Anglicare Australia
in every Community

Paying Attention

State of the Family report October 2013

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Anglicare Australia is a national network of locally grown, governed and managed, faith-based social service agencies. We are in it for the long term: committed to advocacy based on experience and to working in partnership with local communities and individuals, parishes and other agencies.

The 41 Anglicare Australia member agencies have a combined annual expenditure of over a billion dollars. They provide assistance to families, young people, the aged, the unemployed, and to vulnerable and homeless Australians. They also work with Indigenous Australians to overcome disadvantage.

Anglicare Australia: local presence; national togetherness

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Foreword

The *daily examen* is a technique of prayerful reflection on the events of the day in order to detect God's presence and discern God's direction for us. Derived from Ignatian spirituality, the *examen* is an ancient practice in the church that can help us pay attention and so see God's hand at work in our whole experience.

This need to pause and pay attention to what has happened and what needs to happen applies to organisations as much as it does for individuals. Taking time to intentionally review what we have done and what we ought to do assists us to focus and give attention to those things that matter most. Particularly those things or people most likely to slip from view.

In this volume of essays we read how members of the Anglicare family have paid attention to their context especially the people with whom they work, including, inevitably, those living in poverty and hardship. The essays challenge us. They seek to provoke us to take action and I commend them to you.

May each of us create the opportunity to pay attention.

Rt Rev Chris Jones
Chairperson
Anglicare Australia Council

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Introduction

Do you know what you are doing and why?

This question strikes at the heart of all organisations. And for community organisations focused on the public benefit, if they are not asking this question of themselves, others are: governments, parishioners, donors, sponsors, rivals and senior management all want to know.

How do you connect to the communities, and to the people, that you work with?

How does your connection with the community and people shape what you do? *Does* it shape your work: do you innovate, do you react?

This book of essays, our State of the Family report for 2013, began with such questions. How do organisations in the Anglicare network, who are in the business—what has become the big business—of helping others, make sure that they are on the right track? Are we doing what is innovative, effective and meaningful, rather than what has always been done simply because that is what has always been done?

There are further, unsettling questions about the value of the work. Is any kind of community service the equal of any other? Do faith-based (or for that matter philosophically driven) entities offer anything more than a business or government agency?

It is often said that the micro community organisations (the smallest among the non-government organisations (NGOs)), are the most innovative and responsive. This is because they exist in direct response to particular community needs. But they are also the most likely to fold, and have very limited capacity to promote the work they do or the learning that comes from it.

Much larger NGOs, such as many Anglicare network members, have whole human resource divisions looking at staff development; communication or media units promoting the work they do and advocating for programs that could make a difference. They have teams writing tenders for any government program up for grabs. This specialisation within an organisation implies a much greater capacity to get things done, to absorb risk, deal with adversity and avoid burn out. But specialised work has its own focus, and can set its own agenda; an agenda that may have little to do with the people or communities at the centre of the services, or indeed the organisation's original mission.

At its simplest level, we've asked the essayists in this year's State of the Family report to write about how their organisations keep their eyes on the main game, how they connect to the people they serve, and how they discover what will make a difference in those lives.

At another level, it's all about what differences this work makes to our whole society when we invest in people in a profound and careful way.

The key essay this year is from Cec Shevels, CEO of Samaritans Foundation based in Newcastle. He argues that societies favour the strong and tend to shut out those who are weaker and perceived to be different. If we follow Christian teaching, our job is to put the weak and the shut out first; this way of building more inclusive communities was not invented by governments in the twentieth century. But if we are not clear about where we are heading (our vision), Shevels argues, and how we behave towards others (our values), our services will reflect the views of the strong however well meaning we may be. He outlines how far the sector has come in understanding what works for people and what doesn't. His is a deeply thought-through essay: full of compassion and wisdom. Shevels brings a certain kind of vision; a way of seeing the links between us all rather than simply the problems. He encourages us to 'look at' and look deeply rather than 'look past'.

Shevels' point is that all of us have the same complexity, desires and the same need for meaningful connection with each other, the world, or with God. This is so whether we are delivering services or receiving them—and often it's the 'deliverers' who are receiving as well as giving. Understanding this is what underpins our capacity to make a difference.

The other essays in this report pick up on these themes in the practice of Anglicare organisations from across Australia.

Bronwen Hayes finds the stories behind the words to show what fullness of life means in Anglicare Tasmania's vision. How, often, 'fullness of life' is achieved in small but considered ways. The process of arriving at these thoughtful solutions can

appear almost accidental. It depends on the commitment and awareness of staff to see what will perhaps provide the right path for people, and then those people sticking with it.

In a lovely piece of detailed writing, Leanne Wood together with Jo Setter from Anglicare Southern Queensland draws us more closely to the kind of engagement that Hayes foreshadows; one man's path for self-determination. They take us inside a specific approach that assists people make that journey for themselves and why it makes sense to work this way. We get to understand those small and achievable stepping stones back to independence and resilience; the personal, even spiritual, nature of the journey.

> *At another level, it's all about what differences this work makes to our whole society when we invest in people in a profound and careful way.*

Janine Jones helps us step back to consider how Anglicare Diocese of Sydney explicitly drew on its mission when reviewing its care for disadvantaged communities. The scale and scope of its operations gave it the perspective to reach beyond crisis and identify a necessary, changed model of support. Through the voices of clients and staff, her essay expresses the value of a more thoughtful and engaged approach to what was once simply emergency relief.

Lisa Rees links Benetas' origin as an Anglican home for frail older women to its more expansive role researching and promoting public understanding and respect for the aged. Benetas—an aged-care provider with strong roots in Melbourne's Anglican Church—has deep community connections and quite a reach. Rees explores how it uses these connections to promote community-wide understanding.

Finally, in her work with men who are fathers and in prison, Robin Howard throws down a challenge to all of us. Tracing the development of a program run by Anglicare South Australia for men in gaol, her essay scrutinises the limits of our vision and who we see as part of our community. It echoes Shevels' argument about the way society excludes or shuts out some people. Her commitment to

working respectfully with these men is fundamental to our work across the Anglicare network. Viewing prisoners as fathers and recognising the needs of their children can generate change.

The Anglicare Australia network consists of organisations that have grown from local parishes, dioceses and communities even though the funding for programs and services they deliver is often national and inflexible. The pathways out of most health and poverty traps, often with wider structural causes, begin locally and individually. The essays in *Paying attention* describe a fine-grained approach to that kind of interaction. They look at the ingredients that can trigger innovative responses to the barriers that exclude disadvantaged and vulnerable people; and for organisations in a position to make such choices, how that can guide what they invest in next.

If you read these essays carefully, finding the way forward would seem to include a mix of things. It's about individuals, heavily invested in their work and alive to its possibilities; the right people at the right time. And so, for organisations, it is about attracting and keeping and engaging and investing in those people: in the back office as well as at the front line. It means giving them something that matters to them, which connects to their own core purpose, so they will have the conversations and the ideas, and then use the back an envelope—or a serviette—when the occasion arises.

The other vital ingredient is the relationship with the people we describe as clients and the values that underpin our interactions. The most effective partnerships for change are equal ones and Shevels points to the new disability insurance which implicitly gives people living with disability the respect of making decisions and shaping their own lives as a way to build that kind of relationship.

As you read these essays you can see this relationship: people who work within organisations and the people they work with, finding a shared purpose and valuing the contribution that the other makes. Some have generously collaborated with the essayists to ensure their words and stories are told. 'Michael', in Setter & Wood's essay is an example. In all cases they are identified by a pseudonym rather than their real name while staff and volunteers are identified only with their consent.

Our work, whether in large or small organisations, is shaped not only by the communities we serve but the shifting ground of public policy. The essays were written before an election. You are reading them in its aftermath, with a new government that will in turn press its shape into public policy. We are not about to see more public money invested in the kind of services delivered through this network. Priorities may shift but the argument about increasing revenue in order to grow public investment has not even been made, let alone won. What we face instead is a more flexible approach to providing care and services. In part, that is because of a welcome philosophical shift towards giving greater agency and

independence to people receiving care, and partly because there's seen to be efficiencies in having business and not-for-profit organisations deliver those services. Either way, businesses are attracted to people with greater capacity and money over those living in poverty or facing the biggest challenges. Governments are drawn to solutions and people who look likely to provide them. It's up to us to both provide and direct attention to the best solutions as well as to the people most in need of them, those least likely to be courted by the market. It's an old trope—that a society is judged by the way it treats its most vulnerable. But as governments prioritise the services and interventions that they support over the next few years, it is also a pertinent one.

There is no one true path; no single, 'right' way. The changing approach to mental ill health demonstrates that. Institutional care and incarceration right up to the 1970s gave way to what was, in effect, neglect through the eighties and nineties until today's attempts at a community-based recovery approach. What we are now doing in all areas of care and social support will look very different in the future. The point of these essays is that we never arrive. That's why we keep at it. But it's important to keep re-forming how we go about that work.

That is why Anglicare Australia, in commissioning these essays, was so interested in what promotes meaningful innovation and responsiveness.

This was a hard question for the essayists to answer at first. Most of us have a good handle on our mission statements and the goals of projects we work on; but recognising how we can be led by our interactions with the people we serve takes some time. *Paying attention* explores what can spring from an explicit and lived mission that values the people involved. At the most obvious level, that means something more than making a surplus; more too, than merely delivering an agreed-upon social policy outcome. It means a shared commitment to, what Hayes calls, a fullness of life for everyone.

Roland Manderson
Deputy Director
Anglicare Australia

A guest at a Samaritans Christmas Lunch in the Park event.

A great place to live **for everyone?**

A veteran of working with vulnerable and disadvantaged individuals and families, CEC SHEVELS from Samaritans Foundation in the Newcastle-Hunter Valley region of New South Wales, takes a long look back at what he has learned in forty years. He reminds us of what we know and what we constantly forget; about staying true; about acts of kindness large and small, individual and institutional, that keep the vision alive and the spirit nourished; and about looking out for people—whether staff or the people we support. New to the blog scene, Cec Shevels thinks this well may be his longest blog ever.

It's amazing the influence one act of kindness can have.

When I began working at Samaritans some twenty years ago, the wife of a retired bishop rang and asked to talk to me. Dutifully I went to see her. She was quite elderly and had spent many years responding to people in need knocking at the rectory door. Over time she had become particularly concerned about what happens to homeless men when they get older. She wanted me to do something about it and had some quite creative ideas herself on what I should do. I was impressed with her passion for justice and care at such an elderly age. After all, it would be reasonable for her to sit back in well-earned retirement knowing she has done her bit to make the world a better place. But it was almost as if she wanted to make sure someone else would carry on her mission. She wanted to pass on the baton as it were. And she wanted to ensure it remained on track: ringing me from time to time to discuss models of support.

It took some years but eventually we were able to build some units for older homeless men with funding from the Department of Housing. We named the units after Margaret Stibbard, the woman who had the idea. Margaret Stibbard Close is

what they are called. They have a community room where the residents can invite friends and local parishioners on special get togethers. During the first Christmas after the opening, one of the neighbours sent down a Christmas cake and when calling to thank her we found that she had been attracted by the name. It turned out that when she was a child, her family had been helped by Margaret Stibbard. This person is now a regular volunteer at Margaret Stibbard Close.

Ten years later we heard of a 'new' model to support homeless people introduced from the USA—*Housing First*. The idea was that by offering homeless people good quality housing first up, we will have solved 80 per cent of the problem. Margaret Stibbard would have chuckled at the introduction of this new model.
In Lake Macquarie we thought that Housing First was Margaret's idea.

One of the things we learn working in the welfare sector is just how similar we all are—we human beings. We can all be vulnerable to misfortune and suffering and we all have similar wants and needs. The most common response I get from disadvantaged people about what they want in life is that they want mainly what everyone else seems to have. What we all need is opportunity. To love and be loved, to have meaningful work, somewhere to live and the chance to do well. This is not too different from what the staff at Samaritans and similar organisations seems to want too. When I speak to staff I find that it's not just the money—they are not high incomes anyway—but it's the sense of doing something useful, working with good people, having a sense of purpose and value that keeps them with Samaritans.

So it's important for organisations such as ours to be able to say what it is we do, why we do it and who we do it for. To have a vision of what we are trying to do; a sense of purpose that is meaningful to the people we support, to the people working with us and to the way we manage ourselves. A vision statement helps bond Board and staff in a common purpose and brings them back to that purpose.

All sorts of organisations do this through vision and mission statements, whether they are selling goods or distributing services, whether they are small, large or medium in size, not-for-profit or commercial.

I believe it is important that an organisation develops vision and mission statements. They help us focus on what is really important. When an agency is clear about its mission, vision and values this will show through in the way it provides services to the community.

Some organisations have visions for themselves rather than the communities they serve. Usually these vision statements reflect a desire to be leaders or the best in their fields: the Coles/Myer group seek 'to be the best retailer in every market in which we operate'. Some faith-based agencies have visions for themselves to be life-transforming agencies and leaders in their field.

Some organisations begin with a vision but over time it drifts or is supplanted by another vision: influenced by government funding or by changing social values and pressures.

Sticking to a vision can leave an organisation looking out of step or 'behind the times' or even ahead of their time.

At Samaritans our vision is for communities where there is love, peace, justice, reconciliation and dignity for all people, where there is care for the vulnerable and their environment and where each individual has the opportunity to contribute and participate fully in community life. We sometimes describe this as a 'promised land' vision where we dream of how things might be.

Our particular role in building this vision of community is to reach out to those who are left out, shut out because of unfairness, lack of opportunity, discrimination or prejudice. This becomes our mission.

> *We encourage people to let us know whenever we stray from these core values and they sometimes do.*

And at Samaritans we too have found that sticking to a vision can be a struggle. It requires hard decisions; decisions that cost money or support or are unpopular in some quarters.

Values are an extremely important part of any mission statement. Values form the ethical framework that guides an agency's governance and its operations. We can't have values that the Board, CEO and staff do not live and work by. And it is usually the CEO who sets the benchmark.

Integrity is a key word for us. By this, we promise the people we support and each other that our actions will reflect what we say we believe. Many of the people we support have been disappointed in the past by words and promises that mean nothing. We challenge ourselves to 'walk the talk'. We encourage people to let us know whenever we stray from these core values and they sometimes do.

If you look at Samaritans' core values statement, alongside integrity you will also find the words compassion and justice.

It's a strange thing though: while vision statements tend to focus on communities and society, our services tend to focus on individuals and families rather than whole communities. Yet communities seem to develop themselves without government involvement. Look around and everywhere you will see this. People with common interests or concerns come together because they want to.

Churches, for example, have played a key role in Australian history—a sanctuary of mutual support in a harsh new land.

Indigenous people traditionally have lived in clearly demarcated communities geographically and tribally defined. In European villages everyone had their role and people who experienced hardship were supported locally. In fact, people were treated harshly if they moved out of their region seeking work or assistance (vagrancy).

In cities, people continue to form themselves into communities without government involvement: service clubs, life savers, choirs, netball, theatre groups, book clubs, art groups are a few examples and there are hundreds of similar groups across Australia (Lyons, 2001).

Look around and everywhere you will see this. People with common interests or concerns come together because they want to.

While many adults join service clubs, political parties, churches, self-help or recreation groups, certain individuals struggle to connect with others and feel excluded from community life because of intolerance, prejudice and disadvantage. It was ever thus.

Even children at school form themselves into groups or cliques. By the time of adolescence, these groups can be quite strong. In school, boys' football teams can form themselves into powerful cliques and girls have queen bee groups, party girls, trendies etc. Groups can be good for support but can also be hurtful—they determine their membership criteria partly by clarifying who is not welcome. Boys can bully, but girls too can be the bullying leaders, especially in the more recently

emerging cyber bullying. The need for group membership can continue through life. For example, a study of social work students at La Trobe some years ago showed that within a few days of a new course, students were forming into sub groups with just a few individuals on the fringe.

If you look back through Australian history, it is clear many of our social welfare agencies were set up by groups of people with a common interest and purpose. People in need turned to churches, church agencies and community groups. These in turn relied on donations, philanthropic support and government funding (Howe & Howe, 2012).

Over the twentieth century, community and church groups continued to support people in need but governments began to play a larger role. In Australia the basic components of the welfare state were introduced in the mid 1940s with the federal government assuming responsibility for unemployment benefits, for health care and all major income security benefits, although lone parent pensions were not introduced until the early 1970s.

Australia's welfare state was less comprehensive than in the UK and Europe. We maintained an emphasis on individuality and self-reliance underpinned by a firm commitment to achieving full employment. Full employment was our key welfare strategy (Judd, Robinson & Errington, 2012).

Since the mid-twentieth century this has evolved through several phases. By the 1970s social and economic changes including a recession meant government could no longer guarantee employment as a policy promise and by the 1980s community inclusion became the ideal. There was a move away from universal services to more targeted support. Efficient but stigmatising.

During this period community management became the model: if local people were involved in identifying social issues and managing community responses, this would build stronger communities and better services. In reality, these groups were often established by public servants and were never adequately funded for the administration of services. There was an underlying assumption that people who were doing well in life would want to build community and solidarity with people who are disadvantaged.

In the 1990s there was a move away from community management and governments began to contract out their services and introduce the purchaser/provider model of partnership. The Job Network introduced by the Howard Government in 1997 was a significant change, introducing more competition to the sector and a new 'business model' approach.

In recent times Australian politicians have been watching developments in the UK where the 'Big Society' movement has emerged. Its greatest exponent, Philip Blond, argues there is a crisis in civil society that is producing isolated, less-extended families, little community involvement or interest in politics at local or national level and less likelihood that people belong to church or political groups or even know their neighbours.

Blond (2012) argues we have been made either entirely passive and redundant by state activity or wholly self-seeking and individualised by the market economy. In other words, both left-wing and right-wing political systems fail to create energetic, fair and cohesive communities.

The Big Society approach is about giving local people and communities more power to run government services. It's seen as a way to strengthen social networks and revitalise local communities (Slay, 2013).

There are similarities between the UK Big Society and the Australian community management era of the 1980s.

However, in the UK it has led to huge cutbacks in public spending.

One gets the impression that in some ways Big Society in the UK, partly as a result of the global financial crisis, has been a Trojan Horse allowing the market to make significant inroads into the world of NGO's, where competition has replaced collaboration (Loughlin, Allott & Crellin, 2013).

There are reports that the voluntary sector, which is the sector that embodies the best ambitions of the Big Society, could collapse within a few years (Slay, 2013).

If introduced in Australia—and Philip Blond apparently has had discussions with Australian political leaders—Big Society is unlikely to have the same impact here, given the different history and relations between the non-profit sector and government. In particular, we have had the experience of the Job Network, which we can learn from.

The Job Network, now called Job Services Australia, was quite controversial in the early days. With payment based on results, there were claims of bias towards clients who were more likely to obtain employment, avoidance of the more disadvantaged job seeker and clumsy administration of payment breaches.

It was a time when the sector split, although not very publicly, between the Job Network service providers and those agencies who chose to stay out. Even those agencies who became key service providers separated employment services into distinct divisions in their operations e.g. Mission Employment (Mission Australia) and Employment Plus (Salvation Army). The new culture was so different.

A Samaritans volunteer at a Christmas Lunch in the Park event.

From Samaritans' perspective, ignoring more disadvantaged job seekers because of poor financial return was unacceptable. Breaches of income support payments were also controversial and sometimes unfair (e.g. breaches for failure to attend interviews whilst in hospital, psychotic episodes etc.).

In the Hunter region, 50 per cent of Centrelink's payment breaches were as a result of recommendations from Job Network agencies. I wondered at the time if the people who had read the mission, vision and values of their agency would have recommended a reduction of payments for people on low incomes.

When I questioned a national Job Network service provider about breaching of payments to an 18-year-old homeless person in a Hunter Valley village with no or few work opportunities, the agency communications director told me 'We don't agree with it, but it's government policy'—surely a case of mission drift. This was a young person they had never actually met. Payment by results can energise people but care needs to be taken that this does not have adverse effects on staff behaviour. Job Services Australia is much improved these days but even quite recently, there have been allegations of some agencies exaggerating results to help them win further contracts (Besser, 2011).

The Job Network brought with it significant cultural change to the agencies who delivered employment programs, and questions about the benefits to long-term unemployed people. The National Disability Insurance Scheme (NDIS), launched in July 2013, is another significant social policy change and I am much more confident

that this new approach will be successful. The policy change will bring more competition but funding previously awarded by governments to non-government organisations will instead be given directly to people with disability. This is a significant change. In the Job Network, agencies tended to treat the government as its customer but with the NDIS, people with disabilities are now in the driving seat.

One of the most challenging comments I used to hear when I began my career in social work over forty years ago was from parents who would say they hoped their son or daughter with a disability would die before they did. I found the comment challenging because these parents were saying they did not trust the rest of us to provide the necessary care and support following the death of the parent. They regarded their child as a loving human being, an important contributor to their family life. They doubted that society would have the generosity to support a person with disability to live out their lives in a fulfilling way.

With the introduction of the NDIS my hope is that these concerns will gradually fade away.

The NDIS was put together following a report from the Productivity Commission which described the current support system as underfunded, unfair, fragmented and inefficient. Despite this criticism, there have been significant advances over the past twenty years or so.

Nevertheless, Disability Care Australia, the brand name of what we've been calling the NDIS, is a wonderful breakthrough for people with disability who can now look forward to enjoying much more control and choice over their own futures.

There are risks with a market-based approach, but the key safeguard for people with disability is that they control the funding.

Disability service providers face an uncertain future with increased competition. Already there are some 130 registered service providers in Newcastle, one of the launch sites for the NDIS. To survive, agencies will need to become much more flexible and creative. Group living and group activities may be replaced with individual choice.

Some older parents are cautious. Community involvement sounds good but they know community attitudes won't change overnight.

All major political parties at federal and state level have pledged their support for Disability Care Australia. It will be funded through a new tax in the form of a Medicare levy introduced with scarcely a murmur of opposition. An amazing achievement.

Consumer-directed service is an exciting development. Just imagine how employment services would change if unemployed people could control the

planning and expenditure on services designed to help them find work; or mental health services, or youth services or family services? (Hughes, 2006). Could this be the Australian version of Big Society I wonder?

The mood in the community is optimistic. The barriers are coming down.

In a rapidly changing world, we are always learning how to adapt, both as organisations and individuals.

Our children are great teachers. Parents of children with a disability or parents who find their children living in non-typical situations tend to find themselves becoming advocates or activists; or at the very least, more broad-minded, as we see in the NDIS and the current debate on gay marriage.

> *And well-functioning families of whatever shape have always been the glue that has bonded communities together and strengthened our society.*

We are all part of a family despite wide differences in the form of the family these days. And well-functioning families of whatever shape have always been the glue that has bonded communities together and strengthened our society. This is not just rhetoric; this is fact (Shevels, Mothers' Union address, 2012).

In twenty years at Samaritans I've seen families and the region reshaped.

In our early years at Samaritans, our focus was parish-based volunteer work in areas such as emergency relief and capacity building. As the fortunes of the Hunter Valley declined in the general downturn of the eighties and early nineties, Samaritans experienced considerable growth. Government policies back then, transferred responsibility for many social welfare services to the non-government sector.

In the late 1990s, things began to look up in the Hunter Valley. Despite the closure of steelmaking and many manufacturing enterprises, the region has developed a much more diversified economy with good education opportunities and a broader range of job opportunities than would have been available in former times.

However, not everyone has benefited from this good fortune. Due to structural issues such as high housing costs, chronic long-term unemployment and inadequate service provision for people with disability, the need for social services has remained high despite the increased affluence of the majority of the region's population.

The number of people in financial or housing crisis in the Hunter who seek help from Samaritans has actually increased over the past year. This is disappointing given the obvious improvement in the living conditions of the majority of our population who tend to be living longer, have better education, better health and live in good quality housing.

I suspect the situation in the Hunter region is similar to what is being experienced in other parts of Australia and there is an urgent need for policy makers in our federal and state governments to review policies around affordable housing, long-term unemployment, education and homelessness.

The globalisation of the economy has brought many benefits to most people but it has not been good for everyone. It has fallen particularly hard on what we used to call 'The Australian Working Man' because many of their traditional jobs have gone offshore. And it is mothers with no post-school qualifications who are the women most likely not to be in the workforce. They also tend to be the most in need of Samaritan services.

> *… the first Royal Commission into large institutions for children was in 1874 when these institutions were described as a 'legalised gateway to hell'.*

The reshaped landscape of housing, employment and education and its different impacts are reverberating through relationships too; reshaping choices and opportunities for marriage among some groups.

People have always tended to choose marriage partners similar to themselves: similar in ethnic or cultural group, religious preference and level of education. Where differences exist, in the past, it was the man who tended to have the higher level of education, income or occupational status. But this is changing. Today, women's education and work prospects are higher than ever before.

Now unemployed men, regardless of age, are the least likely to have a partner.

I have always regarded marriage as good for men. In my experience of working with young people in trouble with the law, they would often settle down with the responsibility of work and family and marriage. I am sure that unemployment and lack of family responsibility contributes to the high numbers of men in Australia's prisons.

Another widespread shift unlikely to reverse in the future, is that one in three of those fortunate enough to marry will experience divorce. With just under half of divorces affecting children below the age of 18, this means 50,000 children each year experience the divorce of parents. It is usually a very difficult time for them. In the three decades from 1974–2006, sole-parent families increased from 9.2 per cent to 22 per cent of all families with children under five, most as a result of divorce and/or separation (Andrews, 2012, p. 6). In former times, prior to the introduction of lone parent benefits, children from poorer families in such situations would have been referred to church children's homes.

But it was found that many of these local homes often did not provide the quality of care the children needed. Homes run by churches received little or no government funding and the screening of staff and volunteers was woefully inadequate.

People that set up these schemes are very well-meaning. And they did it on behalf of a well-meaning and concerned community.

What we have learned from many years of well-meaning intervention in children's and families' lives in this country is that if a child can't live with their biological parent, their best option is another relative, or a foster family, but any Out of Home Care placement should only occur when there is absolutely no alternative.

And we need to learn from our history. It is worth recalling that the first Royal Commission into large institutions for children was in 1874 when these institutions were described as a 'legalised gateway to hell' (Irving, Maunders & Sherrington, 1995). The institutions were then closed but re-opened during the twentieth century. Why?

Over the past decade there have been a number of inquiries into the way we have removed children from their families in the twentieth century. The 1997 report entitled *Bringing them home* covered a shocking period in Australian history when mixed-race children were taken from their Aboriginal mothers without consent and raised in children's homes, totally disconnected from their families, language and culture. The results were devastating. Prime Minister Kevin Rudd apologised to this stolen generation in 2009. The apology had been a long time coming.

A second inquiry was into the running of former children's homes and this resulted in a report published in 2004 called *Forgotten Australians*. Children were raised in

government institutions and church children's homes during the twentieth century that were poorly funded and poorly supervised. Cases of abuse that occurred in some of them shocked the community.

Parents who were struggling to cope financially or emotionally were often encouraged to give up the child, and if they were charged with neglect, they had no choice. It was an era when we wanted to help the child but we were often very critical of the parent, who may themselves have had a disadvantaged childhood. I remember reading some promotional material for a former children's home which read, 'The parents of these children have failed. Help us to provide a better alternative'.

All the major churches in Australia have issued apologies for their former children's homes, where abuse occurred. There have been calls for churches to apologise even if there was no abuse but we must remember these children's homes were what governments and communities wanted at the time.

A third inquiry took place in 1999 into the child migration scheme into Australia. The UK and Australian governments brought out children from UK orphanages as part of our 'Bring out a Britain' strategy to populate Australia. The difficulty was that most of the children who came here were not orphans and, often, no one had obtained permission from their parents.

Again, the people who, at the time dreamt up this scheme, would have thought they were acting in the best interests of the child. The British Government has issued an apology.

The recent investigation into former adoption processes in Australia also resulted in an apology from Prime Minister Gillard in March 2013.

I first began to question adoption practice some 35 years ago when a social worker told me she had given up her child 30 years earlier and every year since she had quietly celebrated her child's birthday even though she had never met her. It became apparent to me what an enormous decision this must have been, to give up a child for the benefit of the child.

During this era it was not unusual for families to send their pregnant, unwed daughters interstate to live there until their baby was born, surrender the child for adoption and then return home to a community unsure of what had happened.

Again people organising adoptions would have thought they were acting in the best interests of the child and, in some cases, maybe they were.

It is apparent looking back on Australia's family and children's services that, in the past, we have greatly underestimated the bond between mother and child and the child and their parent. I hope we have finally learnt this, but I am not totally

convinced that we have. Even in the most disruptive families children usually want to maintain links with their parents. As adults they will want to understand something of their family history—they want to know their roots.

We must never underestimate the importance of the family and there are occasions when families need support.

The most disadvantaged children need the support of government-funded services. Otherwise, their parents just can't cope. It's a challenging task—bringing up children. But if as a parent you also struggle with poverty, isolation, lack of education, domestic violence, mental health issues, addiction and/or disability, the challenges of parenting can be overwhelming. It takes a village to raise a child they say and we certainly need to substantially increase universally available support to mothers and babies with assertive outreach to families experiencing disadvantage (McCallum, 2013).

Both federal and state governments have joined in the criticism of the past. They now need to make a commitment to deliver a better future for Australia's most disadvantaged children.

Our experience at Samaritans where we have considerable involvement with families with young children is that early intervention is effective and produces long-term benefits for children.

This is where we must put our energies and resources if we are to resolve the ongoing critical situation in child protection across Australia

What about young people?

At Samaritans in recent years we have developed early intervention services which help vulnerable young people to become more resilient, to stay at home, continue at school and in their local community. We have found this to be a very effective way to reduce numbers of young people who are homeless.

Nevertheless, some people do leave home because of extreme conflict or abuse and on any given night Samaritans supports some 200 young people in our region who are homeless.

If young people have to leave home, then they should have the opportunity to move quickly into appropriate housing with an achievable plan for the future. The longer this takes, the greater the problem.

When you get to know these 200 young people I speak of, you find they have aspirations similar to everyone else—a job, a home, someone to love. We must do more to assist them achieve these dreams and aspirations.

The Foyer movement in Australia is one response. We have a young sole parent with two small children in the Samaritans' Foyer who is training for employment; her children attend our child care centre. She will join the community and the workforce and having achieved this may well one day have a permanent relationship and marry. She is going places and so are her children.

At the Samaritans' Foyer, young people make a commitment to study towards employment. We have made a commitment to provide good quality housing and to support them to help them achieve career goals. That's our mutual obligation.

In the Hunter region, 80 per cent of the new jobs require a post-school qualification and it's part of the role of youth service providers to ensure that the young people they support, complete their education and training. Young people who have had a disadvantaged start in life need to dream the dream, get qualified, get a job, get a motor bike or a car, find a partner, get married, have kids, help out at children's sports and so on. That's how you build community and that's a justice issue.

People want more from life than to be more passive recipients of income security. Young people want to achieve their dream as a priority just like people with disability; just like all of us.

> *… human spirituality, the inner life, does need to be nurtured no matter who we are, no matter what stage of life we are at.*

This yearning for 'something more' has seen a growing interest in spirituality over the past two decades in Australia. A spirituality revival appears to have emerged from the grassroots; rather than organisations, religious or otherwise; it is often secular. I see it among the people we support as well as the people who come to be part of the work of Samaritans.

In the 1990s, the world view of people in western countries began to change. We began to doubt that human reason and science could deliver a perfect society, we no longer believed in big picture stories like humanism or Marxism. Many hoped globalised capitalism would be the answer but they are already having problems. So people have begun searching for their own grassroots answers to the big

questions of life. But they are not approaching mainstream churches with their spiritual yearnings; not yet anyway.

One of the key components of an individual's spirituality appears to be the need for meaning and purpose in life.

I began to focus more on spirituality in the workplace rather than religion several years ago. Most of our staff are non-church goers, but in an independent staff survey it was clearly shown that the prime reason they had for working at Samaritans was not their wage, although this was a factor. Their prime reason was to make a contribution to others.

Our chaplain reports that many of the staff believe they are committed to something greater than self and all seem to want to help create a better world. In other words, their work was giving them a sense of purpose and meaning.

Most of Samaritans 500 staff believe they are making a difference, empowering people to overcome barriers to achieve their potential. With predictions of staff shortages in the future, particularly in disability and aged care, it's essential that the importance and significance of staff in the sector working for the common good is communicated to the general public in ways that are appropriate for our time.

Most of our staff recognise their work as part of this spiritual journey, whether or not they have a Christian approach. A sense of meaning/purpose, connectedness, self-esteem, ritual, hope and mystery is part of our human condition. The exciting news is that the people we support in our agencies are on the same journey. Our task is to liberate them and ourselves for this journey.

An ancient proverb tells the story of the elder who was talking about struggle:

> *The elder said, "I feel as if I have two wolves fighting in my heart. One wolf is the vengeful, angry, violent one. The other wolf is the loving, compassionate one." The disciple asked, "But which wolf will win the fight in your heart?" And the holy one answered, "It depends on which one I feed"*
> (Chittister, 2005, p. 103).

The spiritual task of life is to feed hope. Hope is not something to be found outside of us. It lies in the spiritual life we cultivate within. The whole purpose of wrestling with life is to be transformed into the self we are meant to become, to step out of the confines of our false securities and allow our creating God to go on creating. In us.

So it seems to me in summary that human spirituality, the inner life, does need to be nurtured no matter who we are, no matter what stage of life we are at.

As a social worker I am most encouraged by the surge of interest in human spirituality around the world. I believe the reality of human spirituality should

underpin all social policy and all our social welfare programmes. There is a long way to go but the journey has begun.

Today most of Samaritans services are staffed by paid, government-funded social-welfare workers who do a fine job. Nevertheless, volunteers continue to form an important part of our work and their contribution can be inspirational.

I am moved and encouraged by the memory of volunteer work by individuals and the community over the years at Samaritans. The huge generosity to farming families during times of drought is one example. Donations of fodder and water for stock, free labour and holiday homes for families show city and country people coming together at a time of need.

I have also witnessed an amazing welcome to 650 Muslim people escaping war-torn Kosovo and Christian enemies in 1999 where Samaritans' volunteers managed a shop, a resource centre and a worship centre on a daily basis for three months at the Singleton Safe Haven Army Barracks. An exhausting but rewarding time of healing and reconciliation. In the past decade as numerous Sudanese families and young people came to the region, the sponsorship and welcome shown has ensured a positive start to their life in a new country.

Our annual Christmas Day Dinner on the Newcastle Foreshore is attended by some 700 people who have nowhere to celebrate Christmas. All costs are met by local business and all staffing provided by volunteers. People from all walks of life spending a few hours together enjoying fellowship together is an annual vision-inspiring occasion.

When the 2007 Newcastle floods hit, volunteers worked throughout the night to welcome people to the evacuation centres and local people opened their hearts and homes to people who were destitute.

Seventeen years ago Samaritans established our *Friendship House* program, a small half-way house for people leaving prison. The men only stay there for four to five weeks but each day they will be visited by volunteers who offer their time to be with the men as they seek work, accommodation and acceptance in their hugely difficult task of re-connecting with the community. Some people were sceptical that this unfunded volunteer-based service would last more than a few months. Nearly two decades later some of the former prison inmates have joined us as volunteers in the Samaritans community. This is surely the most cost-effective crime prevention strategy in the nation and it's all about building community.

None of these projects received government funding or support. All involved small groups of people determined to make a difference and promote the common good in their local community. These stories also highlight the added value local agencies

and local people bring to the social-welfare sector, which we must be careful not to lose.

Even individual acts of kindness and compassion inspire us in our work, just as Margaret Stibbard's concern (and insistence we do something) led to better care for ageing homeless men.

Just as important as individual acts and specific programs are our mission, vision and values. These form an essential framework for keeping us on track.

The people we support must be liberated, must be given the chance to believe their aspirations are achievable and must be given the choice and control over their own futures.

The NDIS is pointing the way—there is bipartisan support. My hope is that this approach will be adopted across the sector. We need to move away from the purchase–provider model of funding with its implications of one size fits all. To achieve our vision, we need to partner with local people and local communities and other agencies as needed. There is a role for large agencies but there is also an ongoing role for small locally based enterprises that have a passion for *their* place.

The Hunter region of NSW is a great place to live for most of its population.

Our challenge at Samaritans is to ensure it becomes a great place to live for *everyone*, absolutely everyone, then our vision will have been achieved.

References

Andrews, K 2012, *Maybe 'I do': modern marriage and the pursuit of happiness*, Connor Court Publishing, Ballan Victoria.

Besser, L 2011, 'Former staff accuse agency of rorting jobs scheme', *The Sydney Morning Herald*, 13 December 2011, p. 3.

Blond, P 2010, *Red Tory*, Faber and Faber, London.

Chittister, JD 2005, *Scarred by struggle, transformed by hope*, William B Eerdsmans Publishing Co, USA.

Howe, B & Howe, R 2012, 'The influence of faith-based organisations on Australian social policy', *Australian Journal of Social Issues*, vol. 47, no. 3, pp. 319–333.

Hughes, V 2006, 'The empowerment agenda: civil society and markets in disability and mental health', Institute of Public Affairs *IPA Backgrounder*, February 2006, vol. 18/1.

Irving, TH, Maunders, D & Sherrington, G 1995, *Youth in Australia*, Macmillan Education Australia, Melbourne.

Judd, S, Robinson, A & Errington, F 2012, *Driven by purpose*, Hammond Press, Sydney.

Loughlin, J, Allott, P & Crellin, R 2013, *The UK government's Big Society program and Catholic social teaching*, Matthew James Publishing, Cambridge.

Lyons, M 2001, *Third sector*, Allen & Unwin, Sydney.

McCallum, A 2013, 'Protecting our children without the politics', *ACWA News*, April/June.

Slay, J 2013, 'Evaporation of the Big Society', *NCOSS News*, August 2013, vol. 40, no. 7.

Wallis, J 2013, *On God's side*, Brazo Press, Grand Rapids.

Cec Shevels has been CEO of the Newcastle-based social welfare agency, Samaritans Foundation since 1991. Prior to taking up his position at Samaritans, he was a social worker in both Sydney and Melbourne. Cec has served on numerous government and non-government advisory boards over his career including: Hunter Council of Social Services; NSW Child Welfare Advisory Council; Anglican Care; Newcastle City Council Social Impact Consultative Committee; National Synod of the Anglican Church and NSW Refugee Council. Cec also has a keen interest in human rights, social justice, spirituality, football, Johnny Cash music and honey production; the order of priority fluctuates from time to time.

Ranga the Rat

The power of **story**

A question without an easy answer set experienced journalist, BRONWEN HAYES, searching for the story behind Anglicare Tasmania. Three years travelling the state gave her a whole new understanding of stories and story-telling: a 'hands on' application of brain research helps a young family care and respond, a prankster and his 'pet' rat tease a community to life. Hayes finds people imagining, rebuilding, connecting—shared humanity through stories.

In 2010 in a brick building in a north-west Tasmanian town, I asked participants of a client focus group for their perspectives on a brochure that Anglicare Tasmania was producing. Right away it was clear that their input would improve the publication; they had opinions about which words were easily understood (or not), the messages conveyed by certain colours, the images that appealed (or didn't), the amount of text that looked inviting on a page. The conversation buzzed; each comment sparked an idea from someone else. Everyone seemed engaged and eager to help. Except for one man who said nothing at all. Yet he'd chosen to sit in the circle so I asked him, 'Is there anything that you would like to see in this publication?' His reply was a whisper and he didn't make eye contact. 'I would like Anglicare to write a book that tells me how to live.'

It was a request far beyond the scope of the mocked-up service brochure I held in my hand. There was a lull in the chatter and people began shifting in their seats. I rushed to ask another question to bring the group back on topic. But the meeting had come to an uncomfortable end; one by one people began leaving the room.

As the kilometres clicked by on the return drive to Hobart I considered the man's request. It was tempting to dismiss his words, knowing some in the focus group had experienced long-term mental health issues. I watched this prejudice roll through my thoughts.

New to my job, I had joined Anglicare Tasmania after years working as a journalist. I knew how to gather facts quickly, to meet deadlines. I could write an adversarial account, depicting conflict between key protagonists, a tale of winners and losers. I'd been trained by competitive, chain-smoking reporters who preached objectivity but practised it as a form of cynicism that mocked the motivations of others. Their key teaching was to report facts and opinions untainted by any belief system of my own. At Anglicare Tasmania I'd thrown my hat in with people who openly declared that they wanted to make the world a better place. There were no observers and it felt frightening and liberating all at once. So, ignoring the derisive laughter coming from the craggy journo in my head, I gave myself permission to listen for the deeper story in the man's words. When I allowed myself to hear it, it sounded like a song and moved me with its purity and sincerity. The man's request was a quiet plea for meaning.

Social researcher Hugh Mackay in *What makes us tick?* (2010) lists ten desires common to everyone. Amongst them is the desire for something to believe in:

> *… Even if we accept that we are here as the result of mindless cosmic forces … our personal existence doesn't feel like that. We would prefer a more reassuring kind of explanation, one that fits with our intuitive sense that we are special, we are here for a reason, that there must be more to life than meets the eye* (Mackay, 2010, p. 68).

World Vision CEO, Tim Costello says stories serve as a potent guide for individuals and society.

'We need alternative stories to give us different perspectives on events which otherwise have the power to crush us,' he wrote in *Tips from a travelling soul searcher* (1999, p.23). 'A dearth of good stories can render us very vulnerable, because it allows us to see ourselves in only a limited number of ways' (Costello, 1999, p. 23).

I was unclear about what stories Anglicare Tasmania had to offer the man in response to his request. I hadn't been in the job long but had quickly learned Anglicare Tasmania was the biggest community service organisation in the state. My brain brimmed with the names of people and programs. There were 900 employees spread across Tasmania working in a variety of services—mental health, housing, alcohol and other drugs, aged care, disability support, children, families and community services. The quantity of information that washed across my computer screen was as relentless as ocean waves. The number of acronyms alone was enough to drown a newbie like me.

I took another look at my position description. It made clear that my role was to share with others the story of Anglicare Tasmania. My problem was that I didn't really know what that story was. I had a copy of the organisation's mission statement: *Anglicare, in response to the Christian faith, exists to achieve social justice and to provide the opportunity for people in need to reach fullness of life*. I doubted staff had time for goals as lofty as these as they endeavoured to keep up with the high demand for services. Although an agency of the Anglican Church, the organisation was at pains to demonstrate that the assistance it provided came with no strings attached. Words like 'mission' were used sparingly and the idea of anyone being pressured to listen to the gospel message in return for practical support was an anathema.

But I was curious to discover if *fullness of life* could be glimpsed amidst the daily conversations taking place at Anglicare Tasmania; if a bigger, meaningful story was there to be found. With the man's plea lingering in my head, my quest began. In the months that followed I would visit offices, playgrounds, homes, community houses, church halls and schools across Tasmania, asking questions and offering people an opportunity to reflect. I was listening for stories that revealed something about life and how it could be lived.

That was more than three years ago and since then I have heard many stories and learned more about what they do for us. We learn by imitation. Even in an individualistic society each person is unavoidably shaped by interactions with others. South African Archbishop Desmond Tutu says:

> *A person is a person through other persons. None of us comes into the world fully formed. We would not know how to think, or walk, or speak, or behave as human beings unless we learned it from other human beings* (Tutu, 2007, pp. 32–34).

Stories help teach us what it is to be human. They hold accumulated knowledge and sometimes reach us after passing through generations and leaping across cultures. Whether we like it or not, stories contain moral values in the dilemmas they depict. It does make a difference which stories we listen to. Each of us is vulnerable to stories that diminish rather than build up, but none more so than children.

That's why Emma Oakley's story captivates me. Emma leads a program called *North West Early Start Therapeutic Support* (NESTS) and believes she and her team can use bubble wands and cuddles to change brains damaged by trauma. A fairytale? Neuroscientists and child development experts point to its truth. Armed only with clapping songs and simple toys, these workers see play therapy as a way to heal children and prevent abuse from scarring the next generation. They trust that seemingly small, humble measures can overcome the effects of neglect and violence.

Emma talks to me about the architecture of the brain; built during an amazing process that begins before birth and continues into adulthood. Billions of nerve cells (neurons) in the brain are gradually organised into neural pathways. Early experiences shape these pathways, laying down the foundation of the brain's activity and influencing the way we move, relate to others, feel and speak. To build healthy pathways in the brain's structure, every growing child needs safety, security and attachment to caregivers.

'A child is most likely to reach her full potential if she experiences consistent, predictable, enriched and stimulating interactions and has attentive and nurturing relationships,' Emma says.

Traumatic experiences like neglect and other forms of abuse disrupt this important building process. When exposed to the threat of danger, the brain activates the nervous system's 'flight or fight' response. Adrenaline surges to make the heart beat faster and blood pressure rise. It's an automatic, instinctual reaction designed to aid survival. It should be a temporary feature but the brains of children with prolonged exposure to traumatic stress are almost constantly switched on in this way. They share many psychological symptoms with combat soldiers. For a child who has experienced trauma, their memories can tell them that they are unworthy of love, that the world is a dangerous place and connection with other people is risky and best avoided.

Last year Anglicare Tasmania awarded Emma a scholarship to investigate therapeutic intervention programs that aim to repair the parent–child attachment bond. The early years specialist visited the United States, Canada and the United Kingdom to investigate. Emma was looking for clear evidence of success.

'One key point stood out to me: intensive, early interventions are the key to minimising the effects of trauma on children,' says Emma. 'Safe, predictable, nurturing care can help the brain to re-wire itself around the damage. I saw some amazing things and had conversations that validated the approach NESTS was taking back in Tasmania. I knew that we were on the right track—that this work really could change the lives of children. The key is to provide new, healthy experiences that are consistent and frequent.'

What does this therapy look like? Two small children run into the room, take large cushions from a cupboard and sit on the floor. Their mother is with them, along with a NESTS worker. Four-year-old 'Josie' and three-year-old 'Sam' know exactly what's going to happen next. Every 30 minute play session is designed with plenty of structure and repetition. The first three activities are always the same. What the children don't know is that everything within the session is designed to re-program their brains.

The four begin by singing the 'Welcoming Song': *Josie's here today, Josie's here today, Let's all clap our hands because Josie's here today.* Everyone has a turn. Then it's time to 'check for hurts'. The children go to work searching their legs and arms for scrapes and bruises they can show to their mother. Mum gently rubs lotion onto any scratch or spot. This activity is focused on the children but today they notice a small graze on their mother's leg and want to rub lotion onto that too. It's a good sign. These activities promote nurturing—one of the components of a healthy parent–child relationship—but it's something these family members have had only limited experience of. Next they play 'slippery hands'. Little hands are enthusiastically covered in lotion. Mum tries to grip the children's hands but they slip away and the youngsters fall back into the soft cushions. There's lots of laughter. The pleasure the mother shows in her children's company suggests the game is reshaping possibilities for her too.

> *The key is to provide new, healthy experiences that are consistent and frequent.*

It's time for the children to choose the next game. They select the 'bubble blow challenge'. Their mother blows the bubbles and the children pop any that she manages to catch on the blower. This activity is aimed at improving the children's impulse control. A short time later the children are invited to blow bubbles themselves and pop them as they wish. The game becomes exciting and hectic. It's an opportunity for the children to learn how to calm down, to settle themselves again. It's particularly good practice for Josie who spends a lot of each day turning upside down and bouncing from one wall to the other as fast as she can. The part of her brain that regulates sensory input and output has been affected by past trauma and is directly linked with the hyperactivity. But Josie has made significant progress—previously the little girl would often 'freeze' in place, physically shutting down and not responding to voice or touch.

Now the children choose a game that involves punching a piece of newspaper held up in front of them. Important messages are being reinforced: *It's okay to feel frustrated or cross sometimes. It's okay to hit paper but it's never all right to hurt people. No-one gets hurt in this game.*

The final activity is the blanket swing. Josie climbs into the blanket and is gently swung in the air by the others who sing a lullaby. This is one of Josie's favourite games. Her brother doesn't like to be wrapped in the blanket but is happy to help swing his sister.

'Every part of a play session is aimed at the child and the parent enjoying each other,' says Emma, 'they mirror each other's enjoyment. Sadly, for many of the children with insecure attachments their parents have experienced the same thing. It's inter-generational. Our aim is to ensure that the child's attachment to their parent becomes secure so that child grows up with the potential to develop into a healthy, normal adult. That way, the cycle is broken.'

The session is at an end but as the group packs up, there's a squabble between the children. 'She kicked me,' cries Sam then flops into his mother's lap to be rocked and hugged. The untrained eye would miss this major breakthrough. Previously when Sam was frustrated or sad he would hurt himself, lying down and banging his head hard on the floor. Now, for the first time in a long time, he has sought comfort from another person. He's also used words to express his pain.

The work of NESTS is a story about creating better futures, but sometimes people need stories to make sense of the past; particularly when events in their lives have resulted in deep wounding, grief or anger. Costello writes that 'stories are the best and most healing way of sharing and shortening the pain' (Costello, 1999, p. 8). They can help us cling to the hope that good will ultimately triumph over evil, the internal recognition that 'we are meant for better' according to Archbishop Tutu (2007, p. 42).

Robyn, an Anglicare Tasmania social worker, finds great satisfaction in supporting those finding their way after a horrendous life experience. 'With encouragement and reassurance, they just power ahead,' she tells me. 'It is like seeing them become different people. They look different, they sound different. Their confidence grows as they develop a new sense of self-worth. The shame they've felt, they begin to put behind them.' In Robyn's experience, once they 'alter their self-concept—the story they tell about themselves—they begin to make changes that are positive for themselves and their families; they start to help out neighbours, to connect with the wider community. I don't believe people ever "get over" those experiences but they do move on from them.'

Researchers in the US have found a link between psychological wellbeing and life stories that speak of redemption. In the prologue to *The redemptive self*, Dan McAdams (2006) writes that the people most actively committed to making the world a better place for future generations 'make sense of their own lives through an idealized story that emphasizes, among other themes, the power of human redemption'. He also says:

> *In the prototypical life story … there will be scenes of joy, excitement, sadness, fear, shame, and almost any other emotion that may be imagined. But a recurrent pattern will hold: negative emotional scenes will often lead directly to positive outcomes. Suffering will consistently be redeemed* (McAdams, 2006).

'John' has one such redemptive story. We meet on a brisk autumn day at the supported-accommodation facility that he calls home in Tasmania's second-largest city, Launceston. His tale begins with a brief visit to a dark place that exists only in his memories. It's safe to go there because John knows that the people who hurt him are gone. He's out-lived them—something he finds ironic because he didn't expect to survive being sucked into the vortex of a heroin habit that tore apart every relationship and left him 'a walking corpse'. John's childhood was shattered by physical beatings and verbal lashings from a father tormented by demons that followed him long after he folded away his soldier's uniform. When young John sought professional help he was sexually molested.

John's account moves forward to a time when he sits cutting at his own veins in a desperate attempt to damage them so badly he'd be unable to inject the drug his body demanded. 'I knew a guy who chopped his hands off under a train so he couldn't do it anymore but he found a way to inject with his feet. Where heroin is concerned you end up doing things that you never believed in your wildest nightmares that you would do. I was in a downward spiral. My family had disowned me; my brother had said, "I don't ever want to talk to you again. You are dead to me." I was conning money out of my mother to sustain my habit. I destroyed an 18-year marriage because of drug abuse.

'I had some serious stuff from my childhood bubbling up. I couldn't cope with it and wanted to escape. Now I realise that it couldn't have killed me—it was emotional, not physical pain. But it felt so real. It felt physical. It has taken two years in a therapeutic community to get rid of all that baggage and those skeletons. I had it all stored away in a concrete bunker and it was blown up. There were things that had been sitting in there festering away for years.'

John does not spend long speaking of the past. His story heads in a new direction. He describes the day he found the strength to board a ship and leave a city where he knew too well how to obtain his next hit.

'I had to leave Melbourne. I couldn't stop,' John says. 'If I hadn't left I'd be pushing up daisies. I just couldn't stay away from the heroin.'

John arrived in northern Tasmania with a detox kit prescribed by a GP and the promise of a room in a mate's house. Twelve weeks later, after an argument with his friend, he was homeless in a state where he had no other connections. He turned

to Anglicare Tasmania. 'There's an old saying I remember: "this is your *windana*". It is an Aboriginal term which means "which way?",' he says. 'You've got a fork in the road with two choices. You've always got a choice in life. Anglicare helps you to find those choices.'

John says it is the everyday kindness of Anglicare Tasmania's workers that is helping him to find hope and healing.

'At one stage my life revolved around heroin and the detritus that went along with that. Nowadays what gives my life meaning are the friendships I've developed, the relationships with the staff members, and my family'. He has reconciled with his brother. 'I have got friends I care about and I know they care about me. I have a family that wants to know me again. I visit them twice a year and we sit down for dinner together. They sent me a Christmas card and a photo of the kids with Santa Claus.'

> *... but it is a very narrow story of a much bigger life.*

'I've changed, I know I have,' John says. 'I'm a nice guy'.

Carrying this knowledge within him he shows me through the house where he lives with 21 others. He confidently points out the building's features, offers information about the garden beds, the water tanks, the sporting equipment. The conversation is wide-ranging and interesting. He opens doors and invites me to follow, speaking positively about the facilities and the residents. John has plans to volunteer in the local community. He knows he can do it. I can hear the belief in his voice.

John has determined that pain and brokenness will not be allowed the final word in his story. Every time he tells it, he is reminded of his own resilience and the love of those who care about his wellbeing. When he shares the story, the real audience is himself, and its refrain is rich with resolve: 'Never again will I let anything rule me the way heroin did'.

A third story explores the question of what the 'fullness of life' referred to in Anglicare Tasmania's mission statement might mean to someone experiencing mental ill health—and the stigma, relationship strain and loss of independence that

often accompanies it. I visit the Rocherlea Rehabilitation and Recovery Centre in the northern part of the state where Anglicare Tasmania offers support including the *Step Up, Step Down* program for people who would otherwise be in hospital. It's a place where I'm encouraged to let go of preconceived ideas. Manager Brett Williams warns me not to assume that the people at the facility don't already have a full life.

'I think that because we deal with a particular component of a person's life we can become focused on an issue,' Brett says. 'One of the perversities of mental health services is that people have to tell their story over and over again but it is a very narrow story of a much bigger life.'

I think I know what he means. I've listened to people introduce themselves using psychiatric labels: *I'm a manic depressive*, as though their identity has been replaced by a medical diagnosis. It's a familiar theme more generally too; I regularly hear people whose description of themselves echoes with the pronouncements of others. *I'm useless. I'm insignificant. I'm such a loser*.

Brett explains that the mental health system does not always encourage reflection about matters apparently unrelated to treatment, particularly anything related to spirituality.

'The end result of a mental health assessment is that it is looking to make a diagnosis,' Brett says. 'Questions might be asked about someone's background but this is only to give context. The goal is to make a diagnosis and use that information to come up with a treatment plan.' Things are different at Rocherlea, where the team members are genuinely curious about people and eager to support them to take an active role in their own recovery.

'We need to know the person who is sitting in front of us, to find out what it is they want to do, and identify what our part in that might be,' Brett says. 'We provide the space for people to explore their story and what life means for them. Quite often it can be very surprising what their story is, what their background is, what they've done in their life, the obstacles they may have faced and overcome, the achievements that they may have had. Our job may be about helping them to reconnect with that life, allowing that to take centre stage again rather than the mental health issues they might be facing.'

Brett dismisses any suggestion that 'fullness of life' is about being happy. 'Fullness of life is everything, the full breadth of human experience—which includes feeling pain, facing adversity, loss and grief,' he says. 'It is about having the internal capacity and the external supports to help get through the things that are difficult. 'Sometimes our work is about helping someone to sort through what their options might be. Sometimes it is about encouraging people—so while they may have no hope today, tomorrow may be different. We also have to have a degree of acceptance that for

many people their journey will be long, circular and very, very difficult. At a time where someone is really struggling and they can't see any meaning to their life, we (as a service) need to carry the hope for them.'

I learn that the staff at Rocherlea don't always accept the first answer, the easy answer; words recited by people who may have had a prolonged immersion in the mental health system.

'When I first met "Simon" his life was entrenched in that system and he told me he couldn't see a life beyond it,' says Andrew, a mental health worker at Rocherlea. 'I asked Simon "Is there really any need for you to still be in the system?" That was a question that stuck with him.' Over time staff challenged Simon to explore what a 'full life' might look like. Eventually he told them of a day twelve years earlier when his children had been removed by Child Protection Services.

'It was a trauma that he had been re-living every day since,' says Andrew. 'I asked him "How would you be living if your children were back in your life? Would you be living where you are, doing the things you are, looking the way you are? If they walked through the door would you be happy for them to see you living like this?" He said, "no, not really". His life from that point began to change quite significantly. I could see over time he was developing a sense of hope. He began writing letters to his children and seeking ways to be in touch with them again. He's now been discharged from case management, is making decisions around his health. His story has changed from "I'm a schizophrenic" to "There was this traumatic event in my life and there was grief, not necessarily psychoses". The way he perceives things is very different these days.'

Brett agrees that hope is integral to recovery. It is so important that the Rocherlea team is exploring ways to measure it. 'We want to work out how to evaluate how hopeful people are,' Brett says. 'We want to be able to record the change that takes place between when they arrive here and when they leave.'

The story repeated daily at Rocherlea is that even in despair, a flame of hope persists in the darkness. You may be unable to see it, but others guard it for you. They will pass it back when you're ready to take up the light and continue your journey.

Stories 'give us a vision for the kind of community we want to be' according to Jim Wallis, activist and director of US Christian social justice organisation Sojourners. He believes the faith at the heart of such stories is compelling because of its ability to 'honestly describe the way the world is, as messed up as it might be, and still believe in the possibility of a world as it should be' (Wallis, 2010).

Anglicare Tasmania collects stories in order to do the same thing: describe a fairer, more just society. Through research, the Aboriginal advisory group *yarnin' up* and

the client-led Participants' Advisory Council, the experiences of people who use Anglicare Tasmania services are shared.

Gathered stories have vigour to survive for the long haul, bringing social change not in one cataclysmic moment 'but as an endless succession of surprises, moving zigzag toward a more decent society' (Zinn, 2004). Writer Paul Loeb says:

> [it is people] *who have every reason to despair, but don't,* [who] *may have the most to teach us, not only about how to hold true to our beliefs, but about how such a life can bring about seemingly impossible social change* (Loeb, 2004).

So, what can we learn from the tale of Ranga the Rat? It begins at a suburban garage sale where 'Graham', a man well acquainted with what he calls 'the daily grind of life', looked through the bric-a-brac. He noticed a soft toy: 'just a rat with woollen whiskers'. Graham bought the rat and took it back to the residence he shared with others who've known homelessness and hardship. 'I told the lady at the garage sale "I would like to play a few tricks with him" and she gave him to me,' he says.

The first practical joke saw Graham attach a length of fishing line to the toy and pull it across the floor in front of a staff member. 'She froze mid-stride,' he says. 'For about a minute she stood there with her eyes closed, screaming. I thought to myself "oops—I'd better tone it down a bit".'

> *... even in despair, a flame of hope persists in the darkness. You may be unable to see it, but others guard it for you.*

Undeterred, Graham began carrying out an elaborate and imaginative plan to weave Ranga the Rat into the lives of residents at the house. Messages from Ranga started appearing on the public noticeboard. A tiny model spy station nick-named 'Big Ears' was erected in the corner of a window in the dining room to collect snippets of conversation Ranga might find interesting. It soon became clear that Ranga was not happy about sharing the house with humans. He was always causing mischief. When a power black-out occurred in the city, a picture appeared the next morning of Ranga near the house meter-box with a tiny screwdriver in his paw.

When a resident had petrol stolen from his vehicle, Ranga was implicated when photographic evidence showed the rat holding a siphoning tube. When one of the garden plants died after a heavy winter frost, Ranga was snapped nearby carrying a bottle of poison. Soon residents began offering their own suggestions about what tricks Ranga might get up to.

Graham continues to record the adventures of Ranga in beautifully illustrated scrapbooks. Two more toy rats, bespectacled Ralph and a fetching female companion named Rahni, have moved into the house. Together they comprise the Rat Pak Motorcycle Club. Graham makes fridge magnets for residents and staff who want to become members of the RPMC.

It may seem a small offering, but Graham's quirky stories, zinging with humour and camaraderie, are an invitation to those around him.

Graham describes the tales of Ranga the Rat as his gift to all who live at the house. 'The aim is to make people smile and forget about their worries for a bit.' It may seem a small offering, but Graham's quirky stories, zinging with humour and camaraderie, are an invitation to those around him. The stories often tease a smile from people who have experienced much loneliness and pain. Listening and laughing together they begin to see what is special about community.

Tim Costello urges us to relish stories and choose ones that motivate us.

> *The big story of a personal God at the centre of the universe who declares life good, a God who struggles against chaos, suffering and evil and calls us to be part of that struggle, a God who promises that there is a purpose and meaning to that struggle, and it isn't simply arbitrary and chaotic—this story inspires and energises me* (Costello, 1999, p. 18).

Costello says it was this theological framework, a Big Story, which opened him up to the world, 'rather than closing me down and turning me away from it' (Costello, 1999, p. 12). Jesus repeatedly used parables to explain and make connections. Two thousand years later, stories that speak of hope, resilience, community, love, resonate with a commonality, a shared pattern impossible to separate from belief.

The Rat Pak Motorcycle Club (l to r) Rahni, Ranga and Ralph.

The stories told by civil rights campaigner Martin Luther King Jr had recurring themes: a God active in the world and a call for Christ's followers to play a part in the work of reconciliation. He echoed biblical themes of liberation and redemption. Listening to audio recordings of King speaking to church congregations, a chorus of voices can be heard responding to his words. When he linked social issues with Bible stories, audience members called out enthusiastically: 'Make it plain. Tell our story. Make the connection'. The oppressed actively participated, their collective voice reinforcing the meta-narrative that bound them together.

Stories which emphasise the common good contrast with those focused on consumption, self-interest and violence. Hugh Mackay writes:

> *The good life is a life lived for others … the starting point is the recognition that we are all inseparably part of each other and that our human destiny is to accept and nurture our connections … friendship, connectedness, engagement, community: these are the great life-savers, the great sources of human fulfilment* (Mackay, 2013).

This view is at odds with simplistic and judgmental stories about those who experience poverty and social exclusion. Such myths are fed by using words and images that depict people as powerless victims. Even well-meaning charity organisations can fall into the trap of claiming to be 'the voice of the voiceless', rather than providing opportunities for people to speak. It is always tempting, says

Susan Nall Bales from the FrameWorks Institute, to 'tell a Crisis story and to conjure Sympathy by parading the Victims' (Nall Bales, 2005, p. 46). We are accustomed to silent people depicted in advertising; the sad-eyed children or huddled homeless. They stir pity but a donation can settle that type of discomfort. Pulling apart and re-building the human systems that sustain poverty and injustice is a greater challenge and one to which we may be less willing to attend.

Aboriginal artist Tex Skuthorpe explains that there are many layers of story within his paintings. His artwork depicts Aboriginal culture and law and the meaning cannot be learned in isolation from other people or the land. The most powerful lessons in stories are discovered only when we live them and this always requires a combined effort. Archbishop Tutu says 'humans can tolerate suffering but we cannot tolerate meaninglessness' (Tutu, 2007).

> *Dad thought everyone had a story and if you just listened long enough you would learn something.*

Earlier this year, Tasmania farewelled Archie Flanagan, a survivor of forced labour on the infamous Thai–Burma Railway during World War II. He was not a famous man, but a well-loved local son, a school teacher for over five decades, a writer and an inveterate story–teller. The lessons he taught and the stories he shared bore the weight of his experiences on 'The Line' where it said a man died for every sleeper laid. Archie described compassion as 'the most sacred thing'.

Speaking at his funeral, his daughter Jo said: 'Dad thought everyone had a story and if you just listened long enough you would learn something. He saw past the broken efforts we make of life to how people try to do the right thing. He said, "I think there must be a God because there have been so many good people in this world trying to live good lives—it has to mean something".' Archie deeply admired the courage of 'ordinary' people.

It is a theme echoed by Hugh Mackay, pondering the heroism of

> *... those who plug away, year after thankless year, doing their best to be faithful partners, loving parents, good neighbours and responsible citizens. These are the unsung heroes, the everyday altruists, who maintain the heartbeat of a civilised society and demonstrate that the good life is not beyond our reach after all …* (Mackay, 2013).

Since that first focus group in north-west Tasmania, I have thought many times about the man's quiet request and the inadequacy of the brochure I held in my hand that day. As a journalist, words and stories have always mattered to me. But my journey at Anglicare Tasmania has reinforced that the telling and re-telling of stories really can change things. The best stories offer meaning, bring hope and healing, and build community. Without such stories we are forced to drift in 'an infinite succession of presents' (Zinn, 2004).

Let the final words belong to Arch Flanagan, whose stories captured the beauty and poignancy of this life. Shortly before his death at the age of 98, he said he was looking forward to being reunited with his parents and comrades. A small note, penned with gratitude and simple words, summed up the meaning he'd found:

> *And what was the mystery that brought me home from those despised camps, was that God? More than ever I think of the prayer I was taught as a little child, 'thank you for the world so sweet, thank you for the food we eat, thank you for the birds that sing, thank you God for everything'.*

References

Costello, T 1999, *Tips from a travelling soul searcher*, Allen & Unwin, NSW.

Lischer, R 1995, *The preacher King: Martin Luther King Jr and the word that moved America*, Oxford University Press, New York.

Loeb, PR (ed.) 2004, *The impossible will take a little while*, Basic Books, New York.

Mackay, H 2010, *What makes us tick?* Hachette, Sydney.

Mackay, H 2013, *The good life*, Macmillan, Sydney.

McAdams, DP 2006, *The redemptive self*, Oxford University Press, New York.

Nall Bales, S 2005, 'Wanted: master storytellers', *Non Profit Quarterly*, vol. 12, no. 3, pp. 46–56.

Tutu, D 2007, *Believe: the words and inspiration of Desmond Tutu*, Hachette, Sydney.

Wallis, J 2010, *Rediscovering values*, Hodder and Stoughton, New York.

Zinn, H 2004, 'The optimism of uncertainty', in PR Loeb (ed.), *The impossible will take a little while*, Basic Books, New York.

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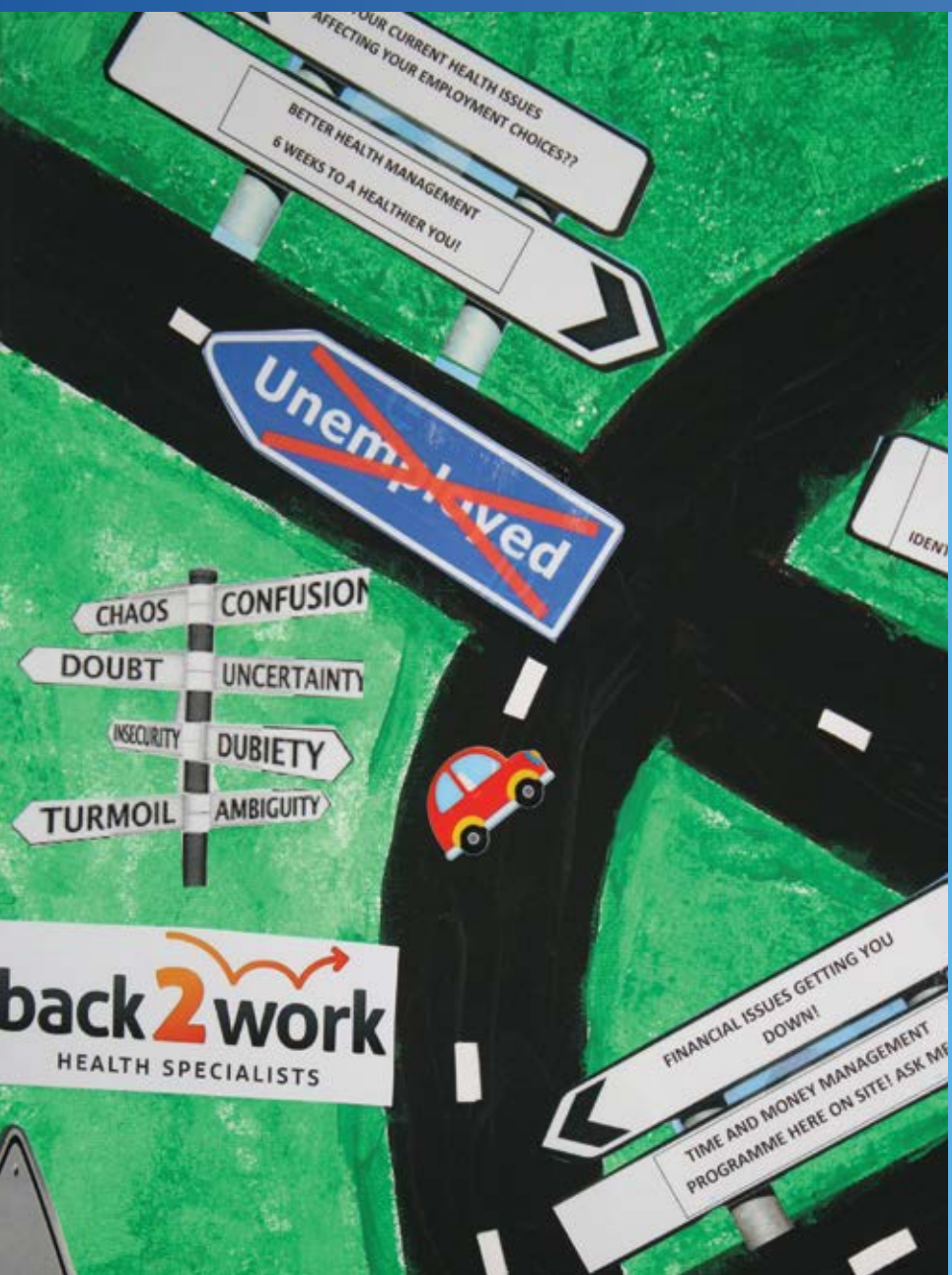

Roadmap to employment, a personal planning tool developed by Rachelle Montgomery.

Walking **alongside**

This essay traces the journey of a man from a state of despair to a sense of worth. It's also the story of an Anglicare staff member who journeyed with him, and the ways in which she was able to respond to his needs —not just because of her personal commitment and skills, but because she was empowered by her organisation to do so.

LEANNE WOOD at Anglicare Southern Queensland talks with colleague JO SETTER, about Michael's journey towards wellbeing and a sense of control. They look at the intangibles—spirituality, play and enjoyment—as well as the social and physical influences that shape his life; and how a successful program intersects with real people—staff and clients—as well as the mission and values of Anglicare Southern Queensland.

The first time I met 'Michael' he was sitting in a chair with his head bowed so as not to make eye contact with anyone else in the room.

He'd suffered a painful ankle injury that meant he was unable to stand for extended periods, resulting in long-term unemployment. His relationship had broken down, and he often had long periods of estrangement from his daughter. He was clinically depressed and overwhelmed with anxiety.

I'd never in my professional life met anyone who appeared to be so broken
—Jo Setter.

Jo Setter has worked in community care and nursing for over 20 years. She was the original Anglicare Southern Queensland (Anglicare SQ) project officer, and remains the organisational linchpin, for the *Better Health with Self Management program* (Better Health)—a program devised by Stanford University. Over the past five years this program has been life changing for clients, and a journey of discovery and learning for staff. As a researcher, I've had long-term professional and personal research interests in how community initiatives can build connectedness, and what this means for the wellbeing of individuals and communities.

Together, Jo and I have spent some time discussing the way in which the Better Health program operates in Anglicare SQ, and why the program has had such success. Is it simply an effective health promotion program? Or is there something about the Anglicare SQ context that supports staff and clients to engage with each other in a different and more meaningful way? This essay distils what we found.

Anglicare SQ is a community organisation committed to social and community welfare issues and aged and community care needs, focusing on disadvantaged members of our community. Our 2000-strong workforce provides services to communities from the Queensland–NSW border, north to Bundaberg and west to the Northern Territory border. It's an area of more than half a million square kilometres and home to more than two million Queenslanders.

There is no doubt that Anglicare SQ is a large community organisation, or what NGO consultant Suzi Quixley (2012) would suggest is 'more correctly … called a social services organisation, a mainstream charity organisation, a mega-NGO, a church-based organisation, a pseudo-government organisation ... an institutional voluntary organisation [or an] Institutional Charity Organisation'. Quixley argues that:

> *Too often, large NGOs have limited knowledge of the particular community they serve. They rarely have pre-existing connections and trust within the community. Services must start from scratch to build local relationships, and are, invariably, an outsider. This adds to their inclination to uncritically conforming* [sic] *to government priorities, rather than responding to community needs* (Quixley, 2012, p. 1).

On the other hand, small community organisations, Quixley writes:

> *have the capacity to flexibly address the needs of community members; contribute to community development and change; ... and are more likely to be aware of the realities and complexities of the issues faced by individuals, families and the community more widely* (Quixley, 2012, p. 2).

Small community organisations are certainly vital contributors to healthy communities. They engage with human experience and need at a grass roots level, with passion, commitment and skill.

But we'd suggest that large *community organisations*—and Jo and I stand by that terminology—can do this too. Some of it may be couched in the language of bureaucracies and business (strategic priorities, outcomes measurement, workforce modelling) but the detail is about keeping an eye on what's important: on the principles that underpin our work, on the relationships we build with the individuals and communities we serve, and the vision we have for the future.

For Anglicare SQ, that's captured in a promise: 'To walk alongside the disadvantaged and those in need to help them live their lives in fullness and hope'.

Jo expands on what it can mean to 'walk alongside' using the Better Health program:

> When it was Michael's turn to speak in the group, I assumed that he would opt out, but he slowly brought his head up and tried his best to share his experience. His voice quivered as he apologetically explained his condition and the impact it had on his life. He used words like 'useless', 'hopeless', 'pathetic', 'poor excuse for a father', and when he explained to the group that he had been clean and sober for five years following a long history of alcohol and drug abuse, it wasn't with pride, it was with contempt for himself.
>
> I'll be honest—all I wanted to do was make him feel better, to wrap him up, take him home and try and fix him. But what the Better Health with Self Management program has taught me is that the best thing that I could do for Michael was to travel alongside him as he rode his own journey week by week.

Few human service providers walk this career path without being driven by a strong desire to help others. Like Jo, however, most recognise that dependency benefits no one. While clients need to find their own way to a healthy and satisfying life, that path is made easier with the support of others to 'walk alongside'.

As we mentioned above, one of the Anglicare SQ programs that best captures the promise of 'walking alongside' is the Better Health program. Based on a model developed by the School of Medicine at Stanford University, the program works with clients to develop the life skills needed for the daily management of chronic conditions such as diabetes, arthritis, or a myriad of other conditions that affect the way people live.

The workshops run once a week, over a period of six weeks. They aim to promote self-efficacy by building confidence and empowering people to manage their own

health so they can maintain active and fulfilling lives. Briefly, the course offers techniques to deal with problems such as frustration, fatigue, pain and isolation; teaches appropriate exercises for maintaining and improving strength, flexibility and endurance; addresses appropriate use of medications; suggests strategies for communicating effectively with family, friends and health professionals; and includes information on nutrition and how to evaluate new treatments.

Effective self-management programs are clearly and deliberately wide ranging. Lawn (2008, p. 23) notes that people 'have complex life histories that impact on their health behaviour in spite of knowing what is "good for them" '. What people try to do every day, Lawn writes, is to balance all the decisions that 'fill up their lives', and to manage all these completing influences, pressures and expectations:

> *Sometimes they get the health ones right, and at other times such decisions have to take second place with all the other competing demands upon the person and their other obligations and 'responsibilities'. The process is not a simple linear one. Little wonder some people find it difficult to know where to start, to get started at all, or to make choices that health professionals and others may perceive as unhelpful or self-destructive* (Lawn, 2008, p. 23).

The original Chronic Care Self Management (CCSM) Partnership Project pilot, was conducted in 2008–09 in partnership with Gold Coast Medicare Local, under our organisational name *Spiritus* (before our rebranding as part of Anglicare SQ in 2012, see www.gcml.com.au for more information). Now known as the Better Health program, it was described in the final report as 'experiential, action learning and relationship based with high levels of trust between facilitators and participants and between group members' (Gold Coast Medicare Local, 2009, p. 2). A 12-month follow up evaluation, focused on the sustainability of the program outcomes, noted that it 'clearly demonstrated that the significant majority of clients have maintained a strong focus on self management; and have retained the knowledge and understanding of successful strategies for managing their health and well being' (Gold Coast Medicare Local, 2010, p. 3).

'It's a partnership,' said one participant, 'not them versus you'. Another commented that 'I used to think if I got out of bed each day I was no better off—it was my life and would have been my life forever. This course got me out of that.'

For Anglicare SQ, this was a program that almost embedded itself in the organisation. As well as compelling evidence from the UK, where similar programs had been successfully operating, the program was and continues to be a natural fit for Anglicare SQ's strategic priorities, which currently include 'Service—To respond to human need through loving service and exceptional quality care':

> *Seek to understand your client as a person—their feelings, ambitions, aspirations and their desired outcomes. Listen to what they are saying and pay close attention to their story.*
>
> *Encourage your client to initiate and participate in goal setting and decision-making (e.g. establish their preferences and recognise their strengths and motivation).*
>
> *Promote respect for individual differences, preferences and needs, as well as a mutual responsibility to determine the outcomes of each moment of care* (Anglicare Southern Queensland, 2013).

Appropriately supporting Michael on his journey required Jo and other staff to take a holistic view of individual well-being—not just physical health, but also the 'intangibles' captured in the priorities above, such as the need for connection; for a sense of control over one's own life; for play, reciprocity and creativity. It is these and other 'intangibles' that contribute to the possibility of individuals *living the kind of life they value*.

Michael had been operating within a social, psychological and physical world that in many ways constrained his decision making about his health. Medicalised approaches that view people as 'a string of symptoms to be managed with medications and behavioural adjustments' (Lawn, 2008, p. 23) had failed him.

Anglicare SQ puts a person-centred approach into practice by aiming to integrate services across the organisation; a deliberate attempt to break down internal silos that can create barriers between different aspects of care for the one individual. Michael accessed the Better Health program, for example, through his initial contact with Jobcare, an Anglicare specialist Job Services Australia (JSA) provider for people with a disability and the long-term unemployed. Recognising Michael's depression, Jobcare had already arranged for professional counselling through the counselling and education arm of the organisation, as well as providing a referral to the Better Health program.

Michael could easily have been simply a statistic in a summary of Jobcare outputs. Anglicare SQ could have seen long-term unemployment as his defining characteristic.

Instead, the organisation, through Jo and other staff, sought to help Michael address the personal barriers that inhibited his ability to live a life that he valued.

Jo could see that Michael needed more than small incremental actions. A capabilities framework addresses the underlying issues: living with dignity and meaning as well as gaining a sense of achievement.

In week 1 Michael established an action plan to go for a walk before 9 am on five mornings, and to say 'hi' to five people along the way.

What was so special about this plan was that it was designed with and specifically for Michael and his particular needs. Michael couldn't communicate effectively with others due to his anxiety, and on some days he was crippled with pain in his ankle. Just getting out of bed early enough to be ready to go by 9 am was a challenge considering his current sleep pattern, his pain and his depression.

When he returned the following week, Michael reported that he had successfully completed the plan and managed to look people directly in the eye and say 'hi'. He was shocked that everyone had said 'hi' back.

'I used to think that when people looked at me, all they saw was the junkie—that somehow everyone knew that I had been an addict', he said.

Most days of the week, Michael already walked his dog. He did it in a bubble of isolation, without human connection, energy or enthusiasm. It was clear to Jo that the exercise, while contributing to Michael's health in a clinical sense, added little to his sense of having a life worth living.

This cuts to the heart of the 'capabilities approach' to wellbeing. A capabilities framework focuses not only on what people can achieve, but also their capability to function in ways important to them, and what constrains those opportunities. It concentrates on the extent to which people have the opportunity to live the kind of life they personally value.

The framework was largely developed in its current form by economist and philosopher Amartya Sen, and expanded by American philosopher Martha Nussbaum. While Sen and Nussbaum's versions differ to some extent, the core of the approach for both writers is its focus on what people are able to do and to be—on their 'freedoms (capabilities) to lead the kinds of lives they want to lead, to do what they want to do and be the person they want to be' (Robeyns, 2003, p. 7).

The approach identifies what Sen calls 'functionings' or 'being and doings': the various aspects of living that include things such as working, resting, being literate, being healthy, being part of a community, being respected and so on (Robeyns, 2003, p. 6).

Many of these are influenced by an individual's access to different kinds of goods and services—but it's crucial to recognise that access in itself does not guarantee that a person will achieve these 'functionings'. Robeyns (2003) notes three factors that influence people's ability to convert available goods and services into a

The road to employment can be full of twists, turns and unexpected deviations.
Roadmap, Rachelle Montgomery, detail.

'functioning': personal characteristics (e.g. physical condition, skills and personal history); social characteristics (e.g. gender roles, power and social hierarchies); and environmental characteristics (e.g. infrastructure such as public transport and facilities, and even climate).

On the face of it, Michael had access to surgery and pharmaceutical pain relief for the crippling pain that constrained his movements and impacted on his psychological wellbeing. He had the potential for access visits with his daughter, which could give him a valued family relationship. On the face of it, Jo could have perceived Michael as a 'lost cause' unwilling to help himself and resistant to change.

In reality, Michael's ability to convert the resources available to him into 'functionings' important to his quality of life was limited by factors embedded in his personal history. He refused to undertake surgery and pharmaceutical pain relief because of a deep-seated fear of relapsing into addiction if he took painkillers. He declined access visits with his daughter because he was ashamed of his poverty, and his inability to make her visits 'fun' when she came to stay with him. Robeyns stresses that it is

> *… not sufficient to know the resources a person owns or can use in order to be able to assess the well-being that he or she has achieved or could achieve; rather, we need to know much more about the person and the circumstances in which he or she is living* (Robeyns, 2011).

A 'capability' therefore isn't just a person's abilities: it's 'an opportunity made feasible', and can be constrained by any of the personal, social and/or environmental factors mentioned above (Robeyns, 2011). One of the driving theoretical forces of the capability framework is acknowledgement of individual diversity—of the unique combination of factors that constrains or supports each person in achieving the life they want to live.

A critical part of the Better Health program focuses on 'making opportunities feasible'. Participants develop personalised weekly action plans, such as Michael's plan to go for a walk before 9 am each day and to greet five people along the way, that reflect their own goals, personal values and preferences for the type of life they want to live. Michael's action plans over the course of the program (including seeking advice on how to manage his pain drug free, volunteering at a local charity organisation, and making transport arrangements that would support making it to an interview on time) showed an evolving sense of his own self efficacy and understanding of personal wellbeing.

What the personalised action plans explicitly recognise is that some 'functionings' and 'capabilities' are more important to individuals than others. This means that standard assessments of outcomes and outputs can be misleading because they don't reflect the particular dimensions of a life worth living for a specific group or individual—dimensions influenced by things such as personal choice, gender, culture and geography. Capability theorists have struggled over time to develop an agreed list that reflects 'central human capabilities', as Nussbaum refers to them, but these various proposals differ according to discipline, purpose and philosophic underpinnings. Sen himself, the pioneer of the capability approach, has steadfastly refused to create a definitive list because identifying appropriate dimensions is so context dependent (Sen, 2004).

Having said that, there are some dimensions of 'a life worth living' that emerge as central to all of the proposals. Social connectedness for example appears as 'affiliation'; as 'social relations'; as 'social wellbeing'; and as 'intimacy/friendship', among others (Alkire, 2002). All of the lists recognise that regardless of personal choice, gender, culture and/or geography, social connectedness in some form and to some extent is critical to human wellbeing.

So while Michael's were very individual action plans, they were not developed in isolation. Michael and other participants had the support of each other and of Anglicare SQ staff in developing their plans—together they problem solved, made suggestions, supported and learned from each other, and shared their lived experiences. They made connections with each other.

Jo describes a particularly poignant discussion about Michael's reluctance to disappoint his daughter:

Many participants of the group had shared or were living this experience, and together they problem solved how they could continue to have a relationship with their children even when they couldn't provide for them in the manner that they wanted. Many explained that they had felt inadequate as parents because of their lack of income. One participant told the group about how he plans a relatively cost-free weekend, involving trips to the park, frisbee games, soccer, borrowing DVDs from friends, making home-made play dough, cooking together—he actually said that his relationship with his children had improved even though financially he wasn't giving them all of the material things in life.

'My time with my kids is priceless', he said. 'They're getting me, and that's all they want.' The power of this statement wasn't lost on others in the group.

It was also a learning experience for some of the single mothers, who had never thought about it from their partners' or ex-partners' perspective. Several women made action plans to initiate an open and honest conversation to see if this might be contributing to their ex/partners' lack of connectedness with their children.

The format of the Better Health program is more than an efficient way for instructors to pass on information. As Jo describes above, the small group processes that underpin the program are critical in developing webs of connection, learning and support between participants. Many have found friends as well as encouragement within the groups. Attendees at other Better Health program sessions have commented:

The lovely people I met have supported me and I have learned from them.

I found one close friend and I now have an outlet via the monthly support group. I now have company and have purpose in my life—Session participants.

Jo points out that Michael's success had an impact beyond his own personal journey. She found they were all buoyed by his success even if they hadn't managed to achieve their own individual plans.

In week 4 of the course Michael explained that he had been offered an interview for a traineeship in horticulture and landscaping. This was something that he had only dreamed of. I was nervous for him, excited, hopeful that this would be a turning point.

In week 5 he returned to the group, explaining that he had failed the medical requirements of the position and that he had been unsuccessful. My heart sank … I was terrified that he would sink back into his shell and his weekly successes would be forgotten.

Six months after the course, I follow up with participants to discuss their progress on a longer-term basis. I was very concerned that I couldn't get in contact with Michael. It turned out he was at work. He had successfully completed his surgery and rehabilitation, drug free, and was working full time for a landscaper. He had reconnected with his daughter, and his relationship with his ex had improved substantially. He had been discharged from Jobcare and was no longer receiving financial benefits from Centrelink.

I was dancing on the inside at his success.

There's no doubt that Michael's peers were a key support on his journey, and contributed significantly to his success. But it's important to acknowledge that Anglicare SQ staff members are equal participants in this process, part of the emerging group dynamics, and they are motivated by outcomes that mean 'success' for their clients.

> *In practice, this is a grassroots program, driven on an everyday level by the local and the personal, not the bureaucratic and business-like.*

It is a significant commitment of organisational (strategic, financial and physical) as well as personal (time, energy and emotional) resources to invest in individuals at this level. In practice, this is a grassroots program, driven on an everyday level by the local and the personal, not the bureaucratic and business-like. In her story above, Jo talks of being 'excited', 'terrified', 'concerned', her heart 'sinking' and then 'dancing on the inside'.

Another staff member described how she feels about her clients and the work she does:

> *My clients make me passionate about my work. I enjoy coming to work each day so that I can assist and support people to make the choices that will lead them closer to achieving their goals.*
>
> *I treat every client as I would like to be treated myself because, after all—who knows what's around the corner for us? We could be in their shoes one day*—Sue, Anglicare worker.

Jo and Sue's willingness to engage at a personal as well as a professional level is part of what makes Anglicare SQ a 'community organisation'.

It's clear that 'success' for Better Health participants isn't about clinical benchmarks—although many clients do in fact see clinical improvements. Nor is it about attaining a pre-determined skill set, obtaining a job, losing weight or swimming fifty laps—although any or all of those achievements may well have been indicators of a life worth living for some participants. Rather, the program focuses on 'making opportunities feasible'. Jo and her colleagues are there, walking alongside participants, as they negotiate the particular barriers and resources that constrain or contribute to their achieving the life they want to live.

At an organisational level, Michael's success certainly contributes to the achievement of Anglicare SQ's strategic intents, such as those mentioned earlier. That positive outcome, however, is at least partially the result of organisational priority-setting and resourcing that say individuals are important, and which direct staff to 'seek to understand your client as a person', to 'encourage your client to initiate and participate in goal setting and decision-making', and to 'promote respect for individual differences, preferences and needs'.

References

Alkire, S 2002, 'Dimensions of human development', *World Development*, vol. 30, no. 2, pp. 181–205.

Anglicare Southern Queensland 2013, *Strategic priorities (fact sheet)*, internal document prepared May 2013 for Anglicare Southern Queensland, Brisbane.

Gold Coast Medical Local 2009, 'Collaborative final report', condensed from *Evaluation of the chronic conditions self management program* by ibis consulting Qld Pty Ltd, available at http://www.gcml.com.au/cmsItem.aspx?CK=79

Gold Coast Medical Local 2010, '12 month follow up evaluation', *Evaluation of the sustainability of long term self management outcomes for participants in the chronic conditions self management pilot program* by ibis consulting Qld Pty Ltd, available at http://www.gcml.com.au/cmsItem.aspx?CK=79

Gold Coast Medical Local 2013, 'Better health with self management program', viewed on 21 August 2013, http://www.gcml.com.au/cmsItem.aspx?CK=79

Lawn, S 2008, 'The person's perspective of chronic condition self-management: time to shift from rhetoric to reality', *Health Issues*, Summer, issue 97, pp. 22–24, available at www.healthissuescentre.org.au/documents/items/2009/03/270966-upload-00001.pdf

Quixley, S 2012, 'The unique contribution of community organisations', based on a 2010 presentation at the South Australian Council of Social Service conference, 8 pp., available at http://www.suziqconsulting.com.au/free_articles.htm

Robeyns, I 2003, *The capability approach: an interdisciplinary introduction*, prepared for training course preceding the 3rd International Conference on the Capability Approach, Pavia Italy, 6 September, available at http://www.soc.spbu.ru/img/up/files/File/1.8%20Robeyns%20The%20Capability%20Approach.%20An%20Interdisciplinary%20Introduction.pdf

Robeyns, I 2011, 'The capability approach', in EN Zalta (ed.), *The Stanford encyclopedia of philosophy* (Summer 2011 edition), available at http://plato.stanford.edu/archives/sum2011/entries/capability-approach/

Sen, A 2004, 'Capabilities, lists, and public reason: continuing the conversation', *Feminist Economics*, vol. 10, no. 3, pp. 77–80.

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Fresh Food Tuesday, Sustainable Living program, Sadleir (Liverpool).

Beyond the crisis

A numbers response to need was not enough. Workers in Anglicare Sydney's Emergency Relief program, exasperated with band-aid approaches to increasingly complex needs, began examining their own data for a better way. JANINE JONES traces an approach that brings together many elements in a more effective response. She found that *how* and *what* are best answered by starting with *why*.

The 'Golden Circle' is Simon Sinek's (2009) creative explanation for why some leaders such as Martin Luther King Jr and organisations like Apple inspire us, while others on a similar playing field fail to capture our hearts and minds. The Golden Circle consists of three concentric circles—beginning at the centre with *why* and moving outwards towards *how* and then *what*. People and organisations can easily communicate *what* they do—describing their role in the organisation, or the products and services a company may produce. However those who are truly influential or innovative start by focusing on the core of the circle. They begin with the *why*, their raison d'être. These inspirational people and organisations have crystallised why they do what they do, and communicate these intrinsic beliefs to their audience. They are directed and driven by their inherent *why*, to create the *how*, and to produce the *what*. The success of the *how* and what will be contingent on many other mitigating factors. Naturally, we're inspired by those who communicate the aspirational, core beliefs that permeate and drive what they do, especially if we identify with aspects of those values. In summary, the Golden Circle is predicated on balancing a clear *why*, a disciplined *how*, and a consistent *what*.

The nexus between social welfare and Christ's gospel has wended its way throughout Anglicare Sydney's long, 157-year organisational history. Around 2007, Anglicare Sydney reviewed and simplified its vision and mission statements, and undertook a number of strategic reforms across the whole organisation. The

explicit aim was to establish service delivery models that would more effectively meet clients' needs, and which clearly reflected the organisation's new vision and mission. These were rolled out in the 2007–09 Strategic Plan.

The vision was 'Lives changing and communities growing by care through Jesus Christ'. By simplifying and sharpening the *why*, Anglicare Sydney confirmed the fundamental purpose of the organisation, clearly linking social welfare with the gospel of Christ in the context of the Sydney Anglican Diocese. It was further endorsed by a paper, written by the then Archbishop Peter Jensen, as Chairman of Anglicare Sydney's Council, entitled 'Positioning Anglicare [Sydney] – Why we are'.

In doing this, Anglicare Sydney clearly identified itself as an organisation compelled by the gospel of Christ to care for others and serve them at their point of need. It also recognised the necessity of working in partnership with others, with churches and other agencies in the wider community to address the needs of the disadvantaged. The objective was to empower individuals and families from all social, racial and cultural groups to develop greater resilience, independence and connection.

The vision statement impacted all areas of Anglicare Sydney's aged care and community services. However, this essay considers the way Anglicare's vision (the *why*) evoked a better model of service delivery (the *how* and *what*) for people visiting their *Emergency Relief* (ER) centres.

With 50 years experience in Emergency Relief services, Anglicare Sydney is one of the largest faith-based service providers in Greater Sydney and the Illawarra. It operates Emergency Relief across nine sites (Mount Druitt, Bondi, Marrickville, Liverpool, Campbelltown, Wollongong, Penrith, Shellharbour and Moss Vale), each site using a paid coordinator and a group of trained volunteers. As the federal government's funding model assisted the individual's immediate, physical need, the team had been focusing on meeting that immediate need with food and goods, to ensure as few people as possible left hungry. How could they not, when hearing comments from clients such as:

> *There's nothing more depressing than not being able to feed your kids. You feel worthless as a parent. It's the increasing prices of everything* (King et al., 2013, p. 33).

> *I can eat porridge 24 hours a day if I have to ... We buy a bag of potatoes to live on until there's money for food* (King et al., 2013, p. 26).

> *We cannot always get fresh food and have to buy food that's expired ... Discovered that low fat [milk] lasts way beyond its use by date* (King et al., 2013, p. 28).

The teams assumed that their role required them to see as many clients as they could, to fulfil the immediate need and turn away as few people as possible. However, over time staff recognised that clients were presenting with increasingly complex needs. They were concerned that while they responded to the client's immediate and obvious needs, they only offered a 'band aid' solution and could not focus on longer-term outcomes for clients. They were frustrated by this 'transactional' service delivery model which could not address the underlying causes.

Families repeatedly returned to ER seeking food and financial support. Staff and volunteers weren't seeing positive outcomes for clients receiving these recurring, intermittent services. They also experienced clients presenting with more than one problem. People came to ER because they had tenancy problems; were homeless; had lost their job; had financial debts or couldn't manage financially; were experiencing physical or mental health issues, and relationship issues. People receiving government allowances often found that additional financial stress on the household such as health-care costs, higher-than-usual utility bills, or a broken washing machine, could push them into severe financial hardship.

Informally, staff and volunteers did assist with budgeting, and advocated on behalf of the client with providers or other agencies. Staff knew that the organisation needed to move beyond the 'safety-net service' of providing food packages and paying bills if they were to successfully address the client's complex, interrelated needs.

All ER sites collected data relating to client visits but there was no capacity for an integrated reporting system across the organisation. For 10 years, the ER coordinator in Wollongong had been diligently collecting detailed data, which went far beyond government requirements. She believed this information was essential to effectively advocate on behalf of the client. Her initiative inspired other ER coordinators, and led to collaboration between ER and the research team to develop an organisation-wide ER database.

Initially, additional and lengthy data collection was challenging for the already overworked ER staff. However, they soon saw the benefit of widespread reporting to government and to the community on issues relating to emergency relief. They quickly became willing advocates of regular data collection.

The new ER database tracked the number of clients seen, number of visits made, number of interviews, payments of bills, presenting issues, basic demographics and some other details. At the client's first visit, volunteers collected information including household composition, ethnicity and income sources. Further relevant information was collected on subsequent client visits.

Anglicare Sydney's consolidated research (2007–2009) provided a comprehensive view of ER across all seven sites (King et al., 2009). Both the research data and focus groups offered the organisation a deeper insight into the client's experience of social

exclusion, where people are disadvantaged and marginalised as a result of a number of complex and interrelated social issues.

Although the data showed people came from across 116 postcodes, nearly a third of clients came from just four postcodes—Campbelltown, Mount Druitt, Wollongong and Liverpool. This was not surprising given that Anglicare Sydney chose to locate its ER centres in these locations due to the identified need. However, it confirmed levels of geographic disadvantage. Generally, the majority of people who visit ER live within a five kilometre radius of Anglicare Sydney's ER centres.

The research of King et al., (2009) was significant as it provided a detailed analysis of who visited ER and why. Of the 13,000 clients seen during the research period almost two thirds were women. Over half of the clients were aged 25 to 49. Nearly one third of clients were sole parents. Almost all of the households (95 per cent) received some sort of government allowance with the greater proportion on an income less than $600 a fortnight. Typically, most of these households presented with more than one problem including unemployment, accommodation issues, homelessness, debt, physical and mental health issues, and family and relationship breakdown.

Client stories humanise these statistics.

'Julie', a young, single mother of two boys (the eldest with autism) came to ER in severe financial stress. She was grieving over the recent death of her own mother. She was also stressed because the funeral directors wanted full and immediate payment for her mother's funeral which amounted to several thousand dollars. Julie's mum had been regularly putting money into a funeral payment plan but that was totally insufficient to cover costs. Julie had previously gone bankrupt, and until her credit rating was restored she couldn't take out a loan. At a time of bereavement Julie was also distraught because she had no idea how she could pay for the funeral.

'Ron' had an intellectual disability, and had been homeless for two years before securing public housing. He was behind in his rent. After Centrelink deducted child support, court fines and earlier rent arrears payments from his allowance, Ron had very little left to pay his remaining bills. He needed food and clothes, and a way to further stretch thin resources.

Sixty-two-year-old 'Margie' had mental health issues, and lived in a house with no electricity for five months because she didn't have sufficient money to reconnect the power.

Then there was 'Jenny', a desperate, first time visitor. A very young mother with seven children, Jenny had defaulted on a rental arrears payment plan with the Department of Housing and faced eviction in less than a week.

The fusion of Anglicare Sydney's vision, the staffs' aspiration to meet clients' underlying needs, and a comprehensive, organisation-wide understanding of these needs guided discussions on how to more effectively address poverty and social exclusion. The vision statement was amplified in the three-fold mission, that is, to care:

- By doing good works that grow communities and address emotional, social and physical needs, and which are the fruit of the gospel of the Lord Jesus Christ.
- By seeking to bring the gospel of the Lord Jesus Christ that alone meets spiritual needs.
- In partnership with churches where possible, and the wider community where appropriate.

Anglicare's mission statement is the *how* component of the Golden Circle, reflecting the values, guidelines and principles that help make the vision (the *why*) a reality. It was the basis by which Anglicare Sydney moved from a 'transactional' model of service delivery in ER to a 'transformational' model under the wider framework of the *Sustainable Living* program.

> *To the untrained eye it may have looked like an inconsequential doodle in the shape of a daisy-like flower ...*

Like many 'truly inspired ideas', the Sustainable Living program was conceived on the back of a paper serviette. The Assistant Director of Anglicare Sydney's Community Services drew the what in late 2007. To the untrained eye it may have looked like an inconsequential doodle in the shape of a daisy-like flower, but those around the table knew it represented an innovative model of service delivery for Anglicare Sydney.

The goal of Sustainable Living, as it developed over the next two years, was to meet the needs of people who were socially isolated, experiencing financial hardship and living in poverty or in marginalised communities. Where possible, the program

was to address the needs of the 'whole person'—physical, emotional, social and spiritual. By seeking to address the needs of the whole person and focusing on the client's existing strengths and skills, the program aimed to build people's confidence, resilience and self-sufficiency.

The Sustainable Living program was rolled out across Anglicare centres from 2008 onwards. It was a combination of existing and new programs. Firstly, *Family Accommodation Support Services* (FASS) was added to Emergency Relief, and the *Food and Goods* program. Microfinance (loans) programs and *Financial Counselling* were added in 2009. That year, two additional programs funded by Anglicare—*Case Management and Capacity Building*—were also piloted. Variations in the mix of services reflected community need, physical space at the site and access to funding. Clients could enter the Sustainable Living program from any service, not only from ER.

There is a clear connection between Anglicare Sydney's vision of lives changing and communities growing, its three-fold mission, and the organisation's professional practice goals. To begin with, there is greater opportunity for lives changing and communities growing through a broader range of connected service provision. ER continues to relieve immediate financial hardship. However, the goal of Sustainable Living is to help prevent future experiences of hardship by building the client's financial literacy, living skills, self esteem, capacity and social inclusion.

The staff and volunteers who interviewed clients were able to take more time assessing client needs. Where appropriate they referred the client to other Sustainable Living services without clients having to exit one service and re-enter another. This is moving towards more integrated service delivery.

The ultimate outcomes for Sustainable Living were to:

- reduce the client's need to access services
- increase use of services for clients with complex needs
- change behaviour, attitude and skills
- improve the client's capacity to cope by reducing anxiety and stress and increasing wellbeing.

Anglicare Sydney acknowledged that these outcomes could not be achieved by one offer of assistance within a short time frame. The goal was to build a relationship of trust between the client and the worker, and offer holistic assistance for the required duration. One way of achieving this was through the *Case Management* program.

The Case Management program was designed to assist ER clients presenting with complex needs to make long-term, sustainable changes. Staff and clients

moved beyond a single assessment at a crisis point, to developing a case plan that focused on the client's strengths and resources, and helped them achieve their personal goals. It was piloted in Wollongong with 28 clients over 12 months. The program was evaluated after a year, revealing an initial improvement in the client's connections with community, access to services, resilience, independence and overall wellbeing. Although the evaluation period was then extended to more effectively measure the medium and long-term benefits of case management, it was retained as a component of Sustainable Living, fully funded by Anglicare Sydney. Many clients have entered and exited the Case Management program. The work is often highly intensive due to the complex nature of client needs. Clients are now referred to the case worker from other programs, and not just ER. The manager described case management as 'walking beside the client', helping them to identify and achieve their goals, whatever they may be.

The program's case worker was encouraged on seeing great progress with many of her clients. 'Henry' had been living on the streets for 20 years, under the miasma of alcoholism, prior to entering the Case Management program. He had been diagnosed with liver cancer and acute hepatitis C. Over the course of a year in the program, he maintained sobriety, got off the streets into a caravan park, and learned to manage his finances.

'Sarah' came to the program as a single parent with one child. Her estranged husband had directed her every move throughout their marriage. Sarah was not accustomed to relying on her own decisions and values. Supported by the case worker, Sarah learned to identify and trust her own thoughts, feelings and values. With the help of the case worker and a local domestic violence support group she was able to move into independent accommodation. She learnt to manage her finances, repaid her debts, completed several parenting courses, and began studying a university degree. She successfully rebuilt a life for herself and was optimistic about her future.

Although Wollongong was the only centre offering the Case Management program, other Sustainable Living workers were able to provide some degree of case work in other programs. The ER team took the opportunity to spend even more time with their clients during the ER intake interview. This allowed them to more effectively advocate on behalf of their client with other service providers, to improve their situation. Family and Accommodation Support Services (FASS) funding provided another opportunity for case work with individuals and families who were renting or paying mortgages but at risk of homelessness. Staff could work alongside the client, devising a budget, and advocating on their behalf to sustain the tenancy and maintain community connections.

Car maintenance course, Capacity Building program, Mount Druitt.

Anglicare Sydney has made recommendations to the federal government that ER funding should include intensive case management and other innovative service delivery models that will assist families requiring additional support to achieve long-term goals and improved outcomes.

The Capacity Building program at Mount Druitt was the other pilot program for Sustainable Living. The Mount Druitt 2770 postcode spans 12 suburbs with a population of 100,000 residents; 38 per cent live on a weekly income that is below the poverty line. Approximately half of the residents live in public housing compared to the Sydney average of 5.7 per cent. The area has lower education levels and higher juvenile crime rates than the rest of Sydney. In terms of health, the Australian Diabetes Council lists Mount Druitt as the second-highest postcode in NSW for the incidence of diabetes.

The Capacity Building program was designed as an intervention strategy to help prevent financial hardship and social isolation by teaching people vocational, social and life skills. The program uses education as a tool for change. Clients are provided with free access to training to help them engage with their wider community. Free child care is provided to make learning opportunities possible for participating parents. This is essential for single parents with little or no support network. The program uses a range of components from existing community education models for adults. The four elements of the program are: early intervention; identifying

underlying issues; developing social networks; and education. Clients engage with all four elements through groups, seminars and informal learning situations.

In developing the Capacity Building program, staff took into account the common issues clients shared in ER interviews—unemployment, poverty, low levels of literacy and skills, poor health, parenting problems and a lack of community support. To increase client engagement and ownership, staff also surveyed clients to determine what they were interested in learning. The courses and activities were developed in conjunction with local communities and to meet the expressed needs. TAFE NSW, other service providers and Anglicare Sydney facilitators ran the courses.

Over the course of a year, 1,443 people learned basic household and employment skills in one-off seminars or formal courses running for six to eight weeks. The one-day seminars covered Triple P Parenting, Car Maintenance and Budgeting. Group courses offered were:

- Horticulture (Certificate 1)
- Cafe Skills (Certificate 2)
- Barista (Statement of Attainment)
- Quit Smoking
- Cooking on a Budget
- Family Budgeting
- Computer Skills
- Change and You.

The site at Mount Druitt had a small commercial kitchen, coffee machine and eating area, called the *Café de Warehouse*. The area offered an informal learning space for clients to run their own craft activities, a place to practice new café and barista skills, and opportunities for social connection.

In 2011, Anglicare evaluated the program using participant surveys and focus groups to assess its effectiveness in meeting its goals. The survey revealed that the Capacity Building program had successfully connected with people experiencing financial hardship.

Among the findings for the program's short-term outcomes, participants shared that they would use what they learned in the budgeting and cooking courses in their everyday life. Cooking classes also provided recently arrived migrants with local cooking skills. Participants also shared that they had made a least one friend in the course who they would see socially or could turn to in a crisis. Participants felt that the program had fostered a sense of community among the attendees (Moffit & Bellamy, 2012).

These survey responses reported in the evaluation (Moffit & Bellamy, 2012) reflect positive, short-term outcomes for different participants across a variety of courses:

> *My first question (to the Sustainable Living worker) "It's not all about mincemeat is it?" ... But the things we've been cooking is beautiful, isn't it? It's beautiful—with the eggplant, it was like moussaka! She taught me so many things.*

> *Sharing my situation with other parents. That was one thing that helped me.* [Parents] *that have been in similar situations with their children for various reasons... I found that useful.*

> *I think I am useful now. 'Cause I've been told all my life "You're useless". I mean seriously, it has helped me a lot.*

> *If it wasn't for my friends and for my time out here in Café de Warehouse, I'd have lost it years ago.*

Ideally, a medium-term goal for some participants is further education and employment. The majority of participants had negative experiences or reactions to formal education before participating in the program, but were more positive about attending courses at our Mount Druitt centre:

> *I'm a rebel. I'm a rebel and I know it. I've only done five years school in my whole life. Because I grew up in an orphanage, I hate authority, OK? And I tell you, coming here... I look forward to it* (Moffit & Bellamy, 2012).

However, some participants also saw the Capacity Building program as a gateway to formal education and ultimately employment:

> *My future is already changing because I started the cooking class ... I did the Café Skills course through Anglicare and that just opened up other avenues. I really liked my teacher so I went back and did my Certificate III this year (at TAFE). I've already done 60 hours of work experience plus worked in their training restaurant, so that's changed my life a lot* (Moffitt & Bellamy, 2012).

When asked to nominate future areas of interest, participants included opportunities for better social connection, growth in financial management skills, enhanced employment skills and enhanced personal wellbeing.

Today, staff members continue to be innovative, implementing new aspects of the Sustainable Living program at their centres. They do this despite the financial constraints and the demand it creates for more volunteers to help run the programs.

One example of this innovation is the response to client disappointment with the lack of fresh food—ER clients receive mostly tinned and packaged food. *Fresh Food Day* was introduced at a couple of centres and now once a week, for a gold coin donation, clients receive fresh produce valued at about $30. For some this provides fresh food they can't normally afford while for others it represents a saving that can be put towards paying other bills.

Capacity Building also incorporated the establishment of community gardens into the program. Participants learn new skills, are able to transfer those skills to their gardens at home, and connect with people they may not ordinarily connect with, as well as eating the 'fresh fruits' of their labours.

Another addition to the Capacity Building program is the *One Stop Shop* where once a month clients can speak to staff from Centrelink, Legal Aid, Housing NSW, and the NSW Home Power Saving Scheme all at the one venue. Legal Aid is extremely popular, especially as people would otherwise need to travel from Mt Druitt to Parramatta or the city.

Participants in the Capacity Building program often return to update staff on starting a course or getting a job. The program's manager said, 'I enjoy my role because it's so fulfilling. People come here because we're giving them opportunities and offering something that they want. They can be themselves and feel accepted. You see people's lives change'.

> *"They can be themselves and feel accepted. You see people's lives change."*

The manager remembered one woman who only came to Café de Warehouse at the very end after most people had left because she suffered from an anxiety disorder. Gradually she started coming a little earlier each week, and then made friends at the Café with a woman from Iran. The two began meeting socially outside of the Mt Druitt centre, and the woman started teaching her Iranian friend English. Another woman shared with a manager that she had become more confident by talking to 'the regulars' as she stood in line waiting each week for food on Fresh Food Day. She said that her greater confidence led her to apply to TAFE, and she attributed her change to being at Anglicare Sydney.

Anglicare Sydney's vision and mission is to live out the Christian faith in word and deed. The clearer, sharper vision and mission, adopted in 2007, directly impacted the development of the Sustainable Living program. The program endeavours to reflect best practice service delivery and be a practical demonstration of God's love.

As one program manager put it:

> *We focus on Anglicare's vision of lives changing through Christ's gospel and by doing good works, combined with evidence-based, best practice for our welfare services. Our clients are not just given 'hand outs'; we provide opportunities to make long-term, sustainable change.*

In his book *Start with why,* Simon Sinek (2009) explains that when an organisation focuses on their *why*, it attracts employees who share similar values and beliefs. Employees and volunteers are personally committed to the organisations values, because they are shared values. This helps build a bond of trust. The *why* inspires staff to be more productive and innovative. This certainly has been true of staff members and volunteers working in the Sustainable Living program who daily demonstrate their passion and commitment to their work. They share stories about how lives are changing—incrementally and substantially. People do acquire new skills, grow in confidence, get jobs, connect with others and learn to live in healthy relationships. People are given hope.

References

Homel, J & Ryan, C 2013, *Welfare agencies and the provision of emergency relief in Australia*, Occasional Paper No.43, Department of Families, Housing, Community Services and Indigenous Affairs, Canberra.

King, S, Bellamy, J, Swann, N, Gavarotto, R & Coller, P 2009, *Social exclusion: the Sydney experience*, policy unit research paper, Anglicare Diocese of Sydney, Parramatta.

King, S, Bellamy, J, Kemp, B & Mollenhauer, J 2013, *Hard choices, going without in a time of plenty*. A study of food insecurity in NSW and ACT, prepared by Anglicare Sydney's Social Policy & Research Unit on behalf of Anglicare Sydney, the Samaritans Foundation and Anglicare NSW South, NSW West & ACT.

Moffitt, A & Bellamy, J 2012, *Sustainable Living Capacity Building program evaluation*, internal report to the Anglican Diocese of Sydney Policy and Research Unit, Sydney.

Sinek, S 2009, *Start with why: how great leaders inspire everyone to take action*, Penguin Group, US.

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Maze illustration, Lauren Watson, Benetas. 2012.

Small and big: both are beautiful

Respect might sound more like an Aretha Franklin song to some people but it was music to the ears for older Australians who won a debate against their younger counterparts on whether older people should earn respect. LISA REES is the Benetas Customer Experience and Partnerships Manager. In this essay she explores the strategies a growing organisation uses to keep true to its values and its community, among the shifts and increasingly big business of aged care.

Recently a colleague made a throw-away comment: 'Anyone can do aged care … so what makes us different?'

Those familiar with the sector and its complexities will agree that it is a stretch to say 'anyone can do aged care'. However what my colleague was getting at is that aged care is becoming big business. A recent influx of private providers into the industry and the introduction of government reforms are creating a competitive and challenging environment. The trend towards larger organisations and greater accountability—seen across many sectors—is edging out smaller providers.

At the same time Australia is facing an enormous increase in the number of people aged 85 and over with baby boomer children who want the very best for their parents. They're often willing to pay for and be 'wowed' by extra services like spas, state-of-the-art gyms, concierges and more.

These changes are turning the sector on its head.

With aged care an attractive opportunity for big business, we should be taking a hard look at our sector: exactly what are we offering and being offered? How does a large organisation continue to enact a meaningful purpose? What are the values and what kind of advocacy can the large organisation provide for older people? Are there

investments into local community programs? Or does the pressure of filling beds on a large scale and managing complex corporate finances take a greater toll on connections with community among larger organisations compared to smaller-scale service organisations?

Benetas is certainly a very large organisation and its primary business is aged care. While this means keeping a firm grip on sustainable operations, the leadership team and staff at Benetas are mindful of the organisation's origins, its long history with the community and its purpose. This is to ensure that all older people, regardless of their circumstances, enjoy a positive experience of ageing.

What does this broad, aspirational statement mean for an organisation solely based in one state, in one country and providing residential and in-home care? Benetas' ability to communicate with and advocate for older Australians, more broadly than those who are our immediate clients, is critical to fulfilling its purpose.

Benetas is well connected. It has long-established, strong links with one of Australia's largest archdioceses, and has been supporting older people since 1948. This places the organisation in a unique position to address pressing issues for older Australians.

It was farsighted cleric, Archbishop Joseph Booth who first called on Melburnians to support vulnerable older people. Melbourne was a city recovering from war. Men were returning from active duty to civilian careers and women were again responsible for domestic life (Black, 1996, p. 2). Fortunately the war had produced a good supply of volunteer workers willing to continue supporting those in need. Booth wrote in a Melbourne Diocese newspaper:

> *I wish I could lay hands on £100,000 for the provision of all the things old people need when years and loneliness overtake them. I wonder whether anyone who reads this will help to start us on the way to fulfil this next duty, which I believe to be the most urgent?* (Black, 1996, p. 2).

People responded immediately with gifts worth over £3,000 (equivalent to $185,000 today) and Benetas, then known as the Church of England Homes for Elderly People, was created to care for frail older Victorians in need.

Modest beginnings of initially one home for 27 older women in the eastern suburbs of Melbourne reflect the mission to respond to immediate need. Like many not-for-profits with similar beginnings, it provided an invaluable service to the local community.

Rapid growth for Benetas and others in the aged-care sector followed. From 1960 to 1990, government funding and generous gifts of land and property saw many new

facilities built or expanded. Tax incentives during the late 1950s contributed, with the Commonwealth Government providing £2 for every £1 spent by an organisation acquiring land and establishing homes for the elderly (Black, 1996, p.8).

In 65 years Benetas expanded from providing housing for 27 to a suite of aged-care services for more than 4,000 older Victorians each year. We grew along with our community and the sector. The mission to provide quality aged-care services to all Victorians was borne along on this growth.

There's a perception that larger organisations struggle to be 'as close' as smaller groups can be to the community they are serving. However larger organisations often have funding arrangements and the capacity for policy planning or initiating collaborative work that helps bring about immediate and wider social change.

Many large organisations such as those in the Anglicare network will have arms of the business 'on the ground'. Their staff and volunteers may already be trusted in the community and empowered to take responsive action. In an ideal world they feed information back to higher levels of the organisation about what's happening. But, this is not an effective or sustainable model for discovering what our communities need or want.

Benetas was in this position and needed a better approach for engaging with its community. We needed to connect with older Australians and their families, and really listen, especially if we were to fulfil our purpose of ensuring a positive experience of ageing for all older people, not just our own clients. And we wanted more than talk and listening: the aim was better understanding and information that could be used in meaningful ways.

As one of the larger organisations Benetas is uniquely placed to pursue these goals. While we are still finding the way, a research and public advocacy approach is beginning to further knowledge across many issues for older people including: respect, exploring how older women's life experiences shape their ageing, and the intersection of spirituality and ageing.

In 2009 Benetas embarked on a Research and Advocacy Agenda working with other not-for-profits, tertiary institutions and community groups, individuals and of course older people and their families (Benetas, 2010a, p. 17).

Under the Research and Advocacy Agenda Benetas uses its considerable community connections to talk with people and engage with them as consumers. Benetas can advocate about issues concerning older people and strategies for a more 'age-friendly' society.

Respect in an ageing society (Benetas, 2010b) was the first research project conducted with Deakin University and aimed not only to understand attitudes

towards older Australians among different generations, but also how the idea of respect, or lack of it, has an effect on the quality of life and wellbeing of older people.

Findings from such research projects flow in multiple directions: they inform changes within Benetas; they are fed back to government and the multi-national aged-care industry through conferences and seminars; and they are shared with academics and health professionals through journal publication. Benetas also uses the information to encourage debate within the media as well as shift attitudes towards older people and ageing in the minds of the public.

The Respect report found that changes in society, shifting family dynamics and Australia's dispersed population impact on how older people are respected and valued. This triggered a follow-up project—*Wellbeing in the elderly: the role of respect*, interviewing and training aged-care staff, social workers and secondary school students around factors that create or obstruct respect for older people—as well as a series of public debates.

The first of these, a 'Great Respect Debate', was held during the Victorian Seniors Festival in October 2010. Two teams—younger Victorians and senior Victorians—argued over whether 'seniors must earn respect'. The senior team won, with the argument that yes, seniors must earn respect rather than it be automatically bestowed just because of older age (Benetas, 2011, p. 10). Demographer and media columnist, Bernard Salt, adjudicated and gave social and statistical context while debaters included former Governor General Dr Peter Hollingworth and Young

Broughton Hall, Anglican Homes for the Elderly, early 1950s.

Victorian of the Year 2010 Wesa Chau. During the 2011 Seniors Festival another debate focused on whether affordable housing is a right. These events help raise the profile of how much-discussed issues such as affordable housing affect older people (Benetas, 2012, p. 27).

Together with the Centre for Cultural Diversity in Ageing, Benetas hosted a one-day national forum in November 2011, seeking to develop a common understanding of social isolation among older people and identify areas for action. Organisations such as Mind Australia, Life Activities Clubs, the National Ageing Research Institute and the Brotherhood of St Laurence collaborated with service providers and decision makers from local and state government and cultural and community groups of older people. It was a unique opportunity and the consensus was that all Australians need to think about their later years in life to avoid becoming socially isolated as they grow older.

> *Even those people who have busy, active social lives for the majority of their life can find that they become socially isolated as they grow older due to later years being long and complex*—Benetas CEO Sandra Hills at the Social Isolation and Older People National Roundtable.

While the forum identified many areas critical to an older person's social inclusion such as mental health, housing and homelessness and the role of culturally diverse communities, the standout factor was transport. Transport is integral to preventing isolation for older people, particularly for those in rural and regional parts of Australia and delegates called for a coordinated approach to solutions with more systematic funding for community transport in particular. The interaction of accessible transport with the decline of smaller providers in rural communities is a factor to watch for all concerned with the wellbeing of older Australians.

Conversations and collaborations from this one-day event highlighted that older people and decision makers need to be brought together more regularly. With this aim the Older Person's Social Inclusion Taskforce was created to address social isolation among older Australians. Membership is drawn from across the aged, community and health care sectors around Australia. Its activities to date have included meeting with the Department of Health and Ageing's Aged Care Complaints Scheme to discuss barriers older care recipients experience in accessing the service, contributing to the Complaints Scheme's blog and plans for a second forum on collaborative, nationwide approaches to reducing social isolation.

Benetas was able to use findings, activities and forums from its growing research and advocacy arm to contribute to the Parliament of Victoria's Family and Community Development Committee's 2012 *Inquiry into opportunities for participation of Victorian seniors*:

> [For older people] *participation is about control, choice and empowerment. It is linked with notions of autonomy and self-determination and means that senior Victorians are at the centre of discussion and decisions regarding issues affecting their lives. They need to be present when decisions are made and their views need to be given full consideration. They need to be provided with relevant information, education and resources so they can be fully engaged in the decision making process* (Family and Community Development Committee, 2012, p. 125).

Drawing on its respect research, Benetas submitted to the Inquiry that:

> *... the viewpoint of many members of our society, our policy makers, our leaders and our media is that older people* [are] *unproductive, of little value and to be regarded as a threat to our way of living* (Family and Community Development Committee, 2012, p. 140).

Benetas participates in The Older Person's Policy Network—an informal diverse group of thinkers and leaders from the Ethnic Communities' Council of Victoria, Arthritis Victoria, Leading Age Services Australia Victoria, Alzheimer's Australia, the Brotherhood of St Laurence, Council on the Ageing, the National Ageing Research Institute, the Municipal Association of Victoria and Benetas. Making a collaborative response to the Inquiry's final report, the network particularly welcomed the focus on reframing longevity and the life course and the call for a new policy response to ageing. The Victorian State Government has already acted on the group's recommendations, including establishing, as a priority, the position of Commissioner for Older People as well as a Ministerial Advisory Committee on Ageing which will consist of representatives of older people.

Large organisations can listen to small voices and this listening does not always have to occur in a formal or research setting to influence larger outcomes. Some of the most powerful changes can occur when people with capacity and influence use casual encounters to listen, notice and act. It was just such a moment in conversation with older women at an aged-care residence that prompted Benetas CEO Sandra Hills to begin a landmark investigation resulting in *Women at work: the voices of older women* (Zajdow & Poole, 2013), a study whose findings are set to influence the next generation of thinking about social inclusion and aged care.

Ms Hills recalls a conversation with people at Broughton Hall, a Benetas residential aged-care facility:

> *I was talking to a resident who told me how happy she was to see women in such great jobs. At the time the facility manager, clinical care manager and a number of senior staff members at Broughton Hall were all women. This resident told me she was proud to see women in management. While she'd*

never had the chance herself, she was quite inspired by the fact that younger women today had the ability to do this. A number of women were now listening to the conversation and they were really keen to tell their story. It got me thinking, do a lot of older women feel this way about the opportunities presented to younger women or was this a minority?

Researchers Grazyna Zajdow and Marilyn Poole from Deakin University found that very few studies had previously been conducted into the working lives of women in Australia and the implications for social inclusion later in life. Social views of women's paid and unpaid work, language difficulties for migrant women, and anecdotal suggestions that in the past the 'head of the household' (usually male) was responsible for census forms, combine to give what is likely to be an inadequate picture of women's work.

> *"As these women have aged, there has been little recognition of their contribution to Australian society ..."*

Women between the ages of 66 and 92 were interviewed about their experiences in employment and comparisons with younger generations.

Legal and social impediments in previous decades meant women were unable to secure equal pay and conditions in the paid workforce. The limitations on women's workforce experiences have had long-term economic effects that now impact on women's experiences of ageing, particularly in relation to financial stability and disadvantage.

As these women have aged, there has been little recognition of their contribution to Australian society and they now experience a general lack of confidence or self-worth based on this.

Despite an initial hypothesis about inter-generational envy, the study found older women recognise and welcome the tremendous career opportunities available to younger women and are willing to support them to achieve their goals. They also see that opportunities bring with them many responsibilities. One surprising result was that many participants did not consider much of their paid employment after marriage to be 'work'.

The results also showed the historical congruence across the generations between women and their experiences with juggling employment and family responsibilities. Many of the participants believed that if women of today wanted to 'have it all', then they would have to work to pay for it, just as their mothers and grandmothers had done. They saw that younger women had many more educational opportunities than they did, resulting in greater job opportunities. One participant said, 'I think women today can have anything they want to have, anything they are capable of doing ... Oh, I think it is a great world for women now' (Zajdow & Poole, 2013, p. 20).

The Department of Health and Ageing's Ambassador for Ageing, Noeline Brown, helped launch the study, speaking of her personal life experiences of being a woman in the workforce and the importance of valuing older women in our society: 'Women have always been capable of great things ... But it hasn't all been smooth sailing. Older women have made sacrifices over the years to make a better world for women in general.'

> *They continue to be an individual with likes and dislikes, and various needs to ensure they live a fulfilling life, in whatever form that may take.*

In her capacity as ambassador to encourage respect for older Australians and promote healthy, active ageing, she was pleased to see that 'senior Australians are challenging the old, tired notion of ageing—and challenging them successfully'.

Findings from the *Women at work* study are being shared with the aged and health care industry nationally and internationally through conference papers and submissions to professional journals. A planned second stage will investigate the experiences of older women from culturally and linguistically diverse and disadvantaged backgrounds.

This work on what women have experienced and endured during long lives links well with Benetas' research into respect. We hope to use both to establish more nuanced models of care for aged and community services.

Benetas has used its place as one of the large faith-based aged-care providers in Australia to examine another little understood aspect of ageing: spirituality.

Benetas recognises that ageing can be a time of spiritual growth and renewal, a time when people are facing some of life's biggest challenges. Pastoral care is a vital element of aged care, and yet one that is often misunderstood. In the words of a previous pastoral care coordinator, pastoral care 'enables the expression of the soul' (Benetas, 2011, p. 12).

In a recent study *Finding the way: a theology of ageing* (Ames, 2012) Reverend Canon Dr Stephen Ames investigated spirituality in older people and what constitutes a positive experience of ageing. It is work that gets to the heart of what a large business-oriented and faith-based not-for-profit can achieve: using its organisational capacity to commission research that is important but not commercial in nature exploring the human and spiritual dimensions of ageing. Driven by a desire to help older people value their spirituality as they age and to influence societal attitudes towards older people, the study also explores how faith-based organisations in Australia, such as Benetas, provide services to their clients within a Christian ethos.

Spirituality is essentially the need for lived answers to the 'big questions' such as 'why are we here?' Ageing well includes addressing these spiritual challenges. As Dr Ames explains, 'There are different understandings of ageing—medical, economic, sociological. A "theology of ageing" offers an understanding of what it means to grow old in the light of belief in God' (Ames, 2012, p. 2).

It also requires others to recognise that during the ageing process, particularly in illnesses such as dementia, a person still retains their unique sense of personhood. They continue to be an individual with likes and dislikes, and various needs to ensure they live a fulfilling life, in whatever form that may take.

The report advocates the value of personhood and respect for older people, their individuality and contribution to our communities. While consultations were chiefly with the Anglican community in Melbourne it will also inform Benetas' relationship building with the Anglican community across Australia, including the organisation's pastoral care program.

It is perhaps surprising that despite Benetas' long association with the Anglican Melbourne Diocese, its clergy and laypeople it wasn't until 1997 that the first formal chaplaincy was created. Initially intended as counselling service to staff and a shared pastoral ministry with local parishes it has since expanded to include engagement with local community networks such as faith groups and volunteers, from within and beyond the Anglican Church. Specially trained pastoral care volunteers and non-denominational visitors provide valuable emotional support and help to nurture religious belief and practice for those who request it.

A team of pastoral care practitioners is now an integral part of the Benetas workforce. The role of team members is more wide-ranging than the traditional

role of chaplain and they continue to reach out beyond the immediate Benetas community, working closely with clergy and representatives from local faith-based groups. Their focus is supporting people in times of grief and loss and through existential questions of meaning for them and their families. But they are there for just as many 'ups' like moments of clarity and birthdays, as well as the 'downs' along the way.

Benetas pastoral care practitioners aim to form relationships with clients and families at the very beginning of their journey with Benetas. Yet their work does not just benefit Benetas clients. Much of their time is spent supporting families through the ageing journey. One such family was 'Maria' and her three sons and daughter.

An Italian widow, aged 88 years, Maria had been living with her eldest son and his family when her health deteriorated, and mid-stages of dementia became increasingly apparent. She reverted solely to speaking in Italian, and her care needs were too complicated for her family to manage. Maria very reluctantly moved into residential care with Benetas and demonstrated her feelings through resistive and verbally abusive behaviours. Her large family were naturally distressed although they knew that care was for the best.

Due to the emotionally charged atmosphere surrounding Maria's move, paperwork about end-of-life wishes and decision-making about palliative care was not completed in the weeks after admission. Soon Maria's health became critical, dementia symptoms increased and it seemed she was entering the terminal stages of life. The staff at the facility spoke with Maria's family about end-of-life issues and palliative care, showing her eldest son (and medical power of attorney) the relevant paperwork. He became extremely upset, saying 'She wanted to live until she was 100! My family will blame me for her death!'

Benetas Pastoral Care supported Maria's son and other family members. It became evident that in addition to emotional pressures, cultural and religious values were at stake. The family also needed more information and coaching to understand the nature of palliative care, the meaning of a Not-for-Resuscitation order, and stages of the dying process.

Maria's family were confused about how such choices would affect their mother's care, or of what exactly they were being asked to decide about. The eldest son, deeply aware of his responsibility, was conscious that siblings might disagree, now or after her death with decisions he made on their mother's behalf.

It took time and effort, support and plenty of communication from a number of pastoral care and clinical team members, as well as the family's Catholic clergy to support them through decisions about the final stages of their mother's life. It remained a traumatic process for them but they were able to reach a level of ease

with what was put in place. Maria's health continued to decline, but she was able to enjoy her last three weeks constantly attended by large numbers of her family. She died peacefully, blessed by the sacraments of her faith and surrounded by all who loved her.

Benetas is not unique in providing pastoral care, in identifying and sharing best practice or participating in research about ageing well in the community. Neither is Benetas alone in combining a not-for-profit operation with a sustainable aged-care business. Many similar groups in Australia are successful and growing rapidly, yet continue to undertake meaningful and innovative work beyond their day-to-day services or immediate clients. The challenge for all of us is to respond to the changing shape of aged care now and in the future.

> *Consultation and cooperation, strengthening the links between purpose and programs ...*

While small aged-care providers are decreasing, a large number remain the mainstay of local response to local need in rural and urban communities. The next few years are a critical period for larger not-for-profit and faith-based organisations such as Benetas to work closely with our smaller counterparts to continue this vital engagement with communities. To do so we must make the most of mutually beneficial partnerships with organisations big and small. This is especially so as strong competitive and consumer forces coalesce in the aged-care sector if we are to avoid losing sight of our purpose and our pastoral capacity, and if we are to avoid service being skewed towards only those consumers who want, and are willing to pay for, the best of everything.

Consultation and cooperation, strengthening the links between purpose and programs, lead to healthy relationships between organisations and their community. This approach keeps the organisation on track and ensures innovative, responsive services—even some that pre-empt community need—continue to evolve in ways that are mindful of vision, mission and values.

As the number of older people increase in the community and the shape of aged care changes we must take time to step back and consider where we stand: to make the most of the big and the small of it.

References

Ames, S 2012, *Finding the way: a theology of ageing*, Benetas, Hawthorn East.

Benetas 2010a, *Delivering better care, Benetas annual report 2009–2010*, Benetas, Hawthorn East.

Benetas 2010b, *Respect in an ageing society*, research paper by Benetas and Deakin University, Benetas, Hawthorn East.

Benetas 2011, *First class care*, Benetas annual report 2010–2011, Benetas, Hawthorn East.

Benetas 2012, *Living in good company*, Benetas annual report 2011–2012, Benetas, Hawthorn East.

Black, N 1996, *From Tara to Carinya: tracing our tracks: the story of the growth and development of Anglican Homes for the Elderly*, Anglican Homes for the Elderly, Hawthorn.

Family and Community Development Committee 2012, *Inquiry into opportunities for participation of Victorian seniors*, Parliament of Victoria, East Melbourne.

Zajdow, G & Poole, M 2013, *Women at work: the voices of older women*, Benetas, Hawthorn East.

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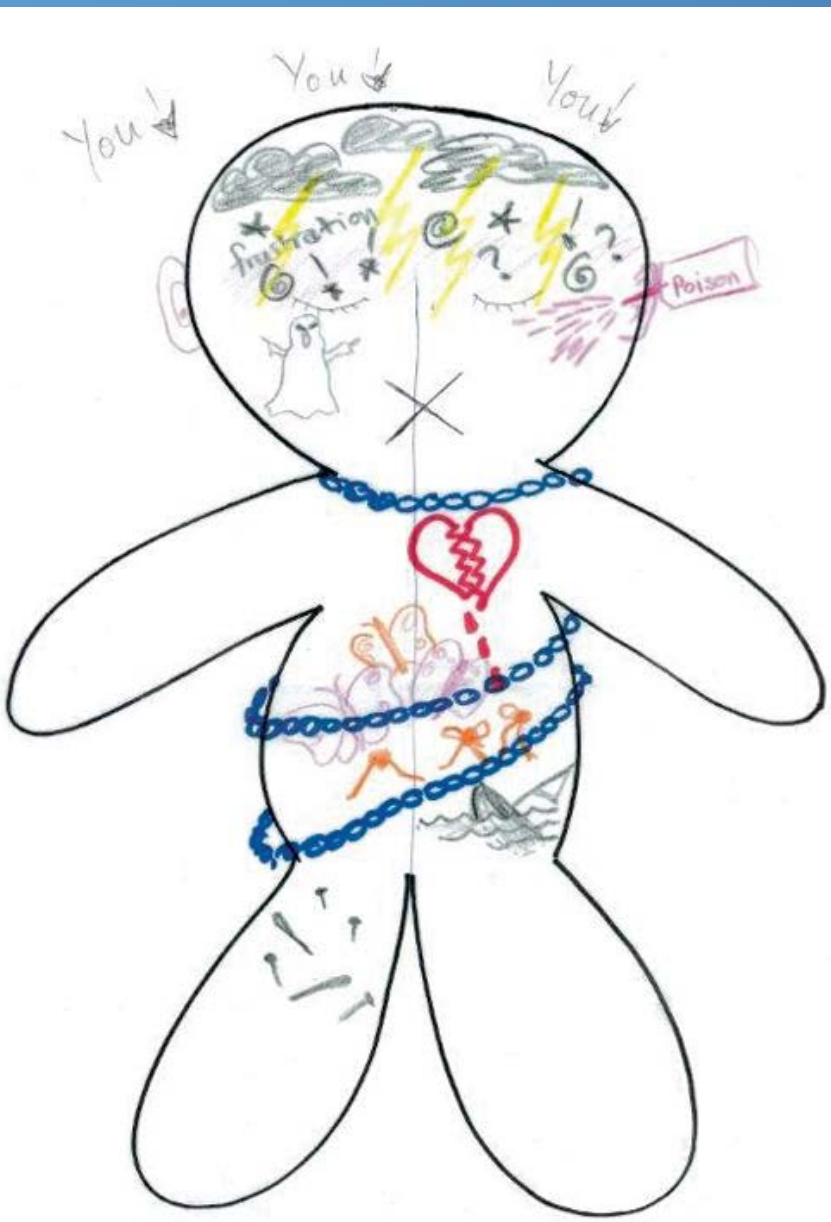

Child's drawing using a 'gingerbread' template, Anglicare SA.

Dads in prison

Dads are dads. We judge the man that we send to prison, but for his children, no matter the crime, he is still their father. ROBIN HOWARD from Anglicare SA had an opportunity to work with male prisoners on parenting and connecting with their children. Society's treatment of offenders may be close to the 'rack 'em, pack 'em and stack 'em' mentality famously espoused by a former South Australian Deputy Premier. Yet as Howard traces this breakthrough program, she describes the surprises and challenges faced by workers and men alike as well as moments of revelation and warmth.

We were all seated in a circle, a group of ten: eight men dressed in prison-green tracksuits and two group facilitators. The setting was the 're-education unit'—a large room with a plastic table and chairs, louvered windows with bars, hot-water urn and cardboard cups, plastic spoons and a podium area with a cross on it.

A shy young man was answering a question that had been put to the group: 'What you would like your children to say about you at your fiftieth birthday?' As we listened, the young man came to life in front of us, talking about being a young dad and going to pre-natal classes.

'The dreams and hopes that you have about your child's future and being the best dad that you could,' he said, before reading, aloud to the group, this poem he had written:

May this be more than just another birthday …
May it be a day when you feel like someone really special,
because you are …
You have been the greatest Dad and role model.
All I inspire to be, how smart and perfectly transformed I am is thanks to you
Through the best impact, quality fathering skills, discipline, loving and caring
You have been and shown me throughout my years of growing up

(used by permission).

For a moment I was very concerned about his vulnerability and how the rest of the group would react to his words. There was silence, then clearing of throats and mutters of 'well said', 'good job'.

During the past eighteen months or so, men have been participating in groups for prisoners at Yatala Labour Prison—*Connecting Dads and Kids*. Prisoners who volunteer to participate are all fathers and all are separated, certainly physically but sometimes also legally, from their partners. Prisoners convicted of sexual or child abuse crimes do not attend the groups.

We always ensure an experienced man and woman collaborate to present the program, drawn from two Anglicare SA programs that have a child and family focus—*KidsAreFirst* and *Families in Focus*. This is an optimal approach, giving two perspectives on information, two sets of experiences and avoiding the perception participants may have about gender-specific approaches. Their involvement in South Australia's prison system began in a very 'Adelaidian' way. Adelaide residents are well aware that, as a city, Adelaide has only three degrees of separation so it is not unusual that two former colleagues should casually meet, share a coffee and have a conversation. It was a conversation like this that initially inspired a fatherhood/parenting program in Adelaide's Pre-release Centre run by KidAreFirst and eventually lead us to be seated in the Yatala 're-education unit' room, providing six weekly sessions sharing about fatherhood.

With capacity for 468 male prisoners, Yatala Labour Prison is the largest prison in South Australia. Situated in the north-eastern suburbs of Adelaide, 10 km from the CBD, some of the original buildings dating from 1854 are still in use alongside more-modern additions. Yatala has been mooted for redevelopment, but that has not eventuated.

Families in Focus and KidsAreFirst are both run through Anglicare SA, with funding administered by the Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA). While each program has a different purpose, the reality is their practitioners work, in part, with men experiencing similar difficulties.

These are men who are often overwhelmed with feelings of loss and grief caused by separation; are confronted by mental health issues, drug and alcohol use and with violent and disrespectful behaviours and attitudes. They are men struggling with their roles as fathers; who have relationships that have not been successful or even positive.

KidsAreFirst works with separated parents and their children where the couple's high-level conflict includes and affects their children. It is part of the national *Parenting Orders Program* funded by the Australian Attorney General. Through it we provide psycho-educational groups and short-term counselling for parents and involved adults and for children (5–17 years old). Case management and child-inclusive mediation are also part of the program. Its culture is based on the importance of putting children first—their needs, their voice—before the needs of the adults in their lives. We recognise that parents can make decisions that have a dramatic and often negative impact on children (and indeed themselves) and so our efforts are directed at reducing that impact as much as possible.

Families in Focus, provides counsellors who also work with men who use violence and abuse in their relationships or face relationship difficulties and challenges in raising children. Much of their work is group or one-on-one support. Their men's workers are particularly skilled handling dads and men who have anger and violence issues.

These men sometimes present as aggressive and overpowering, prepared to use their physical presence to intimidate workers, or conversely, they may try other more subtle ways to get workers to collude with them and condone or excuse their behaviours. When working at Yatala it is very important that facilitators are confident in their expectations of participant behaviour and are able to state those very clearly and consistently.

As in any group, there are dynamics to be managed and sometimes this management comes from the participants themselves. One prisoner advised another that if he 'keeps on with behaving like that you are sure to end up in trouble', and to 'stop wasting everyone's time by concentrating on your own issues—there's a lot of stuff here to learn'.

Debate can also be spirited. I strongly believe in not smacking children and often, and sometimes unwisely, state my beliefs. One participant felt just as strongly that an 'occasional little smack did no one any harm—certainly hadn't harmed him' and so it was obvious we were going to be in opposite camps. However, he listened to me, stated his opinion and rationale and then told me very kindly that 'I'll make you a special number plate that says: no smacking'.

It was surprising to me, initially, how open the participants were about their feelings and experiences. They talked about issues around children and how visiting could be very difficult. One dad remarked it was 'OK if the kids want to be there, if they are comfortable just talking to you—but otherwise?'

One big, burly, tattooed dad shared the enjoyment he gained in colouring in pictures to send to his children and asked me if I could find a picture of fairies for him to colour for his daughter. We did this, and he gave the finished product back to me with a request that it be laminated and sent to her.

A father who had previously stated, quite candidly, that he didn't want to be in his children's lives, then described, after a general conversation about what attachment 'looks like', his child's behaviour towards him. With dawning recognition, and (not quite hidden) emotion, he acknowledged that this particular child was making it clear, by her behaviour, that she wanted him in her life—that *there* was a connection between them.

One young dad said that he had spent his eighteenth, twenty-first and soon his twenty-fourth birthdays in prison but worse, for him, was that he had missed all of his son's birthdays and had never celebrated Christmas with him.

> *... we need to recognise that these men are more than prisoners—they are also fathers, partners, sons, family members and friends.*

Another was a repeat offender; a man who talked with tears in his eyes, about how he had asked his (young and adult) children if they were frightened of him. He talked of his devastation when they said that they were, that they found his rages to be very scary and chose not to be around him for that reason. He also talked of his frustration in not seeing his children, recognising that he had to change his behaviour but didn't know how and couldn't access any programs to help him while he was in prison.

In a perceptive indictment of our ignorance and indifference one of the men commented that 'the system was f… '. He marvelled that this system had been in place for so long but still no one had actually recognised that it wasn't working!

He said:

> *People did the wrong thing, they were put in jail, there were no systems in place to help them manage some of the issues that brought them there in the first place, they were isolated from their families—from the stable thing in their lives, put in close proximity with other prisoners and then put back into the environment that got them in trouble in the first place*—Participant, *Connecting Dad's and Kids*, Yatala Prison.

A few days after hearing this, I was interested to read his thoughts echoed by former Howard Government Foreign Minister, Alexander Downer, who, writing in *The Advertiser* (Adelaide), acknowledged that some prisoners are a threat and danger to society but questioned the role of jail as punishment and retribution. Downer wrote '… every so often it pays to ask ourselves if the current system of correctional services makes good sense' and he added:

> *… apparently the popular view is that jail is a punishment. Fine, as long as in punishing people that way we are not making the situation worse for everyone and imposing self-inflicted wounds on society* (Downer, 2013, p. 19).

I also think it is important for us, when working with reputed 'difficult' clients, to remind ourselves of our organisational values of equality and compassion. When working in prisons we need to recognise that these men are more than prisoners—they are also fathers, partners, sons, family members and friends. We need to see the full range of dimensions that make up the whole person.

It is easy to discount these other relationships when faced with a man whose whole physical appearance 'shouts' allegiance to some violent, lawless sub-culture; an outlaw gang for instance. It can be easy to make judgements when you are aware of a person's criminal history too. This is why I made the decision not to 'google' prisoners' names while working with them. Prisoners, in my experience, will often talk about how long they have on their sentences and while acknowledging that 'they did something stupid', do not expand on this information. I don't see any reason to ask them for more detail.

When we were exploring the possibility of working in Yatala, we fortunately had some available funds within our program. We were also mindful of our funding requirement to specifically provide services to people who are regarded as vulnerable and disadvantaged—a category prisoners certainly fit. Consequently, we were able to avoid charging the Department of Corrections or the prisoners a fee for our service; however, I was mindful that we would need resources, not only for staff time and travelling expenses, but also for written resources that prisoners would be

Family dinner drawn by a child, Anglicare SA.

able to retain and refer to after the group sessions. But funds require a proposal and justifications for our resources and these have to be researched, so that is what I did. In a small program, like KidsAreFirst, research can be difficult as access to research/journals and databases rely on our own program resources, which are limited. I also found a paucity of specific Australian research on parenting groups in prison, and the needs of male prisoners. Since doing this research, and by requesting help through my professional networks, I have found some journal articles, but my initial experience was that they were not readily accessible.

Rather than concentrating on the rights of the imprisoned fathers—which in my experience elicits comments such as 'this is his punishment', 'he has lost the right to have his children [by his actions]', 'why should we reward him for something he did'—to gain support, I concentrated on the rights of the children: their right to have a relationship with their fathers, as long as it was safe for them to do so, and why that was important to children. My search took me through all manner of statistics and research, international conventions, data on prisons and prisoners, research into children and relationships. What is surprising is how much is known about what works, how much can be pieced together about the impact, on children, of incarcerated fathers and their separation from children (particularly overseas), yet how little we, in Australia, appear to do to help these men father their children.

In the United Nations Convention on the Rights of the Child (1989), Article 2 states that children should not be discriminated against or treated unfairly regardless of their family, their race, religion or abilities. Articles 3 and 9 state that organisations concerned with children should work towards what is best for each child and

children whose parents do not live together have a right to stay in contact with both parents, as long as it is safe for them to do so.

Australian research shows an estimated 38,500 Australian children experience the incarceration of a parent every year (Rosenberg, 2009). In 2009–10 South Australia had '… an average prisoner population of 1,963'; of these, 132 were female and 1,831 were male with numbers increasing (Department of Correctional Services, 2013). As the average age of those in custody in South Australia was 37 years (at 30 June 2012) and nearly 20 per cent were aged 25 to 29 years (ABS, 2012), it is logical to assume that many of these prisoners were also parents of young and school-aged children.

Children who have fathers in prison are often confused, sad, anxious and angry. They may not be able speak to others about their fathers because of their embarrassment or fear of being judged and treated differently. These children often grow up repeating the behaviour of their fathers and spending time in prison themselves. Children who don't have contact with their imprisoned fathers can demonise or deify them, and can have feelings of abandonment and guilt that they somehow have been the cause of the imprisonment (Butterfield, 1999; Howard, 2000; Lösel et al., 2012). Toohey (2012, p. 33) stated 'maintaining contact with one's incarcerated parent appears to be one of the most effective ways to improve a child's emotional response to the incarceration, and reduce the incidence of problematic behaviour'.

Yet this contact is hard to maintain. Prisoners have difficulty organising estranged partners to bring children to the prison to visit their dads. And it is often prisoners themselves who don't want to put their children through the experience of visiting Yatala; preferring their children don't see them in this environment. Yatala is a very forbidding place; a typical prison as shown on 'reality' TV—high, grey, stone walls topped with razor wire; an entry system designed to detect drugs and contraband in prisoners and visitors. It feels, to me, very intrusive and threatening, causing unwarranted feelings of guilt. Almost as if you have committed a crime, although you know intellectually and rationally you haven't.

The visiting area is also cold and forbidding. Guards stand around, tables and chairs are bolted to the floor, there is no canteen so no sharing of food, and neither prisoners nor visitors are permitted to bring anything into the prison. One prisoner talked of his disgust and sorrow when he was told by a guard to stop cuddling his five-year-old daughter and not to put her on his lap. This man was a dad who, in the group, talked about how he missed having tea parties with his little girl, how he loved the way she spontaneously showed her love for him and how her face lit up, as his did, when they saw each other after being apart. To be regarded as a paedophile, to have what was to him a very natural and positive act denigrated

and to be made to feel that he was dirty just added insult to injury. In fairness, he complained about this to a staff social worker and the experience was not repeated; however, it weighed on him.

South Australian research found that 43 per cent of parents in prison reported that they did not have visits from their children and about a fifth attributed this lack of contact to their former partners. Just over a third (34 per cent) reported having at least monthly visits from their children, but these parents acknowledged how the physical environment of the prisons impacted on their children's experiences and feelings of visiting their parents. For some parents, the perceived and experienced threat of having themselves or their children being searched for contraband was a particular issue when considering visiting the prison (Tomaino et al., 2005). It is worth noting that in 2011–12 from a total of 72,208 visitors in the prison system, 96 (0.013 per cent) were banned due to evidence suggesting that they were bringing in contraband. Twenty-five visitors were found to be in possession of a prohibited or restricted item (Department of Correctional Services, 2012, p. 32).

At Yatala, only prisoners in one area—B Division—are able to register for the group sessions. B Division houses prisoners who may be classified as high and medium security, and who may require protection. Their lock down times (a prisoner is allowed out of his cell from 9.00 am to 3.30 pm each day) coincided exactly with school hours, meaning phone contact for fathers with their school-aged children is restricted to weekends only. Prisoners have access to a limited number of phones in the area and often line up in order to use them, putting extra pressure on fathers trying to engage with their children. In 2005, 25 per cent of South Australian prisoners reported that they had no telephone contact with their children and 34 per cent that they did not exchange letters with their children (Tomaino et al., 2005).

Anglicare SA found little information or even awareness among the state's correctional services about issues affecting children of prisoners, particularly children with *fathers* in prison. Research indicates that, providing fathers in prisons with parenting skills will help prisoners maintain relationships with their family, adopt more positive fathering roles and improve the level of care that fathers can give their children on release from prison (Rosenberg, 2009).

'Without services to help children maintain a relationship with their incarcerated father; they may become permanently estranged, particularly if the relationship between their mother and father breaks down' (Rosenberg 2009, p. 7).

Another argument for promoting and fostering the relationships between incarcerated parents and their children is the reduction in recidivism rates. Research in UK prisons has shown that re-offending rates were seen to fall if prisoner–family connections were maintained (Glover, 2009).

However, Australian reports on reducing the rate of recidivism in prisons, currently around 60 per cent, show little interest in the impact of family relations. A report for the New South Wales Parliamentary Library Research Service cited several research programs, only one of which investigated the effect of maintaining family relations on recidivism. A footnote to this paper mentioned one New South Wales prison program but only for women prisoners. This is despite the fact that in this same report many fathers acknowledged that thoughts of their children often sustained them through their period in prison (Drabsch, 2006).

Research data from the USA and more particularly the UK shows greater interest in providing parenting groups for male prisoners with the impetus for these groups coming from non-government organisations rather than the formal government correctional departments.

We scanned the South Australian system for existing programs on parenting and fathers in prison. Despite an earlier report to the South Australian Attorney General's Department (Tomaino et al., 2005) recommending high priority be given to parent education in the programs offered in prisons, and medium priority status to providing child-friendly environments for children visiting parents in prison, our search of programs offered in South Australian prisons did not elicit a single mention of parenting programs for fathers. The South Australian Department for Correctional Services *Annual report 2011–2012* acknowledged that providing appropriate and targeted programs may have a significant impact in reducing crime, yet there is no recognition of programs that focus on relationships and in particular, parenting relationships. Currently, programs offered in Yatala centre on the key issues of violence, sexual behaviour, literacy and numeracy as well as vocational programs (Heseltine, Day & Sarre, 2011).

I also had thought about what we were trying to achieve in our prison involvement. A key outcome, for me, was for dads to understand their children's experiences and the importance of maintaining contact with them. And I was clear that the intended beneficiaries should be their children.

The restrictions of prison presented a number of challenges. We could bring in and leave with the men only approved written resources. It was important to me, and indeed for the perception of the program, that anything we produced should reflect the value we placed on running a program for Yatala. This resource—the Connecting Dads and Kids manual—should not disintegrate or fall apart. It should be something that prisoners could refer to and that would offer them a wide range of information, particularly around children's issues.

When it came time to run the group sessions for prisoners in B Division the available room had no resources, although recently a television has appeared with a DVD unit—too late, unfortunately, for us to make use of them. The course was limited to

information we could offer through spoken word and written resources. Other than the pre-approved manual the only other items we could bring were writing paper and 'see through' pens but nothing else for the men. Think about how many times the mints or chocolate biscuits at morning tea sustain course participants over a long work seminar. In the Pre-release Centre we knew that one of the main attractions for prisoners was the food on offer—chocolate biscuits and 'real' instant coffee. At Yatala we had to rely on the prison to do this and it seems chocolate biscuits and 'real' coffee (rather than an institutional generic brand) were not available for group participants.

In the program, group discussions not only needed to respond to the individual men's needs but also needed to be shaped around the Connecting Dads and Kids participant manual, which covers topics such as 'being a dad', 'effective discipline', 'why bother to maintain contact', 'what to say to children about being in prison' and 'what to do when they visit'. It includes tips from a father in prison along with family law issues and information and can include mediation services for those prisoners legally separated from their partners.

> *They are interested in what is being said; acknowledge other participants' input and points of view ...*

The manual also includes information on the developmental ages and stages of children. I wanted something that would inform the dads about what to expect from their children; what their interests might be; how to engage and play with them; and what some of the challenges might be when parenting their children. Many of them had not had contact for some time and possibly were not aware of their children's skills and challenges. We hoped this information would give the dads confidence and a starting point for connecting with their children. For dads in contact with the mothers of their children, it could give insight into the challenges of sole parenting and some common ground and understanding.

At the first session facilitators provide a list of possible additional topics, and ask the men to note (confidentially) what they are particularly interested in discussing. We

might cover these in one-on-one sessions or written resources. In my experience topics that elicit the most discussion and often, the most emotion are: 'being a dad', 'communicating with children' and 'effective discipline'. This is particularly so when we ask the participants to reflect on how they were fathered and how they want to father their own children.

The men frequently have trouble seeing that they have choices—particularly in the way they respond to children's behaviour. It can be difficult to share a non-smacking, 'violence begets violence' perspective with men who cannot recognise their own choices about behaviour; who are denied many basic choices when in prison and who are surrounded by an atmosphere of covert, if not overt, violence. Many men also struggle with maintaining a 'child focussed' attitude but this is just as true of participants in the groups we run 'outside'.

The work can be difficult. Initially, facilitators may question the value of these groups, where participants are inclined to present, initially, as resentful, aggressive and closed minded. The general environment is unattractive and unwelcoming; often the reactions of staff can be negative and difficult. At the end of the groups though, facilitators have commented on how respectful the prisoners' behaviours are; they may 'drop' a swear word but will usually apologise if they do so. They are interested in what is being said; acknowledge other participants' input and points of view and generally behave more appropriately than some of our group participants on the outside.

Once the groups start, the regular attendance of prisoners demonstrates their commitment. We have had participants 'promoted' to different areas of Yatala or other prisons but refusing to move until they have completed the group. It is also a reality that there is not much else for these prisoners to do during the day—better a parenting group than just standing around maybe?

Feedback from participants has been consistently positive. Time and again they marked their response to statements such as 'I enjoy being a parent' and 'being a good role model is important to me' as 'definitely true'. Written comments (in original spelling) have included:

> *to be there for my kid and the biggest challenge that I'm not there for her*
>
> *being ther to show her how to behave*
>
> *it is being a good role model for my son because there are habits I do not want my son knowing I* [have] *like being a bit immature*

When asked to nominate their 'greatest strength as a parent', responses have included:

the love I have for my girls and wanting to see them grow into women with goals

being caring/loving and making the effort to spend time with my son

to be able to teach my kids the significance of my aboriginal culture

thankfull for being able to do a good course like this in prison that would help me and us prisoners for the future with our familys and aspessually our younger children

it has helped me understand more about how I can prevent my children growing up as I did

I have gained an awareness

I have more options in dealing with my children

By combining the experience and specialities of approaches and practitioners from two different programs—KidsAreFirst and Families in Focus—we were able to offer more avenues of support, beyond the boundaries of the Connecting Dads and Kids group work.

As a registered Family Dispute Resolution Practitioner (FDRP), I could offer separated prisoners a service that has the (albeit distant) potential for re-connecting them with their children. When facilitating the original group at Yatala, two men asked about mediation and became mediation clients. These men had both lost contact with their children since their incarceration, despite reporting having been involved in their children's lives previously. After the usual pre-mediation process had been followed, including checking for any current intervention orders, the other parents were contacted by mail and eventually both responded.

In conversations about mediation with these two men, I was also able, in some part, to overcome communication difficulties inherent in working in prisons, where detailed conversations with prisoners are limited to 30 minutes. Because both clients had been participants in the group, we had already made that initial connection and talked about parenting, child development and communication with children. This made it possible to spend time otherwise not available, discussing ways of connecting with the children, slowly and at their pace.

Both of the mothers involved were willing to discuss ways that their children might re-connect with their fathers. One expressed surprise that the other parent had wanted to do this. She felt he had shown no interest in communicating with their son; she also said how angry she was at him and how he had let her and their son down. We discussed whether she felt she could facilitate the communication between her son and his dad—for her son's sake she could—and how that might

work. She would not agree to bring him to Yatala; she hated the thought of going there and having her son experience seeing his dad in prison. It was agreed, after consulting with both parents, that the father would write to his son every third day, and would keep on writing to him with the hope that this would then cultivate a two-way correspondence between them. The other mother agreed to let her mother-in-law have contact with her child and act as a 'go-between' between her and her ex-partner.

However, I had mixed success with other mediation clients. Some mothers refused any overtures from their ex-partners; they talked about the distress their children felt about their father being imprisoned. Some children did not know their father was in prison—he was 'away working'. But other mothers were amenable to starting some degree of communication. One prisoner, in particular, was very concerned about the welfare of his son who had run away from the family home. I wasn't able to facilitate mediation between him and the other parent but was able to organise counselling support for his son with a children's worker in the KidsAreFirst program, and that continues successfully today.

For prisoners nearing their release dates, participating in mediation allowed them to receive certificates that would enable them to start proceedings in the Family Court without experiencing further delays in re-engaging with their children.

> *"This was tough: we knew we were encouraging and giving confidence to men about to face a lonely, difficult journey ..."*

After a conversation with the social worker at Yatala, we agreed only prisoners who attended the dad's group would be offered a mediation service. This prerequisite did not reduce the number of prisoners requesting mediation.

Prisoners often experience difficulty accessing one-on-one support around violence issues, however the Families in Focus worker was able to offer this service and currently works with three prisoners who have used violence in their relationships but who are looking for strategies to change their behaviour and maintain those changes.

When participants were looking forward to their release from prison they sometimes asked us about outside resources. We were hard pressed to find anything useful and when we did, it was not always easily available. This was tough: we knew we were encouraging and giving confidence to men about to face a lonely, difficult journey on leaving prison. And it seemed there was very little to help them on the outside.

When men have experienced so many obstacles including imprisonment and estrangement from children, it takes time to turn around their fathering and their lives. It takes time for benefits to be apparent: in individual lives and in the 'numbers'. I believe that our involvement in the prisons in Adelaide has resulted in positive differences to the quality of life for the prisoners we met.

As practitioners I don't think that we consciously think of organisational values when taking on this kind of work. However, these values underpin the culture and psyche of our organisation and make it possible, particularly for those of us on the front line, to act. They give us the confidence to initiate actions, the capacity to recognise needs and to intervene. From prison, we talk about being 'outside' but it's another thing altogether for men once they are there and really feeling outside. Outside of everything in the community.

The most frustrating thing for me is that we don't need a complete change in the system to improve the situation for children and their fathers, or mothers, in prison. Changing the environment for children when they visit would be an achievable start. I wonder why visitors have to go through such an intrusive and vigorous screening system when they come to Yatala. I know the official stance around contraband and drugs in prison but surely there are less intimidating ways to manage this. I would even venture that the benefits of not searching children outweigh the possible risks of some illicit substance coming into the prison. Allowing greater access to telephones (and maybe more telephones?) so that parents can maintain contact with children does not appear to be that difficult. And why can't children bring games and treasured objects in to show their dads? Why is it such an imposition to provide parents with parenting information and group experiences? Why does it seem to rely on particular staff members to initiate and foster such groups? The weight of evidence should convince everyone that these are not a waste of time: children can benefit, prisoners are less likely to re-offend, and the community is the winner in the long run. It requires leadership and support from an organisation, and a willingness to engage with a population that can be regarded as somewhat unappealing and unworthy of support or intervention.

We have to think about what the obstacles really are. I have a feeling it is more than money. The financial cost of maintaining prisoners and the high rates of recidivism among prisoners are already exacting a high price from the community. Perhaps the future behaviour of prisoners' children and the impact on society might galvanise us to act. Can it be that we really think the cost of a room with a television and

DVD player, or the cost of a printed booklet, is too high? Throw in two passionate, dedicated facilitators, even some chocolate biscuits and tell me that is too much to pay for reconnecting fathers in prison with their children. Do you think these fathers and these children are worth it? Everything in me says, yes.

References

Australian Bureau of Statistics (ABS) 2012, *Prisoners in Australia*, cat. no. 4517.0, ABS, Canberra, accessed 2 April 2013, http://www.abs.gov.au

Butterfield, F 1999, *Parents in prison: a special report; as inmate population grows, so does a focus on children*, accessed 2 April 2013, http://psych-www.colorado.edu

Cunningham, A 2001, 'Forgotten families – the impacts of imprisonment', *Family Matters*, no. 59, Winter, pp. 35–38.

Department of Correctional Services 2012, *Annual report 2011–2012*, Government of South Australia, accessed 21 May 2013, http://www.corrections.sa.gov.au

Department of Correctional Services 2013, 'SA prisons', Government of South Australia, accessed 21 May 2013, http://www.corrections.sa.gov.au/sa-prisons

Downer, A 2013, 'Prison a poison pill', *The Advertiser* (Adelaide), 20 May 2013, p. 19.

Drabsch, T 2006, *Reducing the risk of recidivism*, briefing paper no. 15/06, NSW Parliamentary Library Research Service, accessed 23 May 2013, http://www.parliament.nsw.gov.au/prod/patlment/publications.nsf/0/252

Glover, J 2009, *Every night you cry, the realities of having a parent in prison*, Barnardos, accessed 2 April 2013, http://www.barnardos.org.uk

Heseltine, K, Day, A & Sarre, R 2011, *Prison-based correctional offender rehabilitation programs: the 2009 national picture in Australia*, AIC Reports, Research and Public Policy Series 112, Australian Institute of Criminology, Canberra.

Howard, S 2000, 'Fathering behind bars', Paper presented at the Focus on Fathering Symposium at the 7th Australian Institute of Family Studies Conference, Sydney, 24–26 July 2000.

Lösel, F, Pugh, G, Markson, L, Souza, KA & Lanskey, C 2012, *Risk and protective factors in the resettlement of imprisoned fathers with their families*, final report, University of Cambridge and Ormiston Children and Families Trust, Milton.

Robinson, O, Hocking, M, Moore, T, Jones, A & Sedgwick, M 2010, 'Family preservation and reintegration for offenders', *Australian Journal of Correctional Staff Development*, accessed on 3 April 2013, http://www.bfcsa.nsw.gov.au/journal/ajcsd

Rosenberg, J 2009, *Children need dads too: children with fathers in prison*, Human Rights and Refugees Publications, Quaker United Nations Office, Geneva and New York.

Tomaino, J, Ryan, S, Markotic, S, Gladwell, J 2005, *Children of prisoners project, Steering Committee's report to the Justice Cabinet Committee*, South Australian Government Attorney General's Department, Adelaide.

Toohey, J-A 2012, 'Children and their incarcerated parents: maintaining connections – how kids' days at Tasmania's Risdon Prison contribute to imprisoned parent–child relationships', in I Bartkowiak-Théron & M Travers (eds), *Changing the way we think about change*, The 6th Annual Australian and New Zealand Critical Criminology Conference Proceedings 2012, University of Tasmania, 12–13 July 2012, pp. 29–40.

United Nations 1989, 'A simplified version of the United Nations Convention on the Rights of the Child', accessed 21 May 2013, http://www.unicef.org.au/Discover/What-we-do/Convention-on-the-Rights-of-the-Child/childfriendlycrc.aspx

US Department of Health and Human Services 2010, 'Parenting from prison: innovative programs to support incarcerated and re-entering fathers', brief prepared for the Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services, accessed 3 April 2013, http://aspe.hhs.gov/hsp/08/mfs-ip/Innovative/rb.shtml

Williams, N 2010, 'Imprisoned fathers' experiences of the family law changes and how family dispute resolution can help them and their children', paper presented at the 10th Australian National Mediation Conference, Adelaide, 7–10 September 2010.

In a career journey touching many areas, Robin Howard has worked in hospitality, travel, earthmoving, health and education, and was, for 10 years, a publican. As a mature-age student she gained tertiary qualifications in disability studies, counselling and family dispute resolution (mediation). Now as Team Leader and Family Dispute Resolution Practitioner with Anglicare South Australia's *KidsAreFirst* Program, Robin has been working with separated parents and their children for the past 12 years. During that time Robin has developed a passionate interest in the experiences of children of separation and how these children can be supported and their 'voices' acknowledged and recognised. She also has a strong belief and optimism in an individual's capacity for change.

Last words

Many times in our network we ask the questions 'are faith-based services intrinsically better?' and 'what makes them better, if so?'. I find these questions incredibly hard to grapple with, partially at least because I have an absolute belief, faith almost, that the answer is an emphatic 'yes'.

This year's *State of the Family* report explores these questions. It answers the first of them with a resounding 'yes' although the essays arrive at this by poignantly answering the second question—by showing what makes such services special, examining their connection to deep-seated purpose and mission and how this in turn colours and leads the way they do their work and live their purpose.

It is particularly timely to ask these questions now. Policy changes and new directions mean that more businesses are moving into territory once occupied almost exclusively by charities. When we started asking these questions (and we don't for one minute think that they are permanently answered—their very nature, and that of the answers, demands that we constantly ask them) we also wondered if large organisations were more likely to drift from their missions than smaller intuitively more-responsive ones. And could existing organisations, even when successful elsewhere, move into new territory and produce good services if they have no relationship with that community?

The honest and often exquisite writings in this volume examine how the contributing organisations seek to ensure that they are never able to drift far from their mission. The essays look at strategies that are in place to bring organisations back on course if they do drift off, for example in pursuit of a large contract or a seductive but distracting new direction.

In answering, it became clear that large organisations, such as those telling their stories here, can find ways to remain in touch with their mission by paying missional attention to the smallest detail. The interactions between people and their support workers, the details about who works which shifts and how they could engage with people. When examined in the light of the mission, each of these details give life to the organisation's vision and are as important as the largest decisions taken in the organisation. These details talk to the need for the big 'why' question to guide the small everyday 'how to'.

The importance of why we do the things we do emerges over and over. The foundation for that *why* in faith-inspired organisations rests in the teachings of that faith. The importance of the message in these essays is to know and understand at every level why you do things—the mission of the organisation. The thought of sticking to your purpose is not new but what these essays call upon us to do is to understand how to stay in touch with the why question. How to use it as the 'zero question'—the one asked before everything else.

As commercial businesses increasingly become involved in social services we are becoming more used to business decisions being the basis for determining what will happen in people's lives, how they will be cared for. Businesses are set up to understand the odds and to make decisions for the best interest of the business: where the odds are less than profitable, the business pulls out.

The messages from these stories are about hope, sometimes against the odds. Of course faith-inspired organisations do not have a monopoly on hope, but hope does have an extra layer and depth of meaning for Anglicare members. What's different about the hope in these stories is that while there is one degree of hope, or even when there is no visible hope, these services stay with the person: out of respect, out of care, out of hope, out of their own investment and belief in that person. This is the opposite of the cynicism that journalist Hayes heard from past colleagues.

Recently, as part of the 2013 election campaign, we distributed postcards containing questions to the people using our services. We invited them to tell us what was important to them in this election. It surprised us to find that the biggest theme was that of integrity and authenticity in politics and politicians. Integrity and authenticity are what organisations have when they are able to constantly keep their eye on the mission. Integrity and authenticity are also what the people that use our services bring, along with the grit, effort and sheer staying power that their journeys demand of them.

Social commentator Hugh Mackay has recently returned to considering the centuries-old question of the elements of a 'good life'. He is quoted in this report as considering the elements of friendship, connectedness, engagement, community. These elements are alive in the real people whose stories illustrate these essays. Cups of tea, walking together, groups to belong to, a regular visitor, someone that believes in you. These are the tiny yet massive components of how these organisations 'do' their mission—a deep, purposeful paying attention to the everyday.

Kasy Chambers
Executive Director
Anglicare Australia

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