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## paths of victory:

Victory Village (Victory Primary School and  
Victory Community Health Centre) – A case study

DAVID STUART  
FAMILIES COMMISSION

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## TABLE OF CONTENTS

<b>Acknowledgements</b>	<b>2</b>	<b>3. Methodology</b>	<b>30</b>
<b>Table of contents</b>	<b>3</b>	3.1 Introduction	30
<b>Executive Summary</b>	<b>5</b>	3.2 Case study design	30
Introduction	5	3.3 Participatory design	30
Literature	5	3.4 Ethics	31
Key findings	6	3.5 Participants	31
Discussion and implications	8	3.6 Participant selection and recruitment	32
<b>1. Introduction</b>	<b>9</b>	3.6.1 Key individuals	32
1.1 Context and background	9	3.6.2 Teachers	32
1.2 Rationale for this study	10	3.6.3 Service providers and specialist staff	32
1.3 Research aim and objectives	11	3.6.4 Families	32
		3.6.5 Students	33
<b>2. Literature Review</b>	<b>12</b>	3.7 Methods	33
2.1 Parental involvement in learning and schooling	12	3.7.1 Individual interviews	33
2.1.1 Parental involvement in learning	12	3.7.2 Group interviews (teachers)	34
2.1.2 Parental involvement in schooling	13	3.7.3 Observation	34
2.1.3 Link between parental involvement in learning and parental involvement in schooling	13	3.7.4 Photovoice	34
2.1.4 Characteristics of effective parental involvement interventions	15	3.7.5 Documents	36
2.1.5 Barriers to parent engagement	16	3.7.6 Staff survey	36
2.1.6 Parental engagement in learning and schooling and the Victory Village approach	19	3.7.7 Reflection session	36
2.1.7 Summary	20	3.7.8 Data analysis	36
2.2 Collaborative professional practices	21	<b>4. Findings</b>	<b>37</b>
2.2.1 The move to professional collaboration and integrated service delivery	21	4.1 Introduction	37
2.2.2 Types of integrated services	22	4.2 Background to Victory Village	37
2.2.3 Integrated services and family outcomes	22	4.2.1 Introduction	37
2.2.4 Characteristics of effective integrated service delivery practice	23	4.2.2 School background	37
2.2.5 Collaborative professional practices and the Victory Village approach	23	4.2.3 Community health centre background	39
2.3 Victory Village as social innovation	23	4.2.4 Coming together	41
2.3.1 Social innovation	24	4.2.5 Summary	43
2.3.2 Why social innovation	24	4.3 The Victory Village approach	43
2.3.3 The social innovation process	25	4.3.1 Introduction	43
2.3.4 School-based integration of services as social innovation	26	4.3.2 Underlying principles	43
2.4 Summary	28	4.3.3 Key characteristics	51
		4.3.4 Activities	54
		4.3.5 Summary	57
		4.4 Victory Village outcomes	57
		4.4.1 Introduction	57
		4.4.2 Outcomes for students	58
		4.4.3 Outcomes for families	60
		4.4.4 Outcomes for the community	62
		4.4.5 Outcomes for the school	63

4.4.6	Outcomes for providers	65
4.5	Summary of findings	65
<b>5.</b>	<b>Discussion</b>	<b>67</b>
5.1	Introduction	67
5.2	Victory Village system	67
5.3	Implications	69
5.4	Research limitations	71
5.5	Further research	71
	<b>References</b>	<b>73</b>
	<b>Appendix 1: Examples of information sheets</b>	<b>77</b>
	<b>Appendix 2: Participant consent form</b>	<b>81</b>
	<b>Appendix 3: School staff survey</b>	<b>82</b>
	<b>Appendix 4: Interview questions</b>	<b>84</b>
	<b>Appendix 5: Social capital and education</b>	<b>86</b>

## EXECUTIVE SUMMARY

### Introduction

This case study research project explores the innovative practices and outcomes associated with the convergence of health, education, social and community development goals at Victory Village. Victory Village is a partnership between Victory Primary School and Victory Community Health. This partnership led to the establishment of a physical 'community hub' at the school. The hub is a multipurpose community, health and recreation centre and school hall located on the school grounds. The centre provides one-to-one health services for residents, as well as a large number of recreational and social programmes and community events. Community centre services are open to all residents – not just parents of children at the school. The school itself has a family-centred philosophy and involves parents in a number of ways, from social and curriculum events to adult education. These systems of education and community health and development positively overlap and intersect in many ways to nurture families.

The aim of the research project was to look at the difference Victory Village is making for families and its community, and how it is making this difference. To do this, a case study method was chosen that used interviews, document analysis, observation and a research method called photovoice with school students. A selective national and international literature review was also undertaken to build an understanding about the threads that make up Victory Village, and to look at similar practices internationally and their impact.



### Literature

The Victory Village partnership references some major threads in family-centred practice: parental

involvement in learning and schooling, professional collaboration and social innovation. The literature around parental involvement in learning and schooling is clear that families have a significant influence on children's success in the education system – as much and sometimes more than the effect of teachers and schools. There are relationships between parental educational aspirations, attitudes and behaviours, home learning environments, the dispositions and motivations of children in school and educational achievement. Schools looking to leverage these links through parental involvement in schooling initiatives can be effective when the focus is on parenting factors. The literature reveals that the barriers to parental involvement in schooling are the same as those that challenge parents to positively support their children's learning generally.

Diverse forms of professional collaboration are strongly evident at Victory Village. Professional collaboration, including integrated services, has become a popular ideal in recent years. It is seen to be family-centred rather than service-centred, and it has the potential to be both more efficient and effective for families and professionals alike. 'Integrated services' is an umbrella concept for a variety of relationships between levels of government and across different sectors in service delivery. Integrated approaches vary in intensity from low risk and informal cooperation between services through to formal partnerships involving ongoing contractual arrangements. Three archetypal models of integrated services are case management, a one-stop-shop and joint-funded contract service provision. The first of these three models is evident at Victory Village.

Although Victory Village links to these threads, they do not fully represent the scope and culture of this innovation. There is a strong contemporary critique of status quo practices between schools, families and communities. Some authors note that the focus of school change in the 1990s was institutional improvement that centralises professional practices, rather than relationships between families and communities, and therefore misses the opportunity to create wider influence on student achievement.

Institutional improvement approaches raised student achievement in some countries. However, this improvement has plateaued and not closed the achievement gap between wealthy and poor students. There are also questions about its sustainability for

education professionals. Recent questioning about an appropriate curriculum for the 21st century has tended to argue for a greater use of community resources to facilitate valuable learning to meet changing social, economic and ecological conditions. Some authors note that predominant models of parental involvement position parents as needy and lacking capacity. This confers an unequal professional-client relationship between teachers and parents and puts significant power in the hands of these professionals to design the direction of change. Lastly, applying social capital theory to the work of schools suggests that there is a major opportunity to improve educational outcomes through interventions that work at different levels of an interdependent child, family and community social system, because relationships matter.

In terms of professional collaboration, the Victory Village process was community-led and professional collaboration was directed organically and responsively towards community aspirations and needs. Collaboration is strongly evident between providers, organisations and individuals and families, and in contexts and networks beyond this literature.

Social innovation is a framework that helps to explain the synergy between these threads of parental involvement and professional collaboration, and the x-factor of Victory Village. Social innovation is new solutions to complex and seemingly intractable problems. Social innovation aims to change the underlying system within which the problem operates, rather than improve things within an existing order. This requires new products, services, relationships and models of practice, underpinned by different thinking about human and organisational capacities. Victory Village fits three dimensions of social innovation: it emerged as a new hybrid of existing services and practices; it connected diverse professionals and organisations through school-based integration of services and related formal and informal networks; and it established the pathways for new kinds of social relationships in this community with its emphasis on social capital and community development.

Initiatives supporting comprehensive school-based integration of services are evident internationally, especially in lower socioeconomic communities. These initiatives are sometimes supported by government. Schools are seen as a positive physical context for the integration of services because they have ready-

made relationships with a large number of families and they are often seen as the heart of a community by residents. Collaborative relationships between schools and community organisations pool schools' infrastructure and resources with community partners' human capital and community connections. Models differ but all emphasise relationships and networks. Some approaches focus on enhancing family resilience and wellbeing, while others concentrate on building community, or both. Both foci are evident in the Victory Village approach. The reported impacts of school-based services integration include improved student health and wellbeing, improved educational performance, closer school and parent relationships and stronger community social capital.

## Key findings

### History

The history of the Victory Village approach is both the collective history of a partnership, that is relatively brief, and the longer individual histories of school change and community development. Victory Primary School developed its vision and practices in a family-centred direction in the early 2000s. In the mid-1990s, the school was struggling to provide a strong learning environment, and the school and community were not well connected. An early catalyst for change was frustration about the perceived lack of social services support for high-needs families in the area. The school began to look inward to how it was contributing to poor outcomes for Victory's children and used a whole-school framework – Health Promoting Schools – to challenge itself about its own culture. The appointment of a social worker and overtures to local services introduced the school to the language and practices of other professionals with the same overall goals for children and families in Victory. Parents began to develop more confidence in the school and felt more respected.

The Victory Community Health Centre history can be traced back to the early 1990s when there were several local efforts to enhance community access to services and build a stronger, safer and more vibrant community. In the late 1990s the Victory Health Centre Incorporated Society was formed to develop a low-cost and accessible GP service in Victory. However, this did not come to fruition and the Trust went into abeyance. In 2005 the current community centre manager picked up the threads of this earlier work and, through a

Ministry of Social Development Community Initiatives Fund grant, embarked on a community consultation to develop a more effective system of services for residents, and build community social capital. The project needed to find a physical base and the school offered this.

At this point there was no master plan to build a hub at the school. However, the physical togetherness of the school and the community development efforts was pivotal because it brought the right people together in the right place at the right time. The principal and community development leader educated each other about their visions and practices, and this introduced both sides to new connections and opportunities. The regular contact built trust that was critical in building mutual confidence for moving forward into a permanent partnership. Both sides were ready for significant change in the direction of family- and community-centred approaches to address the challenges and opportunities they faced. Out of this environment the decision to combine the development of a school hall and an integrated community health centre was described as a 'no-brainer'.

### The Victory Village approach

In exploring what Victory Village does for its community, the significant elements sit below a range of visible activities. Participants articulated strong underlying principles around development, relationships, leadership and professionalism. These guided an approach or style that was evident across the spectrum of activities undertaken.

Development principles were associated with the growth and sustainability of the system itself, and how change happened for families. A key principle was organic growth. Families received support that addressed needs but was adaptable and evolving as families' circumstances, needs and capacities changed. Reciprocity was strongly evident – as people were helped, so they became helpers, and as word spread of the work being done by Victory Village, all sorts of resources were being offered. Development was opportunistic and converted possibilities into action. Victory Village created an environment where people, services and ideas positively converged and this cross fertilisation strengthened and expanded activities. There was a community centredness to the work and a clear understanding about how child, family and community outcomes were interconnected.

Relationships were a strong element of the underlying principles. Relationships were responsive and there was a sense of obligation – everyone matters. Respect, trust and follow through in culturally responsive ways were critical. A climate of warmth and welcome was maintained by professionals, supported by a fundamentally positive view of parents and a commitment to social justice.

Principles of professionalism and leadership were strongly informed by collective attributes. Collective responsibility for child and family wellbeing existed within professional boundaries and across them. Professional boundaries were distinct but permeable, and professionals understood how other professionals operated. There was an ethic of doing more and *sweating the small stuff* that might actually be connected to wider issues or opportunities. Leadership attributes of note were boldness, risk-taking, creativity and seeing connections across professional disciplines and organisations.

The key characteristics of the Victory Village approach were situated between principles and action. These represented the methodology and style that characterised activities. A very evident characteristic was the idea of centredness. The school and community centre were the junction point of a network of activities to enhance family and community wellbeing and this was a conscious aspiration. Victory Village was a wraparound approach and families with complex needs were case managed and supported with resources, activities and services across the network. Collaboration was common within and across the various sectors including health and education. Families were referred on with care between professionals who knew and trusted each other. The approach was very flexible depending on the individual or community needs and desires.

The Victory Village approach for families and the community existed across the school and community centre. At the centre there were three strands: one-to-one services for families; community centre programmes including physical activity, social and educational programmes; and community events. The school undertook events and programmes to engage families with the school and promote family wellbeing. Likewise there was a strong emphasis on student wellbeing and these sometimes overlapped with the family wellbeing initiatives such as the Social Worker in Schools (SWIS) position.

## Outcomes

Outcomes were considered for students, families, the community, the school and providers. The case study method did not allow a causal link to be drawn between Victory Village activities and outcomes. However, such a relationship was strongly asserted in interview data. Student participation, wellbeing and achievement showed a strong pattern of improvement over the period of the school's shift to a family-centred model of education and the development of Victory Village.

For students, attendance and achievement in literacy and numeracy have improved significantly since 2000. The roll also stabilised from over 60 percent of the roll turning over in 1999, to 9 percent turning over in 2008. Students were reported as being motivated, engaged with strong self-efficacy and having positive relationships with teachers.

Families were reported as experiencing better access to services and enhanced health and wellbeing. Families were more confident and this confidence had an impact on the frequency and quality of engagements with teachers and their capacity to be positively involved in their children's learning generally.

Outcomes reported at the community level included stronger connections between families, and an energised and engaged community that was transforming its reputation. The school was benefiting from these outcomes: better links to parents and other professionals was assisting teachers to be more effective for all students. The Victory Village developments took the school to the next level of effectiveness for families and students – by having an infrastructure that matched their commitment to family-centred practice.

Providers reported that their relationship with Victory Village was making them more effective in accessing clients and providing a better quality of service because of the collaborative and holistic approach in place.

## Discussion and implications

The Victory Village approach is successful because it creates the social infrastructure<sup>1</sup> to put into practice positive holistic development for families. It centralises the outcome of family health and wellbeing but acknowledges that the influences on this are many, including the performance of services and programmes, community opportunities and school performance. Further, the approach works at each of these levels in

an integrated way, fostered through quality relationships throughout the system. This integration is just as important as the success of the individual activities within the system. The approach facilitated the convergence of diverse providers and professionals that strengthened their individual and collective capacity to make a difference in the community. For families, their interface with 'the system' is much safer, streamlined and effective. Professionals value this system and can see its benefits for families and themselves.

There are a number of implications from the Victory Village approach that would assist other schools and community development organisations thinking about a 'social innovation' approach to improving outcomes for families in their communities. These include:

- > Look outward: Find those others in the community who have a similar vision of significantly better and sustainable outcomes for families, but have resources, networks and knowledge you do not have. Find out what is already working and who is doing it. Travel to the edges of your professional arena and be committed to building deeper relationships with other professionals whose interests and actions in family wellbeing border your own.
- > Look inward: Look to your own personal and organisational culture and practices and how they might be contributing to the patterns and outcomes 'out there' that you are trying to shift, and what your existing points of leverage might be.
- > Invest time and professional development resources in bridging social capital practices at all levels of the organisation.
- > Seek out what families and communities want for themselves and from you and others. Re-imagine and explore the capacity in your community to undertake positive social change. Think about how existing successes can be built on. Find out who the connectors are.
- > Capitalise on bridging practices by developing collaborative approaches with providers and professionals to build a system of professional interdependence.
- > Be open and responsive to feedback, unexpected results and opportunities from these changes. The Victory Village approach was not planned for; it emerged.

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1 Social infrastructure is defined here as: the system of social services, networks and facilities that support families within their communities.

## 1. INTRODUCTION

This section introduces the research by providing a brief context to the Victory Village approach at the time of the research (2009-10), and a rationale for the research study and the research questions developed.

In February 2007, a building that is hard to neatly categorise, opened at Victory Primary School in Nelson, New Zealand. From the school playground it looks like a modern school hall with a large indoor sports court. From the outer edge of the school it looks like a community centre with a welcoming open foyer, kitchen and lounge room and large modern gymnasium. From the centre manager's office it feels and looks like a community agency, and indeed there are health and social services people dotted around the centre in various rooms. It is of course all these things because this building design is a product of a partnership between a primary school and a community health and development organisation. It places families at the centre of health, social services, education and community development activities in this community. This research is about how this community got to this point, what happens at the school and centre and what impact this work is having.

### 1.1 Context and background

Victory is a suburb of about 1,900 households situated south of Nelson town centre. It is a culturally diverse community that is demographically stable, but has historically high residential mobility. The community is more ethnically diverse than the general Nelson population. The Victory community has a high concentration of relative deprivation, with a significant number of households on low incomes and/or accessing government benefits. Home ownership is relatively low and there is a relatively high portion of 'multi-person' and one-parent households.

Historically, the community was seen as an area of relatively high crime and socioeconomic challenges. Health-related problems were also more prevalent and a particular concern was the high number of un-insulated, cold and damp homes. A high number of residents were not enrolled with a GP and access to primary and tertiary health care was low.

Victory Primary School is located near the boundary of two New Zealand Census area units: Broads and Toi Toi. Table 1 shows some demographic comparisons between these area units, the Nelson region and New Zealand for the 2006 New Zealand Census. The relatively large Māori and Pacific populations and single-parent households in these area units are features of the data.

**TABLE 1: Demographic comparison of Broads and Toi Toi census area units**

Demographic variable	Broads	Toi Toi	Nelson region	New Zealand
Percent of population under 15 years	22.6	24.7	19.2	21.5
European population	78.0	77.7	80.4	67.6
Māori population	13.3	18.2	8.7	14.6
Pacific population	4.4	3.9	1.7	6.9
No formal qualification	30.8	30.2	25.2	25.0
Unemployment rate	5.9	4.7	4.2	5.1
Median income	\$20,800	\$21,700	\$23,100	\$24,400
One parent with children families	30.3	29.1	18.4	18.1

Source: Statistics New Zealand website

Interestingly, the school roll data from 2009 shows a relatively greater percentage of Māori students (38 percent) than these census area figures suggest, and a lower percentage of New Zealand European/Pākehā students (37 percent). Other ethnic groups on the school roll are South East Asian (15 percent) and Pacific (4 percent).

In 2010, Victory was named the inaugural New Zealand Community of the Year (Cowdrey, 2010). In their nomination the Victory Village partnership between Victory Primary School and Victory Community Health was outlined. This partnership saw the development of a hub of community, social, health and education services delivered from the multipurpose school hall and community health centre and its surrounds. The hall/community centre sits on the edge of the school and adjacent to a large community garden and multipurpose prefab classrooms. The centre coordinates one-to-one health services, facilitates and hosts other organisations' use of the facilities and organises community recreational programmes and events. The school also runs a number of family support programmes and initiatives to get parents involved in schooling and their children's learning generally.

The practices at Victory developed through two strands – education and community development. Victory Primary School had in recent years moved towards a family and community-centred approach to education. Two phrases used by the school encompass this approach: "Everyone matters" (adapted from a United Kingdom Government initiative Every Child Matters) and "the role of a school is to enable a community to educate its children" (West-Burnham, Farrar, & Otero, 2007). During this time Victory Community Health also implemented a community development project focused on better community health outcomes. The convergence of these two strands into a partnership and the practices and results of this are the subject of this study.

## 1.2 Rationale for this study

Leading up to the research here was significant interest in the Victory Village approach of integrated services for families and its impacts. This interest came from education, community development, health and social services areas.

In education, the initiative fits within one of the New Zealand Schooling Strategy's strategic priorities: Children's learning is nurtured by families and whānau (Ministry of Education, 2005) because it acknowledges the critical link between strong families and good educational outcomes for children.

From a health perspective, the initiative is consistent with the vision of the Primary Health Care Strategy. It takes a population health and health promotion approach, is responsive to identified community needs and is focused on providing accessible and affordable health care (Ministry of Health, 2010). The approach's locally-led and integrated approach fits with the Ministry of Social Development's ideal services interface with communities. This means working with strong local partners, and supporting the capacity of these partners to meet local needs and build strong communities where families thrive.

A fundamental feature of the approach is the day-to-day integration of diverse services to meet families' complex needs. Better integration of services has been an approach of significant interest across government for a number of years (Ministry of Social Development, 2003b), and programmes such as Strengthening Families and the Stronger Communities Action Fund<sup>2</sup> model interagency collaboration and community-led decision-making respectively. In 2009 the High Trust Contracting Initiative was introduced. This contracting approach enables flexible and customised service delivery to meet the holistic needs of families and communities. It bundles various funding streams across different Ministry of Social Development business units into one contract focused on outcomes (Ministry of Social Development, 2010). The 2010 Whānau Ora strategy promotes an integrated approach to service provision for families and whānau (Taskforce on Whānau-Centred Initiatives, 2010). Communities that foster integrated services are of interest because they test the ideals and practicalities of this way of working and the various initiatives that support these practices.

The Families Commission, through its Innovative Practice Research programme, is vitally interested in family-centred services that are innovative and successful. The Commission has the following strategic goal of relevance to this study:

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<sup>2</sup> This initiative had the goals of testing models of devolved decision-making, encouraging communities to identify their needs, supporting innovative responses and increasing social capital in these communities (Taylor, 2004).

Families have access to appropriate and effective services and support within their communities. Whānau have access and support for whānau ora. (Families Commission, 2009, p. 10)

Research that explores the principles of innovative practice and how these principles might transfer to new environments is important to improving the quality of services that families and whānau experience in New Zealand. In 2009, the Families Commission produced a short DVD showcasing the Victory Village approach. The DVD was very popular with social service providers, schools and community organisations throughout New Zealand. A number of educators and community and social service agencies subsequently visited the school and community centre to find out more about how the approach operates. It is intended that this report provides some further depth and insight into the elements profiled in the DVD, including how schools and communities might move forward with similar initiatives.

### 1.3 Research aim and objectives

The overall aim of the research was to describe the difference Victory Village (comprising Victory Primary School and Victory Community Health Centre) is making to families and its community, and to identify how it is making this difference.

This aim reflected a need to know what kind of success the approach was having for families and the community, and how the approach operated. To address this aim the following research objectives and initial research questions were developed.

**Objective 1:** Review the literature on:

- > parental involvement in learning and schooling
- > professional collaboration and school-based integration of services.

**Objective 2:** Describe Victory Village's family and community development approach.

**Objective 3:** Identify the outcomes Victory Village wants for its community, families and children and what is currently being achieved.

**Objective 4:** Articulate how Victory Village is making a difference for families in its community – its theory of change.

The first research objective is addressed in the literature review chapter. Objectives 2, 3 and 4 are addressed in the findings section and the discussion brings together some key points from the findings with reference back to the literature.

## 2. LITERATURE REVIEW

This selective literature review considers recent national and international literature relating to parental involvement in learning and schooling, professional collaboration including integrated social and health services, school-based integration of services and social innovation.

### 2.1 Parental involvement in learning and schooling

Parental involvement references two distinct but related ideas in education that are both important to this research. The first idea concerns parental involvement in support of their children's *learning* and development generally, and encompasses home practices and environments. The second idea is parental involvement in their children's *schooling*. These are considered in turn below.

#### 2.1.1 Parental involvement in learning

How students achieve in education is significantly influenced by factors outside the school. West-Burnham et al (2007) assert that approximately 80 percent of the difference in student achievement at school is based on the non-school factors of student background including personal factors. Alton-Lee (2004) in New Zealand reported that between 40-65 percent of the difference in student outcomes is attributable to family and community factors, and between 16-60 percent to teacher and classroom-level differences. School-level variables account for between 0 and 20.9 percent of the difference in this analysis. Attribution across these factors varies depending on the education outcomes, curriculum and age level of schooling being measured.<sup>3</sup> Despite these wide variations, the overall conclusion is that families and student background factors make a big difference to educational outcomes, and so do teachers.

Researchers generally isolate two key sets of variables when exploring what it is about families that has this impact on student achievement: socioeconomic factors and parenting style factors. This research consistently shows that there is an achievement gap between children from poorer and wealthier households and that socioeconomic factors such as family income interact with and shape parenting patterns to some degree

(Desforges & Abouchar, 2003; Wylie, Hodgen, Hipkins, & Vaughan, 2009). However, when researchers control for socioeconomic factors there is an independent effect for parenting factors. For instance, a recent review of the impact of at-home parental involvement (Department for Children, 2008) found that parenting factors had a positive effect on children's achievement after controlling for social class and family size, and that this impact was greater than school quality on achievement at United Kingdom key stage 2 (7- to 11-year-olds). Likewise, a New Zealand study (Fergusson, Horwood, & Boden, 2008) found a strong independent direct effect on educational achievement by age 25 for family educational aspirations that was approximately equal to children's cognitive ability. Some research finds that although socioeconomic status or SES (a family's relative economic and social position) mediates parental involvement in learning, the size of the effect for parental involvement, or *at-home good parenting*, is the largest non-school influence, ahead of SES, parents' educational attainment, family structure and ethnicity (Harris & Goodall, 2008).

Research that isolates the parental attributes that impact on children's learning and achievement finds significant effects for parental values, educational aspirations, expectations, enthusiasm, support and encouragement (Cabinet Office Social Exclusion Taskforce, 2008; Chowdry et al, 2010; Cooper, Chavira, & Mena 2005; Desforges & Abouchar, 2003; Harris & Goodall, 2008; Henderson & Mapp, 2002; Hoover-Dempsey, Walker, & Sandler, 2005). Parents construct a self-perception of both their education role in their children's lives (role construction) and their capacity to undertake this role (self-efficacy). These perceptions are in turn influenced by factors such as SES, prior educational experiences and school factors such as the attitudes of teachers. Parent attributes are manifested in particular parent behaviours of modelling, reinforcement and instruction (Hoover-Dempsey et al, 2005). They also manifest in what some researchers refer to as rich home learning environments characterised by contact with wider family, varied language, literacy and numeracy experiences (Biddulph, Biddulph & Biddulph, 2003), and parenting practices such as reading to children (Chowdry et al, 2010). Desforges and Abouchar (2003) describe how these attributes in turn influence children's schooling and learning behaviours that

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<sup>3</sup> It appears that the impact of family is greater at the younger levels of schooling after controlling for other factors: "In the primary age range the impact caused by different levels of parental involvement is much bigger than differences associated with variations in the quality of schools. The scale of the impact is evident across all social classes and all ethnic groups" (Desforges & Abouchar, 2003, pp. 4-5).

ultimately impacts on their educational experiences and outcomes:

...it can be said that the impact of parental involvement arises from parental values and educational aspirations and that these are exhibited continuously through parental enthusiasm and positive parenting style. These in turn are perceived by the student and, at best, internalised by them. This has an impact on the student's self-perception as a learner and on their motivation, self esteem and educational aspirations. By this route parental involvement frames how students perceive education and school work and bolsters their motivation to succeed. For younger children, this motivational and values mechanism is supplemented by parental promotion of skills acquisition (eg in respect of early literacy). (p. 35)

### 2.1.2 Parental involvement in schooling

Bull, Brooking, and Campbell (2008) note that there are two key rationales put forward for parental involvement in schooling, or what they term home-school partnerships.<sup>4</sup> The first is to enhance democratic participation by bringing schools and their families and communities closer together. The second is to strengthen the education experience and outcomes for children, that links parental involvement in learning with parental involvement in schooling.

Joyce Epstein developed a popular taxonomy of types of parental involvement in schooling initiatives:

- > Parenting: assisting all families to establish supportive home environments.
- > Communicating: two way exchanges about the school curriculum and children's progress.
- > Volunteering: organising parent help in school and elsewhere.
- > Learning at home: providing information and opportunities for families to support their children with learning in the home (eg family learning where parents and children are jointly engaged by the school in learning such as literacy).
- > Decision-making: having parents serve as leaders and representatives in the governance of the school.

- > Collaborating with community:<sup>5</sup> Identifying and integrating community based services to strengthen the curriculum. (Sheldon & Van Voorhis, 2004)

Desforges and Abouchar (2003) using a broader lens, define three major types of parental involvement in schooling. The first is activities that focus on the connectivity between schools and parents; for instance, communication initiatives. The second is family and community education programmes such as adult education. The third is parent training programmes promoting parental psychosocial health and/or relationships that are known to be critical to effective parental involvement in children's learning.

The purposes of parental involvement in schooling initiatives are not always clear or consistently perceived across the different groups involved. Harris and Goodall (2008) found in their case studies of 20 United Kingdom schools attempting to engage parents that: parents thought the engagement was to support students; teachers thought it was a means to improved student behaviour and support for the school; and students saw it as moral support and an expression of interest in their schooling progress. They also found that participants tended not to distinguish between parental involvement in schooling and parental involvement in learning and generally equated engagement in the school with engagement in their children's learning.

### 2.1.3 Link between parental involvement in learning and parental involvement in schooling

The literature establishes that families make a big difference to learning outcomes for young people and that this difference is chiefly around parenting dispositions and practices, and home environments. Of relevance for this review then is whether and how relationships between schools and families can influence these family factors.

Desforges and Abouchar (2003) note that the evaluation evidence on parent involvement interventions by schools has been technically weak so that: "it is impossible on the basis of publicly available evidence to describe the scale of the impact on pupils' achievement. This is not to say the activity does not

4 Parental involvement in schooling goes by a number of terms including parent participation, parent/al involvement, parent/al engagement, home-school partnership, school-community links, school, family and community partnerships, family-school partnerships, school-family partnership (Bull et al, 2008; Department of Education Employment and Workplace Relations, 2008; Hayes & Chodkiewicz, 2006; Patrikakou, Weissberg, Redding, & Walberg, 2005; Sanders, 2008). Some terms are associated with particular initiatives or approaches such as community schools (Berg, Melaville, & Blank, 2006), extended services schools (United Kingdom including adult education), full service schools (United Kingdom), complementary learning (Baldwin Grossman & Vang, 2009) and school-based services (Collins, Andersen, Kristin, & Paisano-Trujillo, 2009).

5 Ferguson (2005) describes community as: "A school community consists of all the people and organisations that either affect or are affected by the school" (p. 4). Ferguson notes that each school must determine this for themselves.

work" (p. 5). Key methodological problems with these evaluations include missing information on participants or processes, a lack of comparison groups, reliance on subjective indicators of effectiveness and no controlling for the effects of SES.

Authors also express caution in being able to isolate the impact of parent involvement initiatives on learning outcomes for students. Desforges and Abouchaar (2003) note that it is challenging to untangle parental involvement from SES factors including family social class, maternal level of education, material deprivation, maternal psychosocial health, single-parent status and ethnicity. Bull et al (2008) note that even with good data over time, rigorous causal claims for parent involvement initiative impacts would be hard to make given, "...the complexity of the school context and the myriad of initiatives and strategies operating at any particular time and possibly contributing to any measured improvement in achievement" (p. 10). Lewis (2008) points out that the summative impacts of community leadership efforts by schools (discussed below) are difficult to quantify where the community and school responses are constantly evolving. Leithwood and McElheron-Hopkins (2004) note, not surprisingly perhaps, that there is a tendency in parental involvement evaluations to factor out this complexity and to select simple achievement indicators to assess improvement efforts:

...by allowing SIP (schooling improvement planning) to be the organising concept for improvement we perpetuate a linear, superficial way of thinking about the improvement problem, whereas powerful solutions are more likely to be non-linear, indirect and embedded deeply in the 'guts' of a school's anatomy – its culture, its reward structures, the dispositions and motivations of those attracted to it as a workplace, and the basic 'technologies' it uses to accomplish its goals. (p. 6)

While there are reservations about the evaluation evidence, there is a consensus across significant syntheses of parent involvement initiatives that they can make a significant positive difference to at-home good parenting. This in turn can make a difference to student educational outcomes, particularly for low SES students, and particularly at the earlier years of children's education (Biddulph et al, 2003; Desforges & Abouchaar, 2003; Henderson & Mapp, 2002). In their

review of the evidence of the impact of early childhood education (ECE) service/school, family and community partnerships, Biddulph et al (2003) concluded that interventions by ECE services and schools could significantly improve children's development, particularly for under-five-year-olds. In their review of 10 years of research until 2002, Henderson and Mapp (2002) found that programmes and interventions that engage families in supporting their children's learning at home are linked to student achievement.

A related finding was that family and community involvement that was linked to student learning had a greater effect on achievement than more general forms of involvement. In a recent New Zealand meta analysis of educationally powerful connections with family, whānau and communities, parental involvement initiatives focused on supporting parents to support their children's learning produced *high positive effects* on educational achievement. For instance, interventions that involved teachers in helping parents and community members to support children's learning at home and school had an average effect size of 1.81 (Robinson, Hohepa, & Lloyd, 2009). To put this in perspective, a year of excellent teaching is considered in this analysis to produce an approximate effect size of 0.6. Other significant activities were teacher-designed interactive homework with parents (1.38), integrating family and community knowledge into the curriculum (0.93) and interventions with parents to support children's learning without complementary teacher professional development (0.63).

Parent involvement in schooling initiatives may have potentially important community and social effects (Harris & Goodall, 2008) and these indirect effects may play a significant role in influencing parenting and the home environment (Desforges & Abouchaar, 2003). For instance, Muller (2006) explains that parental involvement outcomes such as building social capital in the community, positively shifting school culture, stimulating parent development and enhancing the professional rewards for staff and school leaders, can all contribute to child development. Some authors make the argument that as children's development occurs in a variety of environments, strong relationships facilitating continuity across these environments is critical for positive development (Hoover-Dempsey et al, 2005; Patrikakou et al, 2005). Van Voorhis and Sheldon (2005) discuss this ecological perspective in terms of

the *overlapping spheres of influence* of school, family and community: the greater the overlap and continuity between them, the stronger the impact on children's education and development.

The next section looks at the characteristics of effective parental involvement in schooling initiatives that facilitate positive outcomes for children.

#### 2.1.4 Characteristics of effective parental involvement interventions

A number of authors in this review present sets of characteristics of effective parent involvement initiatives that make a difference to families and children's learning outcomes (Auerbach, 2007; Bull et al, 2008; Department of Education Employment and Workplace Relations, 2008; Desforges & Abouchar, 2003; Lewis, 2008; Muller, 2006; Robinson et al, 2009; Whalley, 2006). The following characteristics are common across these syntheses:

##### Valuing parental involvement

Schools that are successful have a strong ethos of valuing the educational contribution of families. They have a strong belief that parental involvement initiatives are worthwhile because they make a difference to student learning. This characteristic recognises the powerful educational role that parents play, and the opportunity this presents educators to maximise the learning of students. Parents are seen as partners and the school climate is consistently welcoming and inviting of parents. This positive view of parents extends to seeing family diversity as a resource, not a deficit.

##### Parental involvement is embedded in whole-school development

Parental involvement is positioned as fundamental to the school system, not something that is bolted on as an extra. This means that a whole-school vision and strategy is inclusive of parent involvement and articulates a commitment to it as business as usual. School planning for parental involvement includes resourcing, professional development, review and evaluation and sustainability. Ad-hoc approaches to parental involvement are by comparison less effective because they have a weak connection to the school's teaching and learning plan.

##### Partnership and collaboration

The development of parental involvement is necessarily a partnership endeavour with parents and the wider community. This means family and community involvement at all levels of management, from needs analysis to review. Collaborative ways of working are established that create reciprocal benefits for all involved and partnerships are underpinned by mutual responsibility, respect and trust. Everyone's perspective matters. Schools acknowledge issues of power between professionals, families and community members, and work openly with other parties to neutralise these.

##### Responsive to family and community needs

Parental involvement works when it is responsive to the needs, aspirations and current capabilities and resources of families and communities. Schools build on what already is, and what is offered; they do not try to create something out of nothing. Parent involvement is never one dimensional and there are multiple opportunities for engagement. Schools consider family diversity, including cultural diversity, when planning parent involvement and reach out in culturally appropriate ways. Families feel a sense of ownership of the school – it is a place where they belong.

##### Parental involvement in learning focus

Parental involvement initiatives that focus on *at-home good parenting* make the biggest educational difference for children and are associated with quality parental involvement in learning. This outcome is purposefully recognised and successful parental involvement in schooling initiatives works= towards this outcome.

##### Communication

School communication with parents is open, ongoing, two-way and inviting.

##### Community interconnectedness

Schools developing parental involvement initiatives look for resources and opportunities in the wider community, including organisations that support families. The school strengthens these connections and collaborates with the community. Community identity and community wellbeing are considered to be important, and are strengthened.

## Engagement of teachers

If teachers are professionally engaged in parental involvement interventions, significant and sustainable changes in curriculum, teaching and classroom management practices are likely. This includes teachers receiving appropriate professional support and development to make the necessary changes to beliefs and practices.

## Leadership

Leadership is frequently implicated and examined in parental involvement in schooling initiatives and the consensus from research is that leadership makes a difference. Principals create what Robinson et al (2009) term educationally powerful connections with family, whānau and communities. Van Voorhis and Sheldon (2005), in a longitudinal study of school, family and community partnerships in 320 schools, found a significant positive relationship between principal support and parental involvement programme quality. Principal turnover did not predict programme quality but there was a negative association between high principal turnover and level of programme support. The researchers found that principals held the key to initiating programmes and processes, but also that the support of parents, teachers and community members was very significant to partnership programme quality. Effective leadership integrates: responsiveness, listening and consultation, a welcoming disposition, investigating needs, nurturing an inclusive and open culture, being visible and available, taking some risks and thinking long term.

A number of authors look more fundamentally at the paradigm of leadership required to initiate and sustain school transformation through parental involvement. For instance, Auerbach (2007) found that school leadership literature has traditionally been silent on family and community involvement (see also Robinson et al, 2009, p. 142). In some cases, it positioned school leaders as a buffer between external publics and teachers, rather than a bridge. Recent notions of shared and distributed leadership, and the creation of learning communities in schools, have continued to maintain this silence around parents and communities, and instead located leadership firmly within the institution. Auerbach concludes:

Thus, despite the rhetoric of shared leadership and school-family partnerships in the literature, these two concepts are rarely brought together in

leadership models of practice. There is a perplexing disconnect for parent involvement, including leadership for parent involvement, and the literature on collaborative forms of leadership. (p. 704)

West-Burnham et al (2007) argue for a 'new professionalism' of school leadership where school leaders integrate and broker diverse resources and people to create significant change. This leadership invites the community to establish common purpose, and to share resources, expertise and accountability for outcomes and ultimately leadership as well. Leadership becomes a role of facilitating system transformation through building networks with the wider community and creating the infrastructure and conditions under which that learning can take place, with a particular emphasis on empowerment (Berg et al, 2006; National College for School Leadership, 2008). Leadership explores ways to bridge the community and school and integrate differences (West-Burnham & Otero, 2004). It requires that leaders see the interdependence of school leadership and community development and take some responsibility for this wider educational system (Watkinshaw, 2006). Berg et al (2006) emphasise the sharing of leadership across school and community partnerships. Berry, Godfrey, Ling, Bond, and Farrar (2005) distinguish this type of leadership as *community leadership*, a leadership of place rather than organisational leadership, with an outcomes focus that encompasses children, families and community. Current expectations of New Zealand school leadership centralise relationships, partnerships and networks within and outside the school, and the role of principals in the community: "Effective principals are community leaders" (Ministry of Education, 2008, p. 21).

### 2.1.5 Barriers to parent engagement

Harris and Goodall (2008) note that parent-side, practical issues such as lack of time and work commitments are commonly cited as barriers to parental engagement in schooling. Other parent variables affecting engagement are the effect of:

- > extreme poverty, social chaos and threat in some neighbourhoods
- > substance abuse and domestic violence
- > psychosocial illness, notably depression
- > children with problematic behaviour, learning difficulties or a disability

- > low literacy and English language difficulties
- > wanting to avoid the judgement of others (Witten, McGeanor, & Kearns 2007, Desforges & Abouchaar, 2003).

As noted above, parents' role construction in regard to their child's education and their sense of personal efficacy – the degree to which they feel they are able to make a difference in their children's lives – are critical factors. If parents do not perceive that it is their job to enhance their child's educational experience in school or they feel they do not have the capacity to undertake this role, their engagement with schools is likely to be compromised. Because these barriers are correlated with socioeconomic factors, Harris and Goodall (2008) conclude: "Parental engagement is going to be possible with certain groups only if major efforts are made to understand the local community, and if the relationship is perceived to be genuinely two way" (p. 286).

There are some school- and community-level barriers noted in the literature. Parental involvement in schooling lessens as children get older. In general, primary schools tend to feature as more successful at involving parents (Sheldon & Van Voorhis, 2004). Harris and Goodall (2008) found that secondary schools were less accessible to parents because of their characteristics of large size, complexity and number of teachers. Schools in more 'tight knit' communities tend to feature as more successful, and schools in larger urban areas may have lower levels of parent involvement (Sheldon & Van Voorhis, 2004). Prevailing central education policies may also act as

a barrier or enabler. For instance, in an OECD report, Townshend (1998) has argued that if schools are to promote lifelong learning in their communities, they need to have assurance that their actions are supported through policy:

Unless schools are given a wider mission against that their performance is judged, most are unlikely to seek greater community involvement except on their own terms. (p. 18)

Preservice teacher education may also be a barrier. In a survey of 20 USA colleges of education (teacher education providers), Flanigan (2005), found that, despite school, parent and community partnerships becoming a priority at the state and federal level,<sup>6</sup> and part of teacher standards, there was little development of this as an aspect of teacher education.

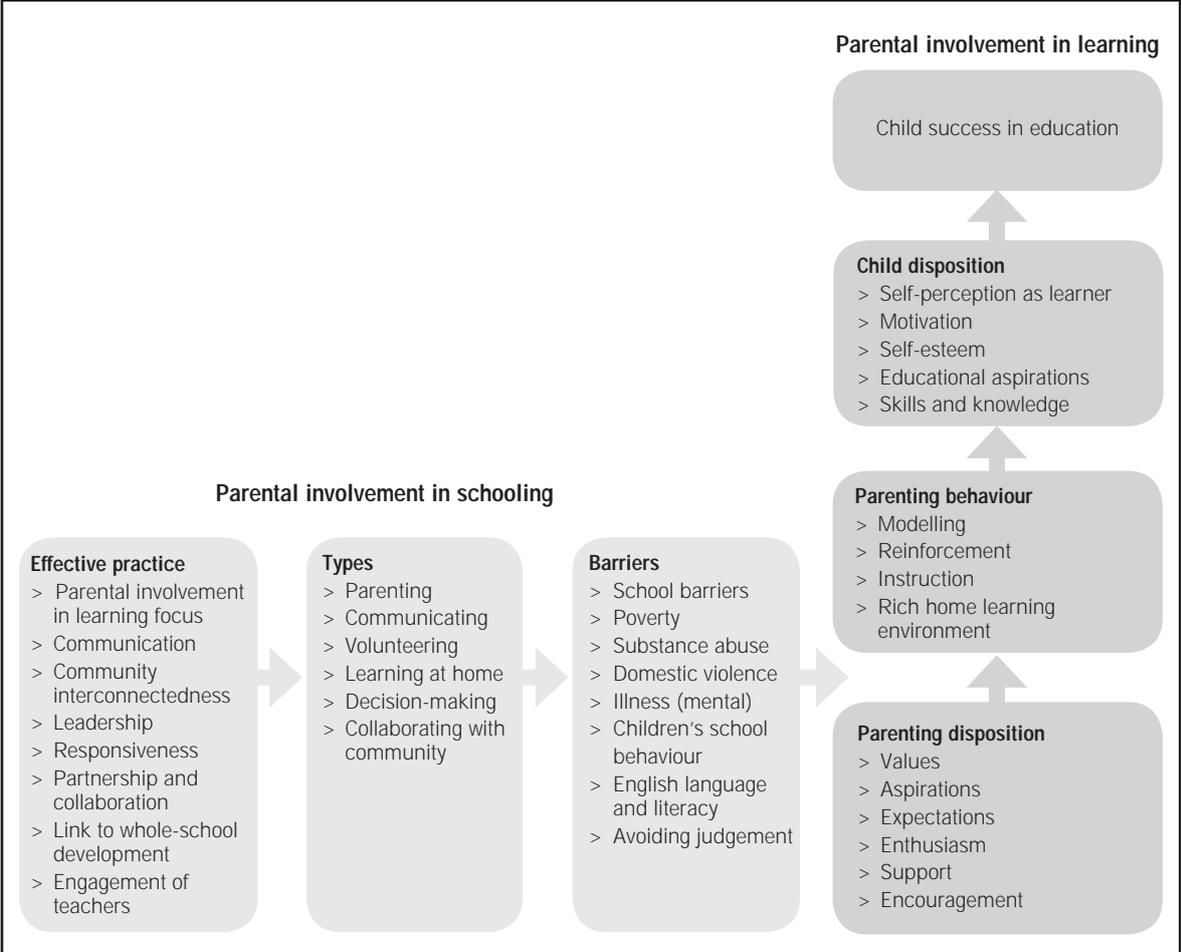
The importance of leadership to successful parental involvement initiatives was noted above. Muller (2006) also found that teacher buy-in to the idea of parental involvement and the family role in education was vital to the success of family and school partnerships. Bosch (2008) notes that schools are often frustrated by evident low levels of parent involvement and perceive the lack of traction to be due to parent apathy or other community and family factors. However, Bosch argues that in truth these schools want this engagement and its measurement on their own terms in ways that suit the school. The characteristics of effective practice above suggest that this school-driven approach will not be successful or sustainable and this is discussed further below.

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<sup>6</sup> The USA No Child Left Behind Act (2001) required that schools develop a parental involvement policy that outlines the school's plan to ensure that all students reach academic achievement standards, processes for staff communication, and ways parents can provide and support learning (Ferguson, 2005).

Figure 1 presents a simple model of the relationship between parental involvement in schooling initiatives, parental involvement in learning and child success in education.

**FIGURE 1: Parental involvement in learning and schooling**



### 2.1.6 Parental involvement in learning and schooling and the Victory Village approach

Parental involvement in learning and schooling as an explanatory theory of the school-family interface has come under criticism from various authors in the field. While these critiques are diverse, they each see problems with the status quo dynamic and roles between schools, families and communities. In other words, they see the system of relationships between families and schools as needing to change. As the findings and discussion sections will show, the Victory Village story was about changing the system, not just changing families.

#### Rethinking institutional improvement

A number of authors in the field of parental involvement in schooling have argued that the story of education change in recent years has been one of school institution improvement to raise standards. School reform in this era has focused on professional and institutional development reinforcing a view that schools and educators are both the key to education improvement and the improvement experts. An institutional improvement approach to raise standards – the standards story – is defined by Leadbeater and Mongon (2008) as follows:

The goal of education is to raise standards of attainment in subjects covered by a national curriculum, to better equip children to earn their way in the world and to play a full part in society.

The main way of achieving this goal is to improve teaching and learning within better organised schools and centres, with improved facilities, better trained teachers and crucially, more effective leadership. (p. 4)

Families and the community by contrast are not seen as capable, and when focus on community is evident, community becomes the object of change, rather than one of the agents of change.

This theory of educational change, that is also variously termed 'change from within', a 'walled in' model or 'production side' model, is seen by these authors to have run out of energy and reached its use by date (Anderson-Butcher et al, 2008; Fullan, 2005; Leadbeater & Mongon, 2008; Lewis, 2008; West-Burnham et al, 2007; Wilkins, 2000). A number of problems with it are put forward.

Firstly, in the United Kingdom at least, improvements in literacy and numeracy achievement through school improvement reforms have hit a plateau after early significant gains, raising the question of how much more can be achieved doing more of the same (Fullan, 2005). Importantly, the achievement gap for low SES children in the United Kingdom has not narrowed. This suggests that further opportunities to address systemic underachievement lie beyond institutional approaches (Lewis, 2008).

Secondly, the educational performance gains that were realised over the institutional improvement era appear to have done very little to reduce social and economic inequality, suggesting to Leadbeater and Mongon (2008) that "...further gains depend on how educational policy works for communities not just for pupils" (p. 5). For Leadbeater and Mongon this means schools need to consider anew how they create public value in the 21st century:

Public value is created when educational settings work to improve the wider range of outcomes for their young people by engaging with families and communities in places and processes characterised by equal esteem and equitable authority. (p. 9)

Thirdly, there is a questionmark about whether school-based strategies are sustainable. They absorb extensive teacher energy and supervision that heightens institution level risks of burnout, overload and turnover (Fullan, 2005).

#### Rethinking the curriculum

The raising standards focus is being challenged more broadly through curriculum debates about the type of education needed for the 21st century; a century characterised by new economic, labour market, environmental and demographic and cultural issues and risks. This throws into question the fitness of current curriculum content, valued competencies and assessment systems (Gilbert, 2005). With these macro issues in mind, West-Burnham et al (2007) present the OECD's six scenarios for the future of schooling: bureaucratic school systems continue; teacher exodus; schools as core social centres; schools as focused learning organisations; learning networks for the learning society; and extension of the market model. The first of these scenarios, a continuation of the status quo bureaucratic school system, sees schools continue to follow a narrow institutional improvement focus,

resisting external pressures for change and continuing to adapt from within.

Consideration of what are valuable 21st century skills and knowledge, and how this might be reflected in a responsive and adaptable curriculum, raises questions about how the community should be involved. Some examinations of parental involvement take a curriculum innovation perspective and suggest that community experts and community resources need to become much more integral to the development of an authentic and locally relevant curriculum (Next Practice Project, 2009; Widdowson & Dixon, 2009).

### **Rethinking families and communities**

Gorinski and Fraser (2006), in reviewing literature on the effective engagement of Pasifika communities and families in New Zealand schools, argue that much of the theorising around home-school partnerships is undertaken through a monocultural paradigm that positions many parents outside of a cultural norm, and as the source of educational disadvantage, rather than examining the ways that schools themselves contribute to this disadvantage through their own cultural norms and practices. This manifests in particular institutional practices, teacher expectations and the marginalisation of non-Western knowledge and cultural capital, that reinforces rather than addresses disadvantage. Within this model, school-family relationships are exclusively about fixing parents or minimising and mitigating the negative effects of family and community on student achievement.

Hayes and Chodkiewicz (2006) assert that this deficit view is generally characteristic of school approaches to parental involvement. Their research found that teachers and school leaders generally saw their local community as needy rather than a resource. These educators felt that the community needed them more than they needed the community. This positioning of parents was ultimately excluding:

...school fences function in ways that contain and exclude by signalling that learning happens within; that those who teach are contained within; and that valued knowledge is constructed within. (pp. 16-17)

Cooper et al (2005) note that where there are conflicts or gaps between the goals, values, activities and communication styles of families and schools, these create discontinuities that impede students' development. Gorinski and Fraser (2006) and others challenge schools to take more responsibility for

these gaps, rather than seeing the problem as one of families that do not measure up to a school norm. This practice supports school and family relationships as partnerships in the co-construction of shared knowledge around values, curriculum and school and community aspirations. It includes schools fundamentally shifting from seeing the community as the problem to be fixed, to the community being the solution to the problems faced (Berg et al, 2006; West-Burnham et al, 2007).

### **2.1.7 Summary**

In recent years Victory Primary School has taken a number of steps to enhance parental engagement in children's schooling and learning. This section outlined the case that families matter to children's outcomes at school. Of particular importance are parental aspirations, values, expectations, enthusiasm, support and encouragement that manifest in particular modelling, reinforcement, instruction and provision of a rich home-learning environment. These in turn influence children's sense of themselves as learners, their motivation and self-esteem, aspirations and relevant skills and knowledge, that all contribute to success in school.

Parenting behaviours are shaped to some degree by socioeconomic factors. However, quality parental involvement with schools can positively strengthen these dispositions and behaviours, and provide parents with skills and knowledge to support their children's learning and provide a rich home-learning environment. Although the evaluation evidence for parental involvement in schooling often has methodological limitations, there is a consensus that parental involvement in schooling can increase student educational success. A recent meta analysis identified the dramatic improvements in student achievement that can result from initiatives bringing children and families together around curriculum and learning (Robinson et al, 2009).

However, authors looking at the place of families within prevailing models of school improvement, curriculum and school cultural practices suggested that these prevailing approaches are problematic. They imply or posit a paradigm shift or systems change rather than working to improve what is. This implies a process of social innovation rather than institutional improvement and this is introduced in Section 2.3.

## 2.2 Collaborative professional practices

A second key thread that resonates with the Victory Village approach is collaborative professional practice. At Victory Village this is most visibly manifested in the physical integration of diverse services at the community centre. The community health centre facilitates a merging of health, social services and community development services and activities. The co-location and collaboration between the primary school and the community centre signifies significant collaboration between education and community health services, and community development. This section introduces recent literature on the idea of professional collaboration and, in particular, integrated health and social services. It looks at the evidence for its effectiveness, before considering the limits of this literature to fully articulate the Victory Village approach.

### 2.2.1 The move to professional collaboration and integrated service delivery

...services are designed for problems, not families.  
 ... Families are systems; problems for one family member impact profoundly on others. (MacLeod, 2010, p. 151)

The principles and practices of professional collaboration have been a topic of interest in social services delivery policy and literature in recent years (Williams, 2003). The Review of the Centre Advisory Group report (2001) recommended better-integrated service delivery in New Zealand to address complex social problems and focus on the results that citizens want from government (Ministry of Social Development, 2003a). Professional collaboration is seen as an appropriate response to the evident truth that “Social issues and people’s needs rarely fit neatly within organisational boundaries” (Accenture Institute for Health and Public Service Value, 2009, p. 2). In the United Kingdom, personalisation in service delivery aimed to shift to a person-centred rather than service-centred model of social services delivery so that people get the services they want, when they want, in ways that enable them to fulfil their personal capacity and aspirations (Carr, 2010).

There is a policy message in these developments. Public services need to de-silo to address human

needs holistically and efficiently, rather than sectioning families into the component parts of, for instance, housing and health, and delivering distinct and at times overlapping services to them. Collaboration enables the sharing of knowledge, skills and information between professionals and enables professionals to understand how other services function and achieve their outcomes (MacFarlane & Harris, 2009).

For families, professional collaboration and service integration promises less burden on them to navigate their way through multiple organisations that each address only a component of their needs (Accenture Institute for Health and Public Service Value, 2009). Australian research (McArthur, Thomson, Winkworth, & Butler, 2010) into the service experiences and needs of families with complex needs identified a number of barriers to accessing services. These barriers are reflective of collective organisational inefficiencies leading to a poor interface with families: not knowing what service to access; waiting times and lack of services; negative feelings about prior experiences; having to repeat their story over and over to different services; receiving contradictory information; inflexible processes and eligibility criteria; and the practical issues of opening hours and transport access. By contrast, several enablers of positive service experiences were strongly associated with professional collaboration and holistic support: individualised responses rather than service-centred responses; active linking between services; communication between services; and continuity of services and professionals.

Carrigan and Bishop (1997) suggest that professional collaboration is an expression of family-centred professional practice, as opposed to service-centred practice, in that services across different domains are ultimately working towards a common set of outcomes, and therefore have a common purpose:

Society and the professions charged with the delivery of education, health care, and social services have a common stake in the health and welfare of children and families. We must accept this common concern, and we must profess it to others. Collaboration with families and each other is a necessity and an obligation of professional leadership. (p. 160)

Gray (2002) presents four organisational-level rationales for collaboration in service delivery:

- > It has the potential to improve outcomes and services for all actual or potential service users.
- > It can reduce duplication and overlap of services.
- > It can build collaboration between services to respond to a particular need.
- > It is a more integrated approach that addresses the perceived inadequacies of individuals and their families. (p. 19)

### 2.2.2 Types of integrated services

Gray (2002), drawing on international literature, provides a general definition for integrated service delivery that reveals its potential mix of organisations and service relationships, and structures:

Integrated service delivery is a mechanism for delivering services. It can refer to vertical integration involving central and local government agencies, NGOs and community and voluntary groups, or horizontal integration across government departments or a combination of the two. Integrated service delivery generally involves some form of multi-agency case management or co-ordinated delivery around a particular issue or need. (p. 10)

Gray (2002) also presents five different types of collaborative service relationships that vary significantly in intensity:

- > *Networks*. Informal arrangements where participants come together as equals for shared benefit. Time is the main resource commitment and accountability and risk is low.
- > *Collaboration*. Always voluntary and rarely involves a contractual arrangement. It is joint activity and it can be in planning and development or service delivery. Can be intermittent or ongoing.
- > *Partnership*. Formal arrangement between two or more parties to carry out a particular task, or a legal arrangement between two parties to deliver a specific service.
- > *Coordination*. Less structured than partnerships. Coordination is less formal relationships and less understanding of compatible missions than partnerships. Planning and division of roles is

required. Authority still rests with the individual agencies. Resources are available and rewards are mutually acknowledged.

- > *Cooperation*. Informal relationships that exist without any commonly defined mission, structure or planning effort. Information is shared, no risk, no sharing of resources or rewards. (pp. 7-10)

Further, the Ministry of Social Development (2003b) defines three broad models of collaborative and integrated service delivery that characterise how these relationships often manifest in practice:

- > Case management approaches (eg strengthening families) – packages of services involving a range of agencies, tailored to meet individual needs.
- > One-stop-shop single-access points for service delivery. These are also called shared front office services (Accenture Institute for Health and Public Service Value, 2009). As well as co-location of specific services, one-stop-shops typically have numerous links with other social and health services in the community (MacFarlane & Harris, 2009).
- > Joint-funded contract service provision – joint resourcing from a number of agencies to fund contracted specialised services to meet specific needs.

### 2.2.3 Integrated services and family outcomes

As with parental involvement in schooling initiatives, research evidencing a rigorous causal link between integrated services (and collaboration generally), and outcomes for individuals and families is uncommon (Williams, 2003). Some methodological issues with evaluations in this area are:

- > recipient experiences of integrated services are lacking
- > initiatives tend to be subject to summative evaluations before outcomes can realistically be expected
- > evaluations and reviews lack an outcomes focus
- > evaluations tend to focus on projects rather than the collaborative arrangements (Gray, 2002).

The Ministry of Social Development (2003a) suggests that the lack of hard evidence of the effects of professional collaboration is partly due to the difficulty of measuring the quality of relationships, which

is an essential component of integrated service delivery. However, it notes that there is evidence that collaboration can enhance the quality of services involved. Integrated services are novel and sit outside a norm of professional and organisational practice. This could be a factor in a lack of evaluation evidence of success. In New Zealand in 2009, an evaluation of 12 youth one-stop-shops found that funding was generally tenuous, short-term, often informal, fragmented and complex, and funding was lacking for organisational development, administration and professional development (MacFarlane & Harris, 2009). In such an environment, evaluation practices are challenging.

#### 2.2.4 Characteristics of effective integrated service delivery practice

Gray (2002) provides a set of five principles for effective integrated service delivery. Firstly, there is commitment to this approach by the partner organisations, so that there is the willingness to undertake the work required to make it successful.

Secondly, wider support exists for the initiative at a political and policy level and with senior members of partnering organisations. Organisational structures have the necessary levels of accountability, efficiency and transparency.

Thirdly, partnering organisations possess the collective capacity to undertake the initiative. This includes strong leadership and support from staff, sufficient time and resources, capacity to make decisions at a local level, good existing connections to the community, buy-in from the local community and assured long-term funding so that infrastructures can become established and projects have time to work.

Fourthly, effective productive relationships are established, and these are characterised by trust and respect between partners, inclusiveness, representativeness, accessibility, fairness and integrity, recognition of the roles and personalities of individuals and a system to enable the review and redevelopment of relationships. Williams (2003) notes that networks necessarily undertake coalition building tasks and process tasks, and jumping to action before productive relationships are established can be damaging to the network.

Fifthly, there is an agreed set of strategies and actions, these are manageable, outcomes are monitored and there is shared accountability for successes and failures.

#### 2.2.5 Collaborative professional practices and the Victory Village approach

Collaborative professional practices are a clearly evident feature of Victory Village. These can be seen in the way that the community health centre is structured and the physical relationship and engagement between the community health centre and the school. Although the professional collaboration literature discusses provider and family relationships, and family-centred practices, it tends to emphasise provider to provider relationships and structures and the benefits of this for families.

The Victory Village collaborative approach is broader in scope. Victory Village was led by community needs and aspirations and evolved through implementation and feedback. The transformation was driven by the community with the school and community development people, not providers per se. The approach contains a number of kinds of collaboration within it. At the community health centre there are strong elements of a one-stop shop and case management. The relationship between the community health centre and primary school has aspects of partnership and coordination. There are a number of informal relationships between staff within and between the centre and school that have a sometimes powerful effect. Leaders and other individuals are involved in a number of wider networks regionally and nationally. Crucially, collaboration is evident in relationships between services and families.

The expansive and multifaceted nature of professional collaboration at Victory suggests that the approach transcends a clear model of professional collaboration. At Victory, there is a breadth of collaboration and individuals and families are critical collaborative partners. Collaboration is evolving in response to community needs and aspirations. Collaboration is also evident in different contexts beyond social service delivery – for instance, through curriculum delivery and community development initiatives.

### 2.3 Victory Village as social innovation

The literature review has looked at two big ideas or threads that associate with the Victory approach: parental involvement in learning and schooling, and professional collaboration including integrated service delivery. The parental involvement in learning and schooling literature shows that families make a

difference to children's learning in school and that schools can work effectively with families to enhance educational outcomes for children, with sometimes dramatically positive results. However, some authors from different perspectives have arrived at a similar conclusion that existing models of institution-centred engagement with families are no longer adequate to secure significant gains for families and children.

The professional collaboration literature argues that family-centred practice necessitates the integration of professionals and services, and that collaborative models are more effective for families and the collaborators. A close look at the Victory model reveals many types of collaboration from partnerships to informal collectives and networks, and some outward characteristics of a one-stop-shop and case management. Collaboration is also evident across different types of activity beyond social service delivery – which tends to be where this literature is situated. The evolution of this seemingly complex and expansive array of relationships, and the emphasis placed on provider-family relationships, takes the Victory Village approach beyond professional collaboration.

This section discusses social innovation because it addresses two significant areas of the Victory Village approach raised here – innovation and systems change. This discussion is followed by presentation of some contemporary practices between schools and communities that reflect elements of social innovation and whole-system change.

### 2.3.1 Social innovation

The concept of social innovation is relatively new compared to innovation in other fields such as science, business and medicine. Simply defined, social innovation is “new ideas that meet unmet needs” (Mulgan, Tucker, Ali, & Sanders 2007b, p. 4) or “new ideas that work” (ibid, p. 8) in a social issues context. These new ideas can be products, services or models of practice (Murray, Caulier-Grice, & Mulgan, 2010). Social innovation takes place in diverse fields:

Social innovation is not restricted to any one sector or field. It can take the form of a new service, initiative or organisation, or a new approach to the organisation and delivery of services. Social innovation can either spread throughout a profession or sector – like education or healthcare – or geographically from one place to another. (Bacon, Faizullah, Mulgan, & Woodcraft, 2008, p. 13)

However, social innovation is connected with social needs and the organisations and contexts that have the capacity to address these needs:

[social innovation is] ... innovative activities and services that are motivated by the goal of meeting a social need and that are predominantly developed and diffused through organisations whose primary purposes are social. (Mulgan et al, 2007b, p. 8)

What is relevant to Victory Village is that social innovation often occurs successfully at the intersections of sectors. Social innovation meets needs but also creates new social relationships or collaborations. They are both good for society and enhance society's capacity to act (Murray et al, 2010). For this reason, *connectors* – individuals and organisations that link people, ideas, money and power – are critical to social innovation, and are sometimes more important than the more obvious characters put forward in social change movements: entrepreneurs, thinkers and designers, community groups and leaders.

Mulgan et al (2007b) describe three key dimensions of successful and significant social innovations. Firstly, they usually involve combinations or hybrids of existing services, products and practices, rather than being completely new. Secondly, they usually involve a cutting across of organisational, sector or disciplinary boundaries. Thirdly, they create new social relationships between individuals and groups that support the sustaining and diffusion of the innovation, and create the capacity for further innovations to occur.

### 2.3.2 Why social innovation?

A critical distinguishing feature of social innovation is that it involves system change. The new ideas and relationships are not improvements and alterations on past practices, products and services. The search for new solutions or paradigm changes is becoming more legitimate as societies face new and existing but intractable issues (so-called wicked problems). These cannot be clearly defined and worked on within a particular sector, and are extremely costly in human and financial terms. Tools of government and the market have had or are having little apparent impact on these issues. Examples of such complex problems are climate change and the environmental crisis; an ageing population; socioeconomic inequality; and the rising incidence of chronic disease (Mulgan et al, 2007b; Murray et al, 2010).

It is also noted that there are new conditions that make successful social innovation more possible. Firstly, new technologies facilitated the growth of new networks, collaborative tools and infrastructure for information sharing. Secondly, there is a renewed emphasis on people-centred practices rather than systems and structures (Murray et al, 2010). It is reported that a new kind of social economy is emerging characterised by:

- > extensive use of distributed networks, structures and services to build and sustain relationships and deal with complexity, rather than centralised structures
- > increasingly blurred boundaries between production and consumption
- > an emphasis on collaboration and repeated interactions and ongoing care rather than one-off interactions
- > a strong emphasis on values and missions
- > professional collaboration rather than direction and management by a single organisation
- > contested measures of success (Murray et al, 2010).

Although the implementation of social innovations has a distributed focus, social innovations thrive where there are effective alliances between centralised and local structures. The social innovation literature uses a bees and trees metaphor to explain this synergy (Mulgan et al, 2007b; Murray et al, 2010). Bees are creative individuals and organisations with new ideas and energy. Bees are mobile and nimble; they can cross-pollinate with others and make changes relatively quickly. But on their own bees will struggle to have a major impact, particularly in taking ideas to a bigger scale and diffusing innovation beyond their immediate context. Trees by contrast are larger and resilient institutions with resources and power to take new ideas to scale; however, trees lack the adaptability and creativity of the bees.

### 2.3.3 The social innovation process

The process of social innovation is not particularly consistent across different contexts; that is partly due to its broad emphasis on all ideas, products and services that are new and work. Mulgan et al, (2007b) note that there are three major lenses for understanding how change happens through social innovation. The first is that social change is driven by a small number of heroic, energetic and impatient individuals whose

charisma and determination cause major changes to happen. The second lens comes from the collective perspective of movements for change. These social change movements contain many leaders, other individuals and diverse organisations under a wider cause. For example, sustainability as a social change movement contains strands of science, politics, religion, agriculture, education, conservation and public policy. A third lens is an organisational perspective where social change is observed as arising through the work of innovative organisations at the cutting edge of new practices.

Although these three lenses hint at significantly different processes and strategies of change (see Murray et al, 2010), basic stage models of social innovation emerge. For instance, Mulgan et al (2007b) put forward a six-stage social innovation process, although they acknowledge that there can be a cycling back through the stages for a given social innovation as opposed to clear linear growth.

The first stage is **prompts, inspirations and diagnoses**. In this stage, certain major factors become a focus of concern for individuals, organisations or movements; for example, natural disasters, economic shocks, poor performance or public spending cuts. This leads to a process of diagnosing the underlying problems intensively to look beyond symptoms to underlying issues.

The second stage is **proposals and ideas**. Here ideas and insights from diverse sources are generated and discussed.

The third stage is taking these ideas through to products, services and practices through **prototyping and piloting**. The ideas and relationships between members are tested, adapted and strengthened and measures of success are collectively developed.

The fourth stage is **sustaining** where some of the novel ideas, products and practices become embedded. Ideas are refined and streamlined. Members move their innovation towards sustainability through, for instance, long-term resourcing and legislation.

**Scaling and diffusion** is the fifth stage. Here the innovation grows and spreads beyond the original context (for instance, an organisation or geographical area). Others pick up the ideas and adapt them to their own situations.

Lastly, the innovation leads to **systemic change**, that is considered to be the ultimate goal of social innovation. New frameworks and infrastructures operate within key sectors of interest – for instance, public policy, grant-making, the private sector and in households over a sustained period of time. The way that societies think about a particular issue or problem is changed (Mulgan, Ali, Halkett, & Sanders, 2007a). In the words of Westley et al (2006), the world is changed.

Many social innovations fail to be sustained or move to a larger scale, and very few achieve systemic change. Mulgan et al (2007a) summarise four key elements that are required to be in sync for social innovations to establish resonance with the wider environment and stick. The first is a 'pull' effect, or demand that is a recognised or acknowledged need in society. The second is a 'push' effect that encompasses the development of innovative ideas into demonstrably workable forms that are well communicated and disseminated. The third is effective strategies that bridge the push and pull factors and develop workable organisational structures to put the innovation in place. Lastly, the innovation process integrates learning and adaptation so that it achieves social impacts in environments that are dynamic and changeable.

#### **2.3.4 School-based integration of services as social innovation**

There are some established examples of social innovation in the context of schools and communities looking to achieve fundamental systems change.

The section above suggests that there are a number of compelling reasons for schools to look anew at parental involvement in schooling and learning with an eye to deeper collaborative relationships with families, communities and other professionals. Some schools and community partners are looking closely at the needs and capacities of communities and how they can shift a wider system of variables beyond the school gate. Muller (2006), in researching family and school partnership practices, identified two divergent responses by schools. The first track was called the 'traditional roles' types where the focus was on the traditional educational functions of schools and how parents could support this, which is evident in the practices discussed in Section 2.1. The second track was the 'social change' types that looked more broadly at community needs and assets. The approach of

Victory Village sits firmly within this social change category. The two principal sub-categories of social change approaches were 'the social capital builders' aligned with building high-functioning and productive community bonds, and the 'resilience builders' which refers to initiatives to strengthen home environments and family capacity to manage their lives positively. Victory Village commits energy to both these areas – community and family – through the integration of education, social services and health, and community development. A discussion of the links between social capital and education and the work of Victory Village is contained in Appendix 5.

The social change approach of Victory Village is enacted through the key organisational relationship of Victory Primary School and Victory Community Health. Martin, Tett, and Kay (1999) note that schools are not naturally hardwired to support social change through diverse network relationships; rather their work is constructed through a discipline-specific and profession-based discourse of learning and understanding about who their 'clients' are. This mental model tends to inhibit collaboration with community organisations beyond superficial activities like offering facilities that keeps the parties at arms length. Culturally, this is in contrast to the way that community development organisations work; their development process is co-constructed across professional boundaries:

The professional tradition of the school often emphasises the community as a site for enriching the curriculum and has developed understanding of the significance of parental participation for improving pupil motivation, behaviour and achievement. The school reaches out to the community to enhance traditional goals of pupils' progress and performance but the institution remains the source of educative value and process.

In contrast, the community education worker is typically an 'outreach' worker serving the learning needs of those in the community where she finds them. The task of educating individuals and groups in the community is defined as serving the wider purposes of empowering the community to regenerate its own social, economic and cultural development. From this perspective, boundaries are perceived as permeable in order to achieve the flexibility required to support learning where it is most appropriately located. (Martin et al, 1999, p. 63)

However, Jehl, Blank, and McCloud, (2001) also note a positive to this dichotomy in that schools tend to have 'outsider' institutional resources and infrastructure, whereas community developers have 'insider' local expertise, relationships and networks within communities. The social innovation dynamics of change at the professional boundaries, and the bees and trees metaphor, are evident here (see above). In their case study research, Martin et al (1999) found that successful collaboration between schools and the community was underpinned by a common ground in the meaning and purpose of a community education system, and the sense of mutual reliance, responsibility and accountability that emerged from this common ground. West-Burnham et al (2007) stress that schools need a vision for the community based on shared values and aspirations. Beyond finding mutual ground, Jehl et al (2001) stress action in this common space. This involves schools and community organisations moving beyond their institutional boundaries to meaningfully engage in the work of the other. For schools, this involves developing a strong presence in the community (Berg et al, 2006), and becoming sources of community leadership (Jehl et al, 2001).

Anderson-Butcher and Ashton's (2004) outline of several types of school-based collaboration reflects the critical place of networks that cross boundaries to successful social innovation and change:

- > Intra-organisational collaboration: This involves all the people who currently work in schools working more collaboratively – eg school psychologists, social workers, administrators, teachers and volunteers.
- > Interagency collaboration: Two or more agencies working towards a common goal.
- > Inter-professional collaboration: Two or more individuals working together to help a child and his or her family.
- > Family-centred collaboration: Families are considered partners with professionals in deciding what kind of services and supports they need.
- > Community collaboration: Collaboration that involves community stakeholders coming together

(more at the strategic level) to harmonise/ synchronise their operations. (pp. 40-46)

Schools are seen to have a key advantage over other environments and contexts for these kinds of collaborations to take root: ready-made relationships with a large number of families. Tackling complex social issues ultimately requires a deep level of relational learning and personal engagement by families. Schools have a strong capacity to generate these practices because of their embedded status in the community and their default relationships with parents (West-Burnham et al, 2007). Schools are seen by many parents, including those with high needs, as 'normal non-stigmatising places' (McArthur et al, 2010, p. 35). These perceptions are significant. For instance, in New Zealand, Witten et al (2007) found 37.9 percent of Pākehā and 36.4 percent of Māori nominated school as the entity that they felt was the centre of their community.<sup>7</sup> Parents in this research described various ways that schools enhanced their sense of belonging to their community, including: crossing paths with others; use of school facilities after hours; and the germination of enduring social networks of support. Because schools provided this community identity and cohesion, the level and type of parental engagement ultimately constructed how a community saw itself.

One example of school and community collaboration for social change with resonance for Victory Village is the Community Schools movement in the United States. Community Schools are both a physical hub where services, supports and opportunities are provided to families and communities, and a context for purposeful relationships between the school and other community resources and interests (Berg et al, 2006; Coalition for Community Schools, 2009). These relationships facilitate and shape the integration of education, youth development, family support, health and social services and community development. Co-location gives an infrastructure that assists with this collaborative work and enhances sustainability. Co-location has a synergistic effect that changes the whole system of the school and the services:

A community school differs from a traditional school because the various partners are not conducting business as usual. They are working

<sup>7</sup> Interestingly, the results were lower for Pasifika (26.5 percent) and especially Asian (15.9 percent) that both ranked church higher and their ethnic/cultural group in the case of Asian.

together toward common results; changing their funding patterns; transforming the practice of their staffs; and working creatively and respectfully with youth, families and residents to create a different kind of institution. (Coalition for Community Schools, 2009, p. 3)

Underlying characteristics of Community Schools include:

- > an openness to the community in both physical (time and space) and philosophical terms
- > a sense of fusion and continuity between the aims of the school and those of the broader community it serves. The community has a leading role in the development of the school
- > a high level of sharing and collaboration. Agency partnerships have a prominent role
- > a commitment to increased levels of democracy, in both internal and external structures
- > exploring curriculum innovation to address the specific needs of the local community, and using community people and resources to deliver an authentic curriculum
- > support services for families
- > support and services for life-long education
- > a culture of entrepreneurship (Berg et al 2006; Coleman, 2009).

Because of the multifaceted, synergistic and iterative nature of school-based integration of services, and the wide range of impacts sought throughout a community, this approach is especially vulnerable to the challenges of evaluation noted earlier. Evaluation evidence for the outcomes of school-based integration of services includes:

- > Students: Improved connection to school, academic achievement and learning competencies, attendance and behaviour. Improved health. Better access to and participation in services.
- > Families: Greater parent involvement in the school. Increased family stability. Better communication with teachers and school involvement. Improved parent involvement in their children's learning. Increased participation in services.

- > Schools: Better links with parents. Acquisition of additional human and financial resources through community relationships. Reduced demands on staff because of accessible student services. Positive school culture. Positive parent-teacher relationships.
- > Communities: Increased security and stability. Enhanced community pride. Positive relationships between students and residents (Baldwin Grossman & Vang, 2009; Coalition for Community Schools, 2003).

## 2.4 Summary

This review provides a background to some big ideas or threads that underpin the recent work of Victory Village, comprising Victory Primary School and Victory Community Health Centre: parental involvement in learning and schooling; professional collaboration; social innovation; and the example of social innovation through school-based integration of services.

It is clear that families have a significant influence on their children's experience and achievement at school. Parental values, aspirations, expectations, enthusiasm, support and encouragement shape parenting behaviours around modelling, reinforcement, instruction and the creation of a home learning environment. These behaviours contribute to children's self-efficacy as learners, their motivation and self-esteem, their educational and life aspirations and the acquisition of particular skills and knowledge. Schools that engage with parents around these dispositions and behaviours through parental involvement in schooling initiatives are likely to be more successful in influencing student learning through families.

Research on the barriers to parental involvement in schooling (with the exception of school factors) reveals that they are the same features that affect parental involvement in learning generally: poverty; substance abuse and domestic violence; mental illness; children's learning difficulties and problem behaviour in the school; and the avoidance of judgement. This symmetry is important because it suggests that schools wishing to engage parents in their children's learning are going to make little impact with some families if they ignore the practical and psychosocial barriers associated with family circumstances.

Victory Village incorporates diverse collaborative relationships between professionals and organisations. Professional collaboration and integrated services are becoming increasingly seen as more effective for families. Integrated services approaches vary in character and intensity from loose cooperation to formalised partnerships, with three archetypal examples: case management; a one-stop shop; and joint-funded contract service provision.



The Victory Village approach transcends these concepts of parental involvement in learning and schooling and professional collaboration. Classic approaches to parental involvement in schooling initiatives are school-led with the objective of leveraging families to enhance education outcomes for children. Victory Village takes a considerably wider vision of healthy and connected

families, and has a fundamentally positive view about community capacity in this process. It recognises that a collaborative partnership that brings education and community health and development together can facilitate something much larger than the sum of its parts. This emphasis on an expansive vision for the Victory community, and an empowering community-led process, facilitates a kind of overarching cultural response that is collective and collaborative.

This scope is suggestive of social innovation. Social innovation is new solutions to complex and seemingly intractable social problems. Social innovation approaches aim to change the underlying paradigm or system within which the problem operates, rather than improve things within an existing order. This requires new products, services and models of practice, underpinned by different thinking about human and organisational capacities. Victory Village fits three dimensions of social innovation: it emerged as a new hybrid of existing services and practices; it connected diverse professionals and organisations through school-based integration of services and related formal and informal networks; and it established the pathways for new kinds of social relationships in this community that are healthy, with its emphasis on social capital and community development. The findings section looks at this approach in detail, and the discussion reflects back on Victory Village as social innovation.

## 3. METHODOLOGY

### 3.1 Introduction

This section outlines the methodology for the project, including choice of a case study design, ethics approval, instrument design, participant selection and recruitment and data analysis.

### 3.2 Case study design

This research used a case study design. This case study method allowed for a deep look into the underlying principles and trajectory of the innovative practice at Victory Village. A case study method is exploratory and adaptable as knowledge of the case grows. The case study centralised the 'case' of Victory, and therefore allowed multiple types of data to be collected from diverse participants, using a variety of methods. Victory Village as a phenomenon of interest is inseparable from its context – it is a place-based endeavour. A case study design enabled the character of this context, including the historical path of change, to be explored in some detail.

As noted in the literature review, social innovations such as school-based integration of services rely heavily on relationships across diverse networks. These networks and the overall social situation are evolutionary, organic and complex rather than time-bound, narrowly focused and static. These features and their effects are not necessarily documented or easily elicited and measured through alternative methods such as surveys (Quinn Patton, 2002). Cohen and Manion (1985, p. 146) note that case studies are 'strong in reality' but 'difficult to organise' as opposed to other methods that are weak in reality but lend themselves to ready organisation. The case study approach allowed for planned and structured methods, but was responsive to spontaneous data collection opportunities as understanding and new questions about the case grew.

The case study is appropriate to the overall goals of the Families Commission Innovative Practice Research Fund, the purpose of which is to capture and disseminate principles of effective practice by family services through a process of research. It is evident from Families Commission work in this area that exploring innovative practice is not just a matter of revealing a recipe for success. Rather, the important elements are the underlying principles that are driving

effective practice models, and understanding the journey that services are taking to become more effective. This emphasis on principles and processes potentially increases the relevance of the work beyond the specific context. The data collected had to ultimately resonate with other school and community leaders facing similar issues and potential responses. The case study approach allowed for the collection of rich data about the process of innovation in a 'real-life' situation (Miles & Huberman, 1994, p. 10). This is more likely to be credible and useful to other schools and community organisations.

### 3.3 Participatory design

One of the desired aims of the Innovative Practice Research Fund is that the service itself receives developmental value out of the process through reflection and support around their own principles and practices. In early discussions with Victory Village leaders, it was clear that they were eager to 'know how they were going' and how their practice related to other initiatives in New Zealand and abroad. The current principal, school board of trustees chairperson and community health centre manager were each keenly interested in exploring the theory of what they do and its capacity to make a difference for families. In 2008, the principal was awarded a Woolf Fisher scholarship to look at international examples of schools attempting to shift student academic and social outcomes in dynamic and challenging community contexts. The school and centre also participated in three Families Commission workshops relating to innovative practice (April 2009 and February 2010) and school, family and community relationships (November 2009).

The methodology considered ways that Victory Village could be involved in the research. Two preliminary meetings were held with the school and community centre to describe the purpose of the Innovative Practice Research Fund, why the school and community centre were of interest and preliminary ideas about research questions and method. These meetings also provided an opportunity to exchange ideas and readings about parental involvement and community development, build a deeper understanding about Victory Village activities and to identify how the research could support organisational development. A preliminary research design was developed from these meetings, which was discussed at a third meeting, and revisions made based on feedback.

Participant selection and recruitment was organised in close collaboration with the school and community centre. During the fieldwork week there were discussions with the principal and community centre manager and other key individuals about the data being collected and initial impressions. After the main data collection phase, a reflection session was held with key staff to present and discuss some preliminary findings from the initial analysis. This session allowed a clearer picture to develop around some of the emerging big ideas from the data. A further meeting was held to discuss the draft report and Victory Village also provided feedback on the draft during the peer review process.

### 3.4 Ethics

The proposal received ethical approval from the Families Commission Ethics Committee in June 2009. Adjustments made to the research design, based on feedback from the ethics committee, were:

- > adjusting the participant selection and recruitment process to ensure that the process of working with the

school and community centre to recruit participants did not bias the participant selection group

- > making available information about support services for participants should the interviews cause anxiety
- > ensuring that all identifying participant information was removed prior to data collation and analysis
- > making participant information sheets simple and tailored to each participant group participant.

Examples of the information sheets and consent forms are contained in Appendices 1 and 2.

### 3.5 Participants

Table 2 shows each category of participant, the number of participants within each category and the types of data collection method used for each participant category.

Participant selection and recruitment is discussed in Section 3.6.

**TABLE 2: Case Study participants and data collection methods**

Participant category and participants	Individual interview	Group interview	Survey	Photovoice
<b>Key individuals</b>				
Principal (N=1)	✓			
Community health centre manager (N=1)	✓			
School board of trustees chairperson (N=1)	✓			
Community garden coordinator (N=1)	✓			
Community health centre coordinator (N=1)	✓			
Community nurse, community health centre (N=1)	✓			
<b>Teachers</b>				
Experienced teachers (N=3)		✓		
New teachers (N=3)		✓		
Teachers general (N=12)			✓	
<b>Service providers and specialist staff</b>				
Government agency, community health centre	✓			
Health NGO, community health centre	✓			
Health promoter, school	✓			
Government programme provider, community health centre	✓			
Health NGO, community health centre	✓			
Health NGO, community health centre	✓			
Specialist teachers, school (N=2)	✓			
Community services NGO, community health centre	✓			
Government programme provider, community health centre	✓			
<b>Families (interviews N=6; participants N=7)</b>	✓			
<b>Students, Year 5 and 6 class (N=27)</b>				✓
<b>Total (N=68)</b>				

## 3.6 Participant selection and recruitment

### 3.6.1 Key individuals

Key individuals were people in leadership and coordination roles in the school or community health centre. For the school, this was the principal and board of trustees chairperson. For the centre, this was the centre manager, centre coordinator, community garden coordinator and community nurse. The garden coordinator and community nurse were included because, although they were providing services, they also held coordinating roles and were therefore involved across various family support, community development and education activities at the school and centre. The key individuals were identified in early meetings with the centre. Each person was subsequently invited to participate in the research, and all agreed.

### 3.6.2 Teachers

The research involved teachers in two ways – through a group interview with experienced teachers and teachers new to the school, and through a short survey (discussed in Section 3.7).

#### Group interviews

The school principal was asked to provide a list of names for two types of teachers. The first were experienced teachers – ie those who had been at the school for a longer period of time. These teachers would have knowledge of what the school was like ‘before and after’ the recent changes towards family-centred practices and school-based integration of services. The second group were new to the school (but not necessarily new to teaching). These teachers could draw on pre-Victory Primary School understandings and experiences around parental involvement in schooling from teacher education and/or previous schools.

The principal put forward names for both these groups and all were contacted by email. Three experienced and three new teachers ultimately agreed to participate. Their years teaching at Victory Primary School were as follows.

**TABLE 3: Group interview teachers: years at Victory Primary School**

Teacher	Group	Years at Victory Primary School
A	Experienced	14 years
B	Experienced	11 years
C	Experienced	10 years
D	New to school	2 years
E	New to school	6 months
F	New to school	6 months

### 3.6.3 Service providers and specialist staff

A number of community, social and health services are either based at the community health centre permanently (N=3) or operate there on a regular or casual basis (N=10). Likewise, the school draws on a number of outside services and internal staff with specialist expertise to support students and their families. Both the school and the community health centre provided lists and contact details for these organisations and individuals. From these lists a final sample of 10 was selected, and individuals were contacted personally by phone and email. All agreed to participate and two specialist teachers were interviewed together. During the interviews it became clear that two of these participants – the garden coordinator and community nurse – were more appropriately categorised as ‘key individuals’ because of their coordinating and practical work across the community health centre and school. Two further service providers were interviewed during the week, following impromptu meetings at the school and community health centre, bringing the total participants in this category back to 10 individuals.

### 3.6.4 Families

The principal and the community health centre manager were each asked to provide some names of families that had had intensive interactions with Victory Village around their health and wellbeing. Names as well as a brief background to the circumstances of the family and their interactions with the community health centre and/or school were provided to the researcher. All families appeared to meet the criteria of having intensive interactions. Initial contact was made by

phone to these prospective participants to explain the research and to see if a family member was willing to participate in an interview about their experience. All families that were successfully contacted agreed to participate in the research. Participant information and consent forms were posted to each person and an interview time was subsequently arranged at a time and place that suited each participant. Seven participants from six families were interviewed. The additional participant was a support person for a participant who provided some language interpretation as this person's first language was not English. All family participants had children enrolled at the school, although this was not a criterion for selection.

### 3.6.5 Students

To involve students in this research it was decided to work with one class and coordinate a photovoice activity (see 3.7.4) with the teacher. The principal was asked to nominate a senior class and have a preliminary 'sounding out' conversation with the teacher of that class. Contact was made with the teacher to explain the activity and the teacher agreed to participate.

A two-step student consent process was developed for the student photovoice activity. Firstly, the teacher was provided with parent information letters to forward to parents. A passive consent process was put in place whereby if any parents did not want their child to participate in the research, they could request that their child be removed from the activity. If they did not respond, it was assumed that they were happy for their child to participate. No parents asked for their child to be removed from the activity. The second step in the consent process was for the children themselves to agree to participate. On the day of the activity, the researcher explained the activity and what would happen to the data collected. Students had an opportunity to ask questions (many did) and they were then asked to read and sign a consent form. All students agreed to participate.

## 3.7 Methods

The central data collection event was a week of scheduled group and individual interviews, observations and document analysis, a photovoice method and a school staff survey. Spontaneous data collection events also occurred through informal conversations, impromptu interviews and observations.

### 3.7.1 Individual interviews

Data were gathered through individual interviews from key personnel, service providers/specialist staff and families. These interviews contained a small number of standardised open-ended questions. Although there were slight variations for each type of participant, questions addressed the following key areas of interest:

- > how Victory Village works with families
- > the participant's role and experience in this
- > what Victory Village is trying to achieve
- > outcomes to date
- > how Victory Village is achieving its goals.

Prior to each interview, participants were sent an information sheet about the research and interview, and a consent form. Before each interview commenced, the research project was described again and participants were asked if they had any questions about the project or their role. They then signed the consent form and the interview commenced.

Interviewees were asked where they would like the interview to be conducted. Most participants were happy to be interviewed at the community health centre or school. Onsite interviews were conducted in a private room or space appropriate for the participant. One family member was interviewed in her home and another at her place of work. Two service providers were interviewed at their Nelson central premises. The community garden coordinator was interviewed in the garden itself. Three interviews were not recorded: one service provider declined because the interview took place in an open plan office environment and there was risk of other people's conversations being recorded. Two further service provider interviews were not recorded as these were impromptu interviews and there was not the opportunity to set up the recording device.

All recorded interviews were transcribed in full. Interview notes from the non-recorded interviews were typed from interview notes. All transcripts and interview notes were entered into NVivo<sup>8</sup> for analysis. In some cases, supplementary reflective notes were made after the interview if some point or theme had made a particularly strong impression. These additional notes were also typed up and entered into NVivo.

Individual interview questions for different types of participants are in Appendix 4.

8 NVivo is qualitative data analysis software that allows interview transcripts and other text data to be coded and analysed electronically.

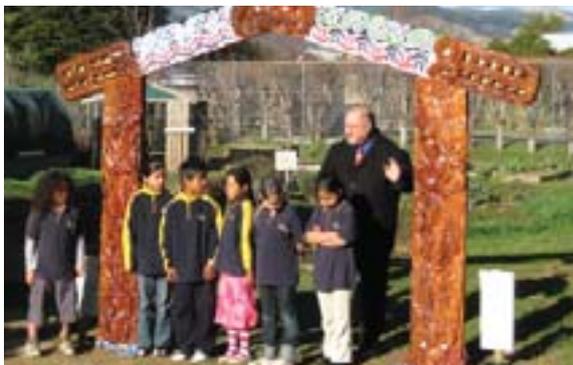
### 3.7.2 Group interviews (teachers)

Two group interviews were held: one with teachers who were new to the school, and the other with teachers with lengthy experience at the school. Group interviews have the practical advantage of being able to collect data from a larger group over a constrained time period. Both interviews were held after 3pm when school classes were finished for the day. The group interview also appealed from a broader methodological perspective. Bringing teachers together to collectively discuss how Victory Village operated would enable them to affirm, challenge and develop each other's ideas, and this is indeed what happened. Although the group interview could inhibit personal and sensitive comments, the purpose of the interview was to develop a deeper understanding about how things worked across the school as a whole, rather than focusing heavily on personal experiences.

Both group interviews were recorded and transcribed in full and these transcripts were entered into NVivo for analysis.

### 3.7.3 Observation

Being based at the school and community health centre for a week provided a number of opportunities to observe the life of this place. Earlier visits had confirmed a sense of vibrancy and busyness. During the week, there were two significant school and community events. The first was the opening of a waharoa (gateway) to the community garden. The waharoa provided a welcoming point of entry and was intended to give a stronger physical presence to the garden. The carving process was led by a school parent who was a master carver. Students, residents and community probation workers had contributed to the work and the design represented weather and gardening themes. A large and diverse crowd gathered to celebrate the opening.



The second key event was a full dress rehearsal of a school dance performance that was being staged in Nelson later that week. Every class in the school was involved and the practice took place in the school/ community hall.



Notes were taken from observations and conversations at these events. Notes were also taken from general observations of the goings-on at the school and centre, and after conversations with various professionals and users of the centre. On a number of occasions there were casual conversations with people who had been interviewed earlier in the week. Sometimes these added more depth to the earlier material. This was an unanticipated benefit of being present for a whole week – the interviews would put people's thoughts in train about what was happening at Victory and some participants added more comment or elaborated on their previous comments later in the week. All observation notes were typed up at a later date and entered into NVivo for coding.

### 3.7.4 Photovoice

Students were involved in the research through a photovoice research activity. Photovoice is a relatively new qualitative method that involves participants taking photos of people, places or things that have significance to them, and are related to a topic of interest. These photos are developed and discussed by the participants and the researcher as a group. The photos provide prompts for deeper discussion about the perspectives of participants, and this methodology is particularly effective in situations where participants may be younger or have less confidence in English-speaking interview situations. The students involved in this activity were in a split Year 5 and 6 class (9- to 11-

year-olds). As Victory Primary School is a contributing school (ie Years 1-6), this class represented the oldest students in the school.

The photovoice activity was held over two days of the fieldwork week. On the first day, students were briefed about the research and the photovoice activity. Once students had completed the consent process the activity was explained in more detail. Firstly, the students were organised into eight groups of four, with the assistance of the teacher. The groups were asked to take photos of things that they thought were 'really neat' about the school. Pictures could be literal (eg playground equipment to identify that the playground was really neat) or representative (eg a calculator to represent that maths was really neat). Photos of people such as teachers or other students were allowable as long as permission from these individuals was gained first. Photos could only be taken in the physical school environment.

After the briefing, each group was given one disposable camera, and after some instruction about taking photos using the 'old technology' of 35mm film, the groups were given time to take their first photos around the school. The cameras were collected the next day and sent to a film processor. The developed photos were reviewed for any inappropriate material. There were no such photos and the photo sets were handed back to each group for the next stage – a reflection session. Firstly, the groups were asked to review the photos and remove any they were unhappy with or that were repeats of the same idea. Then the first group was asked to select a photo and present it to the group explaining why they took it. This was attached to a whiteboard and the class agreed on a category name for the idea that the photo represented. Once a category had been confirmed, there was some discussion of this idea and sometimes a new category emerged from this discussion. Once a category was established the other groups were invited in turn to add any of their pictures that represented the same idea. When there were no more photos to add to a category the next group was asked to start a new category with a single photo and so on until every photo was placed in a category. Once all the pictures had been categorised, there was some further discussion with the class about these themes.



The following themes were identified using this method.

**TABLE 4: Photovoice themes**

Things that are really neat about the school	Number of photos
Fun and friendship	32
Playground	31
Teachers	17
School	13
Me, myself and I	11
School principal	7
Fruit (...in schools programme)	3
Community centre	3
Sport	2
Books	2
Space	1
Nature	1
Computers	1

Digital photos of the categories and pictures were taken and these were used to tally category totals and examine the pictures during the analysis stage. The original photos were handed to the teacher at the end of the second session.

The reflection session was recorded, transcribed and entered into NVivo. Recording the activity was only moderately successful because of the number of people involved and the large classroom environment.

### 3.7.5 Documents

A number of documents associated with the school and community centre provided data for the research. The first type of document was presentation materials that explained the work of the school and community health centre, including PowerPoint presentations, strategy documents and other visual materials. The second type was outcomes information including school student data and accountability reporting information from the community health centre. The third type was miscellaneous items that profiled the school and community health centre, such as newsletters and newspaper articles.

### 3.7.6 Staff survey

A short staff survey was developed to provide another avenue for teachers to make comment about the parental involvement approach at Victory Primary School (see Appendix 3). This was in response to the ethics committee concern that teachers for the group interviews, who were initially selected by the principal, could be more likely to have positive impressions of the school. The survey was promoted and distributed during the case study fieldwork week. A box was situated at reception for teachers to place their completed confidential survey. The school staff was 54 in 2009 (including support staff and teacher aides) and 12 teachers returned a survey.

### 3.7.7 Reflection session

A reflection session, around the preliminary data analysis, was held with key staff from the school and community health centre. Participants were two members of the Families Commission research team, the school principal, the community health centre manager, the school board of trustees chairperson, the community health centre nurse and the community health centre coordinator. At the start of the session the research objectives, questions and method were reviewed, along with the bigger picture of why the research was being done. Then, under the title of *What is interesting so far?* some tentative key findings were presented for discussion in the areas of history, approach, theory of change, making a difference and enablers and challenges.

The reflection session served several purposes. It allowed the participants to articulate and stress key issues for them moving forward. It provided a testing space for tentative findings to clarify and modify these. It allowed new ideas and information to be added to the data already collected. It also served as a professional learning activity, bringing together key individuals who do not always have the opportunity to discuss ideas above the day-to-day issues at hand. Participants appreciated this aspect.

The reflection session was recorded and partly transcribed and, along with session notes, entered into NVivo for coding and analysis.

### 3.7.8 Data analysis

NVivo qualitative data analysis software was used to store and analyse interview data, observation and general case notes and school and community centre data. Additionally, Microsoft Excel was used to record the teacher survey data and to assist with collating data about the history of Victory Village using a timeline. Preliminary coding of all data was undertaken within broad categories, aligned with the research objectives: approach, theory of change and outcomes. Themes within these categories emerged as coding developed. As interviews took place, it became clear that analysing and retelling the history was an important part of understanding how Victory had been able to develop its innovative approach, and what the key moments of change were. The history also revealed the real-world context in detail, which is an important part of understanding the links between context and practice. Therefore history was given its own coding category as *background*. As coding developed around a theory of change for Victory Village, three key aspects emerged: underlying principles, key characteristics and activities.

The initial coding revealed particularly strong themes within each of the categories, and some smaller themes were merged to create new categories or collapsed into the stronger themes. Major themes are discussed in detail in the findings section and the discussion draws these themes back to the key points presented in the literature review summary.

## 4. FINDINGS

### 4.1 Introduction

This section presents research findings for the background to Victory Village, the Victory Village approach and the current outcomes of this approach.

### 4.2 Background to Victory Village

#### 4.2.1 Introduction

Victory Village arose from the convergence of two significant change movements in the community – a school turning towards a family and community-centred educational approach, and a community development organisation working towards better health outcomes and a stronger community. This section looks at the distinct emergence of these two movements. Then it looks at how these movements converged into a shared story that facilitated school-based integration of services for family wellbeing and community development.

#### 4.2.2 School background

School participants related that in the mid-1990s the school was ‘in a mess’, within a community that was also in a mess. For the school, there were issues with student achievement, particularly for Māori, low attendance and a high roll turnover, student behaviour problems, low school reputation and community disengagement from the school, teaching quality issues, a teacher-centred staff culture that marginalised children and a depressed staff who were working in a reactive and crisis-driven environment:

Well it was bloody hard work. It was forever putting out fires. (School principal interview)

It was quite dysfunctional and I wondered what I had done, because I left a really good job in [place] and came here and people said ‘Oh, you don’t want to go to Victory’. ... The learning was terrible, there were behaviour problems, all over the place. The playground was like a war zone. It was awful, absolutely awful. (Experienced teachers interview)

Problems within the school were linked to a community characterised by high levels of family dysfunction, drug and alcohol problems, crime and high residential mobility. The school and the community were

disconnected. The principal described parents as alienated:

It was also at a time when we were establishing why our Māori students were not achieving well, why they felt disconnected from the school, and when we spoke to them and their the parents over about a two-year time-frame the parents said they weren’t connected to school. They actually felt that school was a place they didn’t come into and it felt that it related mainly around their own fears and experiences of schooling, whether it be primary or secondary, so that tended to filter down into children or projected into them.

(School principal interview)

At this time, the current principal became frustrated at what he saw as a lack of effective support from government agencies for high-needs families. He felt this was adding to the dysfunction and instability in these families:

Why did they pack up their household and move overnight? And often it was running away from an issue. A fear that someone was going to find out about something so they left before that happened.

(School principal interview)

The school staff started to look inwards at its role in this school-community dynamic, rather than seeing themselves as the recipient of community dysfunction and the problem being *out there*. This included looking at the school’s own capacity to effect some positive change. The school utilised Group Special Education (then Specialist Education Services) and the wider Ministry of Education to examine its school culture through the Eliminating Violence project. This framework placed emphasis on the *whole school culture* and led to the development of clarity and consistency in expectations of behaviour across the school. This process raised staff consciousness that part of the problem and the solution lay within, and it also enhanced efforts to look at the aspirations and needs of the school community. At this time, the principal was making staff changes and appointing teachers who could contribute to a culture that was student and family-centred. It took about three years to make these changes and position the school for a further evolution of its culture.

The school also embarked on a consultation with Māori parents about what they wanted from the school and their current views about how the school was serving their children. These sessions were facilitated by Kaumatua and parents were encouraged to openly share their concerns and aspirations. This process highlighted significant levels of physical and emotional alienation from the school. It also drew out that Māori parents had high expectations of achievement for their children and wanted an education of the *whole child*, and to be meaningfully involved in the school.

Although this critique was challenging for the school, the internal reflection that was occurring across the staff through the programmes and resources noted above, enabled this message and its implications to resonate more positively:

**Interviewer:** That [critique of the school by parents] must have been quite difficult and challenging to accept and to start from.

**Principal:** For some of our staff it was. It was seen as criticism and when they were looking from a perspective of themselves and meeting the needs of themselves they saw it as a direct criticism but I think some of the readings they had done around school culture, about eliminating violence within a school, what bullying meant, what connected meant – what being safe meant – what does safety mean, what does it look like? What is fun at school? You know, we had pages and pages of things. What does it look like to people? And when it was seen, and teachers were participating in that too – what did it mean to be safe for them?  
(School principal interview)

This visioning process had the subtle effect of releasing some power and energy into the community for the development of a better school, widening the collective responsibility for change and articulating school expectations for strong supportive families:

So it was that sowing of seeds, the talking, the mulling over, the sorting out of things that could be done straightaway – because we all agreed we wanted this place to be different – how can we do it together rather than being done to? So there was a degree of passing over ownership to parents. Letting them see that in effect their discussions that they were doing – and it might have been very simple things – we honestly said, look, we can

do that tomorrow. Here's an opportunity of doing something. We talked about opportunities – here's that opportunity to do something better. Rather than the criticism of the past, because then you bring up loyalties and things like that, and it is about how can we do something better. We were also in a time – so it's all that holistic – we used that word holistic – we talked about families being important, how could families help? – a whole range of things: students, around their behaviour, what we expected of them. We talked about having clear expectations of their behaviour. We expected them to be at school. We expected they will attend. Culture of achievement.  
(School principal interview)

In the late 1990s, the school adopted the Health Promoting Schools framework to assist with its development. Health Promoting Schools as a whole-school approach has three interconnected building blocks: curriculum teaching and learning; community links and partnerships; and school organisation and ethos. This broad and interconnected emphasis and expanded sense of school community supported the school to look both inward at its culture, and outward to the strengths and needs of its community:

Health Promoting Schools are schools that display, in everything they say and do, support and commitment to enhancing the emotional, social, physical and moral wellbeing of their school community. (Ministry of Health, 2003)

Health Promoting Schools provided the school with both an umbrella framework and a filter to guide its decision-making about what opportunities to be involved in and what to pass on. Because the context was health, broadly defined, it also helped to facilitate conversations with agencies and others in the community concerned about community health and wellbeing:

That [Health Promoting Schools] was significant as well. And about bringing teams of people that includes the Constable, the Public Health Nurse and a range of people to talk about the health of our school, our hauora, and what it meant.  
(School principal interview)

The school at this time was also beginning to be used by several agencies as a meeting place with clients, including a public health nurse and several health services.

A critical development in the school's journey towards effecting change in its community was the appointment of a Social Worker in Schools (SWIS) social worker in 2000. This person provided a bridge between the professionally isolated yet common purpose worlds of education and social services. This person affirmed the school's holistic development approach while educating the school about how to make a bigger impact for families:

What it brought together was two platforms – the educational perspective and platform on how we were starting to work with families already or connect them to helping agencies. Even how we were more alert about what are some of the things we should be listening for to be more caring. And then what could we do if we did hear these things. And the social worker, and the social work management, home-builders who are the managers, started us – they built on that caring environment that we were trying in the school culture. It built on it from a perspective of family base. And they talked a different language just like we talked a different language. But it started melding itself together. In effect we were using different words but wanting the same outcomes. It was also at a time when social work was working on strength-based. So it attuned us in a way to put words to explain things which we used quite naively ... we were able to start defining what we wanted to change more clearly and how to go about it. (School principal interview)

At this time the school started looking at the development of a new hall and was talking to at least two social service and health agencies (Parents as First Teachers and Plunket) about using office space in the hall. The principal was also injecting himself into community forums and taking a more relationship-building approach with external agencies in the area.

There are some key messages from this shift by the school, towards a more family and whānau-centred place. Firstly, the principal was committed to wanting something different for children in this community than what the status quo was offering – including the school. He was committed to looking within the school and inclined towards shifting from a *them and us* dynamic between staff and parents, towards a *them with us*. This mutual accountability approach involved looking at both the needs and potential of the school and community,

and the emergence of a commitment to start working more collaboratively with parents and agencies and services. Although relationships with agencies were not particularly cordial, or adding value for families and the school, with the adoption of a systems or *whole-school* approach to thinking and acting about the problem, new lines of communication and possibilities were opened between the school and other agencies. It was recognised that this approach necessitated a culture shift for the school. A whole-school improvement framework was critical to embedding family and community-centred thinking within the school. The introduction of an 'outsider' professional – a SWIS social worker – assisted staff to deepen their professional understandings and practice around holistic development outcomes for children. Listening to parents, and being committed to responding to their concerns and aspirations, created better trust and engagement with benefits for teachers and families.

The ferment of social innovation is evident in this history: there was a critical problem, and the problem was 'wicked' (complex and resistant to interventions), but there was a commitment to new solutions, and the school moved beyond a superficial diagnosis by engaging in new frameworks for thinking about its outcomes and capacities. The school also started to engage with the discourses and resources of different professions and organisations.

#### 4.2.3 Community health centre background

The history of the Victory Community Health Centre includes several incarnations of a community development process to enhance the health and wellbeing of the Victory community. In the early 1990s a community trust (Toi Toi Trust) established itself to improve the community and its profile. The local YMCA also moved to centralise community services at its Victory location. While these efforts were not sustained, they did reflect community energy for something better for residents. At this time the local community association was also looking for ways to enhance the community. The local community police constable was also introducing crime prevention approaches and was enthusiastic about a wider community development approach:

At that stage there were lots of gangs, lots of gang houses and he would find someone driving without a licence, and he would say 'Come on, you know,

we've got to get you a licence'. ...So he got classes set up with his community liaison person, and got some money so that all those young bods around here that were driving without licences actually got trained up to do their theory tests... But it was him really that said we need a bit of a community association to look at the wider issues that are going on – I can't do all this on my own really.  
(Community health centre manager interview)

A key issue for the community was the absence of affordable GP services in the area. It was identified that many in the community were not accessing GP services. At that time the vision was for a community health approach to GP services in Victory, including a kind of one-stop-shop approach to primary health and social services. The Victory Community Health Centre Incorporated Society was established in 2000 to work towards this, and received community grant funding to operate. In 2000 and 2001 there was extensive community consultation; however, this process collapsed when the centre was presented with financially insurmountable barriers to becoming part of the existing GP services network in Nelson. At this time the centre's leader became sick and died. Momentum was lost:

...at that time everyone just went 'This is far too hard. We've worked really hard for two years. We've got all this resource and we can't go anywhere with it.' [Centre leader] got very sick. She was the driving force at that stage. She subsequently died in 2003. (Community health centre manager interview)

At this stage, the individuals behind the trust were described as 'going underground'. However, in 2005, the Ministry of Social Development funded the Victory Urban Village (VUV) project through its Community Initiatives Fund for two years. The project was headed by the current community health centre manager. Its stated goals were:

1. The community of Victory is activated to achieve their vision.
2. Community leaders and appropriate supporters have been identified and understand how to take action to enhance capacity in their community.

3. People within the community of Victory experience improved access to health and other social services using appropriate quality-of-life indicators to ascertain the level of success.
4. Homes for a health housing project are identified and upgraded.
5. People within the Victory community experience an increase of availability of information on services available to them.
6. Service providers within the greater Nelson region are encouraged to be more responsive to the needs of the Victory community.
7. On completion of the community plan process new services capable of being delivered to the community in response to the findings are identified and implemented, where possible.
8. An infrastructure enabling the community of Victory to advocate on its behalf with local and central government agencies is established.  
(Douglas, 2006, p. 2)

The VUV project undertook a series of community conversations called Vision Victory. It used an appreciative inquiry<sup>9</sup> method asking residents what they loved about the community and what their vision for the future was. This process, as well as demographic analysis, reconfirmed the desire for a public health approach<sup>10</sup> to building a stronger community. The project coordinated a number of community-building activities including a newsletter, a services and activities directory, a revamped race unity day event, community murals, Christmas carols, the establishment of a playgroup and physical and social activities on Victory Square.

The VUV project was looking for a physical base and the local council made an offer to house the project in its city premises. However, the central city council offices did not fit with the local and *embedded* nature of the project. A member of the community association also offered premises in the Victory shopping area; however, this space would have required furnishing. The Victory School principal was part of the community association at that time and offered school space to the project. At this juncture the histories of the school and the community development initiative began to merge into a shared story in earnest:

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9 Appreciative inquiry is a development methodology that looks to build on the assets in a community or organisation and work towards a preferred future.

10 A public health approach focuses on community health and the risk factors or broad determinants of healthy families and communities.

...and [school principal] said, just come to the school and we'll find you an office. (Community health centre manager interview)

Although the principal was already on the VUV project advisory group that met monthly, in housing the project there was a deeper sense of connection established between the educators and community developers:

We became part of the 'central hub' because of the school's real life philosophy of *everyone matters*, and felt that we did from day one. The spirit of welcome and acknowledgement, professionalism and being valued is modelled each and every day by teachers and the staff at Victory.  
 (Douglas, 2006, p. 5)

Like the school, the history of the community development side of Victory references the early stages of a social innovation process. Again there was a desire for something better and to deal with the major issue of health. There was a process of gathering proposals and ideas from diverse sources. Although false starts and failure were part of the journey, the community vision remained consistent and there was a latent energy in the community that was rekindled at the crucial time. Through its incarnations, the approach remained community-led and focused on aspirations and community wellbeing, not just needs. Lastly, like the school, this community-led approach reached out and made connections with others in the Victory community and ultimately found in the school an organisation with a similar vision and an openness to new relationships and new practices. As the next section will show, this facilitated several significant moments of opportunity that had a major impact on the co-creation of the Victory Village approach.

#### 4.2.4 Coming together

[School principal] always talks about that there were a key set of people and there was a confluence of ... timing and motivation and things just flowered from there, so actually there was a bit of, not luck, but timing and a few key people with vision who were in the same place at the same time. Yeah. And it is about those people having vision and having the confidence to act on the vision.  
 (Board of trustees chairperson interview)

The comment outlines three fundamental ingredients that enabled the aspirations of the school and the community developers to come together into a shared history and a new social infrastructure: the right people, the right place and the right time.

In terms of the right people, there was a similarity of vision between the school principal and community development leader, across their different paradigms of change. Both sought healthy, engaged families within a strong community. Both were unhappy witnesses to the status quo. Both individuals were committed and skilled in crossing professional borders into new professional arenas and cultural worlds, and leveraging the strengths of these to support family and community wellbeing. Both saw tremendous capacity in the community to solve its problems with appropriate support, and both saw tremendous power and opportunity in connections. Further, both individuals learnt from each other:

Here was a community development person. She opened our eyes to some things. She actually pointed out a course that for me made a significant difference. It was a week-long dialogue with John West-Burnham.<sup>11</sup> (School principal interview)

[School principal is] enormously creative and because he's willing to – I mean a lot of principals would be more cautious about making decisions – 'I need to go back to my Board'. I could be the same but because we have a sense of trust – it's to do with values and culture and I guess to some degree our boldness, and I think [school principal] and I have a particular kind of similar way of working. We see opportunities to facilitate growth and we think 'Yeah – let's do it!' And we've fed off each other. I could not have done it without [school principal] or the school's sense of trust in me too, so I think it's just been mutual, we've matched each other in a way, and I don't know that you can just naturally dream that up and duplicate it. And I'm not saying it's centred around [school principal] and my personalities. It's the ethos of those organisations or the people that we work with that we have a sense of trust in...  
 (Community health centre manager interview)

The relationship between these leaders brokered further connections to other services and individuals previously foreign to each. For instance, in the

<sup>11</sup> John West-Burnham is a United Kingdom educator who co-authored the book *Schools and Communities. Working together to transform children's lives* (See references).

Vision Victory phase of the VUV project, the school's connection to the project drew individuals into community conversations who were not the established and long-term residents who might normally dominate these conversations (Douglas, 2006).

The principal also mentioned the way he was able to break away from education language and rearticulate what he was doing using concepts and frameworks such as social capital:

Talking about social capital – I think it was 2004. For me that made a significant difference. Again, I took my understanding and thinking around family, centredness, family servicing, put some distinct words to things that started pulling in some threads of thinking, particularly when [community health centre manager] was talking about things. The social worker was talking about things, the agencies were talking about things. And to have it explained under a term social capital and why that was important was significant too. And it just created, particularly when I came back and talked to our board trustees, and started looking further; it was at the time when the Health Centre, our board chairperson was a member of the Victory Health Committee and they were talking about their dreams and aspirations as well. I think it was at that time. (School principal interview)

However, the right people element was not sufficient in itself to facilitate the conditions for Victory to develop; the resource of place was also significant. The offer by the school to host the VUV project was a pivotal development because it physically situated this convergence of education, health and social and community development into a busy space containing a large number of professionals who were becoming more open to change. It also brought the two leaders into sustained regular contact and they were able to develop and share their ideas together informally and frequently:

So that gave us the opportunity to be connected as a school more closely to [VUV project leader's] project. If she had been in the city council office, the conversations that we had or the opportunities to connect wouldn't have happened – if it had only just been the opportunity to meet her in a management meeting. (School principal interview)

Timing was implicit to everything coming together. The physical context and the close connections and trust

it facilitated, along with committed leadership, literally set the scene for events to happen quite quickly and smoothly. There was a readiness on both sides. The school had revitalised its culture and was comfortable with whole-school and family-centred thinking. The VUV project re-inspired and energised a community towards change. The board of trustees chairperson at this time was also teaching at the school and had been involved with the earlier community development efforts. She crystallised the idea of a school-based community centre with the others:

Well, again, another convergence of forces – one of the other people that came and saw me very soon after I arrived and the project started being identified as being in Victory was [name]. She was the chair of the school board at that stage. She was also a teacher at the school and we had a few conversations over morning tea and she kind of came up one morning and said 'Come on – we've got to get on with something'. She had been part of getting Victory Health Centre established as an organisation so that would have been almost six years prior.

This building [school hall] was starting to be shaped up a bit more. She was working on the plans, and so I put an ad in the paper to see if there was a revival of this organisation called Victory Community Health. We rang around lots of people who we knew had been involved so we were three years on from [Victory Community Health leader] dying. So we rustled up a group and started conversations which went on for almost a year about whether we could, how we could. At that stage this place hadn't even been built. So [school principal] and I just kept in conversation about what was going on. ...

So this place was opened in March and VCH hadn't really said 'Let's go for it'. They'd been offered the opportunity of that room but almost at the same time they said it was a no-brainer. [School principal] and the Board of Trustees said 'Let's just build an extra big room' and it was identified as the doctor's room and the nurses' room and a reception and let's see what happens. And it all sort of came together at the same time. (Community health centre manager interview)

An interesting feature of this turn of events is that in one respect there was quite high risk involved. However, the strong levels of trust and shared vision

enabled a collective confidence that the 'place' aspect of developing the community health centre on the school site was going to work out. The apparent risk dissolved as the opportunity became a 'no-brainer'. What is also interesting is that the person who put the idea on the table at the right time was someone who had a professional history that straddled the worlds of educational administration and teaching and community development.

#### 4.2.5 Summary

The individual and collective histories of the school and community development sides to Victory are important because they reveal the importance of people, context and timing. The events at the school and in the community were local responses to local conditions, needs and opportunities. There was no master plan to develop a model of school-based services integration but this option became a 'no-brainer' because of a critical combination of the people, place and timing factors involved. Both the school and the community development initiatives were headed by leaders who wanted something better for families in Victory. Both shared a similar holistic vision of family and community wellbeing. This vision supported personal resilience in the face of setbacks and courage for change that was not always comfortable. Both leaders were fundamentally committed to relationships and collaboration and were connectors in the sense of being willing and able to cross professional boundaries and broker connections themselves (Mulgan et al, 2007b). Each side had taken their own steps and had made progress but it was the coming together of these two systems of education and community development that enabled the 'quick' development of a new social infrastructure in this community. This social innovation occurred at the fertile boundary of the two organisations (Murray et al, 2010). The next section considers how this social infrastructure operates, followed by its outcomes.

### 4.3 The Victory Village approach

#### 4.3.1 Introduction

This section looks at the Victory Village approach to identify what it does, the key characteristics that infuse and shape these activities, and at a deeper level, core principles that have informed this approach. These layers link vision and principles with techniques (or methodologies) and action.

The section begins by exploring underlying principles within the approach. It considers three sets of interconnected principles: development, leadership and professionalism and relationships. This is followed by key characteristics and in the final part, the Victory Village key activities are introduced. The diagram in Figure 2 shows these layers and their relationship to family and whānau wellbeing.

#### 4.3.2 Underlying principles

It's interesting because a lot of the stuff we're talking about is, it's not necessarily practical stuff – if you're saying what's the secret of the success of this place – it's not something where you can write a list of four things. It's really about attitudes and style and that's the thing that makes it really hard to map it anywhere else. It's about building on ... the things that are there that are actually working.  
 (Board of trustees chairperson interview)

The comment above alludes to the importance of a culture operating at Victory that shapes practice in particular ways. In this report, this is referred to as the underlying principles. These are collective and contextual principles that arose from the people, places and timing associated with Victory. Three important and related sets of principles were evident: principles of development, principles of relationships and principles of leadership and professionalism.

#### Principles of development

This set of underlying principles considers how the collective system of Victory Village sustains and grows in ways that are positive, and also how family and community development are constructed.

A particularly strong theme was the notion of organic growth. At the families level, positive and family-led growth was a guiding principle rather than problem resolution and rigid interventions. Families related similar stories of an initial contact over a key presenting issue that became the entry point into an ongoing relationship, that then evolved to respond to wider needs and opportunities:

The whole Community Centre – I think I might have gone downhill a bit, so just great support, ongoing support, not just 'okay we'll fix your problem, see you later' – ongoing support. (Family 4 interview)

FIGURE 2: The underlying principles, key characteristics and activities of the Victory Village approach



This notion of organic growth was connected to a holistic philosophy of health and wellbeing:

I guess it operates on the basis of health as the underlying issue or the underlying factor in everybody's life so one needs to be healthy to grow and develop and participate and reach their potential, so that's my underlying, what I work from – that's the basis of it, so if people aren't having access to any sorts of things whether it's reasonable housing, education, work, any health services, being able to participate in the community is a sense of belonging. All those things contribute to people's wellbeing, so that's the basis that I work from. (Community health centre nurse interview)

Organic growth was a continual relational process of guiding development – attachment rather than turnover was desired:

Case management – 'first-stop-shop approach' – first person of contact – people do not feel that they are handed over and forgotten by the initial contact. 'There is an ongoing interest in their life – an ethic of care. ... People are never off your books' – there is a permanency of the relationship. They are part of the place so there is an ongoing interest in their lives. (Interview notes, reflection session)

Although immediate presenting needs were often the initial point of contact, an organic growth approach to development meant that people could immediately participate in different ways rather than being framed negatively as a subject of intervention. Again, people were seen as in a state of growth, possibility and capacity rather than dysfunction and need:

They can just as much come and have an intense counselling session or an intense session with [community centre nurse] about a housing issue, and then they can come back next week and have a fun event. So they get to have all ends of the spectrum, of just coming in and helping with the get cooking class or coming to Matariki or throwing a ball around. So this place doesn't become the place where they just have counselling, it can be multilayered in their lives too. (Interview notes, reflection session)

Organic growth was also reflected in the way that services and activities evolved at the Victory Community Health Centre – nurtured and sometimes initiated by

the centre, but also allowed to develop and flourish interdependently:

The playgroup was something, you know, it was suggested we run parenting courses and my experience of parenting courses is it can be difficult to get those who need parenting support there; so let's have a playgroup and then you can always be plugging in ideas and modelling ideas through that and what's happened is they have taken it over, and are now running two days a week. (Community health centre nurse interview)

Reciprocity was another strong theme within the principles of development. Reciprocity can relate to either immediate and specific agreed exchanges or a less defined expectation of benefit from participation or service (Goodrich & Sampson, 2008). It was this second type of reciprocity that was integral to development: as more good things were done, more goodwill and action was forthcoming from people positively affected by those actions, or even people with no prior relationship to Victory Village. Parents who had become connected with the school and centre were drawn into productive roles, either paid or voluntary. However, it was evident that Victory Village was drawing in support not only from families in direct contact, but also various community individuals and institutions, as positive stories about the school and centre spread. From those contacts, points of entry for these organisations and individuals opened up:

Victory's got a very good name at the moment so it makes it easier. As you get the results, people come on board because they know you're successful. (New teachers group interview)

This reciprocity was termed the 'honey pot effect' by the community health centre manager. It was enabling the centre and school to move forward more confidently with ambitious projects because the community was stepping forward with resources and support.

Opportunism was another development principle related to reciprocity. This was about seizing opportunities as they were presented, or seeing possibilities where others might not. It was about recognising broadly defined talent and resources, thinking about how these related to the bigger picture of helping students, families and the community and facilitating the use of these resources:

He's [principal] also very good at using the skills in the community – like with the staff if he sees someone strong in that area he's very, very good at pulling them in and getting them all working together. (New teachers interview)

So I think a lot of it is about being opportunistic – seeing opportunities through conversations – like [former BOT chair] – I could have said 'Oh, no, that is far too much – I'm not mandated to do that. I'm mandated to do a community development project.' It's a no-brainer to me if someone comes and says 'I've got something here and it will develop the community'. So it was being willing to just go with the ebbs and flows of what the community felt was viable and what they would support. There was no way I could do it. It was about me trying to facilitate. (Community health centre manager interview)

Convergence was another development principle. This reflected the merging of diverse stakeholders' towards common causes. This was highlighted in the history section above, and it is something that the school and centre have continued to rely on to push ahead with major initiatives.

Lastly, there was a principle of community-centredness within development. A catch phrase of the school was that *the purpose of a school is to help a community educate its children*. The community centre saw itself as a community development organisation with a holistic view of health and wellbeing.

### Relationship principles

I've got three children who have started at the school as well and I really noticed at the very beginning when I started working here that [school principal] in particular when he welcomed me to the school, he didn't just welcome me as a teacher, he welcomed my entire family, including my parents, and my husband and the three children, and he made it very clear to me that at the beginning of the year there was a powhiri so at that time for the rest of the new people in the school, that it wasn't just their children coming to Victory Primary School, that Victory Primary School was welcoming their entire family. And that their family has a place or a sense of belonging, you know, he wanted them to feel a sense of belonging here at the school and actually my parents, my children's grandparents, were quite chuffed at that, feeling they were part of the Victory family. So that was something new in my experience,

after working in six different schools, that that's quite different to my experience in the past.

(New teachers group interview)

Across the school and community centre there was a strong ethos of relationships. The school's motto of *everyone matters* was lived through a fundamental commitment to the transformative power of relationships at many levels. Networks built through relationships enabled the school and community centre to be more responsive and relevant for families, without trying to do everything themselves directly. For the community developers, this way of operating was more historically intuitive but for the school, it was less traditional (see Martin et al, 1999):

...school tends to be more bureaucratic, more hierarchical, more structured ... businesses for instance – you know with a profit model and commercial – I'm not knocking it but they rely on that physical resource to keep them going and to keep them sustained, and that's their primary currency, whereas our currency is actually relating and building connections, building trust and building a sense of valuing each other, and working from identifying strengths and building on them, and adding value and all that sort of stuff is our currency. (Community health centre manager interview)

Responsiveness was a key relationship principle. There was a strong sense of obligation to be involved and active around people's needs to facilitate organic growth. Because *everyone matters*, everyone should be supported and there was a social justice element to relationships:

...all the families are treated as equals – there's no 'oh, you're better, you're lower' or anything. Whereas the previous school the children [attended] I always felt like our family was sort of looked down upon type thing. There's no feeling of that with Victory. Each family is part of their community and it's just great, it really is. (Family 2 interview)

And [teacher] had said to me one time, what this place is about is supporting the underdog so there is this very very strong sense of commitment to other people that drives the whole philosophy of how the place runs ... Everyone involved shares a similar set of values and is committed to supporting the people who are the part of the wider community. And so it's fantastic to be part of

because there is very little friction arising out of that context. It's a very harmonious place to be.

(Board of trustees chairperson interview)

There was a strong commitment to supporting people in a timely way that was responsive to their circumstances. For instance, for one participant from a refugee community, the immediate needs were dealing with medical and government services. Housing was an immediate issue with a number of families:

Well, we had a little bit of trouble with housing and we ended up having to leave our home in [name] Street, ... they [Presbyterian Support] give us the Community Centre phone number and it went from there. [Community health centre nurse] and [community health centre manager] got us into the motor-camp for emergency housing, and it was [community centre nurse] who helped us to get a home in [name] Road so we were still in the area, and we just had ongoing support from her.

(Family 4 interview)

They don't send you away feeling down and out and you haven't achieved anything. They say, 'ok you go away and give me a day or a couple of days' and sure enough they will come back with something positive and everyone goes away smiling. Because it's all about how to survive in the community, how to deal with other people, and young or old, they cater for a lot of people, and like I said, I can't praise them any more.

(Family 5 interview)

There was a deep commitment to being culturally responsive. The community is multicultural with sizeable Māori, Pacific, migrant refugee and New Zealand/European populations. This cultural mix was quite dynamic over recent years. The school and centre view culture as an asset and these families were supported within a cultural context. They were continuously invited to share their culture through various school and community events and practices:

Umu Day – which was kind of not a good description in a sense although the focus of the day was having an umu but it was decided in the build up to it that it was an opportunity to celebrate all cultures and there was a parade and people were, you know, the kids were encouraged to wear their national costume, and the parents were asked and invited in, and there were people

from different communities who came into the staffroom at morning tea time and shared something of their culture with the staff. And the staff were encouraged by [school principal], and obviously had a willingness too, to say 'Hey, that's cool. Thank you for coming and sharing with us and helping us to understand you and where you come from better' and some of those parents went around and visited all the classrooms and shared with the classrooms little pieces of their culture, so all the kids, no matter where they come from and what their background was, were starting to get a bit of an insight into some of the other groups that were in the school, and in some of those cases it was children from those groups who were going round and sharing the, you know, the taonga or treasure from their culture with the other classes.

(New teachers group interview)

Follow-up to maintain the trust of vulnerable families was a critical component of responsiveness. Trust forms over time, and requires multiple positive interactions between the parties. It is apparent when people feel that the other party has a genuine care and concern for them (Parker, Spires, Farook, & Mean, 2008). It facilitates predictability, closeness and collaboration between parties (Mistral, 1996, in Parker et al, 2008). Trust between families and professionals and agencies, and between the professionals themselves, facilitated a safe base from which positive actions in difficult circumstances could happen:

...the school's not operating in isolation. I think that's a crucial asset for schools that think 'This is too hard'. It's that they feel like they're acting alone whereas, and if you were a school acting alone to respond to a family's needs it would be frightening and it would be difficult 'cos you can't do it on your own as a school, you have to have this huge support network or framework of social services in place.

(Board of trustees chairperson interview)

Responsiveness was also about being brave and hopeful – seeing potential ways forward in any situation:

You certainly take responsibility where it is your responsibility and ... there is a thing about not actually being afraid of families in crisis ... you still get involved. You're not afraid of the responsibility that school can have to respond to that family's needs.

(Board of trustees chairperson interview)

Two aspects of relationship were very prominent in interviews – warmth and welcome. These complementary characteristics were evident at many different levels. The school was welcoming and inclusive:

I feel really comfortable to come here for a start. And my kids are very comfortable here. It's nothing against the school in [place] but my daughter was one of the few Māori kids there and she was having a really tough time getting to school. She was not happy. So it's definitely very comfortable here for the kids, no matter what culture they are, it's a comfortable place. (Family 4 interview)

Teacher-parent relationships were also described as welcoming and warm with teachers being open, caring, concerned and friendly, and classrooms being *open door*:

**Interviewer:** Do you have much to do with the children's teachers? What are they like?

**Family:** They're cool. I like them. I talk to them more like we're friends than they're teachers. ... Very approachable teachers, you can have a laugh with them – they all pretty much have the same sense of humour, so that's quite good. (Family 6 interview)

We do have quite open doors – like my room is quite full at the end of the day usually and we get to know the siblings as well, which is good and bad in some ways, but we do – we get to know the little sisters and brothers and they know what to expect when they come to school. (Experienced teachers group interview)

...it breaks down the barriers, because from my point of view schools are quite good at putting up barriers, and you know, you want to keep a safe distance between you and the parents 'just in case' – just in case what? You know, and this school seems to go about doing the exact opposite. And I think in the short time I've been here that contributes hugely to the different feel there is here. (New teachers group interview)

The teachers, they're very helpful and they're kind, generous, they always welcome us. (Family 1 interview)

In the student photovoice activity, where students were asked to take photos of things they thought were 'really neat' about the school, *fun and friendships* was the category with the most photos associated with it (N=32). The *playground* was next with 31 and *teachers* were equal third (with *arts*) (N=17):

I like the teachers because they help us learn. And they're a lot of fun to talk to.

They're fun. They take us on trips.  
(Student photovoice reflection session)

The community centre was described as a welcoming and warm physical place that was informal, generous and open:<sup>12</sup>

**Interviewer:** What do you think that the Centre and the school are trying to achieve here for families?

**Family:** I think the biggest thing would be help, 'cos help comes in all kinds it can be something ... very small, it can just be the offer of a coffee as you're coming to an event, or as you're, yeah, it's just getting to know the people here. The people here that they've got couldn't be any more perfect, they're [community health centre coordinator] he's just really easy to talk to and he's really lovely. [Community health centre manager] just lovely. They're all perfect I think. Really comfortable to approach... (Family 4 interview)

...some people have problems with schools, some people have problems with, not that they're big flash buildings in town, but you know, going through the front door of maybe Work and Income so this is a place that they can come that is less threatening...

I think it's an incredibly informal place where people come and that they can relax in. We've had a few people that come and have a snooze on the couch or read a book so it's very informal. (Community health centre manager interview)

...and the other thing I think that makes it work is that we're based in a place that has an open-door policy – anybody can walk in here – it belongs to everybody – it doesn't belong to Victory Community Health and they can pop in and see me any time. It's not by appointment only. (Community health centre nurse interview)

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12 Potts (2010) notes the crucial importance of a non-stigmatising environment: "All too often support services are underused because the public don't want to walk through a door that immediately categorises them as having a problem" (p. 132).



...that was also a big factor for me that I really did want because of that because everyone is welcome here – the doors are open 24/7 and so people can just come in and they make themselves cups of coffee and if I'm not here then I always know there's going to be [community nurses] or someone's going to say come in and sit down and have a coffee. It's extremely informal and casual and all of our doors are open and it just makes it a lot easier, and also like even there are more advantages like the foodbank now, dropping in a lot more food and things like that so I can always give someone some veggies from the garden or give them some biscuits to take – just little things like that make a big difference to the people I'm working with that I didn't have access to where I was based before. (Service provider interview)

Well, I guess this is a really welcoming place. It's got a wonderful feeling about it, you know. (Service provider interview)

And it's away from the sterile hospital or GP practice as well. Some people don't like those particular areas and so tend not to keep their appointments and things like that. (Service provider interview)

One teacher noted a relationship between the welcoming approach of the centre and the quality of parent-teacher relationships:

I think that parents do feel comfortable coming onto the school because they have involvement with the Centre – it's kind of all the same. It's all on the same grounds so they feel comfortable being here and things like that. (New teachers group interview)

Participants were aware of the importance of being welcoming at pivotal moments in families' lives:

People have small windows of opportunity to act, don't they, and the rest of the time your life is just completely crowding you in with chaos ... and you have to be able to make the most of those windows of opportunity. (Board of trustees chairperson interview notes)

### Leadership and professionalism principles

While participants were complementary about key leaders within the school and community centre, a transformed professionalism across staff was commonly discussed. Working from a collective base required that people were prepared to work on the edges of their professional boundaries in the interests of a common purpose:

Yes. And I think that the other thing too that needs to happen is that you don't want too much of a siloing effect that has a person saying 'This is the sphere of my responsibility. I won't step outside of it'. Actually everybody has to be prepared to step outside of their sphere of responsibility a little bit and that way it's all shared, but you can go that extra mile if you need to fill a gap or respond to a need that often doesn't get met in other ways. It's that people have got to be prepared to branch out a bit... (Board of trustees chairperson interview)

**Teacher:** But everybody really lifts, don't they? You couldn't really get away with doing, you couldn't function in your classroom if you didn't really get your backside off your chair genuinely.

**Interviewer:** Why do you think it has worked, and it hasn't fallen over, as it sometimes does in other places?

**Teacher:** Everyone is involved. (New teachers group interview)

Everybody knows everybody – you know. Everybody cares about everybody, you know. If somebody falls over and hurts themselves, well we're all out there and supporting, and if something's going on at the school and they're needing help or support we'll be there. It's just 'the community' – you know, we're part of the community. (Service provider interview)

And that's a shift away from that almost, kind of, rational behaviour, where you as a professional you behave rationally in a kind of scientific way of 'I bring myself in, I intervene, and then I extricate

myself', whereas it's a whole shift in that ongoing collaborative kind of relationship role that you have. It's a new kind of professional relationship. (Reflection session interview notes)

As with trust above, collective responsibility enabled professionals to refer individuals and families with confidence and safety in situations where the issues were on the edge of that person's professional capacity:

But as a teacher you often don't get to find out what's behind behaviours. Even with years of experience like I had, sometimes you get a sense from a child that things aren't going well for them, and you know that it's not happening at school, or you think it's probably not happening at school, but our job isn't endless. There comes a time where it goes beyond what we're able to do so you know the ease of access for us as well, to make those referrals, you know, I've had to make referrals for example to CYFS in the past and that is a real big deal for a teacher. It's really stressful to do something like that whereas when it's a familiar face for us it also feels less threatening and less official even for us – 'Hey, do you think you could visit the family' whereas when you get an agency involved all of a sudden it's high stakes. (New teachers group interview)

Collective responsibility facilitated a comprehensive service for families, expressed below in terms of services *fanning out* rather than *providing a sliver* of what was needed:

...and I think that's probably what I've really noticed too, from places where I've worked and other people I've worked for, everyone's only doing a small sliver and that way you get gaps. Whereas here everyone's got their fans out – you know so to speak. Those gaps don't appear as much. (Service provider interview)

Collective responsibility enabled leaders to emerge in different situations rather than leadership being enacted through a fixed hierarchy.

Another strong principle of leadership and professionalism was the idea of doing more. There was a wide commitment to professional practice that expanded support beyond a fix-it approach and towards

opportunities for strengths-based and positive holistic development noted earlier. For instance, the community centre coordinator, whose job description emphasised physical activities, held a bigger picture view of the possibilities of his professional practice in drawing connections to community education and development:

Then I do the sustainable physical activity stuff which is really through all those threads, and I do, like events, but it's events that market the Centre, are part of the Centre's programme and have got a physical activity remit, and there will usually be a community development aspect to everything that I do. And a community education angle to everything that I do. (Community health centre coordinator interview)

Collective responsibility, permeable professional boundaries and doing more were also supported by a professional ethos of seeing connections. Professionals applied an ecological framework to making decisions about the possibilities and scope of their leadership and practice to support family and community wellbeing. An example was the multipurpose use of the community garden as a site of education, health promotion, work experience and sustainable practice across the school and community centre contexts.

In describing leadership specifically, values of boldness (including risk taking) and creativity were evident. Boldness was about seizing opportunities and taking action in response to opportunity and community energy. Boldness was enabled by elevated professional trust.



### 4.3.3 Key characteristics

This section looks at how the underlying principles described above manifested as key characteristics of the operation of Victory Village. This level of the Victory Village approach could be considered the *operating principles, style, methodology or brand* that infused all activities (see next section) and would persist if the activities themselves were different. There were six prominent features that emerged from participants: centredness, a wrap-around approach, referring on, connected providers and professionals, flexibility and action orientation.

Centredness referred to a physical centredness but also Victory Village being the centre of a network of opportunities and resources for family and community wellbeing. The school and community centre are sited in the geographical centre of the Victory community. They have leveraged this position to become a centre of support and development for families. Physical centredness meant that a range of needs could be met out of a physical place:

And it's working, and a lot more people are actually going there and asking for help instead of getting angry with the system and not getting nowhere, they've got everything there. (Family 5 interview)

Physical centredness was also reflected in descriptions of the centre as a *first-stop-shop*:

It's not by appointment only. All those things that make it a first stop, or 'I don't know what to do about that – I'll go and ask at Victory Community Centre'. And it might not be me – it might be anyone who's here that can answer their question, but if they come to me I'm happy to investigate with them on anything that's concerning them. (Community health centre nurse interview)

Hence the hub-ness of the centre and school was less about a centralisation of services and more about being the centre of a network of services, resources and activities. The centre and school were the link to other services located both near and far.

The centre benefited from the school being a junction for parents. One participant described the centre as a fish bowl surrounded by human activity. Before and after school, the centre surrounds were busy with adults dropping off and picking up their children and this traffic created informal opportunities for contact

and follow up, and building relationships generally.

Physical centredness meant that being carless was not a major barrier because the centre was in walking distance for many residents. Service providers also noted that the presence of the community centre within their target group's community afforded them greater access to clients:

A lot of their clients are on benefits as well, so there is a lot of overlap. And also it gets my face out into the community as well because being with the PHO, a lot of the people I'm working with don't even know the PHO or what they do or where they were particularly because Nelson base had moved a couple of times and in Nelson people didn't know where we were so they were just texting me or calling me but they didn't actually know where I was. Here I can just say 'I'm down at Victory Community Health' and they can say 'Oh yes – I've been there before' and for example this week we had Matariki and I was involved in that and there were quite a few of our clients and families came along to that as well. So it all just seems to link in and it's working really well. (Service provider interview)

Because the centre was not a government agency office or a doctor's surgery, but rather a community place, casual visitors were significantly more numerous:

There's so many people who come in. I've had quite a few people who've just seen the sign on the door and just said 'Hey, I've heard about that from Work and Income' and they've just come in and sat down and I never got that traffic when I was at the PHO – they were mainly the doctors which was great because there were advantages there because I had the doctors coming in and seeing me. But here I'm actually seeing the faces I'm going to work with. (Service provider interview)

You're part of the community, part of the wider community as well because I cover the whole of Nelson, out to Richmond, Mapua, and so everybody knows I'm here and if they're able they will come and visit me here, people just walk in and say 'giddy, I thought you'd be here' so sit down and have a talk. (Service provider interview)

One government service provider, whose main office was located in central Nelson but who saw clients at the

centre weekly, talked of the centre giving the agency a face that was more personal and less intimidating.

It was clear that there was a non-physical dimension to this theme of centredness. Centredness was also about Victory Village taking a cornerstone stake in the health and wellbeing of families in this community:

...they get housing, they get access to health care and they get, in some cases, life-changing support. Or they get passed to a service that can offer that life-changing support, as in good education, housing, possibly food on a weekly basis. I think that people get huge benefits from participating in the activities here, and with my programme I think it is getting to know other people, it's developing a connection in the sense of place, and it's a feeling of ... learning like the friendships that come out of the Matariki lantern parade or the handcraft group, and I know that there are individuals that come in here and they may access four different things around their needs and that's giving them significant benefits and personal and, kind of like support for themselves.

(Reflection session interview notes)

A second key characteristic was the related idea of a wraparound approach. Services were coordinated around families so that interventions were efficient, and strengths-based. This coordination could be through the formal mechanism of, for instance, a Strengthening Families case management process (involving the centre and school services and staff). Or it could be more informally through the work of the centre, in particular, in linking with internal and external service providers and agencies. Families and staff related personal stories of this coordinated wraparound approach over time:

Well, we basically started with the biggest need, that was a house, and then we branched out from there, that was getting the kids settled. [Community health centre nurse] helped me get my three-year-old into kindy – like she had two in kindy at the time so one's just started this year. And we had, she set us up with Strengthening Families [indistinguishable] and we had them for a month that is maybe a bit more than other people might need but it's always on individual needs. ... And this month we met here and we had all the support people to basically set up things and if there's anything you need help

with or anything like that. I'm trying to think of an example. Anything, if it was small, or talk about clothing or anything. (Family 4 interview)

This wraparound approach was enabled through the strong professional and organisational networks noted earlier:

At Victory the role of Victory Community Centre and the way staff relations are, and the whole integrated nature of the programmes and the moving one person through from one, as a client perhaps to one, to the nurse, and then on to *Victory on the Move* programmes and things like that – it's kind of seamless in a way. Everyone has their own specific roles and their own specific clients and roles and stuff, but there is a lot of connection...

(Community garden coordinator interview)

One participant noted, and others indirectly related, how the engagement with services was always evolving, developmental and responsive:

...wraparound – but there is also an organic responsiveness – progressive, reflexive – it's about prioritising – Maslow's hierarchy of needs – giving the person the choice about – walking alongside – rather than wrapping up – progressive prioritisation – 'a step by step walk alongside'. Wraparound is a bit stifling. It is a development approach – looking forward – you develop a hierarchy in your mind. It is organic, reflexive. People start to recognise their own needs. 'Guided organic change' – 'walking alongside', looking forward (looking forward to new possibilities) – not addressing and fixing needs, then stopping. (Reflection session interview notes)

A wraparound approach was supported by a strong emphasis on referring on. Centre and school staff members were skilled and knowledgeable in linking people with other services, and creating opportunities to meet immediate needs and encourage positive family development:

If [Community health centre nurse] didn't tell me about the Foundation I'd still be on the waiting list for my daughter to get her ears done because I didn't know that, I didn't know you could apply. She took me through the process and we got granted so that was good. (Family 6 interview)

Centre staff linked families with internal and external services. The centre services then also referred people on to other professionals or encouraged clients into more general activities at the centre:

Some of my patients came to the flax-weaving as well. [Community health centre coordinator] told me it was on and I, you know, when something's going on here I talk about it to the patients that I visit in the community. (Service provider interview)

In the school, teachers encouraged families to meet with the SWIS social worker:

And also often, maybe because I'm the junior school I see the mums every day and interaction happens as a result of various things, like sometimes a mum will be looking a bit unhappy and I will probably initiate it by saying 'How's so and so going', particularly if they've got a difficult child and I've seen something happening in the playground. And sometimes the mums will say 'Yes, such and such' and I say 'Would it help if I got [SWIS] to talk to you' and that way works quite nicely, sort of standing alongside the mums and they know they don't have to do it alone. It's particularly if they are having an issue handling their children, parenting them. That happens quite a lot doesn't it. (Experienced teachers group interview)

Providers and professionals talked about being better connected to other providers as well as their clients. Providers held regular lunch meetings and collaboration opportunities were germinated at this time and generally through the physical proximity and culture of Victory Village:

...when I come – that's every second week – we have a staff meeting and so we update each other [about] what's going on and we also make decisions together which are connected with the whole Centre ... so for example, with Matariki they were talking about a feedback form and I said 'I know how to do an interactive feedback form that's very attractive and people want to give feedback' and they said 'Oh no – little piece of paper and I have to put my words on a little piece of paper' and I designed one specifically for it, got a volunteer to draw it up, and apparently round that evening people crowded around, everyone was wanting to fill it in. That's an example, or maybe

I'll do a facilitation of something at the Centre connected with one of the events, and so it's like people are getting to know my skills outside of being a gardener... (Community garden coordinator interview)

Teachers also had opportunities to meet providers and find out about their work with families. Professional collaboration was less effort because of the physical proximity factor and close relationships between providers generally. There was less of a bureaucratic and impersonal element to referring people that ultimately benefited families:

It's just becoming familiar – obviously coming new to the job there is a lot of community agencies out there, but getting to know the key people is what makes the relationship work. So, if I know, or they know me, it is much easier to make something happen for the family, than just a referral on a piece of paper or a telephone conversation with someone that you haven't actually met. (Service provider interview)

Providers felt backed up by other providers at the centre. Teachers talked about an expectation of support and mutual accountability that was part of the culture of the school:

Previous schools I've been in, if you felt you couldn't manage a child, you felt like you were failing, whereas here ... we often use each other, we use each other's classrooms for a little bit of a time out so we know that sometimes we need a bit of help, so that's probably the whole ethos of how the community centre came because we know we can do this a lot better if we get all the people in on the same page helping each other. (Experienced teachers group interview)

This connected atmosphere and valuing everyone's expertise regardless of position was seen as an alternative to a hierarchical structure:

That's another thing about the staffroom – you can't really tell the difference – an outsider coming in – you can't really tell the difference between who are the teachers, and who are the teacher-aides, and who the principal is – there isn't, you don't feel there is a hierarchy within the school. (New teachers group interview)

Another form of connection was the use of cultural brokers (Robinson et al, 2009, p. 167) – individuals with status in a particular community (for instance, the refugee community) who provided an important liaison point between families and the school.

Although there was extensive connection and collaboration between providers and professionals, it was organic rather than mandated. Some participants noted that, at the centre, providers were still autonomous and distinct, and others noted that the school and centre worked fairly independently on a day-to-day basis.

Participants also cited flexibility as a key characteristic of the school and centre approach. This related to principles of responsiveness to families and communities, and enabled a wraparound service to be effective. The centre and school were not wedded to a particular programme or narrow approach and were willing and able to try new approaches.

Lastly, there was an action orientation to practice. Families were not impeded by access factors of waiting lists, appointments and distance. The school and centre were seen as *quick solution-focused* and families valued this efficiency. The school and centre were quick to address presenting barriers to family wellbeing, sometimes in creative ways:

So that the lady for instance who rang up on Friday said the real estate agent said I needed to come and talk to you. If she didn't get some rent organised in the next 24 hours she was out of her house. We can't organise the rent so it ended up being a phone call to the landlords saying 'Look, I can't give you all of it, but I can give you this much of it'. We ended up getting her a food parcel, we ended up getting her an application into one of the local funders to get a bit of extra money for other things so that all of the money that she did have could go on the rent and then we can back up with other stuff around it... (Community health centre nurse interview)

#### 4.3.4 Activities

The activities at the school and centre at the time of the research were the outcome of underlying principles of development, relationships and leadership and professional practice, that themselves manifested in

key characteristics of practice. The activities were the *here and now* product of these other elements and will evolve over time. They matched the goals, ideals and capabilities of the system at that point. A cautionary note about these activities is that they are not a prescription: they emerged around a particular context of people's needs, resources and aspirations and professional qualities. The impacts of these activities are discussed in the next section.

#### Centre-led services for families

The centre provided three types of services for families:

1. One-to-one service with families. Improving access to health services for Victory residents was a key driver for the community health centre. Services were made available to residents (including non-Victory residents) by either being located permanently at the centre, providing clinic services on a regular basis or being available to users of the centre through ad hoc referrals. These services were all free, except for one that was low cost.

#### *Permanent tenants at the community centre*

- > Parents as first teachers (PAFT)
- > Providing Access to Health Solutions (PATHS)
- > Te Hauora o Ngati Rarua Limited, Māori Diabetes Nurse Educator
- > Playgroup (playgroup moved to be adjacent to the centre).

#### *Scheduled or ad hoc services*

- > Counselling
- > Independent midwives
- > Asthma nurse
- > Nelson Bays Community Law
- > La Leche League
- > Nelson healing room
- > Plunket
- > Work and Income
- > Cervical screening
- > General Practitioner (commenced mid-2009).

#### *Examples of specific services provided by the community nurse*

- > Warrant of Fitness health checks
- > Hearing advice and testing
- > Blood pressure checks.

Although a list of the services that the community centre might call on is not feasible, the following narrative from the centre community nurse about her work day on the interview date illustrates how the centre staff network with health and social service providers and others in their one-to-one service activities. These activities also reflect the underlying principles and key characteristics:

Well, today I arrived here at 8.05am and I was hardly in the door when somebody who I've known for some time walked past on her way to work. She popped in here and she ended up talking to me about two things – firstly about her own menstrual cycle and what was going on and we talked about menopause and the importance of not getting iron deficient and the importance of seeing a doctor. And then she can see a woman doctor because that's who she prefers, and there is a woman doctor in the practice that her family are enrolled with. And then she went on to talk about her son who has learning difficulties and is at home. He's [age] and now he could be on a special benefit which would help their income, because her husband has a [health condition] and he can't go back to the sort of work he was doing, so there's a whole lot of financial issues so I'm going to make sure I hook him up with the Work and Income person who comes here on Tuesday because he doesn't want to go down to Work and Income [office]. He finds them – and this is a man who's had a lot of violence, you know, his behaviour is such that a lot of people don't want to deal with him too. So that was an example of the complexity within one family.

The next thing was a woman who walked in because her mother has breast cancer and she is [age] and she's saying 'Why can't I have a free mammogram?' and she's [age]. So together we rang up the breast-screening number and got the details of why she can't have a free one at this stage.

Then a teacher at the school who has had a plate removed from his arm and it needs re-dressing and he hasn't got the time to go up there so I re-dressed...

Oh, and then I was trying to organise some filming at the ESOL for ... the DVD that is being made for practitioners like Plunket nurses to use and others to use to help to explain to the [refugee] families, and it's a really good resource – it's fantastic – and it can be, put a voice over in other languages as well. So, I was sorting that out.

Then I've been at a family group conference with a family I've been working with for probably nearly a year now, and one of the son's of this woman has suddenly gone astray and done some crazy things, so I was able to support her at the family group conference and him, and come up with a good plan, so that took a couple of hours.

Then I went to Budget Advice to talk with them about what was happening for a woman who has got into a house and to satisfy the landlady who's nervous about whether she's going to keep paying her rent, she said 'All right – I'll go to Budget Advice and make sure everything's in place', so I am organising that.

Then I ran into a woman in the street who was telling me she's got a community housing house and she told me that she had a little accident with the car and caught the edge of the garage and the property manager has told her she has to pay for it and she hasn't got the money, so I said I would come back and talk to [community health centre manager] who's on that trust to see if she could pay it off. So I become the link often with people.

Then I went to see a land agent about five people, families, who need homes, and giving him a list ... of what they require to be on the list and how we can work together to make it possible for these families, not only him to find the houses, but how they're going to pay to get into them. So I'm working on that with him. Two of those are families with six children, and Housing New Zealand doesn't have houses big enough for them, so Housing New Zealand is not an option.

Then I came back here and there was a mum who I know through playgroup who said 'Look, I've really done a very silly thing. I've signed up to a house and it's not suitable – the drive is slippery and I nearly fell over' so we sat down and rang the tenancy people to find out what her rights are. She said would I talk to the landlord? So I rang him

with her sitting here for support and jacked up a meeting for them to meet with each other and talk more seriously about how she could get out of that agreement that she's just signed.

Then there was another mum here who's about to have triplets... and we give her support, I mean ... just coming in and using all the facilities to look at all the things that she could be getting.

...and I'm about to go out to a meeting with the SKIP resource people 'cos I do B4 school checks ... the new checks for pre-schoolers, so I want to get more resources to know them better to use with families. (Community health centre nurse interview)

2. Centre-hosted programmes. The centre hosted a range of regularly scheduled community physical and social programmes. Some were coordinated by the centre and others were run by outside individuals and organisations. Examples at the time of the research included: Games Galore (board games); Yoga and yoga for families; Under Five Jive (pre-school music and movement); Sit and be Fit (older person's exercise); Road biking lessons and bike maintenance; Housie; Nana Craft Sessions; Nordic walking; Pilates; Homebirth play group; Multicultural play group; Badminton; Multiethnic council dinner; Martial arts; Drumming group; Children's dance; Cooking classes; Māori parenting groups; Salsa classes; Belly dancing; After school programmes; Flax weaving; Gardening courses; Young people's leadership course; ukulele lessons.



3. Community events. The centre (often with support from the school) coordinated a number of major community events each year. These have included cultural, entertainment and physical activity events in Victory Square and in and around the community centre; annual events (for instance Matariki); one-off events to acknowledge and celebrate particular milestones such as the opening of the community garden waharoa gateway; and community projects such as mural paintings. During the VUV project, the community said they wanted more of these events, and they have become increasingly popular. For instance, the Matariki 2009 event attracted 600 people.

The community centre also produces a bi-monthly newsletter and distributes this to all the households in Victory (approximately 2,400). This newsletter advertises the centre activities. The centre also produces community news items for other publications and does presentations to local organisations.

#### School-led services for families

The examples of school-led services below are categorised as focusing on either family or student wellbeing. They do not include the business-as-usual professional practices by teachers, described above.

Family wellbeing. Social Worker In Schools (SWIS) social worker; adult education classes including English classes; before and after school care (OSCAR); school holiday programme; family and whānau evenings and events; Kōhanga Reo (Māori language early childhood education); Pacific Islands Language Nest (early childhood education).

Student wellbeing. Homework centres, including refugee ESOL homework centre; bilingual classes (Māori/English); Fruit in Schools programme; Kapa Haka; specialist teachers and teacher-aides; student support programmes for academic and social skills development;<sup>13</sup> use of community experts in curriculum delivery, for instance artists and craftspeople; rich curriculum experiences – for instance school productions, school trips; refugee homework centre.

<sup>13</sup> These include: motor skills programme, peer tutoring, literacy programmes, friendship club, boys club, senior girls club, Cool Schools programme (peer mediation), lunchtime programmes, anger management, art therapy, friendship chairs programme, PPP reading programme.

### 4.3.5 Summary

When analysing the data about what Victory Village does for families, three connected layers emerged that linked principles with style and action. Crucially, while each level influenced the next, the concepts within each level influenced each other as well.

The first layer was underlying principles with three aspects: development, relationships and professionalism and leadership. Participants talked about an atmosphere or culture that was clear and consistent – expressed in such words as *expectations*, and *a way of being*. There are traces of this culture in the recent history of the Victory Village approach that suggests these principles are deeply contextual (Mulgan et al, 2007b).

A second level was the key characteristics of practice that manifested these principles and were reflected in all activities in the school and centre. The final level was categories of activities provided by the school and centre. These are arguably not that different from what other schools and community centres do. However, the added value was in the way that the school's and centre's principles and key characteristics shaped how they were experienced for families. The next section looks at what kinds of outcomes are associated with the Victory Village approach.

## 4.4 Victory Village outcomes

### 4.4.1 Introduction

This section considers outcomes associated with Victory Village at the time of the research in 2009 and 2010. Data for this section were gathered through interview, the student photovoice activity and documentation such

as statistics and reports provided by the school and community centre. Findings are reported for students, families, community, school and providers.

This present case study cannot show a causal link between the work of Victory Village and reported outcomes for students, families and the community as a whole. The student data in Table 5 show a temporal (same time) and spatial (same place) relationship between improvements in student data and the changes at Victory Village. This association is strong. School and family relationships have changed fundamentally over this period as has quality teaching generally. Attribution could be argued between these two areas of change; however, as this section and the discussion will note, quality teaching and school and family relationships are strongly connected at Victory. The holistic approach of the centre and school means that Victory works at a number of levels for each family that makes attribution more difficult and the methodology in this research was exploratory rather than evaluative.



#### 4.4.2 Outcomes for students

The school provided a range of data associated with student academic achievement, participation, success and wellbeing that is presented in Table 5.

In terms of academic achievement, the data show that, from 2000, the percentage of students at or above the national average of achievement in the key areas of reading, writing and numeracy increased between 54 and 61 percent. In 2000, approximately four to five children in 10 were below average achievement, and in 2009 one in 10 were below. These percentage rises

in achievement levels are apparent across Māori and Pasifika students. However, the Pasifika figure needs to be treated with some caution as in 2009 these students made up just 4 percent of the school roll.

The average attendance rate since 1999 moved to the national average of 94.5 percent and is consistent across all ethnic groups. In 2009 terms, this represents 14 additional days of schooling per year for every child in the school, compared with 1999 figures. This outcome relates to participant comment about healthier families and the drop in roll turnover:

**TABLE 5: Victory Primary School student data 1997–2009**

Years 1-6	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>Academic achievement (% at or above national average). Excludes ESOL students and students with high learning needs.<sup>14</sup></b>													
All reading				57	61					75	76	82	88
All writing				57	61					75	76	82	88
All numeracy				55	66					80	85	87	89
Māori reading				62	67					78	79	85	86
Māori writing				68	66					75	79	86	87
Māori numeracy				62	65					70	87	85	90
Pacific Island writing				52	55					75	76	89	92
Pacific Island reading				68	67					75	76	85	94
Pacific Island numeracy				50	55					76	88	92	93
<b>Attendance rates</b>													
Combined			87	87	89	92	93.3	93.3	94.3	94	94.5	95.4	94.4
Māori			87	86	89	89.5	92	93	92	94	94	95.5	94
Pacific Island			89	90	90.5	92.5	92	92	94	94	93	95	94
South East Asian			87	88	87	94	96	95.5	96	96	95.5	96.5	95.5
New Zealand/European			84	86	90	92	93	92.5	94	93	95	94.5	93.5
<b>Referrals to GSE<sup>15</sup> (number referred)</b>							6	5	4	3	2	1	0
<b>Referrals to RTL<sup>16</sup> (number referred)</b>													
Behaviour only							22	10	7	3	2	2	3
Learning only							28	22	21	16	12	10	13
Both learning and behaviour							14	12	12	5	3	1	3
<b>Truancy/mobility (%)</b>	55	59	65	56	45	32	19	22	14	12	8	9	Est. 12%+
<b>Playground safety (% always feel safe)</b>									82	83	84	86	
<b>School roll (as at 1 July each year)</b>				374	328	325	300	281	313	291	294	327	367

<sup>14</sup> The overall results shown here are a collective of results from a variety of standardised assessment tools. The information is analysed against the national expectations for literacy and numeracy to determine overall performance.

<sup>15</sup> Group Special Education. These referrals relate to children with severe behaviour difficulties.

<sup>16</sup> Resource Teachers Learning and Behaviour. They provide itinerant specialist support to students and teachers with a focus on students with moderate learning and/or behaviour difficulties.

I think kids are generally a lot healthier, and you go back to warmer houses, parents know how to get resources properly, resources for themselves. They are probably staying put in the house – the mobility factor has slowed. So in effect the children that have been disconnected from school, because they always know they are going to be moving on – those children are more readily dealt with. (School principal interview)

Referral to Group Special Education (GSE) for severe behaviour declined to zero in 2009 and referrals to Resource Teachers Learning and Behaviour (RTLB) fell substantially from 2003. This trend supports the finding that teachers felt professionally supported to manage classroom issues before they escalated, and the reported impact of the SWIS position on addressing classroom issues through the family.

Student mobility decreased markedly since 1997. In this year, over half the school roll (independent of age-related changes) changed every year and in 1999 it reached two-thirds. In 2008, student mobility was 9 percent. Although 2009 figures were not available at the time of publication, the school expected the rate to rise slightly due to the labour market impacts of the economic recession. In 2001, a survey of 795 New Zealand primary schools found an average *Transience* rate (ie roll turnover independent of age-related changes) of 30 percent (Neighbour, 2002 in Bull & Gilbert, 2007, p. 13).

In interviews, Victory students were described as enthusiastic, happy and engaged in learning at the school:

**Interviewer:** So you noticed quite a change in the kids?

**Family:** A big change. A really big change. And then the biggest change is they want to go to school. They're happy; they don't have the other issues that were happening for them. (Family 4 interview)

Yes, [refugee children are] very happy because everywhere there's friendly people smiling and talking, so we keep seeing each other every day, you know, community. So they don't feel strange or scared or anything like that because they get respect from people here, so they're very proud and happy, our children. (Family 1 interview)

Students were described as having positive self-esteem and strong self-efficacy:

The biggest thing for my family's been that my kids are at Victory and they have more confidence now. Yeah, they feel they can achieve and they have a better attitude to learning now because they obviously feel like things are achievable. (Family 2 interview)

Both teacher interview groups noted positive and productive student-teacher relationships, including acknowledging the value of students' backgrounds and capabilities:

I think too we work really hard to help the children have a sense of belonging, and it's not that we're doing it, they are part of doing it as well, it's not just us standing there telling them what to do. We're here to learn and we're doing this together. 'And yes, it is your job to look after the staff in the classroom as well.' (Experienced teachers group interview)



**Interviewer:** And what about in terms of your day-to-day teaching, the work that goes on supporting families in the school, how do you think that impacts on the sort of classroom environment that you have?

**Teacher:** I think it impacts on the tone in the classroom but I think it also really encourages all the teachers to value the richness that the children bring to the classroom, no matter what their background experience is and to try and incorporate that in ways that we can, you know, alongside this very full curriculum that we're expected to cover.

**Teacher:** And also, because there are so many ESOL children here, you really have to think about the way you're teaching, and I think that helps all kids. (New teachers group interview)

In the photovoice session, *teachers* was the third equal most popular category for things that the Years 5 and 6 students liked about the school.

Perhaps not surprisingly, Years 5 and 6 students stressed the fun and social aspects of school in the photovoice method. The categories of *fun and friendship* and *playground* were nearly twice as popular as the next two categories, measured by the number of photos associated with these themes:

I picked this one [photo] because it has basically all of us on the swing having lots of fun and it shows that we've got a nice playground and a nice lot of grass area and nice trees and nice playground and it's got lots and lots of bark and stuff.  
(Student photovoice reflection session)

#### 4.4.3 Outcomes for families

Families, teachers and community centre staff described a pattern of families in chaotic situations moving towards a more positive existence:

I can't stress enough how having a social worker on site is, and it really saddens me that not more schools have that, and I can give two examples of children in my class who I referred to her, that if you were in another school it just wouldn't happen because it's almost not serious enough to get an outside social worker in but here because you're just talking to them, and one involved a situation where a child was taking things, and when I'd spoken to the mother and suggested getting on board, it came out that she had a [family member] who had been stealing and he'd ended up in jail and her mother had never done anything about it, and she was going to do it for her children. Now that whole family is working with the social worker and the difference is huge. Now just taking a few things at school at the age of six and seven, if you didn't have a social worker on site wouldn't be that much of a big deal, but long term for this community and the Nelson community and those families that's huge. (New teachers group interview)

Outcomes reported for these families by participants clustered around changes to the ways they accessed and engaged with the school and community centre, and health and wellbeing. The community centre experienced a significant increase in the use of one-to-one services since it opened: community nurse referrals increased by approximately two-thirds (February-April 2007 to February-April 2009) to 110 referrals per month (Victory Community Health Centre, 2009a). The total number of one-to-one services, provided by all providers at the centre, was calculated at 1,955 for the period November 2008 to September 2009 (Victory Community Health Centre, 2009b). The centre calculated that approximately 2,000 people use the centre facilities in some way each month (although the figure fluctuates).

For family access to the school, participants talked about a close level of involvement that was related to the welcoming family-friendly atmosphere and the variety and regularity of school and community events. Parents felt safe in the school. A number of participants noted that this was a shift:

I mean it's traditionally a community that has a reduced capacity to engage with what's happening at their kids' school. So it's really shifting ground. Families are learning too, how to engage with the school. ...

[Deputy principal] started this thing with children who are struggling to engage with reading, and she's invited parents to have one-on-one sessions with them about reading, and there's a really big take-up with that too, so there's a very very different sense now than even just four or five years ago.  
(Board of trustees chairperson interview)

Perhaps they feel safer now because years ago when we tried to do it the turnout was really poor, and I think because they felt threatened by it, but now it's a safe environment they can come and be brave and learn about maths.  
(Experienced teachers group interview)

To see those parents and in some cases it was grandparents, wasn't it, up there dancing and having the confidence to show off their dancing, there's not many schools that I think that Island parents would feel comfortable enough to do that, bearing in mind that normally the Island parents are

normally more reserved. So that was amazing.  
 (New teachers group interview)

Participants made general comments about healthier families and linked this to less residential mobility, healthier homes and less asthma, the physical and social programmes available, people having a better understanding about their health and better access to health services and stronger connections between families and services:

...I think, I'd like to think people are healthier in the sense that they are going to the doctor more. I've hooked a lot of people up with the low-cost GP and so people are able to go to the doctor more than they were. I think people who come and talk with me go away understanding their health condition better because I am able to explain in simple terms, in easy terms what's happening in their body.  
 (Community health centre nurse interview)

Families and other participants talked about increased levels of confidence stemming from an atmosphere of close relationships, support and trust:

**Interviewer:** So when you said you didn't know many people – because you're so busy with the kids, that's quite absorbing, and so since being involved here you socialise more and also mix with other people?

**Family:** Yes, definitely. Beforehand, between pregnancies and babies I've been at home for so long and lost touch with a lot of people, and ended up just being at home.

**Interviewer:** How do you think that helped you?

**Family:** Well, for a start confidence definitely. And also I wasn't confident enough to be involved with the school, and just knowing all the faces and knowing the teachers and everybody, we've often come up and been more involved.  
 (Family 4 interview)

**Interviewer:** What do you think the community centre as a whole is achieving for families?

**Family:** Probably a bit of support because there's so many different things there. Anyone there can sort of point you in the right direction of somebody else. Yeah, because a lot of people don't know, who have just moved here and you don't know where to go to

do things. If you find somebody like that it makes it a lot easier. (Family 3 interview)

They're really supportive. It's really great. They're really for the family. As a family I feel like we're supported as a family, not just the children who attend the school. They don't just come here, do their school thing and go. If there's issues the school gets in contact with me. I feel I've got a good relationship with the kids' teachers – that if I've got concerns I can come to them, and if I can't nab the teacher but I see [principal] in passing...  
 (Family 2 interview)

**Interviewer:** You also mentioned that you weren't judged so that must encourage parents to feel more comfortable coming forward.

**Family:** Yeah, yeah, yeah because as for myself that was my main problem, I was worried about other people, what they thought, until I really got used to them and thought, no, they're just human beings like me. They've got kids here, and yeah, I started listening to some of their advice and that, and they are helpful, and yourself, you are experienced at something, and if someone asked you something, if you don't know you can usually find someone. It's just like working as a team and working together, and making things better and safer for our children.  
 (Family 5 interview)

Parents had multiple and non-threatening opportunities to engage with the school and community centre, that was facilitating confidence and action around their children's schooling and learning:

I mean [senior teacher] would say there are a number of Māori families from the whānau classes who will not set foot on the school property because they've had such horrible experiences in the past with authority or had a horrible time at school when they were a kid – it's just a no-go zone for them. So things like the Matariki celebration are crucial for breaking down those anti-school barriers for those families. It's hugely important, and so as you're saying, those other things that are happening are providing an opportunity for families to come in and engage with their kids' schooling – has a really big effect.  
 (Board of trustees chairperson interview)

**Teacher:** ...Possibly what I noticed is the difference in this school, that I certainly felt, is that the parents

don't hesitate about coming onto the school grounds and walking around. They don't seem as nervous; they seem totally comfortable at doing that, especially the immigrant families because they've got other programmes than the school, they'll just come in ... whereas others might feel hesitant to do that. ...

**Interviewer:** And you attribute that to the wider things that go on for those families around the centre and the school?

**Teacher:** I do. I think that parents do feel comfortable coming onto the school because they have involvement with the Centre – it's kind of all the same. It's all on the same grounds so they feel comfortable being here and things like that.  
(New teachers group interview)

A key indicator of improving family wellbeing was the large number of individuals and families moving from consumers of support and services to contributors in paid and (mostly) voluntary roles. Participants mentioned volunteer roles, fundraising, school cleaning, interpreter, board of trustees representative, cultural performance involvement and cultural education. The community centre had a volunteer roster and more and more people were wanting to be involved, particularly after experiencing community events:

One of the wonderful emails we got from someone who had three little children, she came to Matariki, lives on her own here, and she sent an email the next day and said 'It was just amazing ra ra and as with little children I didn't get food quite early enough for them and we went out to watch the fire thing that went on after and we all trooped back here. It was really late and in the end some staff member came over and helped me get my food organised and helped me feed my children' and she said 'I was just so blown away. Next year can you please let me know, and I don't know how I will but I would really like to help out in some way.' Perfect! You know - win win, and other people have said that – 'Can you put my name down so I can help out next year, even if it's just baking some potatoes.' (Community health centre manager interview)

This outcome was evidence of the centre's and school's principles of organic growth, reciprocity and

responsiveness. Potts (2010) reported that when individuals are asked to positively contribute to meaningful activities that connect to community need, they become more engaged with support services to address their own needs. He also noted that this engagement was effected by involvement in fun activities.

#### 4.4.4 Outcomes for the community<sup>17</sup>

Some participants talked about the community effects of Victory Village. They talked about the social capital outcomes of close bonds, trust and social interaction between families and an overall sense of a positively connected community:

Like I said, if you're having trouble you can guarantee someone will know and they have like the parents meetings, you know, and everyone turns up. It's just, everyone wants to get involved because of their children being there, and like all the good things that happen with their children – positive, and it's just a good feeling and you don't get it anywhere else. (Family 5 interview)

And we come up for lunches as well – we had one with a few other families, just to celebrate having a house and keeping it. ... That was actually really really nice because I didn't know many people outside home and here I've met a lot of people and it's built my confidence up. (Family 4 interview)

Like one lady I seen here all the time who never spoke when I was at the school, but working in the kitchen, we're now mates, but it took us working in the kitchen to start talking to each other. But little things like that – I think it's quite relaxed, and that's why – it's easy to talk to people. (Family 6 interview)

As for me I have nothing more than say that I feel proud and happy that each year ... improving with helping, you know, and we feel more comfortable with the people round here. (Family 1 interview)

It's about people working for families in its widest sense. We've got safer communities, we've got people feeling more uplifted about refugees in our community, that they feel more inclined to say 'hello' and include them in their soccer teams and things like that. That is a benefit.  
(School principal interview)

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<sup>17</sup> When thinking about the benefits for the community of Victory, it needs to be remembered that the centre was attracting a large number of families from the wider Nelson city area as well.

I think that people get huge benefits from participating in the activities here, and with my programme I think it is getting to know other people, it's developing a connection in the sense of place, and it's a feeling of you know learning like the friendships that come out of the Matariki lantern parade or the handcraft group... (Community health centre coordinator interview)

I think what we're achieving is people having a stronger sense of connectedness and a belonging to a community. An opportunity to participate which I think adds to that belonging. Opportunities to do different things so that they can link into things that are happening here, like as [principal] said, the Matariki celebration and he saw families here that he had never seen at a school celebration. I think that sense of belonging shows in those sorts of ways. (Community health centre nurse interview)

For me I think the most, I think the one thing I noticed was that they have a great community spirit, and the people that I've actually seen there. People are very willing to help each other, which you don't always find, and they don't always belong to the same organisation but they're very happy to help out. (Service provider interview)

'Victory has pulled the community together in a really healthy way'. Has brought people out of their shells. Has de-isolated people. People are there for each other. People have become more healthy. (Service provider interview notes)

The community was seen as positively engaged and participating. Events were becoming more popular each year. There was also a sense that this connectedness and empowerment was facilitating a heightened sense of activism. At the time of the research, the Railway Reserve trail (a disestablished railway line) that runs alongside the centre and school was being considered by the council as an arterial road. Both the school and the community centre were active in raising awareness about the implications of the road for the community:

It was quite timely when along the back of our school there is [the] railway reserve, and the three schools around here with the help of a very good lawyer, took the Council to the Environmental Court along with some community groups as well and won

to get the [road] stopped. I suppose at that stage it gave the opportunity for us here to articulate some of the things that our community had given us permission to talk about on their behalf. We actually used children, young children, to speak to Council. They ... a number of times now, have been used to make submissions. (School principal interview)

A number of participants talked about the way the school and community centre responded positively to the changing cultural dynamics in the community. They put culture at the centre of the curriculum and community life; celebrated culture through events such as Matariki, Race Unity Day, Pasifika 'Umu day'; welcomed culturally-based and faith-based groups as users of the centre; supported refugees; and introduced Māori bilingual classes at the school.

Some participants also talked about a transformation of public perception of Victory from a community that was seen as poor and unsafe, to one that was vibrant and friendly. Participants noted that the school reputation improved significantly within the Nelson area. The school and community centre developed a strong profile around Nelson and were often featured in local media. The popularity of large-scale community events such as Matariki was building a sense of success. The positive synergy between a high performing school and a vibrant community centre was enhancing the reputation of both the school and its community:

**Teacher:** I think the wider Nelson community, too, is a bit in awe of what's happened here – what's been going on here. Being new to the town – everyone's heard about it.

**Teacher:** People said to me 'You're so lucky – how did you get a job there? I've been trying for years. There's such great things happening down there.' Not just in the education, people outside the education community saying 'Oh yeah, they've built up such a community there and [principal has] done amazing things'. (New teachers group interview)

#### 4.4.5 Outcomes for the school

The benefits for children, families and community outcomes are positive for Victory Primary School. A key benefit for staff was that by being connected to parents and agencies, they were able to address difficult

issues through collaboration and brokering. Improved relationships with agencies assisted the school to be more effective for families:

I know that agencies want to become part of what's happening so there is a sense that something has happened over a period of time that is different. Even when agencies have changed managers and things like that, the relationships are still strong enough, have been established enough to continue through that change. We do get to hear from agencies that find our school easier to come and work in compared with others. We understand that just giving a room or the school turning up to meetings – that we are visibly there and part of the partnership – and we articulate that: we are part of it, and we want to be actively part of it and we distribute resources to make sure that teachers are at meetings. Most Strengthening Families meetings we will have a teacher at, or another staff member... (School principal interview)

There were pivotal connectors available to teachers including the SWIS social worker, and community health centre nurse. Better teaching resulted by addressing the non-classroom barriers to children's success:

So when there is less disruptedness in the class, when there are mechanisms when a child is sick, unwell or parents say that there are some things that they can either find out very quickly or put into help that may not remedy it straight away, but will put things in motion and they feel confident. And that happens, so they can ultimately – they are there for teaching and learning. To spend more time on the teaching and learning. Rather than what was happening in the past of just containing a class. Managing very difficult behaviours that were spinning off into the children. (School principal interview)

Likewise, improved relationships between teachers and parents were paying off in a more cordial and less adversarial atmosphere:

**Principal:** I don't think teachers feel under barrage from demanding parents.

**Interviewer:** So parents are less aggressive towards teachers?

**Principal:** Yeah, I can't even think now when we've had a parent in here jumping up and down and abusing or, I can't even remember. We've had parents that have come in to discuss issues. Every time we do, we say you've done the right thing, that's great, it's fantastic. It's more around you've done the right thing – it's your child, it's your school. You have the right to come and talk to us. I think it's probably the severity of the issues being spoken to about the parents that's diminished. I think it is far more relaxed. Parents are wandering into classrooms and are in the school grounds far more really because they choose to. Some see it as a connecting spot now where they meet.

(School principal interview)

Establishing a more comprehensive infrastructure to support families was seen as a positive change from an earlier period. At that time, the intention of family-centredness was strong but responsibility for operationalising it fell to the existing institutional (school) resources:

**Teacher:** I think we kind of outgrew the school though because [principal] was always keen to jump on board with everything that came along, and we think 'Oh God, not something else' and it always, we always ended up bearing the load I think, and I think we outgrew the school. And the Community Centre was that next step for us to be able to, oh, we've got room, we've got people and resources and we've got the space to be able to cater for all of their needs, rather than us trying to juggle things.

**Interviewer:** So when you say you outgrew the school, your aspirations for kids and families in the community outgrew the capacity?

**Teacher:** Yes, because it was the teachers that had to bear the load I think. [Principal] was always keen to jump on things and say, yes – we'll do that – it's a good thing, but now we've got the resources to do that... (Experienced teachers group interview)

The risk of reform-burnout for teachers (something that was identified with prevailing institutional models of improvement) was reduced (Fullan, 2005).

The progress made at Victory Primary School had wider benefits through the professional development of future educational leaders at Victory. There were also

the opportunities to engage with school leaders, and regional and national policymakers about what was happening at Victory.

#### 4.4.6 Outcomes for providers

A number of benefits were cited for providers involved with Victory Village. The most common was the way that the approach enabled providers to build relationships with one another, which in turn made them more effective. Providers used the physical proximity that Victory afforded to discuss and refer clients to each other, and generally get to know how these services operated and also the individuals involved:

I didn't think about that at all when we started ... have actually built a much better network just by virtue of people seeing each other, that agencies know each other too, so we have strengthened and built capacity ... within and between agencies because they have more confidence about the work they are doing and the ability to reach into their client base as well as they don't feel so isolated because they know that they might go and do that bit of work but they can call up this agency and say 'Look, it might be useful for you to get engaged with this family' or 'Tell this family you need to talk to these guys' so there is this three-way thing going on all the time. It is just another level of support that the agencies know about each other. (Community health centre manager interview)

She [the provider] has built relationships with other providers. This has been a huge benefit. Have learned about what they offer and can thus support your own clients more. ... 'I have built better support networks with clients because of these relationships'. (Service provider interview notes)

But just from our point of view of being here and having all the different people here that we can talk to, even Income Support, I can talk to her about a family who are involved with Income Support, so I can talk to her about the shoes, and so forth. (Service provider interview)

Providers also talked about having better access to clients by being literally closer to the community. Two of the services based in the centre had previously found it difficult to access their target group, but the Victory Village location had turned this around.

Victory Village allowed providers to, in a sense, reinvent and reposition themselves within this holistic social infrastructure. They were able to seize opportunities, such as reaching parents through the centre playgroup, engaging clients in voluntary activities and programmes at the centre or assisting with events themselves. One provider talked about the centre giving her agency 'a face' and breaking down negative perceptions by being more a 'part of the community' (Service provider interview notes).

## 4.5 Summary of findings

This section considers the history, operation and outcomes of Victory Village. Victory Village is the story of a school radically evolving its relationship with families to support community learning. It is the story of a community developing efforts to enhance the health and wellbeing of these very same families. These overlapping purposes, and complementary people, places and timing, positively conspired to create a social innovation journey including the development of the community centre at the school. With this came associated services and resources and events for families. The merging of education and community development resources around a common purpose facilitated rapid and significant changes to the social infrastructure in this community.

How Victory did what it did for families was rooted in underlying principles of development, relationships and professionalism and leadership. These facilitated key characteristics of practice that imbued the many ways that the school and centre engaged with and supported families. These characteristics were centredness, wraparound, action orientation, referring on, connected professionals and providers and flexibility. Activities undertaken by the centre were varied and complementary. On the school side there was a suite of initiatives to promote student and family engagement, learning and wellbeing. The community centre clustered their offering around one-to-one services for families, centre programmes and community events. The value in these practices was in the way that they were coordinated in a holistic and family-centred way.

Outcomes were considered for students, families, the community, the school and providers. Most data were via self-report at interviews; however, some

student participation, achievement and wellbeing data were examined, along with community centre access data. Using a range of indicators, the collective educational experience of students at Victory Primary School has significantly and positively changed in recent years. This research cannot show a causal link between the work of Victory Village and outcomes; however, participants were very positive about the difference Victory Village was making, and the data were encouraging. For students, attendance and achievement in reading, writing and numeracy improved since 2000. The roll stabilised from two-thirds of the roll turning over in 1999 to 9 percent in 2008. Participants reported that children were motivated, happy and engaged with strong self-esteem and self-efficacy, and positive relationships with teachers. These attributes are strongly linked to educational achievement.

Families were reported as experiencing better access to services and enhanced health and wellbeing. Families were more confident and this was reflected in better relationships with teachers and involvement in their children's learning. Community-level outcomes were reported as well, including better connections between families, an engaged and revitalised community and

a more positive community profile. For the school, professional interdependence between teachers, other professionals and parents was making them more effective by enabling non-classroom issues to be addressed. Teachers felt that the school had moved from being family-centred in intent but lacking an infrastructure to support it, to having such resources and relationships in place.

Lastly, providers cited being more accessible to their clients and being more effective for them by having better links with other providers and a better interface with individuals and families.



## 5. DISCUSSION

### 5.1 Introduction

This section discusses some of the key findings about how Victory Village makes a difference in its community. It then presents some key implications for education and community development practice. The report concludes with some research limitations and suggestions for further research.

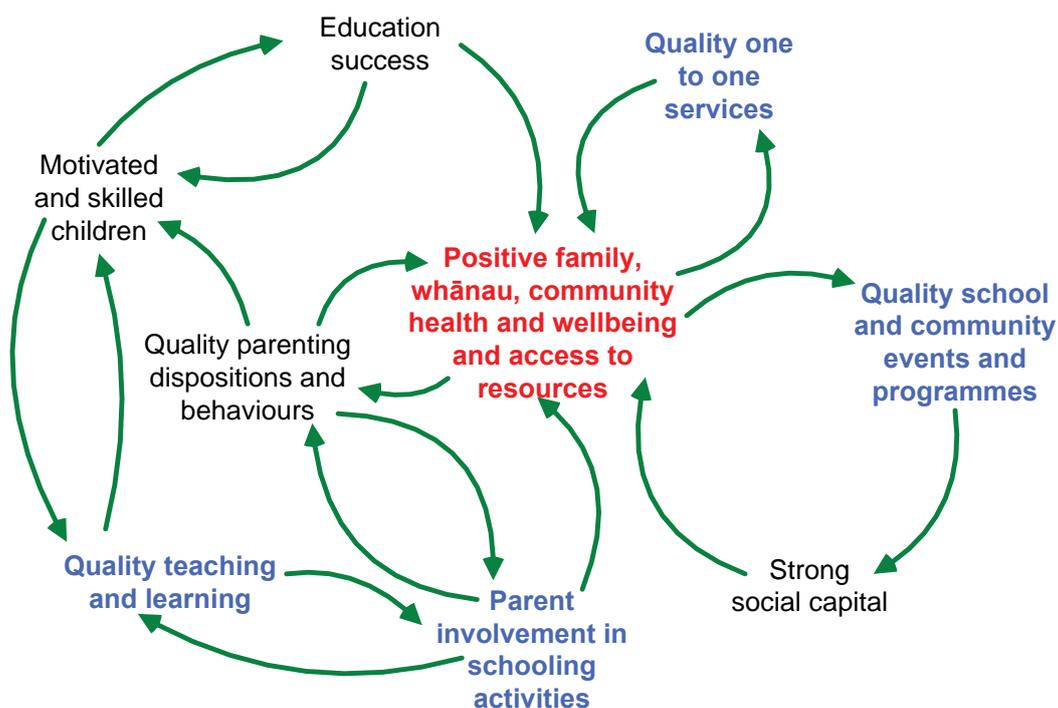
### 5.2 Victory Village system

Figure 3 presents an integrated or systems view of the key elements of Victory Village and its outcomes. It graphically shows relationships between various activities across the school and community health centre (in blue), and some key outcomes (in black), identified in the research. The approach provides multiple but connected pathways towards family, whānau and community health and wellbeing (in red). In sympathy with the organic and dynamic development approach, it has no start or finish point.

Its cycles illustrate how outcomes influence other outcomes and activities in other parts of the system. For example, people’s positive experiences of community events increase the scope and quality of community events through, for instance, volunteering and donation of resources. Likewise, positive engagement between parents and teachers facilitates the resolution of issues for children, with a positive impact on classroom climate and teaching activities. These relationships between diverse activities and outcomes keep the system healthy and evolving.

In this diagram, family, whānau and community health and wellbeing is both a central outcome and a fundamental enabler of further positive change and success. The literature is clear that families whose health and wellbeing are compromised are going to find it more challenging to develop the behaviours and environments to support children’s learning. This impact can be significant – as powerful as, or greater than, the difference schools and teachers can make. Just as significantly, these same families are less likely to engage with schools: they are the most in need of support but the hardest to reach. It is clear that

FIGURE 3: Systems view of activities and outcomes at Victory Village



parental involvement initiatives that fail to engage with this issue will, in many cases, make limited education headway with these families.

The essence of the Victory Village is that it has facilitated a system that is responsive to family, whānau and community health and wellbeing in a way that influences a range of outcomes, including education. Both the school and the community development people in Victory were certain that the existing collective of services for Victory families could work better. They were certain this would have positive education, health and social impacts. However, rather than investing energy into making the existing siloed services more efficient (ie improvement), a new social infrastructure was developed through a collective vision, networks and collaboration. The Victory Village approach shifted the local social, community, health and education services into a collective system that is holistic, integrated and responsive.

These new relationships between services and residents, and between the services and professionals themselves, were facilitated by an umbrella partnership between Victory Community Health and Victory Primary School. Before the school and community development sides converged, there were traces of the Victory Village principles, approach and activities evident on both sides. For instance, the school was using elements of a wraparound approach, developing 'centredness' by engaging parents in schooling, and establishing some connections with providers. The community development project had undertaken community events and consulted with the community through an appreciative inquiry method.

Convergence made progress, scope and impact exponentially larger than the sum of these parts, and this interaction allowed new processes to emerge. The patterns that held the old systems of education, health and social and community services together were disrupted and a new system evolved (Westley et al, 2006). The Victory Village development displays characteristics of a hybrid (education and community development), rather than a new structure. Cutting across traditional boundaries and establishing new social relationships within the system are signs of successful social innovation (Mulgan et al, 2007b). A key lesson from the Victory Village case is that systems can change through social innovation. Several significant effects are considered below.

Firstly, convergence expanded what each partner could do, because each had assets (resources, knowledge, skills and networks) that the other needed, to be more effective. The partnership gave each organisation more legitimacy and presence in the community. The community health centre now connects the school to a local system of family health and community development. Before this, the school simply did not have these connections and, where there were connections, there was not the level of infrastructure and formalised collaboration to maximise these relationships for children and families. The school opened itself up to health and social service agencies, particularly through the appointment of a SWIS person, but the connection with Victory Community Health dramatically advanced the school's vision of nurturing the family. The school site location of the centre greatly expanded what Victory Community Health could offer the community in terms of better health access and opportunities. The school enabled the community centre to have regular informal access to a very significant number of Victory and wider Nelson residents. All schools offer this potential in their communities (Witten et al, 2007).

Convergence, however, created new patterns of organisation and practice that are beyond a simple combination of strengths. Systems concepts of *emergence* and *nonlinearity* are strongly evident. The community centre itself is an example of an unforeseen positive outcome that emerged through this new pattern of relationships (emergence). It was a very large *reaction* to seemingly small actions (nonlinearity) (Quinn Patton, 2010; Westley et al, 2006).

Secondly, Victory Village streamlined the labyrinth of social education and health services for families. This collaborative approach is increasingly being seen to be more effective by providers, and more desired by families (Accenture Institute for Health and Public Service Value, 2009; Carr, 2010; McArthur et al, 2010; Ministry of Social Development, 2003b; Ungar, 2003). However it is hard to achieve in practice.

In social innovation terms, Victory Village is a case of a new solution to a wicked problem. Families are now receiving comprehensive yet coordinated and seamless support, and connectors such as the community health centre nurse broker appropriate and timely links to services. Support is paced. The system has become more complex, but less complicated for families and

professionals. Vulnerable families feel supported and secure with this approach and it impacts positively on their participation. Both the school and the centre work very hard, and often very creatively, to remove obstacles to accessing support, while also empowering families to lead change in their lives. Informal and formal referring-on supports families and professionals. Victory advocates for its residents and helps families to navigate their rights and responsibilities.

Thirdly, the system appears to be more professionally rewarding and sustainable. Many social innovations are not sustained beyond piloting and prototyping. This report describes 'everyday practice' (Mulgan et al, 2007b), rather than a project, suggesting that the innovation is moving towards a sustaining phase. The school has become more effective for families without burning out its professional resources, because there are high trust relationships between professionals and families. Providers working around the centre and school are able to refer their clients informally or formally to other providers. This is because they understand these providers and their systems better, have confidence in them and they are accessible.

The Victory Village partnership gave both sides leadership and greater confidence and capability in their family and community-centred approaches. The school and the centre intellectually and practically fed off each other, and early positive results support confidence in this approach. Family development approaches and family outcomes are more visible to a variety of professionals. This is energising for professionals, providers and leaders. Providers were able to put their collaborative organisational ideals into practice.

The structural shifts for these organisations are in a sense quite minor because Victory Village facilitates, nurtures and models a new pattern of *relationships matter*, and these intersections are the critical leverage rather than wholesale organisational change.

### 5.3 Implications

There are many schools and communities in New Zealand that want something better for families. Educators, social services and community development organisations understand that socio-economic circumstances, health and wellbeing, and intergenerational success in education, are all

connected. They also understand that solutions are not simple. Many schools and communities are looking for or to new solutions to wicked problems. It is, however, uncommon in New Zealand for schools and communities to converge in this way, and for this relationship to fundamentally change the social infrastructure in a community, in a sustainable way. This final section looks at the implications of the research findings and discussion for other schools and community organisations looking to take the step into collaborative system change through social innovation.

Interestingly, Victory Village sees itself as a catalyst for wider system change in schools and communities. In terms of a staged model of social innovation, Victory Village is at the sustaining stage. However, scaling and diffusion (growing and spreading this innovation beyond Victory and Nelson) and wider systemic change (changes to the social infrastructure on a wider scale, for instance through public policy and the philanthropic sector) are in its sights (Mulgan et al, 2007b).

Themes in the history of the Victory Village approach point to the conditions under which this kind of social innovation might be successful elsewhere. Firstly, both the school and the community developers had a similar vision of a healthy and connected community. Both sides were in a development process – the school was shifting its culture towards a family-centred philosophy and the community development people were listening to the community and developing ideas and actions to address needs and aspirations. Because both sides contained individuals who were comfortable locating themselves at the edges of their professional boundaries, these visions came into contact. For the principal, this was about seeing himself as a community leader rather than an institutional leader (Berry et al, 2005). New ideas and possibilities began to percolate through this sharing relationship as mutual trust and contact grew. Togetherness in time, in a proximate space, was pivotal. So were the complementary resources that each side had to offer. This set the conditions for the physical infrastructure – the school hall and community centre as a base for services – to fall into place quickly and relatively smoothly. These early contextual conditions of common vision, commitment to relational practice, professional border crossing and complementary resources enabled the social infrastructure – not just the physical

infrastructure – to be changed, and have therefore had an enduring impact on the Victory Village approach.

The history shows that in these conditions, change both took time *and* happened fast at the critical time. That is characteristic of system change (Westley et al, 2006). This suggests that schools and community developers need to invest time in their own change processes, to create readiness and clear vision and devote serious time to relationship building. In social capital terms, professional development needs to support bridging and linking social capital outcomes. This change process should build capacity for professionals to think ecologically about the challenges they face. It should help build awareness about models of practice and opportunities *out there* that could address these challenges, and what the professionals' own role might be in this. This requires school and community development leaders to validate this enquiry as the legitimate role of a professional community of practice. Paradoxically, they also need to be attuned to the unexpected opportunities that have the capacity to rapidly shift the system in significantly positive ways.

For schools, individuals and organisations that have capacity and experience operating within different professional paradigms of child and family and development can greatly assist the change process, because they tend to be already bridging professional worlds. They can 'speak' different professional languages and can provide an initial translator role to facilitate the critical reflection called for. Likewise, community connectors should be nurtured and valued, because they can provide a vital point of access between families and community institutions.

The literature, and this research, is clear that any moves forward require a professional cultural shift from seeing families and communities as problems and professionals as fixers, to one where families and communities are seen as the key to addressing the problems they face and professionals as active facilitators of conditions to unleash this capacity. Both the school and the community developers invested significant time and resource in listening to the aspirations and needs of the community. For the school, this included hard-hitting feedback about how families felt marginalised. While uncomfortable, this ultimately facilitated trust because families saw that

the school was genuinely committed to working with them and was immediately responsive to its concerns. The lesson here is that from a professional standpoint, things may feel worse before they get better, and uncertainty and risk are integral to systems change (Westley et al, 2006).

A key lesson from the Victory Village approach is to invest in relationships to seed long-term professional interdependence. For the school, professional commitment to family-centred practices was not sustainable without the social and health services infrastructure and relationships that the approach afforded. For the community developers, having a presence at the school was pivotal in moving their community health ambitions forward. The investment in relationships ultimately created collective responsibility for family and community wellbeing, rather than making this the burden of a limited range of professionals. The approach is not therefore about schools or community organisations themselves doing everything for families; it is about fostering professional interdependence.

Schools and community developers working in this way might not end up with a Victory Village-type solution. The Victory Village journey was iterative; there were setbacks and shifts along the way, and the result was not what anyone would have expected in 2005. The approach continues to be very open to system feedback – it is not rigid because its principles and approach guide development at all levels. It remains open to new possibilities.

Some key thoughts for schools and communities looking to make a bigger collective difference for families in their community arising from this research are:

- > Look outward: Find those others in the community who have a similar vision of significantly better and sustainable outcomes for families, but have resources, networks and knowledge you do not have. Find out what is already working and who is doing it. Travel to the edges of your professional arena and be committed to building deeper relationships with other professionals whose interests and actions in family wellbeing border your own.
- > Look inward: Look to your own personal and organisational culture and practices and how they

might be contributing to the patterns and outcomes 'out there' you are trying to shift, and what your existing points of leverage might be.

- > Invest time and professional development resources in bridging social capital practices at all levels of the organisation.
- > Seek out what families and communities want for themselves and from you and others. Re-imagine and explore the capacity in your community to undertake positive social change. Think about how existing successes can be built on. Find out who the connectors are.
- > Capitalise on bridging practices by developing collaborative approaches with providers and professionals to build a system of professional interdependence.
- > Be open and responsive to feedback, unexpected results and opportunities from these changes.

## 5.4 Research limitations

Interpretation of these research findings should be undertaken with the following points in mind. Firstly, this case study focused on one community. The appropriateness of a case study design for this research is covered in the methodology section. Victory Village is widely regarded as a successful approach (see Cowdrey, 2010); however, in a single case study there is a lingering question about whether this success was the exception rather than the rule – could it work anywhere else? By presenting the history, underlying principles and approach at Victory Village, along with the visible part – the activities – the findings are intended to highlight some core ideas that might have resonance in diverse contexts. Understanding context is key to social innovation and systems change.

Further to context, the case study took place in a Years 1–6 primary school. Parental involvement in secondary schooling is reported as more challenging for institutional and family reasons (Bull et al, 2008; Harris & Goodall, 2008). Secondary and intermediate schools hold a different position in the community than primary schools, as they cover a wider area and educate older children. Therefore family and community-centred practices would require different thinking about community and awareness of what

primary schools and community agencies were already doing. Likewise, Victory is an urban setting and what some participants characterised as a 'close knit' community. Rural, isolated and less dense communities exhibit different family and community characteristics and needs that would influence development of family and community-centred practices (Cabinet Office Social Exclusion Taskforce, 2008).

The outcomes data presented in this report need to be read with some caution. Quantitative data are weighted towards student information that is more accessible than data relating to family and community-level indicators. Caveats with interpreting the school data are noted in the findings section.

The research took place during a time of growth and positive change at Victory Village. Community support was high and opportunities were expanding rapidly. There was a very positive feeling about what was happening, internally and externally. This places pressure on the infrastructure and staff to continue to be responsive and consistent with underlying principles, and to be financially sustainable. The research could not look at these issues in depth because of the limited timeframe, but they were noted by some as issues for the future.

## 5.5 Further research

Some areas of potential further research arise from the findings and limitations of the current research. Firstly, research into different types of schools and communities in different community contexts undertaking social innovation would illuminate transferability, and what works in different contexts. Internationally, there are a number of large-scale government-funded initiatives to bring schools, communities and families closer together. In New Zealand, these innovations tend to be community led. Any research would need to focus on schools and communities that were developing sustainable local solutions, rather than those that might be part of a niche and short-term programme of parental involvement in schooling or community development.

Future research should include evaluative elements that look closely at outcomes for students, families

and communities over time. Measuring and attributing outcomes to particular changes in a dynamic social system is inherently complex and time consuming. The international evaluation literature around parental involvement and collaboration has not always looked at outcomes. This type of research is unlikely to be achievable through community effort alone and some consideration needs to be given to how an evaluation system could be put in place across a number of communities.

However, the future collective of research in this area should not be exclusively focused on measuring impact, at the expense of illuminating how these initiatives can develop and thrive. Social change makers should be supported through participative evaluation approaches that assist organisational development in environments that are emergent, unpredictable and relationship based (Quinn Patton, 2010; Westley et al, 2006). It is also important that the stories of journeys of family and community change are available to those who do have the capacity to make a difference, but lack knowledge about where to start.



## REFERENCES

- Accenture Institute for Health and Public Service Value. (2009). *Sharing front office services – the journey to citizen-centric delivery. Planning the change*. Accenture.
- Alton-Lee, A. (2004). 'A collaborative knowledge building strategy to improve educational policy and practice: Work-in-progress in the Ministry of Education's Iterative Best Evidence Synthesis programme'. In *Paper prepared for a Symposium at the New Zealand Association for Research in Education National Conference 2004, Turning the Kaleidoscope, 25 November, 2004*. Ministry of Education, Wellington.
- Anderson-Butcher, D., & Ashton, D. (2004). 'Innovative models of collaboration to serve children, youths, families, and communities'. *Children & Schools, 26(1)*:39-53.
- Anderson-Butcher, D., Lawson, H. A., Bean, J., Flaspohler, P., Boone, B., & Kwiatkowski, A. (2008). 'Community collaboration to improve schools: Introducing a new model from Ohio'. *Children & Schools, 30(3)*:161-172.
- Auerbach, S. (2007). 'Visioning Parent Engagement in Urban Schools'. *Journal of School Leadership, 17(6)*:699-734.
- Bacon, N., Faizullah, N., Mulgan, G., & Woodcraft, S. (2008). *Transformers. How local areas innovate to address changing social needs*. NESTA, United Kingdom.
- Baldwin Grossman, J., & Vang, Z. M. (2009). *The case for school-based integration of services: Changing the ways students, families and communities engage with their schools*. Public/Private Ventures, Philadelphia.
- Berg, A. C., Melaville, A., & Blank, M. J. (2006). *Community & family engagement: Principals share what works*. The Coalition for Community Schools, Institute for Educational Leadership, Washington DC.
- Berry, H., Godfrey, V., Ling, D., Bond, K., & Farrar, M. (2005). 'Community leadership network – more than an aspiration 'through the school gates''. *Revista Electrónica Iberoamericana sobre Calidad, Eficacia y Cambio en Educación, 3(1)*:39-62.
- Biddulph, F., Biddulph, J., & Biddulph, C. (2003). *The complexity of community and family influences on children's achievement in New Zealand: Best evidence synthesis iteration (BES)*. Ministry of Education, Wellington.
- Bosch, C. (2008). 'Making partnerships real'. *EQ Australia, Beyond the School Gate, Spring 2008*: pp. 6-7.
- Bull, A., Brooking, K., & Campbell, R. (2008). *Successful home-school partnerships*. Ministry of Education, Wellington.
- Bull, A. & Gilbert, J. (2007). *Student movement and schools - what are the issues?* Centre for Research, Evaluation and Social Assessment, Wellington.
- Cabinet Office Social Exclusion Taskforce. (2008). *Aspiration and attainment amongst young people in deprived communities: Analysis and discussion paper*. Communities and Local Government, and the Department for Children, Schools and Families, London.
- Campbell, C., Catts, R., Gallagher, M., Livingston, K., & Smyth, G. (2005). *Social capital research literature: A preliminary Review*. AERS Applied Educational Research Scheme, Scotland.
- Carr, S. (2010). *Personalisation: A rough guide (revised edition)*. Social Care Institute for Excellence (SCIE), London.
- Chowdry, H., Crawford, C., Dearden, L., Joyce, R., Sibieta, L., Sylva, K. et al (2010). *Poorer children's educational attainment: How important are attitudes and behaviour?* Joseph Rowntree Foundation, United Kingdom.
- Coalition for Community Schools. (2003). *Making the difference: research and practice in community schools*. Coalition for Community Schools, Washington DC.
- Coalition for Community Schools. (2009). *Community schools: Partnerships for excellence*. Coalition for Community Schools, Washington DC.
- Cohen, L., & Manion, L. (1985). *Research methods in education*. (2nd ed.). Routledge, New York.
- Coleman, A. (2009). *Lessons from extended schools*. National College for School Leadership, Nottingham.
- Collins, A., Anderson, M., Kristin., & Paisano-Trujillo, R. (2009). 'Implementing school-based services: Strategies from New Mexico's school-based health and extended learning services'. *Child Trends, 2009-01*.
- Cooper, C. R., Chavira, G., & Mena, D. D. (2005). 'From pipelines to partnerships: A synthesis of research on how diverse families, schools, and communities support children's pathways through school.' *Journal of Education for Students Placed at Risk (JESPAR), 10(4)*:407-430.
- Carrigan, D., Bishop, K, K, (1997) Creating Family – Centered integrated service systems and interprofessional educational programs to implement them.' *Social work in education, 19(3)*: 149-163.
- Cowdrey, A. (4. Feb 2010). An awesome victory. *Nelson Mail*. <http://www.stuff.co.nz/nelson-mail/news/3293168/An-awesome-victory>
- Department for Children. (2008). *The impact of parental involvement on children's education*. DCSF Publications, Nottingham.
- Department of Education Employment and Workplace Relations. (2008). *Family-school partnerships framework: A guide for schools and families*. Department of Education, Employment and Workplace Relations, Canberra.

- Desforges, C., & Abouchar, A. (2003). *The impact of parental involvement, parental support and family education on pupil achievements and adjustment: A literature review* (Rep. No. RR433). DfES Publications, Nottingham.
- Douglas, K. (2006). *Victory Urban Village project. March 2005-June 2006*. Victory Urban Village Project, Nelson.
- Epstein, J., & Clark Salinas, K. (2009). 'Partnering with Families and communities'. *Educational Leadership*, 61:12-18.
- Families Commission. (2009). *Families Commission. Statement of Intent 2009-2012*. Families Commission, Wellington.
- Ferguson, C. (2005). *Developing a collaborative team approach to support family and community connections with schools: What can school leaders do?*. National Center for Family and Community Connections with Schools, Southwest Educational Development Laboratory, Austin, Texas.
- Fergusson, D., Horwood, J. L., & Boden, J. (2008). 'The transmission of social inequality: Examination of the linkages between family socioeconomic status in childhood and educational achievement in young adulthood'. *Research in Social Stratification and Mobility*, 26:277-295.
- Flanigan, C. B. (2005). *Partnering with parents and communities: Are preservice teachers adequately prepared?* Harvard College, Cambridge, Massachusetts.
- Fullan, M. (2005). *Leadership and sustainability. System thinkers in action*. Corwin Press & Ontario Principals' Council, Thousand Oaks, CA.
- Gilbert, J. (2005). *Catching the knowledge wave? The knowledge society and the future of education*. NZCER Press, Wellington.
- Goodrich, C., & Sampson, K. (2008). *Strengthening rural families: An exploration of industry transformation, community and social capital*. Families Commission, Wellington.
- Gorinski, R., & Fraser, C. (2006). *Literature review on the effective engagement of Pasifika Parents and communities in education*. Ministry of Education, Wellington.
- Gray, A. (2002). *Integrated service delivery and regional co-ordination: A literature review*. Gray Matter Research Ltd, Wellington.
- Harris, A., & Goodall, J. (2008). 'Do parents know they matter? Engaging all parents in learning'. *Educational Research*, 50(3):277-289.
- Hayes, D., & Chodkiewicz, A. (2006). 'School-community links: Supporting learning in the middle years'. *Research Papers in Education*, 21(1):3-18.
- Henderson, A. T., & Mapp, K. L. (2002). *A new wave of evidence: The impact of school, family and community connections on student achievement*. National Center for Family and Community Connections with Schools, Southwest Educational Development Laboratory, Austin, Texas.
- Hoover-Dempsey, K. V., Walker, J. M. T., & Sandler, H. M. (2005). 'Parents' motivation for involvement in their children's education'. *School-Family Partnerships for Children's Success*, Editors: Patrikckan, E., Weissberg, R., Redding, S., Walberg, H., Teachers College Press, New York (pp. 40-56).
- Jehl, J., Blank, M. J., & McCloud, B. (2001). *Education and Community: Connecting two worlds*. Institute of Educational Leadership Inc, Washington DC.
- Leadbeater, C., & Mongon, D. (2008). *Leadership for public value: Achieving valuable outcomes for children, families and communities*. National College for School Leadership, Nottinghamshire, United Kingdom.
- Leithwood, K., & McElheron-Hopkins, C. (2004). *Parents' participation in school improvement processes: Final report of the Parent Participation in School Improvement Planning project*. Canadian Education Association, Toronto.
- Lewis, M. (2008). 'Community connection and change: A different conceptualization of school leadership'. *Improving Schools*, 11(3):227-237.
- MacLeod, M. (2010). 'Liberating Family Services'. In P.Gregg & G. Cooke (Eds.), *Liberation welfare* (pp. 151-157). Demos, London.
- Martin, J., Tett, L., & Kay, H. (1999). 'Developing collaborative partnerships: Limits and possibilities for schools, parents and community education'. *International Studies in Sociology of Education*, 9(1):59-75.
- McArthur, M., Thomson, L., Winkworth, G., & Butler, K. (2010). *Families' experiences of services*. Australian Government, Department of Families, Housing, Community Services and Indigenous Affairs, Canberra.
- MacFarlane, M., & Harris, M. (2009). *Evaluation of youth one stop shops*. Ministry of Health, Wellington.
- Miles, M., & Huberman, M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Sage Publications Inc., Thousand Oaks, CA.
- Ministry of Education. (2005). *Making a bigger difference for all students. Schooling strategy 2005-2010*. Ministry of Education, Wellington.
- Ministry of Education. (2008). *Kiwi leadership for principals. Principals as educational leaders*. Ministry of Education, Wellington.

- Ministry of Health. (2003). Health promoting schools. A way of working. A whole school approach to promoting wellbeing in schools. Ministry of Health, Wellington.
- Ministry of Health. (2010). *Primary health care: Frequently asked questions*. Ministry of Health, Wellington.
- Ministry of Social Development. (2003a). *Mosaics: Whakaahua Papariki: Key findings and good practice guide for regional co-ordination and integrated service delivery*. Ministry of Social Development, Wellington.
- Ministry of Social Development. (2003b). *Review of the centre integrated service delivery: Regional co-ordination: Final workstream report*. State Services Commission, Wellington.
- Ministry of Social Development. (2010, June). *High Trust Contracting*. <http://www.familyservices.govt.nz/working-with-us/funding-and-contracting/high-trust-contracting/high-trust-contracting.html#Whatsnext8>
- Mulgan, G., Ali, R., Halkett, R., & Sanders, B. (2007a). *In and out of sync. The challenge of growing social innovations*. NESTA, United Kingdom.
- Mulgan, G., Tucker, S., Ali, R., & Sanders, B. (2007b). *Social innovation. What is it, why it matters and how it can be accelerated*. The Young Foundation, Oxford.
- Muller, D. (2006). *Family-School Partnerships project: A qualitative and quantitative study*. The Department of Education, Science and Training; The Australian Council of State School Organisations; The Australian Parents Council, Barton, ACT.
- Murray, R., Caulier-Grice, J., & Mulgan, G. (2010). *The open book of social innovation*. The Young Foundation and NESTA, United Kingdom.
- National College for School Leadership. (2008). *Better together – Presentation*. National College for School Leadership, Nottingham
- Next Practice Project. (2009). *Let's imagine...* The Innovation Unit, Next Practice Project, London.
- Parker, S., Spires, P., Farook, F., & Mean, M. (2008). *State of trust. How to build better relationships between councils and the public*. Demos, London.
- Patrikakou, E. N., Weissberg, R. P., Redding, S., & Walberg, H. J. (2005). *School-family partnerships: Enhancing the academic, social, and emotional learning of children*. Teachers College Press, New York.
- Potts, M. (2010). 'Animation': Navigating between centralisation and personalisation'. In P. Gregg & G. Cooke (Eds.), *Liberation welfare* (pp. 127-134). Demos, United Kingdom.
- Putnam, R. D. (2000). *Bowling alone. The collapse and revival of American community*. Simon and Schuster, New York.
- Quinn Patton, M. (2002). *Qualitative research and evaluation methods* (3rd ed.). Sage Publications, Thousand Oaks, CA.
- Quinn Patton, M. (2010). *Developmental evaluation: Applying complexity concepts to enhance innovation and use*. The Guilford Press, New York.
- Robinson, V., Hohepa, M., & Lloyd, C. (2009). *School leadership and student outcomes: Identifying what works and why. Best evidence synthesis iteration [BES]*. Ministry of Education, Wellington.
- Sanders, M. G. (2008). 'Using diverse data to develop and sustain school, family and community partnerships: A district case study'. *Educational Management Administration & Leadership*, 35(4):530-545.
- Sheldon, S. B., & Van Voorhis, F. L. (2004). 'Partnership programs in U.S. schools: Their development and relationship to family involvement outcomes'. *School Effectiveness and School Improvement*, 15:125-148.
- Taskforce on Whānau-Centred Initiatives. (2010). *Whanau Ora: Report of the Taskforce on Whānau-Centred Initiatives*. New Zealand Government, Wellington.
- Taylor, L. (2004). 'Building social capital through devolved decision making: The stronger communities action fund'. *Social Policy Journal of New Zealand*, 67-82.
- Taylor, P. M. (2007). *Making social capital count*. SQW Consulting. Cambridge, United Kingdom.
- Townshend, J. (1998). *Under one roof: The integration of schools and community services in OECD countries*. OECD Publications, Paris.
- Ungar, M. (2003). 'Resilience, resources and relationships: Making integrated service more family-like'. *Relational Child & Youth Care Practice*, 16(3):45-57.
- Van Voorhis, F. L., & Sheldon, S. B. (2005). 'Principals' roles in the development of US programs of school, family, and community partnerships'. *International Journal of Educational Research*, 41(1):55-70.
- Victory Community Health Centre. (2009a). *BeWell community-based health access & coordination. Summary report for first 18 months activity November 2007 – April 2009*. Unpublished. Victory Community Health Centre, Nelson.
- Victory Community Health Centre. (2009b). *Victory Community Health Centre: Annual Report, September 2009*. Victory Community Health Centre, Nelson.
- Watkinshaw, R. (2006). *Classrooms in the community*. National College for School Leadership, Nottingham, United Kingdom.

- West-Burnham, J., Farrar, M., & Otero, G. (2007). *Schools and communities. Working together to transform children's lives*. Publishing details?
- West-Burnham, J., & Otero, G. (2004). 'Leading together to build social capital'. *What Are We Learning About...?*, 3(2):pages?.
- Westley, F., Zimmerman, B., & Patton, M. Q. (2006). *Getting to maybe. How the world is changed*. Random House, Canada.
- Whalley, M. (2006). 'Leadership in integrated centres and services for children and families: A community development approach: Engaging with the struggle'. *Children's Issues*, 10(2): 8-13.
- Widdowson, D., & Dixon, R. (2009). *Report on theme 3. Community connectedness*. Secondary Futures, Wellington.
- Wilkins, R. (2000). 'School, family and community partnerships: Applying a US model to the United Kingdom'. *Journal of Education Through Partnership*, 4(2): 60-74.
- Williams, B. (2003). *A review of collaborative relationships between government agencies and community organisations*. <http://users.actrix.co.nz/babwill/>
- Witten, K., McCreanor, T., & Kearns, R. (2007). 'The place of schools in parents' community belonging'. *New Zealand Geographer*, 63(2):141-148.
- Wylie, C., Hodgen, E., Hipkins, R., & Vaughan, K. (2009). *Competent learners on the edge of adulthood: A summary of key findings from the Competent Learners @ 16 project*. Ministry of Education, Wellington.

## APPENDIX 1: Examples of information sheets

### Families Commission research at Victory Primary School and Victory Community Health Centre

#### FAMILIES INFORMATION SHEET

Thank you for showing an interest in this research project. Please read this information sheet carefully before deciding whether or not to participate. If you decide to participate, we thank you. If you decide not to take part there will be no disadvantage to you of any kind and we thank you for considering our request.

#### **What is this project about?**

The Families Commission is exploring the ways that Victory Primary School and Victory Community Health Centre are working with families and children in this community and the difference this work is making.

This project will allow Victory Primary School and Victory Community Health Centre to refine and develop the ways they work with children and families to make a difference in their lives. It will also enable the Families Commission to build its understanding about how schools, families and family services can work effectively together and share these findings with other schools, family services and communities.

#### **What happens if I choose to participate in this research?**

You are under no obligation to participate in this research. Your participation is voluntary and you will not be paid. You can withdraw from the project at any time. You don't have to give a reason for this and there will be no disadvantage to you.

If you agree to participate I will be interviewing you about:

- > Your experiences with the school and/or community health centre
- > What the impacts of this experience have been for your family.

#### **How will my information be treated?**

With your permission, your interview may be recorded using an audio recorder and transcribed later. If this is the case you can ask for your interview transcript to be sent to you for review before it is used in the data analysis.

Your personal details (eg name, where you live) will be removed when we analyse the data and will not be used in any reporting in this project. Comments you make about other people will not be shared with anyone else or attributed to you in any reporting. Likewise, any comments made about you by others will not be shared with you or attributed to anyone. Because the school and community health centre will be identified in the final report there is a small chance that some participants will be recognised by other people associated with the school and community health centre.

All information collected will be securely stored so that only members of the project team can gain access to it. Interview notes will be securely stored for 24 months after the report is released. Audio files of the interviews will be deleted after the final transcripts are confirmed.

The draft report from this project will be discussed with the school and final reports will be sent to the school and be available to project participants. If you wish to receive a copy directly from the Families Commission please indicate this on the attached consent form.

**Who can I talk to about this research?**

If you have any questions about our project, either now or in the future, please feel free to contact David Stuart at the Families Commission, phone (04) 931 7083 or 021 1149 708, or email david.stuart@nzfamilies.org.nz. You can talk to Kindra Douglas at the community health centre or Mark Brown at the school. Lastly, this project was reviewed and approved by the Families Commission Ethics Committee. You can contact Sharron Cole, the Chair of the Families Commission Ethics Committee, on (04) 496 1710 about this research.

**What happens next?**

I will be in touch shortly by phone to see if you are willing to participate in this research and then arrange a time for our interview in the week of 22-26 June. During this conversation we will also discuss where you would like this interview to take place. If you agree to participate in this research project I will collect the signed consent form (attached) when we meet.

Yours faithfully

David Stuart  
Families Commission

## Families Commission research at Victory Primary School

### PARENT INFORMATION LETTER

To parents and guardians of students in Room 13 Victory Primary School.

The Families Commission is undertaking some research at Victory Primary School and Victory Community Health Centre to look at how they are making a difference for families and children in this community. As part of this work we will be asking your child's class about what they like about Victory Primary School.

We will be asking groups to take photographs of things they like about the school with disposable cameras. These photos will be developed and then discussed as a class. At this discussion we will be asking the students why they took the photos they did and seeing what the common responses are.

Students will be taking photos within the school grounds only. No photos of students or student names will be used in any reporting and the photos will be returned to the school after they have been assessed by the research team.

If you have any questions or concerns about this activity please do not hesitate to contact David Stuart at the Families Commission on (04) 931 7083 or 021 1149 708, or email [david.stuart@nzfamilies.org.nz](mailto:david.stuart@nzfamilies.org.nz). You can also talk to Mike Rankin. This project was reviewed and approved by the Families Commission Ethics Committee. You can contact Sharron Cole, Chair of the Ethics Committee, on (04) 496 1710 to discuss the project.

We will be explaining the project to the class and asking students to sign a participation form acknowledging that they understand what the research is about and agreeing to participate.

If you do not wish your child to participate in this research please let Mike Rankin know before Monday 22 June.

Yours faithfully

David Stuart

Families Commission

## Families Commission 'Photovoice' research project at Victory Primary School

### STUDENT INFORMATION

- > I understand that David Stuart at the Families Commission is doing some research at my school.
- > David has explained this to my class and has answered questions from the class.
- > I do not have to take part in this activity and I can pull out if I don't want to do it anymore.

#### If I decide to take part:

- > I am going to take photos of things I like about my school with a group of other students.
- > We will decide together what to take photos of.
- > We will take turns taking the photos.
- > If we take pictures of people like teachers and other students we will ask them if that is OK first.
- > We can only take photos around the school.
- > Mr Rankin or David can help if we get stuck or have questions.
- > We need to give our camera back to David on Wednesday morning.
- > We cannot take the camera home.
- > We will be talking about the photos in class on Thursday.
- > David will return the photos to us once he has had a good look at them.
- > Photos of people won't be printed in David's report.

#### Tick one box:

- I understand the project and I want to do this activity.
- I understand the project and I don't want to do this activity.

My name: \_\_\_\_\_

## APPENDIX 2: Participant consent form

### Families Commission research at Victory Primary School and Victory Community Health Centre

#### PARTICIPANT CONSENT FORM

I have read (or had explained to me) the information sheet for this project and understand what it is about. All my questions have been answered to my satisfaction. I understand that I am free to request further information at any stage.

**I know that:**

1. My participation in the project is entirely voluntary.
2. I am free to withdraw from the project at any time, including withdrawing any information I provide, without having to give a reason and without any disadvantage.
3. If I feel uncomfortable answering any of the questions, I can decide not to answer those questions or withdraw from the discussion.
4. With my permission the discussion may be audio-taped, and transcribed. The interviewer may also take hand-written notes.
5. If the interview is audio-taped and transcribed, I can ask for a copy of this transcript for checking before it is used in the analysis. At this stage I can request changes to the transcript.
6. The information resulting from the discussion will be destroyed 24 months after the release of the final report. If the interview is recorded, the audio recording will be deleted once the transcript is finalised.
7. Once the information has been gathered, any identifying information (eg names, locations) will be removed from the notes and transcripts so that the information cannot be traced back to me.
8. Any comments I make about others will not be passed on or attributed to me in any reporting of the research.
9. The school and community health centre will make comment on the draft findings. Copies of the final report will also be available at the school and community health centre. I can also request that a copy of the final report be sent to me by the Families Commission.
10. The results of the project may be published and every attempt will be made to preserve my anonymity. In any published report there is a small chance that someone who knows me could link my comments to me.

I agree to take part in this project.

.....

Signature of participant

.....

Date

I agree to this interview being recorded with an audio device.

Yes  No

If a transcript of this interview is made I wish to receive a copy for checking.

I wish to receive a copy of the final report from the Families Commission (please write your postal address on the back of this form).

## APPENDIX 3: School staff survey

### Families Commission research at Victory Primary School

#### TEACHER SURVEY

The Families Commission is undertaking some research at Victory Primary School and Victory Community Health Centre looking at how they work with families and children in this community and the difference this work is making.

Some teachers are being interviewed for this research, but to get a wider perspective we are asking teachers to complete this short survey about their thoughts on the work that the school and centre are doing.

The survey is voluntary and the information you provide will be treated in the strictest confidence. Any comments you make will not be attributed to you in any reporting or in any discussion with the school.

If you have any questions or would like to discuss your responses further please contact me at the school/community centre this week or on (021) 1149 708. Please complete and return the survey by this Friday (26 June) lunch time.

#### About me

Name: \_\_\_\_\_

Position at school (tick one):

- Classroom teacher
- Teacher aide
- Classroom teacher with management responsibilities
- Assistant or deputy principal
- Other, please specify: \_\_\_\_\_

How many years have you been teaching at Victory School in total? (tick one)

- 1 – 3 years     4 – 7 years     8+ years

#### Working with Families

1. In 2009 how have you engaged with families in your teaching role? Tick either Often, Sometimes or Not at all column for each activity below:

Activity	Often	Sometimes	Not at all
Parent/teacher interviews			
Discussions about student progress			
Cultural activities and events			
Adult/parent education			
Fundraising/event organising etc...			
Parents helping with classroom activities			
Victory Community Health Centre activities and programmes			
Other. Please describe here:			

2. Overall, how do you think Victory Primary School is doing to engage with and support families in this community (tick one)?

Extremely well    Very well    Quite well    Not very well    Not well at all    Not sure

Please comment on your response here:

3. Overall, how do you think Victory Community Health Centre is doing to engage with and support families in this community (tick one)?

Extremely well    Very well    Quite well    Not very well    Not well at all    Not sure

Please comment on your response here:

Thank you for completing this survey. Please place in the box provided by Friday lunch time.

## APPENDIX 4: Interview questions

### Key individuals

1. Tell me about the ways that Victory Village works with families
2. As \_\_\_\_\_ what is your role in these things you have just described?
3. What is Victory Village trying to achieve for families and children?
4. What do you think Victory Village is achieving at the moment?  
What is your contribution to these achievements?
5. What are the key things that Victory Village does that make it successful?
6. What do you think is different about the Victory Village model?
7. What do you think the next steps are to make a bigger difference for families and children in this community?

### Service providers/specialist staff

1. How is your service linked with Victory Village?
2. How did your relationship with Victory Village come about?
3. Tell me about your understanding of how Victory Village in general works with families.
4. What is Victory Village trying to achieve for families and children?
5. As a service what do you think you are achieving for families and children in this community at the moment?
6. More generally, what do you think Victory Village is achieving for families and children at the moment?
7. What have been the benefits for your service of being part of Victory Village?
8. What are the challenges?
9. What are the key things that Victory Village does that make it successful?
10. What do you think is different about the Victory Village model?
11. What do you think the next steps are for Victory Village to make a bigger difference for families and children in this community?

### Families

1. Tell me about how you came to be involved with the services at Victory Village.
2. How did Victory Village support you?
3. What did you like about their approach?
4. What could have worked better?
5. What impacts have there been for your family or your relationship with Victory Village?
6. What do you think Victory Village is trying to achieve in this community?
7. How would you describe its overall approach in working with families and children?

**Teacher group interviews**

1. Tell me about the ways that Victory Village works with families.
2. How do teachers specifically work with families?
3. What is Victory Village trying to achieve for families and children?
4. As teachers what do you think Victory Village is achieving at the moment?  
What is your contribution to these achievements?
5. What are the key things that Victory Village does that make it successful?
6. What do you think is different about the Victory Village model?
7. What hasn't worked so well?
8. What do you think the next steps are to make a bigger difference for families and children in this community?

## APPENDIX 5: Social capital and education

An emphasis on social capital is evident at Victory Village across the work of the school and community centre. West-Burnham et al (2007) from an education perspective, identify social capital as the potentially unifying factor that integrates the various personal and social influences on children's success and life chances. They present the following key social capital characteristics:

- > shared social norms and values which inform personal and community decisions and support high levels of social activity
- > sophisticated social networks – shared and rich lines of communication, shared language, common vocabulary and high-quality dialogue
- > high levels of trust, openness, consistency and reliability
- > high civic engagement, (eg voting, participating in civic community)
- > symbols and rituals: the community has a sense of identity which is celebrated through shared ceremonies and events
- > interdependence and reciprocity – high levels of caring and sharing, and people look out for each other
- > volunteering and community action – clubs, societies, charities are prominent in community action (p. 32).

The nature of social capital's influence is often summarised as *relationships matter* (Field, 2003 in West-Burnham & Otero, 2004). The networks, norms and trust facilitated through quality relationships enable participants to act together to pursue shared objectives through improved access to resources and information (Taylor, 2007). Hence, if you improve relationships you improve a community's capacity to learn and strengthen itself. Social capital acts as a 'currency' that can be traded or transferred for other assets (Goodrich & Sampson, 2008). Putnam's major analysis of the role of social capital, *Bowling Alone* (2000), found that social capital characteristics did impact on outcomes for children when other factors were controlled for. It also affirmed that demographic and socio-economic differences matter as well.

Two general types of social capital feature in discussions about school and community relationships: bonding social capital and bridging (or linking) social capital (Campbell, Catts, Gallagher, Livingston, & Smyth, 2005). Bonding social capital represents the ties within communities that create a strong self-identity and a dense social structure for the community in question. However, strong bonding can manifest in introversion and exclusivity and limit participants to the information, resources and views of the community (Goodrich & Sampson, 2008). Bridging or linking social capital, then, represents the relationships between diverse communities of place and interest (Taylor, 2007). Bridging is necessary to avoid the potential negative effects of bonding (Epstein & Clark Salinas, 2009). Bridging is associated with weak ties between individuals in dense networks. Weak ties create 'social bridges' between networks and expose members to different views, information and resources (Goodrich & Sampson, 2008).

Biddulph et al (2003) outlined two broad ways that community social capital can support learning and achievement. Firstly, social networks provide opportunities for further learning, and development of cultural identity, belonging and wellbeing in children, and enable parents to gain knowledge and access resources. Secondly, good access to local community institutions (for instance libraries and medical facilities) and social agencies can positively impact achievement. However, from the point of view of strengthening families' relationships between families and the informal support these networks facilitate, is a critical means of support for vulnerable families (see McArthur et al, 2010).

In general, the literature around the role of social capital in personal, family and community development suggests that social capital does make a difference. It is a useful framework for thinking about the collective interests and resources of education that can be marshalled to make a bigger difference for families and children. Because social capital is all about relationships, school approaches that do not focus on the process and persist with an institutional approach to change are less likely to be successful in building social capital through innovative practice.





### **Innovative Practice Research**

- 1/06 *Hello, I'm A Voice, Let Me Talk: Child-inclusive mediation in family separation*, Jill Goldson, December 2006.
- 2/08 *Growing Research in Practice (GRIP) – An innovative partnership model*, Neil Lunt, Christa Fouché and Deborah Yates, January 2008.
- 3/08 *Engaging Māori Whānau – Evaluation of a targeted parenting programme*, Heather Gifford and Gill Pirikahu, May 2008.
- 4/09 *The Spinafex Effect – Developing a theory of change for communities*, Kathryn Handley, Sheryll Horn, Ripeka Kaipuke, Bruce Maden, Elizabeth Maden, Barbara Stuckey, Robyn Munford and Jackie Sanders, February 2009.
- 5/09 *Pathways Through Parental Separation: The experiences of a group of non-resident fathers*, David Mitchell and Philip Chapman, June 2009.
- 6/09 *Living with Chronic Illness: Support for family members who live with heart failure*, Dr Lisa Whitehead, October 2009.
- 7/10 *Connections: Supporting family relationships through schools and workplaces*, Sue Quinn and Anna Mowat, November 2010.

This report is available on the Commission's website [www.nzfamilies.org.nz](http://www.nzfamilies.org.nz) or contact the Commission to request copies.

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