

Morrison House

What did they set out to achieve?

Adult Community Education (ACE) providers Morrison House, Coonara Community House and Glen Park Community Centre formed a Community of Practice with three Eastern Access Community Health (EACH) organisations to explore the potential for building a cross-organisational culture of career development.

The aim was to build the capacity of participating organisations to facilitate the career development of their clients, who might face multiple levels of disadvantage, including disability, mental health issues and extreme social disengagement. The *Blueprint* was found to provide a useful shared language for communicating across the EACH and ACE organisations.

What did they do?

This CoP set out specifically to build a culture of career development within and across the six participating organisations/programs. Therefore, there was a deliberate emphasis on professional development, most of which was facilitated by the Project Manager. To do this, the Community of Practice used the *Career Education Quality Framework* and the *Blueprint* to come together and assess the 'status' of career development in each organisation/program. They also tested stage 1 (planning) of *Developing a Comprehensive Career Development Program* (Chapter 4 of the prototype *Blueprint*) in each organisation/program.

The CoP used Stage 1 (the Planning Stage) *step one establish a steering committee*, and *step two assess your learner's needs* of Chapter 4 of the prototype *Blueprint* to provide a focus and to assist each organisation to explore the framework and develop the first stage of planning of a career development model. The team also used Appendix A: A Career Development Needs Assessment Survey, modified to suit the needs of their clients/students.

For Stage 2 (the development stage), the focus of the discussion and activities of the steering committee was to 'unravel' and test the language of the eleven career competencies. The CoP needed to determine whether the language should be retained or adapted for the different client groups in each of the programs offered. The team also needed to decide how the survey might look and the processes of administering it.

While there were difficulties associated with the timeframe and the scale of the task that the CoP had taken on – "time is always an impediment in the community sector, where people are generally

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underpaid and overworked,” a number of early successes and ‘aha’ moments, were also reported, including the:

- “Recognition that there is a great deal of the work we all do that can be documented through the *Blueprint* now that we have it as a mental and ‘on paper’ framework
- Recognition that EACH is focussed on health and well being as the basis of its services and that the *Blueprint* is also focussed on health and wellbeing. ACE has many of the same underpinning principles but they are less defined
- Realisation that the framework provides us with a shared language for discussion. The competencies themselves are very familiar but were not articulated or well documented previously.”

Did they find the *Blueprint* useful?

As a result of the trial, the CoP steering committee noted that whilst participating organisations were already doing a lot of career development work, it was often not noted, defined or obvious. The team was felt there was value in making this work more explicit.

Members of this CoP found they needed to ‘translate’ some of the language of the *Blueprint*, which they found to be too complex/threatening for their clientele. For example, the very word, ‘career’ upsets some clients who equate the word career with success, this being an upsetting concept for some of them. “You need to be stealthy with the language.” This meant that the *Blueprint* was definitely used as an underpinning architecture, rather than an instrument or language that was foregrounded with clients.

After initially struggling with the concept of developing local standards when working with clients whose confidence invariably needed to be built as a forerunner to moving on to either learning or other work activities participants realised that local standards simply referred to the evidence that would illustrate the achievements/development of individual clients. They could see the positive value of developing standards that reflected the unique circumstances of their clients. It de-emphasised the notion of standardised measurement.

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