



Higher National Unit specification: general information

Unit title: Health and Social Care: Community Development Approaches to Personalisation in Practice

Unit code: FX34 35

Superclass: PM

Publication date: October 2011

Source: Scottish Qualifications Authority

Version: 01

Unit purpose

This Unit is designed to allow the candidate to make use of community development approaches that promote personalisation by supporting individuals to achieve their rights to freedom, choice and control at home, at work and in the community.

On completion of this Unit candidates should be able to:

- 1 Critically analyse approaches to understanding and addressing inequality, discrimination and exclusion in community settings.
- 2 Understand and critically reflect on methods that build community connections and networks for individuals, groups and organisations.
- 3 Critically reflect on the role of the worker in relation to developing an inclusive community initiative.

Recommended prior knowledge and skills

It is recommended that candidates will have appropriate experience of working within an organisation in a relevant voluntary, private or public service delivery setting, with a good grasp of communication skills, both written and oral. This could be demonstrated with the achievement a *Communication* Unit at SCQF level 5 or 6. Alternatively, candidates may be considered through the completion of a pre-course interview or employer's reference in the absence of certificated learning.

In addition, if undertaking this Unit as a part of the PDA in Health and Social Care: Personalisation in Practice at SCQF level 8 candidates should have completed the *Health and Social Care: Personalisation in Practice* Unit (FM96 34) prior to commencement of this Unit.

General information (cont)

Credit points and level

1 Higher National Unit credit at SCQF level 8: (8 SCQF credit points at SCQF level 8*)

**SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.*

Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the Support Notes of this Unit specification.

There is no automatic certification of Core Skills or Core Skill components in this Unit.

Context for delivery

If this Unit is delivered as part of a Group Award, it is recommended that it should be taught and assessed within the subject area of the Group Award to which it contributes.

It could also be delivered as stand-alone and could be useful as part of a professional development programme.

Assessment

An understanding of both theory, and its relation to practice, are required for all Learning Outcomes. Assessment must therefore include both the requirement to discuss issues, and the opportunity to relate these to practice. Where candidates are already working in a relevant voluntary, private or public service delivery role, they should make reference to real work situations. If this is not feasible, then hypothetical examples can be used.

Assessment for this Unit should be integrated for all Outcomes. The primary assessment should be a case study assignment of no more than 3,500 words or equivalent containing evidence of reading and research and referenced appropriately, in which the candidate explains their work with individual(s) in relation to the Evidence Requirements.

It is suggested that the case study explores how one community or group initiative has contributed to the empowerment of one individual, group or community. It is suggested that the case study is underpinned by:

- ◆ an analysis of how inequality, prejudice and social exclusion has impacted on the marginalisation of one community group.
- ◆ discussion of how community development principles and approaches can be applied to address inequality and social exclusion.
- ◆ reflection on the role of the worker in promoting community empowerment.
- ◆ reflection on the tools and techniques that have been applied in this initiative.

In addition, evidence of Knowledge and/or Skills which cannot be inferred from the above case study could be assessed by means of a recorded professional discussion or a sequence of short response questions.

Higher National Unit specification: statement of standards

Unit title: Health and Social Care: Community Development Approaches to Personalisation in Practice

Unit code: FX34 35

The sections of the Unit stating the Outcomes, Knowledge and/or Skills, and Evidence Requirements are mandatory.

Where evidence for Outcomes is assessed on a sample basis, the whole of the content listed in the Knowledge and/or Skills section must be taught and available for assessment. Candidates should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

Outcome 1

Critically analyse approaches to understanding and addressing inequality, discrimination and exclusion in community settings.

Knowledge and/or Skills

- ◆ Concepts of community development
- ◆ History of inequality and exclusion
- ◆ Theory of Social Identity, equality and human rights
- ◆ Discrimination, stigma and marginalisation
- ◆ Institutionalised discrimination
- ◆ Community development principles
- ◆ Asset Based Community Development
- ◆ Concepts of Social Capital
- ◆ Reflective practice models
- ◆ Community research methods and models

Outcome 2

Understand and critically reflect on methods that build community connections and networks for individuals, groups and organisations.

Knowledge and/or Skills

- ◆ Dynamics of power in relation to individuals, groups and organisations
- ◆ Facilitative Leadership
- ◆ Modelling inclusive practice
- ◆ Community engagement principles
- ◆ Community connection methods and techniques
- ◆ Community research models
- ◆ Social models of health and wellbeing

Higher National Unit specification: statement of standards (cont)

Unit title: Health and Social Care: Community Development Approaches to Personalisation in Practice

Outcome 3

Critically reflect on the role of the worker in relation to developing an inclusive community initiative.

Knowledge and/or Skills

- ◆ Role of worker
- ◆ Community empowerment theory
- ◆ Community engagement techniques and methods
- ◆ Group work theories
- ◆ Principles and practice of group facilitation
- ◆ Participatory evaluation methods

Evidence Requirements for the Unit

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- 1 Assess and critically evaluate community conditions, social capital and community capacity in one locality.
- 2 Critically evaluate the impact of inequality and exclusion in relation to one individual or group.
- 3 Identify and critically analyse two community development approaches that challenge inequality, discrimination and exclusion in one area of practice.
- 4 Critically evaluate facilitative leadership that contributes to supporting an individual or group to build community connections, networks or associations.
- 5 Critically evaluate two different approaches to promoting health and wellbeing for individuals, groups or communities.
- 6 Critically analyse two theories that can be applied to working with groups.
- 7 Critically analyse two approaches to working with individuals from excluded groups to facilitate participation and involvement.
- 8 Critically evaluate the role of the worker in a community empowerment initiative.

Higher National Unit specification: statement of standards (cont)

Unit title: Health and Social Care: Community Development Approaches to Personalisation in Practice

Assessment Guidelines for the Unit

It is recommended that the assessment for this Unit is integrated for all Outcomes. The best method of assessing this Unit holistically would be a case study assignment; therefore it is recommended that this is the primary assessment tool used for this Unit. The case study should be no more than 3,500 words or equivalent containing evidence of reading and research and in which the candidate explains their work with individual(s), group(s) or community in relation to the Evidence Requirements.

It is suggested that the case study explores how one community or group initiative has contributed to the empowerment of one individual, group or community. It is suggested that the case study is underpinned by:

- ◆ an analysis of how inequality, prejudice and social exclusion has impacted on the marginalisation of one community group.
- ◆ discussion of how community development principles and approaches can be applied to address inequality and social exclusion.
- ◆ reflection on the role of the worker in promoting community empowerment.
- ◆ reflection on the tools and techniques that have been applied in this initiative.

In addition, evidence of Knowledge and/or Skills which cannot be inferred from the above case study could be assessed by means of a recorded professional discussion or a sequence of short response questions.

Higher National Unit specification: support notes

Unit title: Health and Social Care: Community Development Approaches to Personalisation in Practice

This part of the Unit specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 40 hours.

Guidance on the content and context for this Unit

The central role of the community in addressing inequality and improving the health and well-being of all of Scotland's citizens is a theme that is consistently emphasised across recent public policy in Scotland. The report of the Christie Commission (2011) stresses the importance of collaborative working, involving the individual and community in the development of better models for the future delivery of public services in Scotland. The report states that the first goal of reform should be to 'ensure that our public services are built around people and communities, their needs, aspirations, capacities and skills, and work to build their autonomy and resilience.' [Christie Report, 2011]

The central aim of this Unit is to explore how community development theories and techniques can be applied to supporting communities and individuals to improve their health and wellbeing. Community Development is defined in the National Occupational Standards for Community Development as:

'A long-term value based process which aims to address imbalances in power and bring about change founded on social justice, equality and inclusion.' [National Occupational Standards Community Development, p4]

In order to achieve the Unit aims it is vital to establish a clear understanding of what we mean by 'community'. Whilst community often refers to the places people live many people also feel part of communities that are based on commonality of interest or identity. In the context of this Unit it will be important to establish a definition of community from the start where community should be seen in its broadest sense as referring to these communities of identity and interest as well as those of place. The Scottish Community Empowerment Action Plan argues that this understanding of community is central to empowerment as it is likely to include those who have 'particular needs and priorities for public services and want power and influence in relation to these.' [Scottish Government, 2009, p8]

Community Development and the concept of Co-production are complementary and the models discussed in this Unit promote the central role of people who use services as agents of changes who should be placed at the centre of public service design and delivery. The Unit focuses on developing knowledge and skills that can support the rights of all citizens to live ordinary, independent lives within their communities. The concept of independent living also highlights the importance of the 'community':

'Independent living means disabled people of all ages having the same freedom, choice, dignity and control as other citizens at home, at work, and in the community. It does not mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life.' [ILiS website, 2011]

Higher National Unit specification: support notes (cont)

Unit title: Health and Social Care: Community Development Approaches to Personalisation in Practice

So there is a consensus among policy makers and Disabled Peoples' Organisations that there is a need to build supports that recognise, value and facilitate the contribution of disabled people to public and community life. The statutory guidance on Community Planning developed to support the Local Government in Scotland Act 2003 states that 'Building social capital — the motivation, networks, knowledge, confidence and skills — within communities should be an integral part of achieving more effective community engagement.' [Scottish Executive, 2004] More recent policy and legislation, such as the Self-Directed Support Strategy [2010], mean that many frontline workers who are involved in developing and delivering care and support will need to draw on a wide range of skills that are informed by Community Development values and practices to support people to increase social networks and enhance participation.

The Unit therefore considers three main levels:

- ◆ Understanding and analysis of the inequality, discrimination and exclusion experienced by members of some communities.
- ◆ Methods of community focused support that can help to build connections for individuals and groups.
- ◆ Approaches that frontline workers and activists can adopt to facilitate empowerment at the individual, group and community level.

Outcome 1

The Unit builds on and develops the concepts of Co-production and Social Capital to help deepen the understanding of how Community Development theories and techniques can be applied to support the implementation of personalisation.

A central theme in this Unit is about the barriers and difficulties faced by people who are excluded from participating in public and community life and there is a deliberate focus to find ways to overcome these. The first part of this Unit will explore these barriers and their effects on the individual concerned and on the wider community. Essential to the delivery and assessment of this Unit is a strong emphasis on the often unacknowledged, gifts, skills, assets, capacities and other potential contributions that all people possess.

Inequality, discrimination and exclusion is multi-layered and often complex, the candidate will need to focus not only on the individual person or group of people who are at risk of exclusion or who are marginalised but also with the wider community. They will develop the knowledge and skills that will help them to support individuals and groups to engage in their community to increase and strengthen their community connections and contributions. The candidate needs to understand the processes by which marginalisation occurs and where they occur. In other words they will explore theories and techniques that can help them to build an in-depth knowledge and understanding of the community within which they work. This is an essential building block towards the establishment of effective relationships with individuals and groups that tackle inequality, build capacity and facilitate community empowerment. Addressing the causes and effects of social exclusion is essential to achieving equal citizenship for all people.

Higher National Unit specification: support notes (cont)

Unit title: Health and Social Care: Community Development Approaches to Personalisation in Practice

Outcome 2

The definition of Community Development cited above shows that the approach is informed by an analysis of the root causes of inequality and unequal power relationships. In the context of public service delivery this means it is essential that the candidate is given the opportunity to reflect on the dynamics of power at a number of levels:

- ◆ Between the worker and the individual
- ◆ Between the worker and the community or group
- ◆ Within and between groups and organisations

The Unit has a strong focus on the theoretical knowledge, skills and aptitudes that underpin co-production in the personalised, community focused public service delivery context. It will explore techniques and approaches that frontline workers and activists can apply to help build individual and community capacity, enhance community engagement and facilitate community empowerment. Supporting people to build community connections and networks is essential because there are clear links between the indicators of social exclusion (such as poverty and unemployment) and poor mental and physical health. Conversely there is strong evidence that strong social networks lead to improved health and well-being. Thus a central component of the Unit will consider the social model of health to help candidates to explore the wider determinants affecting community and individual health and well-being.

Outcome 3

In order to support community and group based action the participant will need to develop knowledge and skills in relation to developing groups and networks.

Candidates need to adopt and internalise an asset and gift based approach both in relation to the community and the individual role within the community. Additionally candidates will need to understand; the value of individual and community empowerment not only on well-being but on society as a whole.

As a whole this Unit aims to provide candidates with the knowledge, skills and confidence to take proactive steps to work on the three levels and to combat these problems and so is also consistent with the values of Community Development. The National Occupational Standards defines Community Development as a long-term value based process which aims to address imbalances in power and bring about change founded on social justice, equality and inclusion.

Community Development is a process that enables people to organise and work together to:

- ◆ Identify their own needs and aspirations
- ◆ Take action to exert influence on the decisions which affect their lives
- ◆ Improve the quality of their own lives, the communities in which they live, and societies of which they are a part.

Higher National Unit specification: support notes (cont)

Unit title: Health and Social Care: Community Development Approaches to Personalisation in Practice

References

- 1 Commission on the Future Delivery of Public Services, June 11
- 2 Lifelong Learning UK, National Occupational Standards for Community Development
- 3 Scottish Government (2009), Scottish Community Empowerment Action Plan. Edinburgh
- 4 <http://www.ilis.co.uk/independent-living/> [accessed 8th of September, 2011]
- 5 Scottish Executive (2004), Local Government in Scotland Act 2003: Community Planning: Statutory Guidance, Edinburgh

Guidance on the delivery and assessment of this Unit

If undertaking this Unit as a part of the PDA in Health and Social Care: Personalisation in Practice at SCQF level 8 candidates should have completed the *Health and Social Care: Personalisation in Practice* Unit (FM96 34) and the *Health and Social Care: Implementing Personalisation and Self Directed Support* Units prior to commencement of this Unit.

The principles and values underpinning this Unit call for a teaching and learning method that demonstrates community connecting and asset based approaches whilst also teaching them. As a result a co-productive learning process will enhance the delivery of this Unit and it should be taught in a forum that supports such an approach. This could be achieved by inviting people from Disabled Peoples' Organisations or other educators who have a lived experience of inequality and social exclusion to deliver elements of the Unit. The learning will be enhanced by incorporating a reflective component about how community affects the candidate and how they affect community in their locality. A core principle should be to model the Outcomes of the Unit through the way it is delivered and assessed.

Open learning

This Unit is suitable for open learning, provided there is authentication of the candidate's evidence.

Authentication could be managed effectively with the employer organisation to ensure the authenticity of the candidate's work.

Higher National Unit specification: support notes (cont)

Unit title: Health and Social Care: Community Development Approaches to Personalisation in Practice

Opportunities for the use of e-assessment

E-assessment may be appropriate for some assessments in this Unit. By e-assessment we mean assessment which is supported by Information and Communication Technology (ICT), such as e-testing or the use of e-portfolios or e-checklists. Centres which wish to use e-assessment must ensure that the national standard is applied to all candidate evidence and that conditions of assessment as specified in the Evidence Requirements are met, regardless of the mode of gathering evidence. Further advice is available in *SQA Guidelines on Online Assessment for Further Education (AA1641, March 2003)*, *SQA Guidelines on e-assessment for Schools (BD2625, June 2005)*.

Opportunities for developing Core Skills

There are opportunities to develop the Core Skill(s) of *Communication, Problem Solving, Information and Communication Technology and Working with Others* at SCQF level 6 in this Unit, although there is no automatic certification of Core Skills or Core Skills components. It is not anticipated that the Core Skill of *Numeracy* will be included in the learning or assessment for this Unit.

Communication (at SCQF level 6): could be developed through recording, reporting and presenting throughout the assessment process. The use of effective communication skills will be practiced and developed through workshop discussions, negotiations and collaborations.

Working with Others (at SCQF level 6): could be developed through explanations of the outcomes of personalisation in practice, team meetings, interactions with other staff and individuals involved in the delivery of services in the community, negotiations and collaborations.

Problem Solving (at SCQF level 6): could be developed through explanations of how the candidate dealt with issues relating to methods and models of practice that are inclusive and participatory.

Information and Communication Technology (at SCQF level 6): could be developed through the use of technology to communicate information internal to the organisation and externally, through maintaining records, preparing reports, the submission of assessment evidence in an electronic format.

Disabled candidates and/or those with additional support needs

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering whether any reasonable adjustments may be required. Further advice can be found on our website www.sqa.org.uk/assessmentarrangements

History of changes to Unit

| Version | Description of change | Date |
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General information for candidates

Unit title: Health and Social Care: Community Development Approaches to Personalisation in Practice

This Unit is designed to help you to develop your practice in community settings whilst working with people who are at risk of exclusion. Addressing the causes and effects of social exclusion is essential to achieving equal citizenship for all people. It is also essential because there are clear links between the indicators of social exclusion (such as poverty and unemployment) and poor mental and physical health. Conversely there is strong evidence that strong social networks lead to improved health and well-being. Community development is a values based process that can be applied to support disadvantaged groups to address imbalances of power and bring about change that is founded on social justice, equality and inclusion. By applying the values and some of the techniques of community development frontline workers can:

- ◆ Facilitate the development of social networks
- ◆ Work effectively with groups
- ◆ Work in true partnership with the people they support to achieve positive individual and community outcomes
- ◆ Facilitate and support community-led health and wellbeing activities.

On completion of this Unit you should be able to:

- 1 Critically analyse approaches to understanding and addressing inequality, discrimination and exclusion in community settings.
- 2 Understand and critically reflect on methods that build community connections and networks for individuals, groups and organisations.
- 3 Critically reflect on the role of the worker in relation to developing an inclusive community.

In undertaking this Unit you will be given opportunities to develop the Core Skills of *Communication, Problem Solving, Information and Communication Technology and Working with Others* at SCQF level 6 in this Unit, although there is no automatic certification of Core Skills or Core Skills components.

Communication (at SCQF level 6): could be developed through recording, reporting and presenting throughout the assessment process. The use of effective communication skills will be practiced and developed through workshop discussions, negotiations and collaborations.

Working with Others (at SCQF level 6): could be developed through explanations of the outcomes of personalisation in practice, team meetings, interactions with other staff and individuals involved in the delivery of services in the community, negotiations and collaborations.

Problem Solving (at SCQF level 6): could be developed through explanations of how the candidate dealt with issues relating to methods and models of practice that are inclusive and participatory.

General information for candidates (cont)

Unit title: Health and Social Care: Community Development Approaches to Personalisation in Practice

Information and Communication Technology (at SCQF level 6): could be developed through the use of technology to communicate information internal to the organisation and externally, through maintaining records, preparing reports, the submission of assessment evidence in an electronic format.

Suggested reading and resources

Communities and Local Government (2007b) *Making Assets Work*:
www.communities.gov.uk/documents/communities/pdf/321083.pdf

Gilchrist, A. (2004) *The Well-Connected Community: A Networking Approach to Community Development* Bristol: Policy Press

Kretzman, J.P and John McKNight (1993) *Building Communities from the inside out: A path toward finding and mobilizing a community's assets* [ACTA Publications]

Laverack, G Improving Health Outcomes through Community Empowerment: A review of the Literature, *Journal of Population Nutrition* 2006: 24(1): 113 – 120

Ledwith, M. (2011) *Community Development: A Critical Approach*. 2nd Edition. Bristol Policy Press

McLean, Sam and Andersson, Edward (2009) *Activating Empowerment* London, MORI

Neumark, Thomas. (2010) *Engaging with communities – lessons from the grassroots*, London: Community Development Foundation

Phillips, R and Pittman, R.H. (2008) *An Introduction to Community Development* [Routledge: London]

Putnam, Robert, D., (2000), *Bowling Alone: The Collapse and Revival of American Community* [Simon and Schuster, New York]

Scottish Government (2009) *Scottish Community Empowerment Action Plan. Celebrating Success: Inspiring Change*. Edinburgh

<http://www.scotland.gov.uk/Resource/Doc/264771/0079288.pdf>

SCDC Community Development and Co-production discussion paper (2011)

<http://www.scdc.org.uk/media/resources/what-we-do/policy-and-practice/Community%20development%20and%20co-production.pdf>

Websites

Scottish Community Development Centre pages on Community-led Health:

<http://www.scdc.org.uk/what/services/community-led-health/>