

# Research Snapshot: An overview of research findings

Volume 2, September 2007





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# Introduction

Welcome to the second volume of The Benevolent Society's Research Snapshot.

The Benevolent Society's *Future Directions* articulates our organisation's goal to work towards building **caring and inclusive communities and a just society**. Our priorities are to work towards making communities: just and fair; healthy and safe; productive and participatory; connected and rich in cultural and recreational activities.

The following research projects all reflect different aspects of our purpose:

- The Saver Plus evaluation documents a program which assists low-income families to gain **just and fair access** to the opportunities many Australians take for granted
- Community Building and Health provides an overview of a Central Coast initiative which improved individual health outcomes through **community participation**
- The V21 project addresses the **productive and participatory** power of volunteers, while Lone Lewis's project looked at a participatory evaluation model developed by our Centre for Women's Health

These projects are examples of the dynamic, practical and applicable role that research plays in The Benevolent Society. Research is a key tool in the strategies that will help us achieve our purpose. These research projects and research generally helps us to:

- Create and deliver **leading edge programs** and services through implementing evidence-based practice and documenting innovation and best practice in our services;
- Grow **knowledge and intellectual capacity about social issues** in Australia as we document and highlight the experiences of our clients and offer policy makers innovative approaches to promoting social and economic inclusion;
- **Advocate and influence** on key social issues and solutions as research provides the facts and figures to undertake credible systemic advocacy as well as having the evidence to suggest improvements to policy and practice;
- Build a **thriving organisation** that integrates and delivers leading edge, best practice services.

If you would like further information, each summary has details of where to find the complete research report and contact details for the researcher or coordinator.

This document is the result of the input, energy and enthusiasm of many people – researchers and students, our staff and managers, partner organisations. We hope that this compilation increases our mutual understanding of how we work with communities and provides inspiration to continue investigating what we do and expand our research horizons.

Prepared by the Social Policy and Research team, September 2007

### **Contributions to Volume 3**

We hope that sharing these projects will encourage you to contribute to the next volume of research summaries. We would love to hear from you if you are planning on conducting a research project, or if you have completed your research and would like to disseminate the findings.

Contact Jarrah Hoffmann-Ekstein by email at [jarrahh@bensoc.org.au](mailto:jarrahh@bensoc.org.au) or call on 02 9339 8064.

# CREATING BETTER COMMUNITIES

## PART TWO: A study of social capital creation in four communities

Full report by Karen Healy, University of Sydney, with assistance from Anne Hampshire, Elizabeth Ayres; Sophie Ellwood; and Natalie Mengede.

December 2006

### 1. Introduction

Between 2001 and 2004, The Benevolent Society and The University of Sydney embarked on a jointly funded study “Creating Better Communities: A Study of Social Capital Creation in Four Communities”. This report concerns the key findings of a three-year study into social capital creation and outlines the implications of these findings for The Benevolent Society’s role in creating stronger communities.

The Benevolent Society’s Research Snapshot Volume One detailed the research approach and findings of this report – please refer to Volume One for further detail. The focus of Volume Two is on integrating this research to into our practice and the final report on Creating Better Communities recommends 11 practical strategies for nonprofit organisations seeking to build social capital in the communities in which they work.

### 2. Key messages and recommendations

This study indicates that non-profit agencies are often in the best position to take a leading role in social capital creation, as they have the ability to build on their local knowledge of communities in which they work as well as to exploit inter-community and inter-sectoral opportunities for connection. Drawing on the findings detailed in this report, we make the following recommendations for how medium to

large non-profit organisations, such as The Benevolent Society, can promote social capital in the communities that the organisation serves. We recommend that these organisations consider implementing the recommendations outlined below. Community services could increase their focus on social capital creation by:

1. Extending the non-profit sector’s commitment to supporting volunteering activities, especially at the local community level. Through locality – based volunteering activities, non-profit sector organisations can provide opportunities for informal connections to develop between community members.
2. Ensuring that volunteer activities work to overcome, rather than reinforce, traditional gender stereotypes. For example, providing leadership opportunities and training to women volunteers may be one way of overcoming the traditional division of labour still apparent in volunteering activities.
3. Continuing to value the role that formal service provision can play in ensuring that the most vulnerable community members are able to participate in local social capital building activities. For example, services to frail older people can provide the basic support infrastructure needed to enable them to participate in the community. The involvement of community service agencies can also be pivotal to

promoting community engagement opportunities, as was found at the Urban Fringe study site.

4. Ensuring that there is a balance between direct service and community building roles within community service agencies. Our findings indicated that the capacity of community service providers to promote community engagement was compromised by the expectation of their funding or employing body that they focus on the 'crisis end' of practice. Community service providers also frequently reported that their community building responsibilities were compromised by the high level of demand for direct services. Medium to large non-profit organisations, as leaders in the sector, can play an important role in encouraging government funding bodies to recognise and support third sector involvement in local community building activities.

5. Ensuring that community service practitioners have sufficient autonomy to respond flexibly to local community needs and interests. Increasingly, funding for community services is tied to specified outcomes and outputs and, again, we encourage medium to large non-profit organisations to encourage government funding agencies to recognise the importance of local flexibility, especially in community building activities.

6. Recognising the diverse needs and interests of culturally and linguistically diverse groups in social capital creation. Repeatedly, we found a lack of connection between culturally and linguistically diverse groups and mainstream community services. The first step towards enhanced engagement may be for mainstream community service organisations to partner with services for culturally and linguistically diverse groups to seek opportunities for joint social capital initiatives.

7. Focusing on reducing the barriers which restrict socio-economically disadvantaged and stigmatised communities from fully engaging

with their communities. Non-profit organisations can facilitate this level of engagement by directing some resources to providing pathways for people to participate in mainstream sports and cultural activities as these activities can be effective for promoting long social inclusion. We also need to focus our energies on breaking down the stigma experienced by some communities as this stigma provides a powerful disincentive to local community participation. Inter-community engagement strategies are especially important here.

8. Diversifying social capital initiatives to include opportunities for inter-community linkages. Building links between communities can improve access to opportunities for education and employment as well as increasing participation in community activities. Currently, most community development initiatives reported in this study focused on building links within communities rather than across them.

9. Addressing the substantial disconnection between non-local institutions and local communities. A key barrier to more effective engagement is the lack of connection points between institutions and between institutions and local community members. Medium to large non-profit organisations are in an ideal position to facilitate connection points, such as organising forums, where representatives of these diverse constituencies can meet and focus on specific community concerns. In relation to social capital formation, medium to large non-profit organisations can play a critical role in bringing together diverse institutions and local community members around the issue of geographical disadvantage and geographical community development.

10. Promoting opportunities for mutual learning between the different sectors. Our study revealed points of tension between the business sector, especially large non-local businesses, and community service agencies. A

key point of frustration was different understandings of similar concepts, as well as differing expectations of the potential contribution of each sector to social capital initiatives and other issues of common concern. Again, medium to large non-profit organisations are in an ideal position to foster opportunities for mutual learning across the sectors.

11. Providing support in evaluating community building outcomes. Representatives of government and business institutions repeatedly stated their desire to improve both their understanding and the effectiveness of their community building initiatives. The non-profit sector can play a valuable role in assisting these organisations to identify quantitative and qualitative indicators for analysing and improving their effectiveness in supporting stronger communities.

For a copy of the full report contact:

Jarrah Hoffmann-Ekstein – Research Officer, Social Policy and Research

[jarrahh@bensoc.org.au](mailto:jarrahh@bensoc.org.au)

**t** 02 9339 8064

# V21: Enhancing volunteering for the 21st Century

Report by Jude Butcher and Michael Ryan on a research project conducted by Australian Catholic University, St Vincent de Paul Society, NSW Rural Fire Service, The Benevolent Society

September 2006

## 1. Introduction

Three community organisations – St Vincent de Paul Society (SVDP), the NSW Rural Fire Service (RFS) and The Benevolent Society (TBS) – and the Australian Catholic University have completed a three-year collaborative research project titled *V21– Enhancing volunteering for the 21st Century*. The aim of the project was to help the community organisations maximise their volunteer resource by enhancing both individual and collective volunteer capacity. These organisations were seeking more flexible organisational structures and processes that maximise their volunteer pool through increased volunteer retention and the development of alternative pathways to attract volunteers from diverse backgrounds.

The partner organisations' goal was to develop structures and processes that:

- enhance people's capacity to volunteer;
- make more effective use of the interests and abilities of their current volunteers;
- provide volunteering opportunities that are attractive to under-represented groups; and
- establish a range of volunteer pathways which promote volunteer retention.

## 2. Methodology

The key characteristics of the methodology adopted for the project were:

- grounding of the research in the reality of the organisations;
- finding a common language and ensuring that the learning and research were inherently inclusive;
- the use of both quantitative and qualitative data;
- a multi-faceted view of each of the variables; and
- a focus on how the research team operated.

The components or phases of the research methodology adopted for V21 from 2003-2006 were:

- Developing a detailed profile of each partner organisation as a volunteer-involving organisation;
- Listening to each organisation's volunteers and employees through focus groups to inform survey development;
- Developing and administering the V21 survey of volunteer and employee opinions and experiences;
- Validating the survey findings through follow-up interviews with focus groups;
- Analysing data with respect to the research questions developed for the project;

- Developing organisational structures and processes to enhance volunteer capacity; and
- Facilitating the implementation of project findings within each partner organisation.

The volunteer questionnaire was responded to by 454 respondents across all organisations; a response rate of 71%.

### 3. Findings

#### Capacity and efficacy

Capacity refers to the extent and form of a volunteer's current and projected contribution to the organisation and their sense of efficacy to contribute. This study examines both personal or self-efficacy and collective efficacy. Enhancing volunteer capacity includes understanding how volunteers view their participation currently and their projections regarding their future involvement. The multidimensional view of capacity used in this study enables the organisations to be strategic when considering the current and projected capacities of volunteers.

This multidimensional view of capacity encompasses:

- current levels of volunteers' self-efficacy;
- current perceptions of collective efficacy; and
- the current and projected extent and form of volunteers' involvement.

Survey respondents reported high levels of self-efficacy overall and on each of the five dimensions. For all three organisations, volunteers were most confident in their ability to form relationships with other volunteers and in their work competence.

Volunteers were asked about two aspects of collective efficacy: the effectiveness of their organisation and the impact of teamwork on

their effectiveness as a volunteer. Respondents reported high levels of confidence on each of the two aspects. However, for all three organisations, volunteers were more confident in the effectiveness of their organisation than in the impact of teamwork on their volunteering.

A substantial majority of volunteers (79%) indicated their satisfaction with the extent of their current involvement; that is, how often they volunteer and for how long. Others indicated that they are willing to volunteer to a greater extent; 16% would like to volunteer more often and 15% would like to give more hours. Twenty-five per cent of volunteers would like to be involved in other volunteer roles or activities.

It is clear that a majority of respondents across each organisation are committed to, and confident in, their current volunteer work, and satisfied with their current level of involvement. To enhance volunteer capacity organisations need to be proactive in constructively drawing upon both the current and projected capacities of their volunteers.

#### Support and training

Volunteers' self-efficacy is enhanced by positive perceptions of the availability of support and training. Hence the provision of support and training has implications for volunteer self-efficacy and, in turn, volunteer and organisational capacity. The project has provided a clear picture of how volunteers see the current provision of support and training in relation to their volunteering roles.

Findings have confirmed that volunteers overall feel well supported by the organisation. The most important types of support for volunteers are professional support/supervision followed by training. In respect of professional support and supervision volunteers want a particular person, such as a volunteer coordinator or supervisor, whom they can approach to discuss any issues relating to their volunteering role, particularly critical incidents and difficulties with clients.

Financial support and physical infrastructure – such as reimbursement of out-of-pocket expenses, and the provision of uniforms and equipment – are also important to the majority of volunteers, though less important than professional support/ supervision and training.

Volunteers indicated that the training they have received is useful and sufficient for their respective roles. Employees thought volunteers would see the training as less useful than they actually did. Volunteers reassess their self-efficacy, and hence their volunteer capacity, in light of the level of match between their own and the organisation's perceptions of available support and training. Volunteers' perceptions may not always align with those of employees, even those who manage or supervise volunteers. Volunteers should be involved directly in assessing the availability and adequacy of the support and training provided to them.

The levels of support and training reported by survey respondents are associated with high levels of self-efficacy and collective efficacy. This suggests that the level of support and training which is currently available would be conducive to favourable (re)assessments of efficacy and capacity by volunteers.

### **Volunteer 'pathways'**

Pathway is defined in this study as the journey a volunteer takes with a particular organisation from initial interest through engagement to staying with the organisation over an extended period of time or leaving the organisation at some point in time.

Volunteers' pathways into the organisation result from their successful search for an effective organisation which provides them with opportunities to use their own capacities in the role of volunteers.

Survey respondents were asked if there was a particular event in their lives that

provided the opportunity to volunteer or to resume volunteering. 59% of all volunteers identified such an event. These events fell broadly into two categories: personal life events and outside events.

Through outside events, or through advertising or personal invitation, volunteers become aware of particular organisations or groups and the community needs which they seek to address.

Three key factors are at play in the volunteer's searching:

- personal life events such as retirement, bereavement or children leaving home. These may result in more 'personal space' being available to the volunteer-to-be and provide the opportunity to volunteer or to resume volunteering;
- outside events such as a natural disaster or a TV documentary which heighten their awareness of a particular community need and act as a motivator; and
- awareness of some organisation, group or program which has the potential to meet both the needs of the community as seen by the volunteer-to-be and their own personal needs.

The volunteer's decision to engage as a volunteer with a particular community organisation is based on:

- their knowledge of the organisation and what it does – and how this aligns with their values, needs and circumstances;
- their perception that the organisation is effective in what it does (collective efficacy); and
- their belief that they could be effective doing that sort of volunteer work (self-efficacy).

Potential volunteers need to have sufficient knowledge of the organisation

to see it as matching their goals and capacities and being effective in meeting community needs. This knowledge is at times gained from people, such as family, friends or other networks, or through the organisation's own advertising. In RFS and TBS, volunteer coordinators have been found to be pivotal in negotiating this match of goal, task and capacity for the new volunteers. If people believe they are capable of volunteering it is likely they will follow this through.

To facilitate this initiation of volunteering, organisations need to review their structures and processes to ensure that pathways into the organisation are accessible to potential volunteers.

#### **Pathways within the organisation**

Volunteers' journeys are characterised by an increasingly strong commitment to serve the community within the context of the vision, goals and activities of the organisation. Serving the community is the valued goal and engaging in particular activities is the effective means.

The volunteers acknowledge their increased capacity to be confident in responding effectively to people or events even in the most challenging of contexts. A number of volunteers have changed or are seeking to change their roles and responsibilities during their journeys.

Two of the three organisations had a broader range of roles for the volunteers. Some changes can be to positions of higher responsibility while other changes can be from one frontline service to another frontline service, from one location to another, or from a management position to frontline service.

Volunteers may be categorised into two broad 'types' based on their current view of the volunteering experience:

- Type 1 – They feel it is time for a change in their role and responsibilities. Synchronicity may be involved – someone may have suggested this to them before they

had articulated this view themselves – and this provides the catalyst or trigger for change. Such triggers are person and context specific.

- Type 2 – They may be formal pathways seekers. They have identified the next step or steps in their journey and have a clear time dimension in mind.

## **4. Implications**

The study revealed the importance of the following principles and focus areas for enhancing volunteer capacity.

### **Ascertain the volunteer perspective and take it seriously.**

This requires focussing upon:

- An evidence-based approach to volunteer perspectives;
- Volunteer advocacy; and
- Volunteer involvement in decision-making.

### **Adopt a multidimensional view of volunteer capacity and effectiveness.**

This requires focussing upon:

- Self-efficacy;
- Collective efficacy; and
- Preferred form and extent of involvement

### **Employ task accessibility, support and training to enhance capacity.**

This requires focussing upon:

- A learning culture within the organisation, teams and programs;
- Development of volunteers' skills and interests; and
- Volunteer support at all levels.

### **Establish pathways which maximise access to volunteering opportunities.**

This requires focussing upon:

- Why and how the organisation is involving volunteers;
- Volunteer experience as a pathway;
- A person's suitability for particular tasks or roles.

## 5. Getting research into practice at The Benevolent Society

Early in 2006 a number of The Benevolent Society's volunteer coordinators got together to think about how to put the V21 findings into practice. The research presented in the full report shows that our volunteers are generally happy and fulfilled, but we want to continue to explore how we can make their experience even better. Implementation of these ideas will need to take into account that there is limited time, money, resources and staffing.

1. Ascertain the volunteer perspective and take it seriously:
  - Survey volunteers to discover what skills would they like to develop;
  - Involve volunteers in decision making discussions;
  - Work in partnership with volunteers (acting on conversations);
  - Have informal and formal discussions with volunteers;
  - Have regular volunteer support and supervision meetings;
  - Circulate newsletters to share information;
  - Provide a good orientation and ongoing training and support;
  - Maintain regular contact with volunteers;
  - Keep up to date volunteer records;
  - Create opportunities for social interaction between volunteers;
  - Engage with the National Standards
2. Adopt a multidimensional view of volunteer capacity and effectiveness:

This is a way of saying we need to look at discovering how effective volunteers currently feel they are in their position, what they believe the levels of effectiveness are in teams and the volunteers' commitment to staying involved in their role.

The five dimensions of self-efficacy pinpointed from the research are: relationships with the people the service supports; relationships with other volunteers; work competence; empathetic action; and social awareness. These dimensions could be used to create self-efficacy questions for training or self-assessment.
3. Make volunteer tasks accessible. Support and train volunteers to enhance their capacity to volunteer:
  - Provide induction and orientation to all volunteers;
  - Make volunteers aware of support and training opportunities that are available;
  - Make volunteers aware of communication processes and staff they can talk to;
  - Provide a job description or duty statement to volunteers;
  - Give feedback to volunteers on regular basis;
  - Provide opportunities to do volunteer work either one-on-one or in groups.
4. Establish pathways which maximise access to volunteering opportunities
  - Tell volunteers about the e-bulletin so they can keep in touch with organisational events and news;

for Volunteering especially in regards to ongoing evaluation and improvement.

- Conduct exit interviews to capture the good news behind volunteers leaving e.g. moving on to TAFE, computer courses, studying welfare;
- Provide formal one-on-one supervision and review of current role at 3-6 months (this may lead to promotion or change of role);
- Identify volunteers' future aspirations and goals.

**For a copy of the full report go to:**

<http://e-learn.acu.edu.au/v21/PublicDocuments/V21finalreport.pdf>

**For further information contact:**

Amanda Gruhn – Volunteer Programs Coordinator

[amandagr@bensoc.org.au](mailto:amandagr@bensoc.org.au)

t 02 9339 8086

# COMMUNITY BUILDING AND HEALTH: Lessons from two communities on the NSW Central Coast

Amanda Howard, Project Worker with The Benevolent Society for The Central Coast Primary Health Care Network

The report was auspiced by The Benevolent Society and sponsored and supported by Northern Sydney Central Coast Health; Central Coast Division of General Practice; Gosford City Council; Wyong Shire Council and The University of Newcastle.

June 2006

## 1. Introduction

This project is one of three that formed part of the Central Coast Primary Health Care Network (CCPHCN).

The project is based on an extensive body of Australian and international literature. This literature identifies a link between activities in communities that build connections and relationships around common ground, and the health of the people who participate in those activities.

It is about documenting some very practical ways in which community building activities can create an environment where the health of individual community members and the community as a whole, improves significantly.

The project took place over 12 months from November 2004 – November 2005.

The two communities that participated in the project were San Remo in Wyong Shire and Wyoming in Gosford City.

## 2. Aims

Its objectives were:

- To observe and document the community building work taking place in two communities on the Central Coast;
- To map any evidence of links between this work and the health of people in those communities;

- To develop a Community Building Model based on the evidence from the two communities and other research;
- To develop some practical tools for community building that could be used by health workers, GPs, community workers and community members to assist in building strong and healthy communities;
- To recommend a range of options for further work with regard to community building for health outcomes at a local level.

## 3. Findings

Some major themes and lessons emerged from the community building work in San Remo and Wyoming.

These illustrated the capacity of community building to create an environment and specific opportunities for community members and agencies to work together on improving health and well being.

The activities and processes taking place in the participating communities were successfully addressing a range of health issues for participants and the broader community. These issues ranged from diabetes and obesity to mental health and drug and alcohol problems.

The activities and processes included:

- connecting people with each other;

- creating opportunities for collective local projects; and
- building pathways for individuals to develop confidence and skills.

The potential for community building processes to act as a significant improver of health for individuals and communities is illustrated throughout the report.

The recommendations outline a number of ways that this work can be better connected to health outcomes and more effectively include stakeholders within and outside the health care system.

## 4. Recommendations

### Recommendations if additional resources are available:

- Develop and implement training for Community and Health Workers about using the Community Building Model developed by the project as part of their work;
- As part of the continuation of the project, work in partnership with participating communities and agencies to actively seek participation from local GPs as part of their ongoing community building efforts;
- Assist communities to work with GPs and frontline health workers to develop practical and achievable pathways for information flow regarding health trends observed at a local level to contribute to community building activities;
- Partnership opportunities be investigated between Central Coast Northern Sydney Health, the University of Newcastle, local government, and other stakeholders to resource and co-ordinate a process for the collection, analysis and use of health data on a suburb by suburb basis on the Central Coast. This is essential if changes to health outcomes over time, as a result of

community building activities, are to be monitored and measured;

- Longitudinal research should be resourced that includes the development of instruments and measures the success of community building activities and of their links with health and well being in local communities on the Central Coast, over 10 years;
- Support should continue for the work of the Community Drug Action Teams (CDATs) in San Remo and Wyoming as important local health development structures. With CDATs now the responsibility of NSCCAH, their role in improving a broader range of health outcomes should be explored;
- Further development should take place using this CDAT structure (of bringing agencies and community together and providing small amounts of funding for local projects) and the Community Building Model described by the project with the aim of expanding this work into other communities on the Central Coast;
- Community/ neighbourhood/ youth centres should be recognised as informal health development structures in local communities and opportunities to develop partnerships and gain resources to expand this role be actively investigated.

**Recommendations if no additional resources are available:**

- Information be disseminated from the project to those engaged in community building activities on the Central Coast. This could be done by providing a CD copy of the project report to all attendees at the Central Coast Community Congress 2006, by placing the report on the Congress and NSW Community Builders websites, and by making copies available through key local agencies such as councils, neighbourhood centres and community health centres;
- Work with the Division of GPs to collaborate with GPs who are prepared to champion the benefits of community building for health.

**For a copy of the full report go to:**

<http://www.bensoc.org.au/uploads/documents/community-building-and-health-jun2006.pdf>

**For further information contact:**

Margot Castles – Facilitator of the Community Action Program

[margotc@bensoc.org.au](mailto:margotc@bensoc.org.au)

t 02 4353 4688

# LIVING AT SCARBA HOME FOR CHILDREN: A history of the Scarba Welfare House for Children (1917–1986) in the context of child welfare practice in NSW

Kathryn Squires and Dr Lisa Slater

February 2006

## 1. Introduction

Scarba Welfare House for Children at Bondi in Sydney provided short-term accommodation for approximately 30,000–40,000 children between 1917 and 1986. This history provides information about institutional life at Scarba Welfare House for Children against a background of the welfare policies and practices of 20th century New South Wales. Living at Scarba Home for Children is part of The Benevolent Society's response to the Senate Committee report *Forgotten Australians: A report on Australians who experienced institutional or out-of-home care as children*, which documents the experiences of children in institutional care in Australia in the last century. The Committee made a number of recommendations, one of which was that organisations which formerly ran institutions make their records and histories available.

The Benevolent Society has responded to the recommendations of the Senate Inquiry in a number of ways: by issuing a public apology, developing improved mechanisms to respond to former residents of Scarba Home, and writing this history to document what we know about life at Scarba Home. In researching Scarba's history we aimed to document and make public what we found about the running of Scarba Home; to provide some 'closure' for those who experienced care at the Home; to set the history of Scarba Home against the backdrop of care practices in NSW; contribute to knowledge about

past care practices; and use the lessons from past mistakes to guide our current practice and make sure such mistakes are not repeated.

## 2. Care practices in Australia

Care practices in the first 90 years of the colony featured institutionalising destitute and vagrant children in barrack-like industrial or reform schools.

A Royal Commission in 1888 was the catalyst for a period of de-institutionalisation with boarding-out (foster) care as the desired alternative. This heralded the beginning of foster care and of valuing the family as a socialising agent. The separation of Aboriginal children from their families was an early and (still) continuing feature of colonial practices, as was the migration of thousands of unaccompanied children to Australia, predominantly from Britain, Ireland and Malta. Despite the late 19th Century recognition of the value of the family, which was reflected in social policy, care practices in Australia have tended to replace the family with out-of-home care, rather than provide the support needed for a child to remain at home.

In 20th Century NSW, the majority of State wards were removed into foster care rather than institutions, however hundreds of institutions both government and non-government existed. The non-government institutions housed children placed by their parents

in times of crisis and hardship, the government institutions housed State wards. There is little evidence of how children experienced life in children's Homes. The evidence suggests that physical rather than emotional care was the main marker of good practice and a well regarded institution would have been regimented and clean, with well disciplined children.

The combination of the invisibility of the children living in institutions and their insularity meant that as theories of child development shifted in the 1950s and 1960s, institutions were slow to shift their practices to understand and accommodate children's emotional and attachment needs.

The past 40 years has seen a dramatic change in what is considered acceptable child welfare and childcare practice. From the 1950s, developments in psychology radically altered parental advice and drew attention to the adverse effects of institutionalisation. The late 1960s saw the closure of some large institutions and the introduction of family group homes, with smaller numbers of children cared for by house mothers and fathers. This trend continued in the 1970s, with the mounting criticism of institutionalisation by peak bodies such as the Association of Children's Welfare Agencies and the social work profession. Major policy initiatives such as the introduction of income support for sole parents, the increased availability of effective birth control and the beginning of services to support families and prevent child removal, represented perhaps the most significant contribution to the decline of institutional care.

### 3. Scarba Home

The history of Scarba Home is set against and reflects this backdrop. Unfortunately few records were kept at Scarba Home prior to 1965, which means we are limited in what we can definitively say about the Home's

operations prior to this date. However a search of records both at The Benevolent Society and the Mitchell Library at the State Library of NSW yielded some useful information. We also spoke with a number of former residents, staff and Board Members to get their firsthand accounts. A literature review into institutional care policies and practices provides useful context to Scarba Home's operations and the likely experiences of the children who spent time there.

*Living at Scarba Home for Children* looks at Scarba Home's history over a number of different phases: the establishment and early years (1917–20); the period of stability under Matron Chapman ending in the early 1960s; a period of change in the mid 1960s influenced by the changing framework of child welfare practices; and increasing instability and crisis in the later 1960s and 1970s as the Society grappled with the shift away from the institutional care of children.

Scarba Home was operationally different from most Homes in that it provided short-term care for very young children and was funded and operated more like a hospital than a typical Home. Despite this, practices at Scarba Home appear to be grounded in the broader context of social policy development and welfare provision over the 19th and 20th centuries.

For most of Scarba Home's operation from 1920–63, Matron Chapman was in charge. We know little about practices at the Home under her management, but the indications are that the Society was happy with her administration. Unfortunately we have been unable to find any children's records for this period and although Matron Chapman reported numbers of children accommodated annually we have no historical records other than what is documented in Annual Reports. The few reports we have from residents during this time reflect a harsh regime with little attention paid to their social and emotional needs.

Practices revealed by the research and consistent with what we know of the times included: separation of siblings with dormitory-style congregate care arrangements; removal of personal clothing and toys; attention to physical rather than emotional needs; instances of kindness and care shown by individual staff; prop feeding of infants as well as instances of harsh physical punishment which would have been beyond the corporal punishment practices common to the times.

The 1960s saw an increased interest in the psychological needs of children in care. A number of organisations were changing their practices in line with new thinking and, by the mid 1960s, The Benevolent Society was starting to implement some of these changes. This is reflected in the Society's increased interest and scrutiny of the Home, improved documentation and the employment of social workers to work with families. Despite these changes and a number of reviews recommending reform, The Benevolent Society was slow to implement a number of important reforms and lagged behind in a number of areas considered to be good practice at the time.

By the early 1980s, Scarba Home was winding back its residential services and The Benevolent Society had increasingly moved away from residential care to a model of family support, outreach and day care services. The Home ceased operations in 1986.

## 4. Lessons for the future

This history has lessons for The Benevolent Society and the broader social welfare sector. The history illustrates the importance of ensuring that vulnerable people who come to us for help get an open and collaborative response to their request. It illustrates the need to ensure that clients and their families are central to any decision-making processes about their lives. It also highlights how critical it is that new evidence and knowledge about working with people and their communities gets rapidly translated into good practice on the ground. Today, The Benevolent Society runs a range of services for children and their families. Our focus is on creating inclusive, child-friendly communities in which parents and children can develop strong and supportive relationships, not only with each other but with their local community. We have a number of initiatives that focus on early childhood intervention, through which we aim to help families before they reach a crisis, as well as child protection services, where we work closely with parents to prevent their children being placed into care. We play a role in advocating for policies that will protect and enhance the wellbeing of children and families, and we are involved in State and National initiatives to make Australia a better place for children in the future.

**For a copy of the full report go to:**

<http://www.bensoc.org.au/uploads/documents/living-at-scarba-may2006.pdf>

**For more information contact**

Annette Michaux – General Manager, Social Policy and Research

[annettem@bensoc.org.au](mailto:annettem@bensoc.org.au)

t 02 9339 8065

# A PARTICIPATORY MODEL OF EVALUATION OF COUNSELLING AND NATURAL THERAPIES SERVICES

Ione Lewis (University of Canberra) and Jessica Lopez (The Benevolent Society)

Feedback and Reference Group: Marie Beattie, Glenda Fletcher, Jan Abello, Pat Prior and Deborah Mapp.

2006

## 1. Introduction

This research study has led to the development of four unique evaluation tools, grounded in clients' own language, for individual counselling and natural therapies services. This study provides a participatory, innovative model of evaluation that can be used by other health and community services in the ongoing improvement of individual services. The research project was developed to answer the question, 'How can women's experiences as clients contribute to a more effective evaluation of individual holistic services offered in women's health centres?'. This study aimed to develop reliable and user-friendly individual services evaluation tools in consultation with clients, which are grounded in the language they use to describe their experiences of counselling, naturopathy and massage, to measure outcomes in individual health services. Evaluation in this project was seen as one aspect of 'client consultation' and as an effective method of consulting with clients about the aims and goals of the centre and its professional practices.

## 2. The research approach

In this study, qualitative evaluation data collected by The Benevolent Society's Centre for Women's Health, and data gathered in focus groups and interviews with clients, has been analysed using N\*Vivo to determine women's experiences

of individual services offered by the Centre for Women's Health. Researchers analysed data collected in surveys of clients attending individual services at the centre conducted in 1999 and 2005. This analysis formed the basis for the development of questions in four unique evaluation tools for domestic violence counselling, counselling mid to older women about issues affecting their wellbeing, naturopathy and massage therapy. The tools were piloted in focus groups of clients and health workers, and then refined on the basis of this feedback. This research process was conducted using a reference group of clients and community members who were trained in various aspects of the research process. This study has drawn on the philosophy of capacity building in the reference group's active participation in evaluation and service planning, and has contributed to the continuous improvement of a women's health service.

## 3. Findings

The study aimed to develop a participatory, innovative model of evaluation able to be used by other health centres in the ongoing evaluation and improvement of individual services. It has been the practice of The Benevolent Society's Centre for Women's Health in Campbelltown to engage women actively in evaluation and planning, yet this practice has not previously been adequately documented, analysed or constructed into an integrated theoretical framework. Whilst women's health centres may

have practised inclusiveness and communication with their clients in terms of evaluation, the theoretical underpinnings of these practices have been neglected in the literature. The researchers have worked to develop the client consultation process further, and to analyse and place this participatory practice in a theoretical framework. This model has fundamentally relied on the participation of clients and community members in the process of developing user friendly evaluations. This research project, based in a region of great socio-economic diversity and areas facing social disadvantage, has given insights into local women's perceptions of holistic methods. Their perceptions have informed the development of the evaluation tools.

#### **Themes emerging from the data**

Themes from the collected data cluster around three major categories of presenting problems (reasons women came to the service), facilitating and hindering factors (women's experience of the service) and service outcomes (what women say that they received from the service).

#### **Presenting problems**

In answer to the survey question 'what first brought you to see a worker here?' clients' responses fell into four main reasons: seeking help for domestic violence; seeking help and coping skills for depression and loss; seeking natural treatments; and help with pain. These four groupings correspond to the four service areas of Domestic Violence counselling, Mid to Older Women's Health counselling, naturopathy and massage therapy.

#### **Facilitating and hindering factors**

The facilitating and hindering factors identified in the analysis of the data clustered around ten themes: the worker as 'neutral' or uninvolved in women's day to day lives, the worker's use of listening skills, the creation of a positive atmosphere, the worker's friendliness,

the provision of emotional and practical support, a non-judgemental attitude, the worker taking a guiding role, the experience of the counsellor, having control over the process and treating the whole person.

#### **Service outcomes**

Seven outcomes were identified through the data analysis process: not feeling alone, a sense of self, a positive sense of the future, learning new skills and information, being able to help self, reduction of physical symptoms and positive effects on emotional wellbeing for women accessing natural therapies.

## **4. Recommendations**

#### **Using the evaluation tool**

Four tools have been developed that have captured process and outcome indicators for each unique service and are couched in women's language and are based on what clients value in women's health services.

The women who participated in this study in this way have set the aims for the service, as the themes that emerge from the data analysis have determined what will be evaluated. The participation of workers in commenting on and further refining the tools creates a sense of ownership and reduces resistance to using the tools in their practice. The evaluation tools reflect the needs and experiences of a range of women accessing the four services between 1999 and 2005. The tools should be reviewed regularly to ensure they capture the current needs and experiences of women accessing services, as these are likely to change over time.

#### **Implications for practice**

This study has not just resulted in the tools but also has provided a guide for the Centre on what works for women in how services are delivered. The inclusion of all stakeholders, women, workers and managers, was necessary to ensure that the information and feedback that came

from this study, and from the ongoing use of the evaluation tools, will influence the centre aims and service delivery. In this way, feedback from clients has strongly influenced the development of Centre goals in ongoing service planning and delivery.

This study has been respectful of the unique differences across services in terms of their delivery and outcomes and has captured women's language about these experiences, and used these unique differences to develop questions for each of the four services. This process of developing evaluation measures specific to the service can be utilised across a range of service contexts. This process ensures that consumers have real input and participation in evaluation and planning in more than a tokenistic way. In this model, evaluation forms the basis of service planning by measuring the aspects of service delivery valued by clients and using these as service goals.

**For a copy of the full report contact:**

Wendy Graves – Manager, Administrative Services, Centre for Women's Health  
wendyg@bensoc.org.au

t 02 4627 2792

# SAVER PLUS: encouraging savings and increasing financial capabilities among low-income families

Evaluation of the Saver Plus pilot phase 2 summary report by Roslyn Russell (RMIT), Sandra Mihaljilo (RMIT), Aruna Nair (RMIT), Rob Brooks (Monash University).

Saver Plus is an initiative of ANZ and the Brotherhood of St Laurence and the pilot program was implemented through partnerships with Berry Street Victoria, The Benevolent Society and The Smith Family. Since the pilot, the program has been expanded by the partners in locations around Australia, and now also has the support of the Victorian Government.

September 2006

## 1. Introduction

Saver Plus is a program designed to help families on low income improve their levels of financial literacy, develop a savings habit and build assets for educational purposes. The program is an initiative of ANZ and the Brotherhood of St Laurence (BSL) and has been implemented through partnerships with Berry Street Victoria, The Benevolent Society and The Smith Family.

This document presents the results of the second savings period of the Saver Plus pilot program that ran from October 2004 to December 2005 in four locations: Frankston (the Brotherhood of St Laurence), Shepparton (Berry Street Victoria), Campbelltown, NSW (The Benevolent Society), and South East Queensland (The Smith Family).

Saver Plus is comprised of three components: matched savings at a ratio of \$2 for every \$1 saved; financial literacy education; and relationship management. Those eligible to join the program were parents or guardians of children enrolled in a government secondary school in the year 2006; had a Centrelink Health Care Card or Pension Card; additional earnings through part-time, casual employment or self employment; and a demonstrated capacity to save. Participants were directed to save towards a goal that relates to secondary school education costs.

## 2. The participants

Across the four sites, 408 participants completed the second savings period of Saver Plus (399 agreed to take part in research). There were 44 participants who withdrew from the program during the course of the savings period. The majority of the participants were female sole parents, aged between 30 and 50 years (average age was 42). For the purposes of the evaluation, the participant population of savings period two was analysed as three distinct groups: new participants across the four sites; a group at Frankston from the first savings period who were allowed to continue for a second time at a reduced matched savings rate of \$1:1; and also a group of Iraqi participants in Shepparton. Each group is analysed separately in the evaluation.

## 3. Findings

### Savings behaviour and goal achievement

- Approximately 95% of all participants met or exceeded their savings goal (with nearly 36% exceeding their goal). This is a little higher than the first savings period where 92.4% met or exceeded their savings goal.
- The average amount saved by the participants was \$1,214 with the average monthly saving of \$125.
- The item most commonly saved for and purchased was a computer or computer related equipment.

- A total of \$688,579 matched funds were disbursed.
- All but one participant indicated they planned to continue saving after the program finished and three months later 86% of focus group participants reported they had maintained their saving or were saving more than they did during the program.

### **Financial literacy and money management behaviour**

Over 80% of participants found the financial education component to be useful or extremely useful. There were many additional benefits that were gained apart from new knowledge and skills. Participants greatly benefited from the social connection from the classes, formed new networks and enjoyed being able to share their experiences with others. Approximately 96% of the focus group participants reported an increase in their ability to plan and manage their money since undertaking the Saver Plus program.

### **Effects and benefits from the program**

Approximately 99% of participants reported a positive experience of the Saver Plus program. The program brought additional effects and benefits to the participants apart from their savings and receiving the matched funds. Participants reported:

- A greater emphasis on planning for the future
- A more positive outlook on life
- A greater level of confidence
- Greater levels of self-esteem
- A sense of achievement in reaching a goal
- Reduced stress levels

The top three benefits from the program were: getting the matched funds, getting what was saved for and reduced stress.

However, there was evidence that the participants changed priorities during

the program. At the beginning of the program, 80% of participants said they joined so they could receive the matched funds but by the end of the program only 34% said that receiving the matched funds was one of the top three benefits.

### **Frankston continuing group**

From the group of participants in Frankston who joined for the second savings period, 90% were successful in achieving their goal in this phase compared to 96% in Phase 1. However the proportion of individuals who exceeded their target amount was actually higher this time around, rising by 10 percentage points from 29% to 39%. Those participants who did not succeed in meeting their goal in the first phase of the program were more likely not to succeed in the second phase as well. When compared to the first phase, nearly 40% of this group found it easier to save this time around, which could indicate that saving was indeed becoming a habit. Approximately 82% of the continuing group plan to keep on saving the same amount or more than they did during Saver Plus.

### **Iraqi group**

The 34 Iraqi participants in Shepparton found the program to be an extremely valuable experience and were successful in achieving their savings goals. All participants were aiming to save \$1000 and 30 out of the group of 34 succeeded in meeting that goal. The effects of the program on the Iraqi participants were similar to that of the other groups and many made changes to their general money management behaviour by reducing the use of credit, distinguishing between needs and wants, using a budget and implementing a regular savings plan.

### **Key success factors**

As in the first savings period, the conceptual framework of the Saver Plus program proved to be successful. The incentive of the matched funds is a crucial element in attracting participants

to the program; the education program gives the participants the 'tools' needed to succeed in achieving their savings goals; and the relationship management provides support when needed.

## 4. Implications for the future of Saver Plus

This evaluation found the Saver Plus pilot to be successful, and since then it has been rolled out over 18 sites across Victoria, Queensland, New South Wales and the ACT. The program will operate over three years with minimum saving periods of 10 months and maximum of 18 months.

The matching is now \$1 to each \$1 saved instead of the higher \$2 to \$1 saved as seen in this study. The non-profit organisations involved in the delivery of this program felt the lower matched rate was still enough incentive to involve participants and that by lowering the matched amount, twice as many participants could be involved.

**To read the full report go to:**

<http://www.anz.com/aus/about/saver/Evaluation.asp>

**For more detail contact:**

Cate Lyons-Crew – Financial Inclusion Program Manager

[catherinel@bensoc.org.au](mailto:catherinel@bensoc.org.au)

t 02 9130 2381

# PARTNERSHIPS IN EARLY CHILDHOOD: Data Collection Round One Process Evaluation

Original report prepared for The Benevolent Society by Cathy Thomson, Kylie Valentine and Tom Longden, Social Policy Research Centre, University of New South Wales

Expert Adviser: Dr Linda Harrison, School of Teacher Education, Charles Sturt University

2007

## 1. Introduction

Partnerships in Early Childhood (PIEC) aims to build on the existing strengths, skills and resources of major child care providers to promote strong, healthy relationships between children, child care and preschool staff, families and communities. The Benevolent Society works in partnership with Wyong Shire Council, Campbelltown City Council, KU Children's Services and Lady Gowrie Child Centre to deliver the PIEC program in 14 child care centres and preschools. The PIEC program is funded under the Commonwealth Department of Family and Community Services, Stronger Families and Communities Strategy (SFCS), Invest to Grow program. The PIEC program operates in communities on the Central Coast, and in Sydney's south eastern and south western suburbs.

The Social Policy Research Centre was contracted to evaluate the PIEC program. This report summarises the baseline data collected for the formative or process component of the evaluation. The process evaluation was conducted in six sites, two in each of the three areas and included interviews with key personnel from the partner organisations and The Benevolent Society, child care and preschool staff and parents about the development and implementation process of the program.

Key findings from the interviews have been organised into key themes emerging from the data to address the research questions: context and background; operation of the PIEC program; introduction of the PIEC program; implementation and conditions for change.

## 2. Context and Background

- Differences in family demographics, emergent social and emotional difficulties of children and type of setting have all had an impact on the implementation of the program.
- In many cases trusted child care and preschool workers are crucial to implementation through their role in introducing parents to PIEC workers and acting as ambassadors for the program.

## 3. Operation of the PIEC program

- There is variation on the emphasis being placed on the different activities of the PIEC program between settings. All sites are doing (or planning) all the PIEC program activities.
- There are advantages and disadvantages to these variations in implementation. One advantage is that it uses the skills and expertise of individual centres and preschools and allows staff to determine and respond to these needs. One disadvantage is the risk that the theoretical framework of the intervention could get lost as its implementation varies from one area to the next.
- Another risk is that attachment relationships and changes to practices in child care centres and preschools become the focus only in areas where other needs are not urgent.

- Despite variations in emphasis of the program all PIEC workers provide support, information, feedback and informal and formal training to child care and preschool staff.
- In all cases child care and preschool staff viewed the PIEC worker as a highly valued additional resource.

## 4. Introduction of the PIEC program

- Partner organisations were very enthusiastic about the principles of the PIEC program and about working in partnership with The Benevolent Society.
- Some concerns were raised about the lack of clarity in the role of the PIEC worker and uncertainty about policies and procedures.
- Interview participants reported that they have spent time in the last twelve months developing documentation around these issues and that they expect this will make a difference in smoothing the operations of the program in the future.
- There is a need to balance the capacity for the PIEC program to be a context-responsive approach, sensitive to the requirements of individual child care centres and preschools, with guidelines and protocols that both PIEC workers and child care and preschool staff know and support.
- There is a high administrative burden imposed on directors through their involvement in meetings and planning.

## 5. Implementation

- 'Buy in' from the partner organisations and directors has been vital to the successful implementation of the program.
- Understanding of the theoretical and practical components of the

program by directors and partners is also essential for successful implementation.

- It is important that the PIEC program is introduced gradually, while accommodating the particularities of individual sites, staff and relationships.
- A noticeable change in staff willingness to embrace the program occurred once training in attachment and circle of security was provided.
- All the parents who spoke to us were very supportive of the PIEC program and welcomed it as additional expertise and improvements to the quality of their children's experience of child care and preschool.

## 6. Conditions for change

- There were a number of characteristics of settings that fostered openness to change and ready acceptance of what the PIEC program entails. These include: a workplace environment of security and respect where staff felt their expertise and practice knowledge was respected during the introduction of the PIEC program; time taken to build relationships between PIEC staff and child care and preschool staff and PIEC staff and parent and children; gradual introduction of changes; and support for staff at all levels in changing practice.
- There were also a number of characteristics of PIEC workers that appear to foster change and acceptance. This happened when the PIEC worker: adopted the practices that are usual to the centre or preschool; was familiar with early childhood settings and PIEC's theoretical basis; occasionally assisted with cleaning, caring and routine duties; worked as part of the team; was unobtrusive; and took time to get to know the staff and parents.

### Barriers and facilitators to change

- Some resistance to changing practice happened when there was a disconnect between staff practice knowledge of 'what works' and the model of care proposed by the PIEC program.
  - Change seemed to have been easiest in sites where there was a focus on the theory behind the PIEC program and the emphasis on relationships and children's needs.
  - In a number of sites the easiest and most effective way to introduce the program was to emphasise the new language for existing practices and development of what was already in place.
  - Limited time available for PIEC workers to talk to staff, and for staff to step back and reflect on the information provided by PIEC workers, was a common issue raised in the interviews.
  - Many families across the regions have difficulties and needs that are not readily addressed by any one intervention. It is important that the PIEC program connect parents to services and provide information and training to parents, but this type of intervention is known to be very difficult, time and resource intensive, and with difficult-to-measure effects.
  - Establishing connections with families is difficult when PIEC staff are only in the centres or preschools part-time and parents are usually rushing to either drop off or pick up their children.
- Considerable changes seem to have resulted from the implementation of PIEC, although it varies from site to site depending on the emphasis placed on the different components of the PIEC program.
  - In most sites, from the perspective of both directors and staff, the introduction of the PIEC program has led to an increase in staff's reflective capacity and the language used in relation to children's social and emotional development.
  - In some sites the introduction of playspaces has meant they have a greater capacity to observe the children and focus on their needs as they move in and out of activities.
  - In the area where the PIEC program has focused more directly on linking families with the service system staff noted that they now were more aware of the range of services available to support families in the local area.
  - Parents who attended the information and parenting sessions found them very informative and useful.
  - Child care and preschool staff reported that one of the main benefits of the PIEC program for children was having an extra person who had the capacity to just focus on their needs and interact with them without having to look after their physical needs or the surrounding environment.

### Key changes

- The length of time the PIEC program has been operating in the six sites involved in the process evaluation also varies which influences the degree to which changes have occurred.

The principles of the PIEC program are being incorporated into the sites, but participants emphasised that it will take time and support for this to happen. Overall the PIEC program was highly valued by the interview participants including partner organisations, child care and preschool staff and families.

#### For more detail contact:

Greg Antcliff – Senior Manager  
grega@bensoc.org.au  
t 02 9339 8000

# THE EASTERN SYDNEY COMMUNITY LEADERSHIP PROGRAM EVALUATION

Joy Murray

2006

## 1. Background

The Eastern Sydney Community Leadership program was funded in 2003 for two years as part of the Australian Government's Stronger Families and Communities Strategy 2000-2004. It was awarded \$216,360 to build the leadership capacities of residents of five public housing estates in the Eastern suburbs of Sydney: Mirrabooka, South Coogee, Namatjira, Bilga and Soldiers Settlement/Matraville. In 2005 the project was awarded a further \$141,936 for a 16-month extension as a Local Answers project.

The program was managed by The Benevolent Society and reported to a number of local networks as well as to a steering committee made up of service providers and program participants. Throughout the three years participants set the agenda for the coming six months; service providers offered support for the agenda set by participants.

Workshop leaders provided skills and experiences in preparation for leadership, or for building networks. The program also put participants into leadership positions either conducting courses themselves or managing a community event.

## 2. Evaluation

The evaluation began in October 2006, three months after the end of the program. Nine participants were invited to assist. They interviewed each other, edited texts, workshopped the

theoretical framework and signed off on the final document. In addition they wrote autobiographical details, and recommendations for future leadership programs. The data that resulted from interviews was analysed through a constructivist framework, to identify processes from which new learning emerged.

## 3. Theoretical framework

Cybernetics theory underpinned the Leadership Program and was used to explain the learning that took place. Cybernetics says we are always part of the system and there is no-one sitting outside who can tell us unequivocally what things mean. We create our own meaning in communication with others. In this paradigm there is no one 'right' view of the world, we see what we believe to be 'reality' from our own perspective and often have to agree to disagree with others who see a different 'reality' from a different perspective. In a cybernetic view of the world we find ways to 'fit' together. We, and our environment, have a co-history of change that happens second by second over life-times. The learning environment afforded by the Leadership Program emerged from this cybernetic worldview.

## 4. Results

The nine participants were asked about what they had learned in the Leadership Program and why they had learned what they learned, what sort of learner they were, and what motivated them. Although

there were many similarities in the things people nominated there were also major differences. When examined in detail the responses show that what was learned by each individual fits with their own particular lifetime learning experiences and is distinctly different for everyone.

They were asked not only why they learned and what they learned but also what the breakthrough was for them and what part of it in particular suited their learning. For some it was learning a skill, for others it was encountering an attitude or opportunity. In most cases a strong link between the learning breakthrough and previous significant learning events can be identified. People also gave different reasons for their learning. Some were to do with personal interest, some focused on the future, while others suggested practicalities such as that courses were local, accessible and free. When asked what they got out of the program participants nominated a range of areas including skills, confidence, a sense of satisfaction and friendships. The outcomes of the program were different for different people but can be seen as a logical progression of previous learning, or can be understood from the perspective of what each participant had cited as important learning. To delve further into outcomes two more questions were posed, one about unexpected outcomes, the other about changes in confidence and what this meant for other life changes.

Outcomes fall into clusters of attributes essential to leadership: communication skills; friendships and people skills; assertiveness and decision-making; and creative and technical skills. Some of these skills were directly offered as courses in the program, although each would have taken up no more than three days of the entire three-year program. Most of the outcomes identified are incidental to any workshop or course offered.

Participants were asked about life changes, the application of learning to life and about becoming a leader. Again the participants not surprisingly applied their

different learning to their lives in different ways. When asked what had changed in their lives since becoming part of the program some participants nominated fundamental changes ranging from putting on weight to undertaking full time studies, and although they vary widely each can be seen as a logical extension of life's trajectory for each individual.

One test of the success of the Leadership Program, based on the intent of the program to develop leadership skills in residents of government housing estates, must be the ongoing leadership roles undertaken by participants. The nine participants played a range of different roles and suggested a number of ways in which they had been or continued to be leaders in the community. Most were leading by example in some way, undertaking further education, showing family and friends the possibilities of participating in courses or taking on roles in the community. Six months after the end of the Leadership Program most had taken on some kind of leadership roles acknowledged in the community.

Learning identified by participants as being acquired by them during the Leadership Program was, in many cases, incidental to the focus of the workshops and courses that they attended, rather it was triggered by the whole learning environment. Often the particular learning identified by participants could not have been predicted by any teacher. A question aimed at uncovering how the environment triggered learning, was linked to the idea expressed in the theoretical framework, that we are all 'teachers' all the time because people in our environments change as they 'bump up against us', just as we also change in the encounter. In this cybernetic view of the world change is the same as learning. Thus the question was asked: what did you learn from other participants? And while no one set out to teach how to interact, how to get along, compromise or value someone's contribution and no one set out to learn these things participants said that they happened. Everyone's contributions became part of someone else's life.

## 5. Conclusions

The analysis of results indicated that everyone learned something that was important to them. In many cases what was learned could be identified as having a connection to survival in some way, hence its importance.

1. In order to survive, socially and emotionally, it seems that a large-scale learning program needs to provide room for people to move around without penalty or question. This was addressed in the Leadership Program through provision of many different kinds of workshops and courses conducted by many different people in a range of locations; and the complete freedom of participants to join, leave, and re-join any group at any time without comment or criticism. It is likely that the lack of value judgements was one of the factors that made people feel 'safe' in the Leadership Program environment. It is possible that this 'freed up' energy to concentrate on creativity and problem solving
2. Having some control over the process and product was deemed important by participants. It maximised the chances of participants connecting. A range of modes of communication also maximises the opportunities to connect with the environment. The program provided IT classes that included setting up an email account, allowing email to be used as a communication tool. In addition it provided facilities and training for a whole range of communication options. The implicit communication of trust inherent in the provision of keys to the Mirrabooka office, like that embodied in handing over control of the agenda, is an example of the way in which communication built relationships, which led to the giving and taking of responsibility, which in turn built leadership skills. Another example of the building of communication skills was through working in groups to achieve a common goal.
3. The program provided as wide a range of course facilitators and teachers

as possible, recognising that different teachers would construct learning environments that would suit the needs of different participants. Much of the learning that participants nominated as important was not what anyone set out to teach. The program did not follow an agenda of leadership skills training. Instead it offered whatever the participants nominated. Even so the learning that resulted could be described as essential leadership qualities and skills. This outcome strongly supports the idea of 'trust the learner' to identify his or her own learning needs.

In the case of the Leadership Program the environment included interactions with The Benevolent Society as an organisation, individuals within the organisation, and the organisational structures, policies and values that allowed for this particular leadership program to evolve in this particular way. Whatever applied to participants above also applied to the coordinator, teachers, supervisors and members of the wider infrastructure that supported them.

## 6. Recommendations

- An evolutionary framework allowing the program to be 'made up as it goes along';
- Non-judgemental premise recognising that decisions arise out of the need to survive;
- Responsibility taken for the environments we create recognising that the learning that occurs is contingent on them;
- Provision of wide means of communication, authentic needs to communicate and opportunities to build relationships;
- Trust the learner – from wherever you stand in the system/environment.

The recommendations below were offered by some of the nine participants. Rej provided the following:

- identify each job and break it down into simple steps
- research as much as you can first
- plan a long way ahead
- most importantly the people, some help as much as possible, some promise to help and don't, or put forward their idea then expect you to follow through; the people you really need seem to be found through attrition
- judge people by what they actually do not what they say they'll do – you may have to work around people because they want to help but can't always or don't quite follow through
- learn how a meeting should be run – have one chairperson to keep the meeting on track!
- provide opportunities to become more knowledgeable
- ask people to nominate the courses they want to do – that's what kept me coming back as they were all things I was interested in.

Phyl said that: “to set up a Leadership Program you need people from all walks of life and of different age groups, and many of them, as a lot will drop off along the wayside.” Esh suggested, “that the project is only as good as the leadership. The quality or personality of leadership in community volunteering ... is crucial.” Donna felt that cybernetics worked as a basis for the leadership programme. What had been most significant to her was how “a group of strangers could come together and learn to trust, share, argue and grow, and above all accomplish whatever it was we had set out to learn or do”. From Jay-Ellen's perspective the following factors were crucial to the success of the program:

- make learning enjoyable
- build community friendships

**For further information contact**

Annette Michaux – General Manager, Social Policy and Research

annettem@bensoc.org.au

t 02 9339 8065

Level 1  
188 Oxford Street  
Paddington NSW 2021

PO Box 171  
Paddington NSW 2021

t 02 9339 8000  
f 02 9360 2319

mailben@bensoc.org.au  
www.bensoc.org.au

The Benevolent Society ABN 95 084 695 045

