conceptual frameworks of community development as an approach to improving the health of individuals and the broader community in both the local and international context. The material covered facilitates exploration of the fundamental components of community development, such as needs assessment, empowerment, and evaluation. Local and international case examples are used to explore theories and models in practice and to highlight and reflect on the issues and dilemmas faced in community development work across a range of settings.

The material and approach is designed to address the needs of a diverse range of students. This is always a challenge, but it is also a strength, and throughout this course I shall try to draw out your experiences to share with each in the classroom and on-line so that your learning can be enhanced. The course includes a good mix of theory and practical examples. Those of you who currently work in community development can hopefully gain a deeper understanding of the theories and models that can be used to guide practice and also explore a range of case examples of community development while reflecting on your own practice. Those of you who are interested in working more in this area will find a good mix of theory and practical applications to expand your knowledge and skills in this challenging and rewarding area of public health.

This course is useful for community workers, researchers, policy officers/managers, health service administrators/managers, educators or clinicians.

Course staff

Course convenor

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I am usually in the office Monday-Thursday. I suggest email as the best contact method, at least initially. If you would like to speak by phone or meet face to face, please email to arrange a suitable time.

I am the author of the following modules and the course coordinator for Community Development. This course was originally taught by Jan Ritchie and some of the readings and activities are a result of her efforts. Jan has been generous in sharing her knowledge and expertise both inside and outside the classroom. Over the past three years, I have continually updated and re-developed this course based on student input.

My passion for community development comes from a variety of past and current work experiences.

Academic experience and expertise:

In 1999, I joined the School and began teaching Community Development. I continue to teach Community Development, and also now teach Qualitative Research Methods in the Masters programs and in the undergraduate medical program. My work has always been focussed on giving voice to consumers and the community, in particular those who have been historically excluded from participation and decision-making in societal organisations and structures, including complex health systems. I am now primarily a social scientist who uses qualitative and quantitative methods in research within a participatory framework where research participants are actively involved in the research process. In my academics work I have theorised and empiricised consumer/community exclusion and participation in a number of areas, including health service decision-making and governance, advocacy by the non-government sector, capacity building for health development, adolescent drug and alcohol treatment and refugee settlement.

I have published papers relating to consumer and community participation, the use of evidence in policy-making, the advocacy role of the non-government sector and the workings of the health system, in peer-reviewed journals and consumer focussed publications. I am the first Chief Investigator on an Australian Research Council Linkage funded three-year grant: *Social Cohesion through Football (2009-2011)*, a cohort impact study investigating the implementation of a sport for social development program over three years. The study will examine the processes and impacts of the program on individual wellbeing, social inclusion and cohesion in areas with high humanitarian refugee settlement.

I have been active in consumer advocacy in Australia for over a decade and in the last few years have provided advice and expertise regarding consumer/community rights and participation to committees, working parties and advisory groups for key state and national bodies including the National Health and Medical Research Council, the Royal Australasian College of Physicians, the Australian Council on Health Standards and the NSW Cancer Council.

Earlier career and influences:

I started my career studying at this University to be a clinical psychologist. Despite a good beginning as an enthusiastic undergraduate, towards the end of the course I became disillusioned with psychology's approach to health improvement. Psychology as a field is very individualistic in its focus and often takes little account of the context of people's lives in both understanding and addressing their health issues. The social, political and physical environment as factors affecting health and well being are often overlooked. I finished my fourth year of study and graduated with an honours degree in psychology. Then I did what many Australians do after University, I went overseas.

I travelled and lived in many different countries returning home after 3 years. My first position back in Australia was in health promotion at the state Cancer Council and I spent 4 years running 'campaigns' to influence the community's health behaviours, such as smoking, sun protection and attendance for cancer screening. I had some successes, but found accumulating research both from my own work and others that we were only reaching a segment of the population with our messages – it was predominantly the middle to upper class in the community who were giving up

smoking, protecting themselves from the sun and attending for screening. In my time at the Cancer Council the focus did broaden to encompass advocacy, policy change and the creation of supportive environments. For example, I lobbied with others for the NSW Tobacco Advertising Prohibition Bill and was involved in supporting schools to erect shade in playgrounds. However, I also began to feel I could do more to influence health outside the health sector.

I took a position at the Australian Consumers' Association, a non-government organisation which aims to empower consumers in the marketplace and give them a voice in public debates. As a Senior Health Policy Officer, I lobbied in the media and behind closed doors for changes to government and industry policy and practice which would promote health and protect consumer rights. In this position I was exposed to the realities of what effects people's health. Being informed was only part of the equation. Changes to public policy and providing people with the opportunity to participate in decision-making that effects their lives are integral to achieving "health for all". After four years I needed a change and a break from the media spotlight. I also wanted to share my experiences with others as well as find some time for reflection and research.

Guest speakers

I usually have a number of guest lecturers to present case studies during class time. This gives you exposure to a range of real-life examples and different perspectives on community development theory and practice.

Course information

Units of credit

This course is an elective course of the Master of Public Health Program and the Master of Health Management Program comprising six units of credit towards the total required for completion of each study program.

Pre-requisites

There are no pre-requisites for this course.

Course aim



The aim of this course is to explore and examine issues, theoretical perspectives and practical examples of community development and community building.

Course outcomes

The outcomes for this course are to enable you to:

1. Discuss the meaning of community, community development (CD) and related terms;
2. Explain the history of CD and understand the rationale for its application;
3. Compare the different conceptual frameworks underpinning CD as a philosophy and relate them to the approaches taken in practice;
4. Analyse and synthesise the fundamental components of CD practice;
5. Reflect on how community development principles and practice relate to your past, current and future work and life experiences;
6. Appreciate the issues and dilemmas which can enable or hinder this approach in practice.

Learning and teaching rationale

In designing this course I have drawn from the educational literature, including UNSW's Guidelines on Learning that Inform Teaching <http://www.guidelinesonlearning.unsw.edu.au/overview.cfm>

My approach to learning and teaching is student-focussed and deliberately includes students in decision-making about their learning options and the approaches taken in the classroom. I also use participatory and creative approaches to student learning and teaching.

The small group activities you will take part in online or in the classroom have been designed to actively engage you in the learning process. They allow you to interact and collaborate with your fellow students and myself to build and reflect on your prior experience and knowledge, draw on the diversity of experiences we collectively bring to discussions as well as provide an opportunity to apply new knowledge.

In this course, I plan to share with you the insights gained through my working life and more recently in my research and service role in the School of Public Health and Community Medicine and assist you to integrate your own experiences with the theories and practice of community development.

Teaching strategies

This course is designed to provide theoretical perspectives and frameworks to guide community development practice and research. It also facilitates exploration of the fundamental components of community development, such as empowerment. Case examples are used to explore theories and models in practice and to highlight and reflect on the issues and dilemmas faced in community development work.

This course is offered internally face to face in the classroom as an intensive workshop with an on-line follow up component. The course structure involves small group work to actively engage you in learning and to enable sharing of the diversity of experiences. You are expected to contribute to and participate in small group work which is part of your assessment and which will assist you in developing the knowledge and analytical skills for your written assignment(s). The course notes and readings are also designed to facilitate independent study and to prepare you for the assessments

during the course and the final assignment. The assessments are spaced such that you can receive some feedback soon after the workshop before your final assignment due early the following year.

This Course is divided into two modules in your learning folder. Together these modules, the sections within them, the small group activities and assessments address the learning outcomes of this course.

The first module, *History, meaning and conceptual frameworks*, consists of three sections. Firstly we look at the meaning and dimensions of community. You are invited to reflect on your own view of community and begin to explore a community known to you. How we view and understand community can impact on the value we place on different approaches to working with communities to improve health. This section addresses learning outcome one - discuss the meaning of community, community development (CD) and related terms. In the second section we cover the history and rationale for community development. This addresses learning outcome two - explain the history of CD and understand the rationale for its application. Lastly a number of frameworks and theories which can be used to guide practice are reviewed. These frameworks and theories are also considered in light of a case study which is followed through this part of the module. This section addresses learning outcome three - compare the different conceptual frameworks underpinning CD as a philosophy and relate them to the approaches taken in practice. In summary, Module 1 is designed to introduce you to community development concepts, theories and models.

The second module, *Fundamental components and community development (CD) practice*, consists of four sections and addresses the last three learning outcomes: Analyse and synthesise the fundamental components of CD practice; Reflect on how community development principles and practice relate to your past, current and future work and life experiences; Appreciate the issues and dilemmas which can enable or hinder this approach in practice. Section 1 looks at needs assessment and capacity mapping as a key first step in community development practice. Section 2 introduces you to the central concepts of empowerment and participation. Section 3 covers evaluation of community development. The final section in this module draws links between what has been covered in the course so far and a range of examples of community development practice. In this final section you will also be asked to discuss and debate dilemmas and issues which arise in the practice of community development online with other class members or in small groups in the classroom.



Online learning component using UNSW Blackboard

UNSW Blackboard is a Learning Management System that supports university learning and teaching by extending the face-to-face learning environment to online learning spaces and providing virtual classrooms for distance learning courses. See:

<http://telt.unsw.edu.au/>

For Intensive Summer students

To assist you in preparing for the final assignment, there will be two discussion threads set up as part of the online component. This component has been designed to give students the opportunity for further interaction and discussion of key concepts. Your participation on UNSW Blackboard will be assessed and more details are included below under the Assessment section.

A Q & A section is provided to raise any questions related to assessment, which I will check at least once weekly, and a place where you get to know more about your peers and chat socially amongst each other.

In addition, the course notes and reading materials including links to library resources are available on UNSW Blackboard.

Guidance for using UNSW Blackboard

Guidance for using UNSW Blackboard, including some basic tips can be found at: <http://support.telt.unsw.edu.au/blackboard>

If you are still experiencing difficulties with UNSW Blackboard, please contact the UNSW IT Service Desk for assistance.

Summer Intensive students - Assessment

Summary of Assessments

Assessment is based on:

- | | |
|---|-------|
| 1. In class participation (attendance & group work) | |
| 2. Group presentation | = 20% |
| 3. Reading reflections | = 30% |
| 4. On-line activity (following course) | = 10% |
| 5. One written assignment | = 40% |

1) Participation in class

There are two components to in-class participation

- a. attendance at all sessions
- b. participation in small group work

Weighting:

Participation is not given a grade, but if students do not participate as outlined above they will only be able to obtain a PS level for the course.

Task description

a. Attendance at all sessions

For those of you enrolled internally for the Summer School workshop you must attend all sessions. If there are special circumstances which mean you cannot meet these requirements you must negotiate alternative arrangements prior to the commencement of the course. Students should also do another 4 hours a week/ per class topic of reading/study. Participation in the classroom also does not simply mean turning up for class. You must have read some of the materials and actively participate in large and small group discussions.

b. Participation in small group work

You are expected to contribute to small group work in the classroom, including presenting your reflections on readings to your group, participating in discussion about case studies, and reporting back your group discussions to the whole class.

Learning outcomes addressed:

- Learning outcome 1: Discuss the meaning of community, community development (CD) and related terms
- Learning outcome 3: Compare the different conceptual frameworks underpinning CD as a philosophy and relate them to the approaches taken in practice
- Learning outcome 4: Analyse and synthesise the fundamental components of CD practice
- Learning outcome 5: Reflect on how community development principles and practice relate to your past, current and future work and life experiences
- Learning outcome 6: Appreciate the issues and dilemmas which can enable or hinder this approach in practice.

2) Group presentation

Due Date: End of Day 3 (Intensive Workshop)

Weighting: 20%

Task description:

A group presentation will be a focus of the third day of the intensive three day workshop. You will have become part of a group on the second day of the workshop and will have drawn a case study from Module 4 Section 2 that your group is to present to the class. Each group member is to read their groups' chosen case study as well as the articles by Peterson and Labonte in Module 4 Section 2 of the learning folder before the third day. I have allocated some time in class on the third day for you to prepare your presentation - one hour and a half in the morning and one hour in the afternoon.

Your group presentation should be short, sharp and to the point – you will have 10 minutes only.

Your presentation should have three main elements:

- A brief outline of the case study.
- The identification of one or two dilemmas that you see in this case study – briefly describe (see Module 2, Section 4 in the learning folder for some examples of dilemmas).

- Some strategies and ideas of how these dilemmas could be addressed or overcome eg. how else could the project have been approached? What would you have done differently? Make sure you provide a rationale for your ideas using some course literature

You should use some visual aids such as the whiteboard, butchers paper or overheads (which I will have on hand if you wish to use them). All group members must contribute in some form although the actual presentation may not involve the whole group. You will receive a grade and some feedback from me at the end.

Learning outcomes addressed:

Learning outcome 6: Appreciate the issues and dilemmas which can enable or hinder this approach in practice.

Assessment Criteria:

Your presentation should:

- Provide a succinct and clear summary of the case study **(5 marks)**
- Identify relevant dilemmas and how they are evidenced in the case study **(5 marks)**
- Present strategies and ideas to overcome dilemmas including rationale for choices with use of some course literature **(7 marks)**
- Use appropriate visual aids **(3 marks)**

3) Reading reflections

Assignment title:	Reading Reflection 1
Due date:	Read and summarise by Day 2 and hand in one week post workshop
Maximum words:	1000
Weighting:	15%

Task description

In small groups on the first day you will agree on a paper each to read from Module 2, Section 2 to present to your group on the second day of the workshop and hand in as a reading reflection one week following the course. You are expected individually to

summarise the key messages in your chosen paper including identifying what the paper you have read highlights as important in the role of change agent or empowering professional. For example, it may highlight the kinds of actions a change agent may need to take, the personal attitudes they need to foster or the organisational barriers you may face and how they may be overcome.

After having read and summarised your paper you are asked to reflect on your current or past work and the roles and responsibilities of your position. How would your role and responsibilities differ if your goal was to be a change agent or “empowering professional” with your patients, colleagues or in the broader community? (if you have been in a change agent role then reflect on the direct experience)

What would be central to your success?

What may be the barriers you would face in taking on this role (these could be personal or organisational)?

What could you do to address these barriers and/or what changes in the setting would facilitate your new role?

Write up a reflection on the above questions relating them to your chosen paper where relevant.

Learning outcomes addressed:

- Learning outcome 5: Reflect on how community development principles and practice relate to your past, current and future work and life experiences
- Learning outcome 6: Appreciate the issues and dilemmas which can enable or hinder this approach in practice

Assessment criteria:

- Concise and clear summary of the key messages in the paper **(5 marks)**
- Evidence of critical reading ie. strengths and weaknesses of the paper. For some ideas on two evidence critical reading see: <http://www.lc.unsw.edu.au/onlib/critrev1.html> **(5 marks)**
- Reflection on your own experience and your growth in understanding **(5 marks)**
- Maximum of 1000 words (12 font and 1.5 spacing min.)

Assignment title:	Reading Reflection 2
Due date:	Read and summarise by Day 3 and hand in one week post workshop
Maximum words:	1000
Weighting:	15%

Task description

In preparation for the group presentation on day three, each group member is to read their groups' chosen case study as well as the articles by Peterson and Labonte in Module 4 Section 2 of the learning folder.

You are expected to summarise the key messages in the Peterson and Labonte papers and relate them to your group's case study. In essence, you will be undertaking a similar task individually that you will do together on the Monday as a group in preparation for your group presentation. After summarising the key messages you are to identify one or two dilemmas that you see in this case study (see Module 2, Section 4 in the learning folder for some examples of dilemmas). Secondly, you are to outline some strategies and ideas of how these dilemmas could be addressed or overcome eg. how else could the project have been approached? What would you have done differently?

Learning outcomes addressed:

Learning outcome 6: Appreciate the issues and dilemmas which can enable or hinder this approach in practice

Assessment criteria:

- Concise and clear summary of the key messages in the Peterson and Labonte papers **(6 marks)**
- One or two dilemmas in the case study identified and discussed briefly, relating back to the two readings **(4 marks)**
- How could the dilemmas be addressed, again relate back to the two readings or other course materials **(5 marks)**
- Maximum of 1000 words (12 font and 1.5 spacing min.)

4) Online Component

Assignment title:	Online contribution
Due date:	Post between Monday January 3rd until Friday 21st January (Please do not do both posts at the very end of the time period).
Approx words:	500 (two posts of 250 words each)
Weighting:	10%

This online component has been designed to give students the opportunity for further interaction and discussion of key concepts and to assist you in preparing for your final assignment. You are required to make two postings over the time period provided above on UNSW Blackboard. **Please do not do both posts at the very end of the time period.**

This online component involves a critique and debate about the value of the Community Organization and Community Building Typology outlined by Minkler & Wallerstein reproduced in the course notes in Module 1, Section 3 OR the Community Development Continuum detailed in the paper by Jackson et al in your readings. You can choose to post your comments about either of the models.

Marks awarded: Participation in the discussion will be accorded a nominal mark – if you are an active participant you will be awarded **10/10** – active participation would involve making meaningful contributions to the online discussion including posting your own reflections, asking insightful questions, posing useful suggestions or comments, summarising a key point from a reading in relation to the discussion or synthesizing the groups discussion – I am looking for interaction here! (avoid repeating positions already articulated and "yes I agree" is not a meaningful contribution!). It is one aim of the online activities to create an exchange of values and opinions between participants and is not just about submitting your opinion to the class. If you participate by contributing key comments, but with little interaction with the other students you will be awarded a mark of **5/10**. If you fail to contribute or contribute comments that are not particularly thoughtful or relevant to the discussion you will be awarded a mark of **0/10**.

Please respect each other's opinions. Debate and discussion about an issue is welcome, but within the context of respect of difference and diversity of experience. I will not be contributing to this online discussion as it is student-led. However, I am available via the Q & A section of UNSW Blackboard which I will aim to check at least once

a week except during the Christmas/ New Year break. Please email me if urgent.

5) Written assignment

Assignment title:	Case study analysis
Due date:	End Jan
Maximum words:	2500
Weighting:	40%

Task description

Assignment 2 provides an opportunity for you to demonstrate your learning throughout this course in relation to a community development case study. You have been provided with two community development case studies located at the end of the Learning Folder. You are to read both the case studies and decide whether you want to answer concerning only one of the cases, or if you prefer, drawing your answers from both. You are also welcome to critique another case study which you source yourself. However, it must contain sufficient information to enable you to answer the questions posed and you will need to supply a copy of the case study with your assignment by mail. In approximately 2500 words, you are required to write an assignment on community development, using the case example or examples, including discussion around the following issues:

1. the meaning of community development and why it is considered as valuable in health promotion/ health improvement;
2. a summary of the community development process (not every event that occurred!) in your example(s) including key achievements, relevant contextual factors and discussion of where the case study sits in Minkler's typology and/or on the continuum of CD outlined by Jackson et al.;
3. the appropriateness of the approach taken as described in 2. given the nature of the community and the context and any strengths and weaknesses evident;
4. any political and/or organisational factors which facilitated or impeded activity;
5. whether a particular change agent or community leader was an influencing factor;

6. whether you thought the process was an empowering one and why, and the measures of success used or which could have been used in evaluation;
7. the issues and dilemmas which arose in this example and how they were or could have been addressed;
8. the degree to which the process is sustainable or not in this community and the factors you think make this so;
9. any other points of interest.

Draw on the relevant literature to support your discussion (Remember to indicate the source of your material with an acceptable referencing system). You must also use examples from the case study to illustrate your points. You are expected to analyse and critique the case study integrating the literature and examples/evidence from the case study to support your points, you must not merely describe what occurred.

Learning outcomes addressed:

- Learning outcome 3: Compare the different conceptual frameworks underpinning CD as a philosophy and relate them to the approaches taken in practice
- Learning outcome 4: Analyse and synthesise the fundamental components of CD practice
- Learning outcome 6: Appreciate the issues and dilemmas which can enable or hinder this approach in practice.

Assessment criteria:

This assignment should:

1. Answer questions set above with attention to the points below. Some discussion of each question will be awarded a maximum of **10 marks**.
2. Draw on the relevant literature to support discussion and analysis of the case study and use examples from the case study to illustrate your main points. In short you need to analyse and critique the case study integrating the literature and examples or evidence from the case study to support your points, not merely describe what occurred.

This criteria is about the intellectual coherence of your work and evidence of critical reading – there needs to be a logical flow of ideas with conclusions supported by evidence and argument.

Going beyond a basic answer to critique and analyse the case study using the literature and examples from the case together in answering the questions set will be awarded a further maximum of **10 marks**.

Demonstrating your understanding of the literature in your answers and relating points made clearly to theories and models covered in the course and readings will be awarded a further maximum of **10 marks**.

3. Be clearly structured with an introduction that gives the reader a road map to what you are going to cover, a body which answers the questions set using exposition and evidence and a conclusion which sums up the key points made. Also see The Learning Centre@UNSW guidelines for further assistance: <http://www.lc.unsw.edu.au/>, and in particular their on-line resources for essay writing: <http://www.lc.unsw.edu.au/olib.html>

Structure and flow will be awarded a further maximum of **5 marks**.

4. Reference appropriately - you may use any referencing style as long as you use it consistently. Harvard is recommended as an easy style to use in assignments and is detailed in *Written Work – Guidelines for the preparation of assignments and major projects*, which can be obtained from administration or through the school website: <http://www.sphcm.med.unsw.edu.au/sphcmweb.nsf/page/AssessmentGuidelines>

Referencing appropriately will be awarded a further maximum of **5 marks**.

(If referencing is inadequate you will only be able to obtain a PS level grade)

Please use 12 point font with 1.5 line spacing and a wide margin.

Other helpful tips

- Make sure you answer the questions as set in this folder! If you wish to deviate from the set questions please explain why you are doing so.
- It is better to make a few points well than try to make lots of very brief points in response to each question. You need to demonstrate your understanding and ability to analyse versus reproducing everything that has been covered in the course. This is especially true given the word limit. If you answered a point on empowerment for example, using one or two theorists clearly this is better evidence of your understanding than covering five different theorists with little discussion of what you think it all means or relating their perspective to the case study.
- Poor structure and flow gets in the way of your ideas. Get someone else to read your work to see if it makes sense and flows well or leave it aside for a day and then come back and read it through to see if it still makes sense to you!
- Please also use a new paragraph for each new discussion eg. when moving from a discussion of one community characteristic to the next. Reading big blocks of text eg. whole pages, often results in your meaning being lost to the reader/marker.
- You need to refer to the literature in both assignments and this includes citing sources in the body of your assignment where relevant/ related to your discussion and in a reference list at the end of your assignment. If you do not acknowledge your sources of ideas, including when paraphrasing and using direct quotes, you will have to re-submit your assignment.

In the past I have come across three major areas where students need to focus their attention to successfully complete this assignment:

1. Explaining a point or argument clearly - making statements such as “it was empowering” without providing sufficient back-up using examples from the case and literature eg. firstly defining what empowerment may constitute drawing from the literature and then identifying how these elements of empowerment could be seen occurring in the case study.
2. Using lots of direct quotes from the literature and then not discussing what you think they mean ie. your own interpretation of the literature. This is important to demonstrate your own understanding not simply your ability to copy quotations. You may use direct quotes when defining key terms, but I still expect to see evidence of your understanding of these terms eg. by drawing together common threads.
3. Listing definitions and points from the literature in a paragraph then talking about the case study in the next paragraph, but making no explicit links between the two. You need to apply the theory and thinking of others, as well as your own thinking, to practice. An example: “Rissel (1994) saw empowerment as having two main components ... In the case study psychological empowerment was evidenced in the women ... community empowerment was less obvious ...”.

Grading

Grades to be used are represented by the following symbols:

HD, DN, CR, PS, FL

- HD** This grade represents a High Distinction. This level of performance involves all of the characteristics of a DN performance but also a level of excellence that makes it outstanding. The level of originality, creativity, or depth of thought and understanding shown would be higher than normally expected for postgraduate students. It demonstrates a higher order of critical thinking and reflection than that demonstrated at the level of DN.
- DN** This grade represents a Distinction. This level of performance involves all of the characteristics of a CR performance but also a level of originality, creativity, or depth of thought and understanding. The work might involve a high level of abstract thinking, or the ability to take an idea or an application into a new context, understand the demands of that context and make modifications. Specific assessment criteria relevant to this assignment are adequately addressed and ALL aspects well done. (This distinguishes it from a CR in which one or two aspects may be incomplete or otherwise not well done.)
- CR** This grade represents a Credit. The assignment or project comes together to make a broadly coherent whole. The response answers the question, makes a good argument, draws on appropriate evidence, and shows some selectivity and judgment in deciding what is important and what is not. Communication is clear and effective. Specific assessment criteria relevant to this assignment are adequately addressed. (One or two aspects may not be well done but the overall result is still MORE THAN satisfactory).
- PS** This grade represents a pass. The student has demonstrated understanding of the basic aspects of the topic, but they may be minimally integrated and fail to make a convincing coherent statement or argument. Written work may be descriptive rather than analytical. It may rely too much on retelling other sources such as texts and lecture notes, with little evidence that the student is capable of transforming these into a personal understanding. Significant elements of the assignment are treated superficially. Assessment criteria relevant to the assignment are sufficiently addressed to warrant a PS however the overall standard is no more than satisfactory.
- FL** This grade represents a clear fail. This grade is used when the student has misunderstood the point of the assignment, or failed to address the most important aspects of the topic. In other words a substantial failure, which would need major work before it could be passed.

NOTE: Students are expected to meet UNSW standards of academic writing and in particular must meet standards of referencing described by the Learning Centre. Failure to reference correctly may limit marks to PS or below. Plagiarism or collusion will result in an automatic FL.

Submitting your assignments

1. **All assignments** must have a cover sheet attached. Cover sheets can be downloaded from the school website: <http://www.sphcm.med.unsw.edu.au/sphcmweb.nsf/page/AdminForms>
2. All assignments due during the **internal class times** are to be handed directly to the lecturer in class with assignment cover sheet attached. If, for some reason, a student cannot submit in class, other arrangements must be made with the lecturer.

Assignments for **Summer Intensive** students are to be posted on UNSW Blackboard – students must ensure that the electronic assignment coversheet is attached. Student name, course code, date and assignment title should be included in the header or footer on every page, and in the file name.

3. **Please note:** Any assignment may be checked at random for plagiarism using the tool, Turnitin. For more on how to avoid plagiarism, see section on plagiarism.
4. Extensions of up to one week are only granted if requested before the due date. Longer extensions, up to a maximum of two weeks, are only considered with medical certificate unless other appropriate reason is given.
5. Only FL assignments can be resubmitted. The maximum grade that can be achieved after re-marking is a PS.
6. See School website for more information on **guidelines on assessment**, including information on extensions and late assignments: <http://www.sphcm.med.unsw.edu.au/sphcmweb.nsf/page/assessmentguidelines>

Return of assignments

Marked assignments submitted electronically to be sent back electronically.

Feedback on assessment

You will be provided with informal feedback during class, following large and small group discussion. You will also be given more formal feedback and a grade for an in-class small group presentation and written feedback and a grade for your submitted written assignment(s).

Academic honesty and plagiarism

What is Plagiarism?

Plagiarism is the presentation of the thoughts or work of another as one's own.* Examples include:

- direct duplication of the thoughts or work of another, including by copying material, ideas or concepts from a book, article, report or other written document (whether published or unpublished), composition, artwork, design, drawing, circuitry, computer program or software, web site, Internet, other electronic resource, or another person's assignment without appropriate acknowledgement;
- paraphrasing another person's work with very minor changes keeping the meaning, form and/or progression of ideas of the original;
- piecing together sections of the work of others into a new whole;
- presenting an assessment item as independent work when it has been produced in whole or part in collusion with other people, for example, another student or a tutor; and
- claiming credit for a proportion a work contributed to a group assessment item that is greater than that actually contributed.†

For the purposes of this policy, submitting an assessment item that has already been submitted for academic credit elsewhere may be considered plagiarism.

Knowingly permitting your work to be copied by another student may also be considered to be plagiarism.

Note that an assessment item produced in oral, not written, form, or involving live presentation, may similarly contain plagiarised material.

The inclusion of the thoughts or work of another with attribution appropriate to the academic discipline does *not* amount to plagiarism.

The Learning Centre website is main repository for resources for staff and students on plagiarism and academic honesty. These resources can be located via: www.lc.unsw.edu.au/plagiarism

The Learning Centre also provides substantial educational written materials, workshops, and tutorials to aid students, for example, in:

- correct referencing practices;
- paraphrasing, summarising, essay writing, and time management;
- appropriate use of, and attribution for, a range of materials including text, images, formulae and concepts.

Individual assistance is available on request from The Learning Centre. Students are also reminded that careful time management is an important part of study and one of the identified causes of plagiarism is poor time management. Students should allow sufficient time for research, drafting, and the proper referencing of sources in preparing all assessment items.

* Based on that proposed to the University of Newcastle by the St James Ethics Centre. Used with kind permission from the University of Newcastle

† Adapted with kind permission from the University of Melbourne.

Collusion

The School recognises and encourages the need of external students to have contact with each other and where possible collaborate in their studies. However, there have been instances where students have copied each other's material and submitted it as their own. Lecturers, despite their heavy workload, are alert to this practice. It is emphasised that where collusion can be shown, the students involved may be required to rewrite and re-submit their assignments or may be awarded a fail for the assignment or may be failed in the whole course and even be excluded from the University for misconduct. You should not attempt the assignment questions together and submit the same work as someone else.

It is also not acceptable to submit an assignment which has been submitted by a student in a previous year.

Referencing

It is your responsibility to learn one of the accepted academic methods for acknowledging sources of information (citing references). Guidelines for acknowledging sources of information can be found on the following websites:

Faculty of Medicine

<http://web.med.unsw.edu.au/infoskills/cite.htm>

SPHCM

<http://www.sphcm.med.unsw.edu.au/sphcmweb.nsf/page/AssessmentGuidelines>

The Learning Centre

<http://www.lc.unsw.edu.au/olib.html#Referencing>

Readings and resources



The learning folder

The learning folder is an important resource for both internal and external students. This collection of material consists of lecture notes, activities, and readings.

The learning folder consists of 2 modules, each divided into several sections. The readings follow after each section. The readings are a combination of recent papers discussing and debating current thinking and practice, and some are seminal works. These seminal works may have been written twenty or thirty years ago, but have been influential in shaping past and current day discussion and debate and are still widely referred to in the literature. You will notice that some readings have an asterix (*) beside them. These readings are essential to course participation online and in the classroom and need to be read before the set activity or relevant face to face class. Other readings which have been included in the learning folder, but are not asterixed are still recommended readings, but can be read at your own pace. You can also supplement the readings I have selected with those you source through your own research (see Subject Guide).



Library subject guide

There is a Community Development Subject Guide on the UNSW library website: <http://subjectguides.library.unsw.edu.au/>. Go to Subject Guides/Public Health & Community Medicine/Community Development. The subject guide contains links to useful reference materials, organisational websites, journals and databases.



Text

Minkler M (ed), *Community Organizing and Community Building for Health*, (2nd ed), Rutgers, New Brunswick, N.J., 2005.

This textbook is highly recommended reading for this course and a number of chapters from it are highlighted throughout the modules. These chapters are not photocopied and provided as readings as more than 10% or one chapter of the text is highlighted as reading material and photocopying would infringe copyright requirements. The main drawback of the text is that it includes only US case studies. However, it covers the key areas of community development theory and practice

which are broadly applicable and many well known academics and practitioners in the field have authored chapters. This text can be purchased from the UNSW Bookshop or alternatively you can access copies of this text through the Library.



Readings

You will notice that some readings have an asterisk (*) beside them. These readings are essential to the course participation on-line and in the classroom and need to be read before the set activity or relevant face to face class. Other readings which have been included in the learning folder, but are not asterisked are still recommended readings, but can be read at your own pace. A brief orientation to each reading is provided in the relevant section of the learning folder.

* Ife J and Tesoriero F, 2006, *Community Development: Community-based alternatives in an age of globalisation*, Pearson Education Australia, Frenchs Forest, 96-108.

* Archer S, Systems and holism, in Archer S, Kelly CD and Bisch, SA (eds), 1984, *Implementing Change in Communities*, CV Mosby, St Louis, 1-20.

Baum F, 2008 *The New Public Health*, Oxford University Press, South Melbourne, 498-502.

* Brent J (2004), *The desire for community: illusion, confusion and paradox*, *Community Development Journal*, 39 (3), 213-223.

* *Community Development in Health Project (1988), Health and Illness in a Social Context and the Role of Community Development*, Community Development in Health Project, SA, 2-12.

* Baum F, 2008 *The New Public Health*, Oxford University Press, South Melbourne, 502-505.

King L and Whitecross P, 1999, *A health promotion perspective: not enough to make you well*, in Harris E, Sainsbury P and Nutbeam D (Eds), *Perspectives on Health Inequity*, 47-60, Australian Centre for Health Promotion, NSW.

* Mills P, Pensio P and Sailor B, 1997, *The Garden Kai Kai Project*, in *Promoting the Health of Aboriginal and Torres Start Island communitites*, NHMRC, 3-7.

* Baum F, 2008, *The New Public Health*, Oxford University Press, South Melbourne, 484-488.

- * Allen A., 1998, Rethinking power, *Hypatia*, Vol 13 (1), 21-40.
- * Jackson et al. 1988, The Community Development Continuum, *Community Development in Health Project*, Community Development in Health Project, SA, 2-8.
- Baum F and Cooke R, 1989, Community-health needs assessment: use of the Nottingham health profile in an Australian study, *The Medical Journal of Australia*, Vol 150, 581-599.
- WHO, 1988, Improving urban health, *Guidelines for rapid appraisal to assess community health needs*, WHO, 14-18 & 59-74.
- Shrivasan L, 1990, Pocket Chart, in *Tools for Community Participation*, UNDP, USA, 93-97.
- Jayakan R, no date 10 seeds technique, in *Networking Patters*, World Vision of India.
- SWSAHS, 1993, Nominal group processes, in *The Orientation Course in Health Promotion: Participants Handbook*, Western Sydney Area health Service, Health Promotion Centre, 48-49.
- Labonte R, 1997, Power and empowerment: Building transformative relations from the inside out, in Labonte R (Ed), *Power, Participation and Partnerships for Health Promotion*, 27-41.
- * Laverack G, An identification and interpretation of the organizational aspects of community empowerment, *Community Development Journal*, 36(2), 2001, 134-145.
- * Rissel C, 1994, Empowerment: the holy grail of health promotion?, *Health Promotion International*, 9(1), 39-47.
- * Putland C, Baum F and MacDougall C, How can health bureaucracies consult effectively about their policies and practices?: some lessons from an Australian study, *Health Promotion International*, 12(4), 1997, 299-309.
- * Arnstein S R, July 1969, Ladder of citizen participation, *AIP Journal*, 216-224.
- * Rifkin S B, 1990, What does community participation mean?, in *Community participation in maternal and child health/family planning programmes*, WHO, Geneva, 9-15.
- * Rogers E M, 1983, The change agent, in *Diffusions of Innovations* (3rd Edition), Free Press, New York, 312-333.
- * Baum F, 1992, Moving targets: evaluating community development, *Health Promotion Journal of Australia*, 2(2), 10-15.

Billings J R, Community development: a critical review of approaches to evaluation, *Journal of Advanced Nursing*, 31 (2), 2000, 472-480.

* Labonte R, 1999, Mutual accountability in partnerships: health agencies and community groups, *Promotion & Education*, Vol V1, 1999/1, 3-8.

* Peterson A R, 1994, Community development in health promotion: empowerment or regulation?, *Australian Journal of Public Health*, 18(2), 213-217.

Illawarra Area Health Service, from the Report by Draper M, 1997, *Involving consumers in improving hospital care: lessons from Australian hospitals*, Commonwealth Department of Health and Family Services, 55-59.

Werner D and Sanders D, 1997, *Community based diarrhea control in Mozambique*, Chapter 17 - in Werner, D. and Sanders, D., *Questioning the Solution: The Politics of Primary Health Care and Child Survival*, Healthwrights, 133-137.

Ritchie J., 1996, *There's something different in what's happening to us: P.A.R. in a work setting*, *Promotion & Education*, Vol III, 1996/4: 16-20.

* Labonte R, 1994, *Health promotion and empowerment: reflections on professional practice*, *Health Education Quarterly*, 21(2), 253-268.

* Chavis David M, *The paradoxes and promises of community coalitions*, *American Journal of Community Psychology*, 29 (12), 2001, 309-320.

Case Study 1

Rogers E.M. & Kincaid D.L, 1980, *The miracle of Oryu Li*, in *Communication Networks: Towards a New Paradigm for Research*, Free Press, New York, 1-27

Case Study 2

Knothe C., 1993, CORE – Coalition of Residents for the Environment, in Butler P. and Cass S. (eds), *Case studies in community development in health*, Centre for Development and Innovation in Health, Victoria, 29-38*



Suggested further reading

Archer S, Kelly C, Bisch S, *Implementing Change in Communities: A Collaborative Process*, CV Mosby Co, St Louis, 1984.

Baum F, *The New Public Health*, 3rd ed, Oxford University Press, Melbourne, 2008.

Butler P and Cass S (eds), *Case Studies of Community Development in Health*, Centre for Development and Innovation in Health, Victoria, 1993.

- Chu C, Simpson R (eds), *Ecological Public Health: From Vision to Practice*, Institute of Applied Environmental Research, Griffith University, 1994.
- Craig G and Mayo M, *Community Empowerment*, Zed Books, London, 1995.
- Chapman S and Lupton D, *The Fight for Public Health, Principles and Practice of Media Advocacy*, BMJ Publishing Group 1994.
- Freire P, *Education for Critical Consciousness*, Seabury press, New York, 1973.
- Harris E, Sainsbury P, Nutbeam D. (eds), *Perspectives on Health Inequity*, Australian Centre for Health Promotion, Sydney, 1999.
- Ife J and Tesoriero F, *Community Development*, 3rd ed, Longman, Frenchs Forest, 2006.
- Kahssay H and Oakley P, *Community Involvement in Health Development: A Review of the Concept and Practice*, WHO Geneva, 1999.
- Labonte R, *Power, Participation and Partnerships for Health Promotion*, VicHealth, Victoria, Australia, 1997.
- Marmot M and Wilkinson R, *Social Determinants of Health*, Oxford University Press, Oxford, 1999.
- Oakley P, *Community Involvement in Health Development: An Examination of the Critical Issues*, WHO, Geneva, 1989.
- Sanders D and Carver R, *The Struggle for Health*, Macmillan, 1985.
- Southern Community health Research Unit, *Planning Healthy Communities*, Flinders Medical Centre, South Australia, 1990.
- Werner D and Sanders D, *Questioning the Solution: The Politics of Primary Health Care and Child Survival*, Healthwrights, Palo Alto, 1997.

Recommended journals

- Australian and New Zealand Journal of Public Health**
*American Journal of Community Psychology**
*Community Development Journal**
*Education for Health**
*Health Education and Behavior**
*Health Education Research**
*Health Promotion International**
*Health Promotion Journal of Australia**
Journal of Community Practice
Qualitative Health Research

*Quality, Evidence and Effectiveness in Health Promotion
Promotion and Education**
*Social Science and Medicine**
Sociology of Health and Illness

Some of these journals are available electronically* and you can obtain full text articles online, some are held in print in the UNSW Library and others are available from other Universities. The Community Development Subject Guide on the Biomed Library homepage will assist you in searching these journals and will link you directly to those available on line.

Continual course improvement

Periodically student evaluative feedback on both courses and teaching is gathered. The UNSW's Course and Teaching Evaluation and Improvement (CATEI) Processes are used along with student focus groups, student forums, and at times additional evaluation and improvement instruments developed in consultation with the Faculty of Medicine's Program Evaluation and Improvement Group. Student feedback is taken seriously, and continual improvements are made to the course based in part on such feedback.

Evaluation activities across the Faculty are strongly linked to improvements and ensuring support for learning and teaching activities for both students and staff.

In order to improve this course I will ask you for your views about the course content and delivery. In the light of feedback received I consistently update course resources and approaches.

Additional support to students

IT requirements for UNSW students

Our courses have online components which have been developed and are taught on the assumption that all students meet the UNSW IT Requirements Policy. Viewable online at:
http://www.its.unsw.edu.au/policies/policies_home.html

UNSW IT Service Desk (UNSW Blackboard support)

The IT Service Desk is your central point of contact for assistance and support with UNSW Blackboard, UniPass, zPass, UniMail, UniWide, zMail and Anti-virus software. Contact them directly for assistance with IT related matters, including UNSW Blackboard:

Website: <http://www.it.unsw.edu.au/index.html>
Tel: +61 (2) 9385 1333
Email: itservicecentre@unsw.edu.au
Location: UNSW Library

UNSW library support

Staff at the library can help you:

- find information resources for your assignments
- access electronic resources & databases
- advise you on library and information services.

Information about UNSW library assistance is available at:

Library Homepage: <http://www.library.unsw.edu.au/>
Postgraduate Services: <http://www.library.unsw.edu.au/servicesfor/PGandH.html>
Tel: 02 9385 2650
Location: UNSW Library, Level 2 Service desk

Library resources

Online training and resources

There are a variety of online tutorials and resources available to Postgraduate students to help equip you with the information skills you will need to get started in your program. It is **highly recommended** that you complete these tutorials and get familiar with the resources available prior to commencing your studies and assignments. <http://elise.library.unsw.edu.au/home/welcome.html>

Online Information Skills Tutorial - ELISE Plus

This is a task-based approach to the information literacy and the skills you need to be effective. It contains modules on searching databases (which include videos and screen captures), evaluating different types of resources like peer-reviewed journals and websites and citing references. This tutorial is designed to help students learn more about: searching for information to complete assignments and projects, and self-directed learning. Entering coursework students should complete the ELISE quiz: <http://eliseplus.library.unsw.edu.au/>

The ELISE postgraduate tutorial – ELISE Advanced

The five modules will step you through the fundamental processes of research and information seeking, they cover; selecting and searching, finding and using and critically evaluating all sources of information. <http://pgelise.library.unsw.edu.au/>

Subject guides

Use these guides as a quick and easy pathway to locating resources in your subject area. These excellent guides bring together the core web and print resources in one place and provide a one click portal into the online resources.

<http://subjectguides.library.unsw.edu.au/>

Virtual Library: Public Health

The Virtual Public Health Library brings together public health sites and resources from around the world in a systematic and easily accessible way for all those wishing to be in touch with the most relevant and meaningful public health resources – see

<http://vph.sphcm.med.unsw.edu.au/>

Learning Centre

The Learning Centre provides a wide range of workshops and study skill resources to students enrolled in degree programs at the University. Students can access information on: Essay and assignment writing, Exam skills, Reading and writing skills, Referencing and plagiarism, Organisation skills, Oral presentations. See: <http://www.lc.unsw.edu.au>

Administrative matters

All administrative matters are covered comprehensively on the SPHCM Website. Check for details on how to access email, obtain your UniPass etc. at:

<http://www.sphcm.med.unsw.edu.au/sphcmweb.nsf/page/StudentResources>

See the school website for information on school assessment guidelines, including extensions and late assignments:

<http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/page/AssessmentGuidelines>

If you do not have a handbook you can pick one up from the Postgraduate Coursework Office, Level 2 Samuels Building or download if from the web.

<http://www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/page/Current%20Students>

For any further assistance, you can contact:

Postgraduate Office
School of Public Health and Community Medicine
The University of New South Wales
Level 2, Samuels Building
UNSW Sydney NSW 2052, Australia

T: + 61 (2) 9385 1699 - Graduate Health Management Programs
T: + 61 (2) 9385 2507 - Graduate Public Health Programs
T: + 61 (2) 9385 1928 - Graduate Clinical Education Programs

F: + 61 (2) 9385 1526
E: postgrad-sphcm@unsw.edu.au

Other matters

Occupational Health & Safety:

http://www.hr.unsw.edu.au/ohswc/ohswc_home.html

Complaints procedures:

<https://my.unsw.edu.au/student/atoz/Complaints.html>

Equity & Diversity:

<https://my.unsw.edu.au/student/atoz/EquityDiversity.html>

Summer Intensive - Draft Program

This program is a draft only and may change slightly to accommodate guest lecturers presenting case studies and student needs. The intensive workshop runs for three full days and is usually held in late November or early December following Semester 2. Reading reflections are due one week after the workshop is finished and a final written assignment is due at the end of January the following year. An on-line activity will run after the workshop has finished until the mid-end of January (see section on Assessments for further detail).

Day 1: Thursday Dec 2nd

9.00 am – 9.30 am	Icebreaker
9.30 am – 10.15 am	Visioning exercise
10.15 am – 11.30 am	What is CD? and why work with communities?
11.30 am - 11.45 am	BREAK
11.45 am – 1.00 pm	Understanding community
1.00 pm – 2.00 pm	LUNCH
2.00 pm – 3.00 pm	Conceptual frameworks/ power & community
3.00 pm – 4.00 pm	Case study – Community based organisations (Guest Lecturer)
4.00 pm – 5.00 pm	Small group discussion of case study and allocation of readings for Day 2 (Readings for Day 3 also to be highlighted)

Day 2: Friday Dec 3rd

9.00 am – 10.30 am	Empowerment, participation & the role of a change agent – small group discussion of readings (Reading Reflection 1 discussed)
10.30 am – 10.45 am	BREAK
10.45 am – 11.45 am	Case study – Indigenous Australians
11.45 am – 12.15 pm	Discussion of case study
12.15pm - 1.00pm	Advocacy in Indigenous Communities (Guest Lecturer)
1.00 pm – 1.45 pm	LUNCH
1.45 pm - 2.00 pm	Needs assessment and capacity mapping
2.00 pm - 2.15 pm	BREAK
2.15 pm - 3.30 pm	Evaluating success
3.30 pm - 4.30 pm	Time allocated for reading for Day 3

Day 3: Monday Dec 6th

9.00 am – 10.30 am	Small group discussion of papers and preparing for presentation <i>(Reading Reflection 2 discussed)</i>
10.30 am – 10.45 am	BREAK
10.45 am – 12.30 pm	PANEL PRESENTATIONS – presentations of guest case studies: Local urban, Indigenous, International
12.30 pm – 1.00 pm	Panel Discussion
1.00 pm – 2.00 pm	LUNCH
2.00 pm – 3.00 pm	Advocacy in Community Development
3.00 pm – 4.00 pm	Small group work to prepare presentation
4.00 pm – 5.00 pm	Group Presentations Wrap up and course evaluation <i>Reading reflections due one week after course and final written assignment due end January the following year</i>