



# PROGRESS TRACKER

## Chapter 2

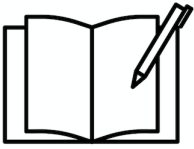
CHCCDE004 – Implement participation and engagement strategies



STUDENT NAMES	Quick Learning Engagement - Specific community (or group) of interest	2A Inquiry Task – Implication of a common model of society	2B Inquiry Task – Socialisation story swap and critique	Quick Learning Engagement – The use of Photovoice	Quick Learning Engagement – Determining preferred means	Reflection Bank - SET A	Quick Learning Engagement – Contextual relevance	2C Inquiry Task – Relevant health issues and other impacts	Quick Learning Engagement – Community values and priorities	Quick Learning Engagement – Community structures	Quick Learning Engagement – Reading a job description	Quick Learning Engagement – Industry codes of conduct	2D Inquiry Task – Utilise interpersonal skills	Reflection Bank - SET B	Quick Learning Engagement – The types of work being undertaken	2E Inquiry Task – Evaluating work and utilising structures	Reflection Bank - SET C	Road Map to Success
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		

STUDENT NAMES	Quick Learning Engagement - Specific community (or group) of interest	2A Inquiry Task – Implication of a common model of society	2B Inquiry Task – Socialisation story swap and critique	Quick Learning Engagement – The use of Photovoice	Quick Learning Engagement – Determining preferred means of communicating	Reflection Bank - SET A	Quick Learning Engagement – Contextual relevance	2C Inquiry Task – Relevant health issues and other impacts	Quick Learning Engagement – Community values and priorities	Quick Learning Engagement – Community structures	Quick Learning Engagement – Reading a job description	Quick Learning Engagement – Industry codes of conduct	2D Inquiry Task – Utilise interpersonal skills	Reflection Bank - SET B	Quick Learning Engagement – The types of work being undertaken	2E Inquiry Task – Evaluating work and utilising structures	Reflection Bank - SET C	Road Map to Success
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		
25																		





## 2A INQUIRY TASK

### Implication of a common model of society

Select one of the common types of models of society identified being:

- Consensus
- Conflict
- Interpretivist/Interactionist
- Ecological.

Refer back to the core idea and focus of the model, but this time consider it in the context of rising rates of youth mental health issues such as anxiety and depression.

Come up with an example implication of this model in society.

#### ***Consensus Models (e.g., Structural Functionalism)***

***Implication: Rising youth mental health issues would be seen as a dysfunction or breakdown within key social institutions that are meant to socialise and support young people. For example, the education system might be failing to adequately equip youth with coping mechanisms or placing excessive academic pressure, leading to stress. The family unit might be seen as struggling to provide sufficient emotional support due to external pressures (e.g., parents working long hours), or perhaps traditional community structures that once provided a sense of belonging are weakening. The implied solution would involve strengthening these institutions to restore social equilibrium and better support youth development.***

#### ***Conflict Models (e.g., Marxism, Critical Theories)***

***Implication: Rising youth mental health issues would be viewed as a symptom of deeper societal inequalities, power imbalances, and systemic pressures that disproportionately affect certain groups of young people. For instance, the constant pressure of a competitive, capitalist economic system (leading to fears about future employment and housing), exposure to systemic discrimination (racism, sexism, homophobia), or the overwhelming influence of social media driven by corporate interests (fostering comparison and insecurity) could be seen as key drivers. Solutions would involve challenging and reforming these unequal power structures to create a more just and supportive society for all youth.***

#### ***Interpretivist/Interactionist Models (e.g., Symbolic Interactionism)***

***Implication: The focus here would be on how young people perceive, label, and make sense of their mental health experiences in their daily interactions, and how societal meanings influence this. Rising rates might be explained by increased awareness leading to more diagnoses (rather than a pure increase in prevalence), or how the language and symbols used around mental health (e.g., social media trends, peer group discussions) shape young people's self-identity and willingness to disclose. It would also look at how interactions with authority figures (e.g., teachers, parents, doctors) influence a young***

***person's understanding and response to their own mental state, and how negative labels might contribute to stigma.***

### ***Ecological Models***

***Implication: Rising youth mental health issues would be understood as the complex result of interactions across multiple, nested layers of a young person's environment. This means considering factors at various levels:***

***Microsystem: Stress within the immediate family (e.g., conflict, parental mental health), peer pressure, bullying at school.***

***Mesosystem: Inconsistencies or lack of communication between the family and school (e.g., different expectations, lack of coordinated support).***

***Ecosystem: Parental job insecurity impacting family stress, lack of accessible local mental health services, harmful content on social media not directly controlled by the youth.***

***Macrosystem: Broader cultural values emphasising individualism and constant performance, societal norms around body image, or the pervasive nature of global events (e.g., climate anxiety, pandemic impacts). The solution would require interventions at multiple levels simultaneously, recognising their interconnectedness.***

# REFLECTION BANK



## CHCCDE004 – Set A

- A. What do the terms 'specific communities' or 'groups' refer to within the frameworks of society?

***These terms are referring to collections of individuals who share something significant in common, leading to a sense of connection, shared identity, and often, particular ways of interacting with the world and each other.***

- B. Name 3 factors that draw individuals together to form specific communities or groups.

- ***common cultural heritage***
- ***migrant groups who share a country of origin***
- ***those living with a disability***
- ***religious affiliations***
- ***people who have experienced homelessness***
- ***shared interests or goals***
- ***geographical proximity.***

- C. Provide a brief explanation of what 'models of society' are.

***'Models of society' refer to the different theoretical frameworks or conceptual lenses that attempt to explain how society is structured, how it functions, how individuals within it relate to each other, and what drives social change or stability.***

- D. Provide a brief explanation of what 'power dynamics in families' is.

***Power within families refers to the distribution of authority, influence, and decision-making among its members. This power dynamic can be influenced by cultural norms, economic contributions, age, gender, and individual personalities.***

- E. Fill in the blank: ***Diversity*** acknowledges the vast range of differences that exist both between groups, and within groups.
- F. Fill in the blank: ***Deviance*** refers to any behaviour, belief, or characteristic that violates significant social norms and is met with disapproval from others.
- G. Fill in the blank: ***Culture*** refers to the shared way of life of a group of people, encompassing their common values, beliefs, customs, traditions, language, arts, and social institutions.

H. What purpose do 'identity theories' serve?

***Identity theories explore how individuals develop their sense of self and how that self-concept is influenced by their social groups and experiences. Rather than seeing identity as purely individual, these theories emphasise the profound impact of social interactions and group memberships.***

I. List the five points of what you are doing when undertaking a 'critique' of socialisation theory.

- ***Identifying its assumptions***
- ***Highlighting its omissions or blind spots***
- ***Pointing out its biases***
- ***Assessing its explanatory power***
- ***Proposing alternative explanations or refinements.***

J. List two or more issues that specific communities and groups can face.

- ***Social***
- ***Political***
- ***Cultural***
- ***Historical***

K. To identify what the priorities of a specific group are, what should the two main sources of information come from?

- ***Carrying out appropriate research.***
- ***Engaging with stakeholders for their participation and insights.***

L. Explain briefly, what carrying out "appropriate research" means?

***In the context of specific communities and group it is conducting research that prioritises ethical principles and above all, it adheres to rigorous ethical guidelines.***

M. What are three key aspects of relationship building whilst carrying out appropriate research?

- ***Investing your time***
- ***Being present and engaged***
- ***Being transparent.***

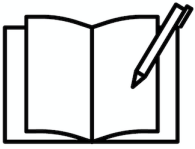
N. List three or more culturally appropriate data collection methods.

- ***In-depth interviews***
- ***Group discussions or focus groups***
- ***Yarning circles (for Indigenous communities)***
- ***Community forums or workshops***
- ***Participatory or non-participatory observation***
- ***Life stories and narrative approaches***
- ***Visual methods.***

O. List three or more preferred means of communication you should aim to determine for a specific community or group.

- ***How they typically receive information***
- ***What channels they trust***
- ***What formats they prefer***
- ***What timing and frequency work best***
- ***What language(s) are most effective***
- ***Who they prefer to hear from.***





## 2C INQUIRY TASK

### Relevant health issues and other impacts

Expanding your understanding of health issues that are relevant to the specific context of the community you're working with is not just about knowing common diseases, but understanding how social, political, cultural, and historical factors (which we discussed earlier) shape health experiences and outcomes within that specific group.

Understanding these specific health issues, and crucially, their underlying social determinants, is essential for developing targeted, effective, and compassionate health and community interventions.

This activity provides an opportunity for you to carry out further research into many of the health issues that clients you work with may be dealing with as a direct impact of their specific community or group.

#### Task instructions

**Step 1:** Choose one of the following groups and using the internet, seek to determine the context of this group and how this can have an impact upon both physical health and mental wellbeing of individuals within that group.

- Culturally and Linguistically Diverse (CALD) Communities
- People living with disabilities
- Older people
- LGBTIQ+ communities
- People experiencing homelessness
- People experiencing Domestic and Family Violence (DFV)
- People with Alcohol and Other Drug (AOD) issues
- People with mental health conditions (including Psychosocial Disability)
- Remote and rural communities
- Veterans and their families
- People experiencing financial hardship and/or unemployment.

**Step 2:** Provide a contextual overview of the group for relevance.

**Step 3:** Provide a list of at least three relevant health issues with a brief explanation of the relevance of each as an impact of being part of that group.

**Note:** The 'Aboriginal and Torres Strait Islander Peoples' community has been provided as an example.

#### EXAMPLE: Aboriginal and Torres Strait Islander Peoples

**Context:** Profound impact of colonisation, dispossession, intergenerational trauma (e.g., Stolen Generations), racism, and ongoing systemic discrimination. Health is viewed holistically, encompassing social, emotional, spiritual, and cultural well-being, not just physical.

**Relevant health issues:**

- Chronic diseases - Significantly higher rates of cardiovascular disease, Type 2 diabetes (occurring at younger ages), chronic kidney disease, and respiratory conditions.
- Mental health - Higher rates of psychological distress, anxiety, depression, self-harm, and suicide (particularly among youth). This is often linked to the cumulative effects of trauma, grief, loss, and systemic racism.
- AOD - Higher rates of harmful AOD use, often as a coping mechanism for trauma and disadvantage.
- Infectious diseases - Higher rates of some infectious diseases due to socio-economic factors and crowded living conditions.
- Ear and eye health - Higher rates of preventable blindness (e.g., trachoma) and ear disease (e.g., otitis media leading to hearing loss), impacting education and social participation.
- Lower life expectancy: A significant gap in life expectancy compared to non-Indigenous Australians.

**Suggested answers****Culturally and Linguistically Diverse (CALD) communities**

**Context:** Experiences of migration, forced displacement (for refugees/asylum seekers), cultural shock, language barriers, discrimination, and challenges navigating a new health system. Traditional health beliefs may differ from Western biomedical models.

**Relevant health issues:**

*Chronic diseases - Increased risk of cardiovascular disease, diabetes, and some cancers depending on origin country (e.g., higher rates of Hepatitis B among some Asian communities). Dietary changes post-migration can contribute to these.*

*Mental health - Higher rates of anxiety, depression, and PTSD (especially for refugees/asylum seekers due to pre-arrival trauma, persecution, torture). Stigma around mental illness can be significant in many cultures, preventing help-seeking.*

*Reproductive health - Cultural norms around women's health, family planning, and childbirth can influence engagement with services.*

*Child health - Immunisation uptake can be lower if health information is not provided in culturally appropriate ways.*

*Access barriers - Language barriers, lack of cultural understanding by health professionals, difficulty understanding Medicare or service pathways.*

**People living with disabilities**

**Context:** Face societal barriers (attitudinal, physical, systemic), discrimination, reduced opportunities for employment and social participation, and often reliance on support systems. The NDIS has changed service access but brings its own complexities.

**Relevant health issues:**

- *Co-occurring conditions - Higher prevalence of chronic physical health conditions (e.g., cardiovascular disease, diabetes, respiratory issues) and mental health conditions (e.g., depression, anxiety), often exacerbated by sedentary lifestyles, poor diet (due to access issues or reliance on carers), and social isolation.*
- *Preventable deaths - Significantly higher rates of preventable deaths compared to the general population due to a lack of preventative healthcare and delayed diagnosis.*
- *Oral health issues - Can be more prevalent due to access barriers to dentists or difficulties with self-care.*

- *Specific health needs - Vary greatly depending on the type of disability (e.g., pressure sores for those with mobility impairments, specific dietary needs for those with dysphagia).*
- *Experiences of violence/abuse - Higher rates of abuse, leading to physical and psychological trauma.*

### **Older people**

**Context:** *Ageing population, increasing complexity of health needs, potential for social isolation, navigating aged care systems, and dealing with loss and bereavement.*

#### **Relevant health issues:**

- *Chronic diseases - High prevalence of cardiovascular disease, Type 2 diabetes, arthritis, osteoporosis, cancers, and chronic respiratory diseases. Many older people manage multiple chronic conditions.*
- *Dementia and cognitive decline - Increased risk of various forms of dementia, impacting memory, cognition, and independence.*
- *Falls and mobility issues - Higher risk of falls leading to injuries (fractures) and impacting independence.*
- *Social isolation and loneliness - Significant contributors to poor mental and physical health outcomes, including increased risk of cardiovascular disease, cognitive decline, and premature death.*
- *Medication management - Polypharmacy (taking multiple medications) can lead to adverse drug reactions and complex management.*
- *Mental health - Depression and anxiety are common, often overlooked or misdiagnosed due to stigma or being seen as a "normal" part of ageing.*

### **LGBTIQA+ communities**

**Context:** *Experiences of historical and ongoing discrimination, stigma, family rejection, bullying, and violence (minority stress). These social factors are key drivers of health disparities, not inherent to being LGBTIQA+.*

#### **Relevant health issues:**

- *Mental health - Significantly higher rates of depression, anxiety, self-harm, and suicidal ideation/attempts, especially among youth and those lacking social support.*
- *AOD use - Higher rates of harmful alcohol and drug use, often as a coping mechanism for minority stress.*
- *Sexual health - Specific sexual health considerations, including higher rates of some STIs for certain subgroups, and specific screening and prevention needs.*
- *Transgender health - Unique health needs related to gender affirmation (e.g., hormone therapy, surgeries) and navigating often gatekeeping and under-resourced medical systems.*
- *Social isolation - Older LGBTIQA+ individuals may face particular isolation if their partners or friends have passed, or if they fear discrimination in aged care.*

### **People experiencing homelessness**

**Context:** *Lack of stable housing, exposure to harsh environmental conditions, limited access to hygiene facilities, food insecurity, and often complex histories of trauma and systemic disengagement.*

#### **Relevant health issues:**

- *Physical health - Higher rates of chronic illnesses (heart disease, diabetes, respiratory conditions), infectious diseases (Hepatitis B/C, HIV), skin infections, foot problems, dental issues, and injuries (assaults, falls).*
- *Mental health - Extremely high rates of complex mental health conditions, including psychosis, severe depression, anxiety, and PTSD, often exacerbated by the conditions of homelessness itself.*
- *AOD use - High rates of substance use disorders, often used to cope with the harsh realities of homelessness and underlying trauma.*



- *Premature Mortality* - Significantly reduced life expectancy compared to the general population.
- *Access Barriers* - Difficulty accessing primary care due to lack of ID, phone, transport, or fear of judgement.

### **People experiencing Domestic and Family Violence (DFV)**

**Context:** DFV is a pervasive public health issue that causes serious physical, psychological, and economic harm. It's about patterns of coercive control.

#### **Relevant health issues:**

- *Physical injuries* - Acute injuries (bruises, fractures, cuts) and chronic pain syndromes, traumatic brain injury (TBI) from repeated head trauma.
- *Mental health* - High rates of PTSD, complex trauma, anxiety, depression, suicidal ideation, and substance use disorders.
- *Reproductive and sexual health* - Increased risk of STIs, unplanned pregnancies, miscarriage, and gynaecological problems.
- *Chronic stress* - Long-term physiological impacts of chronic stress, including increased risk of cardiovascular disease, autoimmune conditions, and gastrointestinal issues.
- *Child health* - Children exposed to DFV experience significant health and developmental impacts, including mental health issues, developmental delays, and behavioural problems.

### **People with Alcohol and Other Drug (AOD) issues**

**Context:** AOD use is often complex, linked to mental health issues, trauma, social isolation, and financial stress. It is a health issue, not solely a moral failing.

#### **Relevant health issues:**

- *Organ damage* - Liver disease (cirrhosis), heart disease, kidney damage, brain damage, respiratory issues.
- *Mental health* - High rates of co-occurring mental health disorders (e.g., depression, anxiety, psychosis), with AOD use often exacerbating or masking underlying mental health issues.
- *Infectious diseases* - Higher risk of blood-borne viruses (e.g., Hepatitis C, HIV) through injecting drug use.
- *Accidents and injuries* - Increased risk of falls, accidents, and assaults due to intoxication.
- *Malnutrition* - Poor dietary intake due to substance use prioritisation.
- *Overdose* - Risk of fatal and non-fatal overdose.

### **People with Mental Health Conditions (including Psychosocial Disability)**

**Context:** Mental health conditions range in severity and impact, and individuals may face stigma, discrimination, and challenges in maintaining employment, housing, and social connections.

#### **Relevant health issues:**

- *Physical health co-morbidity* - Higher rates of chronic physical health conditions (e.g., cardiovascular disease, diabetes, respiratory issues) often due to lifestyle factors (sedentary, smoking, poor diet), medication side effects, and poorer access to preventative care.
- *Reduced life expectancy* - Significant gap in life expectancy compared to the general population due to physical health co-morbidities and higher rates of suicide.
- *Social isolation* - Can lead to and be exacerbated by mental illness, impacting overall well-being.
- *Impact of medications* - Side effects of psychotropic medications can include weight gain, metabolic issues, and other physical health concerns.



### **Remote and Rural Communities**

**Context:** Geographical isolation, limited access to specialised health services, workforce shortages, and sometimes higher rates of chronic disease risk factors (e.g., smoking, obesity).

#### **Relevant health issues:**

- *Access to healthcare - Difficulty accessing primary care, specialist services (mental health, dental, allied health), and emergency care due to distance, cost of travel, and limited public transport.*
- *Higher rates of chronic disease - Often higher prevalence of heart disease, diabetes, and respiratory conditions.*
- *Mental health - Higher rates of mental health issues and suicide (especially among men), often compounded by social isolation, financial stress (e.g., drought, economic downturns), and limited access to mental health professionals.*
- *AOD use - Specific patterns of AOD use can be prevalent in some rural settings.*
- *Workplace injuries - Higher rates of injuries in agricultural or mining industries.*

### **Veterans and their families**

**Context:** Unique experiences related to military service, potential for deployment-related trauma, transition challenges back to civilian life, and a strong sense of identity.

#### **Relevant health issues:**

- *Mental health - High prevalence of Post-Traumatic Stress Disorder (PTSD), depression, anxiety, and adjustment disorders related to combat or service-related trauma.*
- *Physical injuries - Musculoskeletal injuries, chronic pain, hearing loss, and other physical conditions related to service.*
- *AOD use - Higher rates of harmful alcohol and drug use as a coping mechanism.*
- *Family impact - The mental and physical health issues of veterans often have significant impacts on their families (partners and children).*
- *Moral injury - Psychological distress from having to commit, witness, or fail to prevent acts that go against one's own moral beliefs.*

### **People experiencing financial hardship and /or unemployment**

**Context:** Poverty, debt, job insecurity, and long-term unemployment create chronic stress and limit access to resources.

#### **Relevant health issues:**

- *Mental health - Strong link between financial stress/unemployment and high rates of anxiety, depression, psychological distress, and suicidal ideation. Feelings of hopelessness, shame, and low self-worth are common.*
- *Stress-related physical health - Increased risk of cardiovascular disease, hypertension, chronic pain, and weakened immune function due to chronic stress.*
- *Poor diet and nutrition - Limited ability to afford nutritious food, leading to reliance on cheaper, less healthy options and increased risk of obesity, diabetes, and other diet-related illnesses.*
- *Access barriers - Difficulty affording healthcare costs (e.g., prescription fees, dental care, specialist appointments), transport to appointments, or reliable phone/internet access for telehealth.*
- *AOD use - Increased risk of harmful AOD use as a coping mechanism.*



# REFLECTION BANK



CHCCDE004 – Set B

- A. What are community values?

*These are the deeply held principles, beliefs, ethics, and moral standards that guide a community's behaviours, interactions, and worldviews.*

- B. What are community priorities?

*These are the most pressing needs, concerns, goals, and aspirations that the community identifies as important to their well-being and future. They are what the community itself wants to achieve or address.*

- C. What are community structures?

*These refer to the formal and informal ways a community is organised. This includes leadership roles existing groups and networks, decision-making processes, communication channels, and established institutions.*

- D. Name the four key aspects in evaluating a community structure.

*The formal structures  
Informal structures  
Power dynamics within the identified structures  
Existing Resources and gaps.*

- E. List 3 or more methods you can use to evaluate a community structure.

*Active listening and observation  
Informal conversations  
Key informant interviews  
Community meetings/forums  
Mapping.*

- F. Fill in the blanks regarding utilising community structures to maximise outcomes.

- i. Instead of creating something entirely new, identify **existing** structures that are already working well.
- ii. Once you know who holds informal influence or formal leadership, **engage** them early.
- iii. Use the **communication** channels that the community already trusts and uses regularly.
- iv. Rather than always providing direct services, work to strengthen the **capacity** of existing community groups and leaders.
- v. **Identify** where the community is already taking initiative or expressing a desire for change.
- vi. Understand how **decisions** are made in the community.

G. Explain in simplistic terms, what information your job description will clarify.

***A job description clarifies what I am expected to do and, importantly, what I am not authorised or qualified to do.***

H. What does it mean to take in part in regular 'PD'?

***PD stands for professional development, by staying up to date by regularly participating in training, workshops, and supervision to maintain and enhance your skills within your defined role. This ensures you are equipped to meet the evolving needs of clients and stay current with best practices.***

I. What are an organisation's P&Ps?

***P & Ps are the Policies and Procedures of the organisation.***

J. List at least three different types of interpersonal skills

- ***Verbal communication***
- ***Non-verbal communication***
- ***Active listening***
- ***Empathy and emotional intelligence***
- ***Rapport building***
- ***Conflict resolution***
- ***Patience and flexibility.***

K. What elements shape the required interpersonal skills for a community?

- ***Cultural preferences and values***
- ***History and experiences***
- ***Social structures***
- ***Communication styles***
- ***Context.***



# REFLECTION BANK



- A. Provide a brief explanation of the importance of involving relevant community stakeholders at every stage of an evaluation.

***By integrating community stakeholders at every stage of the evaluation process, you ensure that your work is not only assessed rigorously but also in a way that respects their knowledge, builds their capacity, and genuinely contributes to their well-being and self-determination.***

- B. List the five points of what is incorporated within an appropriate evaluation of work undertaken in a specific community.

- ***Community-defined success***
- ***Culturally sensitive methods***
- ***Empowering and participatory***
- ***Flexible and adaptive***
- ***Focus on learning and improvement***

- C. List at least two types of stakeholders who may be relevant to the evaluation process.

- ***Direct beneficiaries/participants***
- ***Community leaders***
- ***Community groups and associations***
- ***Local service providers***
- ***Frontline staff/volunteers***
- ***Families and carers***

- D. Label the six steps of the evaluation process in their correct order.

Process	Step 1, 2, 3, 4, 5 or 6?
Determine who collects the data	<b><i>Step 3</i></b>
Analysis and interpretation of findings	<b><i>Step 5</i></b>
Dissemination and action	<b><i>Step 6</i></b>
Co-design a monitoring and evaluation plan	<b><i>Step 2</i></b>
Building the foundation	<b><i>Step 1</i></b>
Conduct monitoring in line with values and structures	<b><i>Step 4</i></b>