Challenging Gender Role Stereotypes and Creating Pathways for Goal Achievement: A Study of a Group Mentoring Programme for Women from Disadvantaged Communities

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What is This?
Challenging Gender Role Stereotypes and Creating Pathways for Goal Achievement

A Study of a Group Mentoring Programme for Women from Disadvantaged Communities

Jennifer Boddy
Griffith University, Australia

ABSTRACT
This article critically examines the success of the Map Your Future women’s mentoring programme (MYF) in challenging gender role norms with a group of women from four socio-economically disadvantaged communities of a large Australian provincial city. MYF was underpinned by a ‘feminist-strengths’ perspective and used a social intervention research framework to guide programme development, implementation and evaluation. Participants, who were predominantly of Anglo-Celtic ethnicity, came from communities where there was a persistent cultural expectation that women work within the home. Unemployment was significantly higher, one-parent families more common, the median weekly household income lower and completion of secondary education well below the state average in all communities (Australian Bureau of Statistics [ABS], 2006).
The findings suggest that group mentoring with women, from cultures where care-giving is valued over education and career opportunities, can assist women to broaden their educational and career interests and enable them to explore their hopes and goals for the future unconstrained by gender role norms.

INTRODUCTION

Residents from socio-economically disadvantaged communities in Australia generally experience poorer health, lower economic and educational status, reduced access to material resources, an increased likelihood of working in menial or unrewarding jobs and less social support than residents from wealthy communities (Australian Institute of Health and Welfare [AIHW], 2004; Braum et al., 2007; Vinson, 2007). There is also an increased likelihood of domestic violence, physical and mental health problems, child maltreatment and drug and alcohol addictions (Vinson, 2007). For women from low socioeconomic backgrounds, this can impede personal development and social progression (Dominelli and McLeod, 1989). It can also result in restricted opportunities for educational and career advancement, limited social mobility and reduced access to essential social resources, such as childcare, transportation and medical treatment (AIHW, 2004).

While women in Australia have become increasingly involved in the workforce, widened their career preferences and increasingly completed tertiary study (ABS, 2006; Bryson, 1994), this is not the case for women from socio-economically disadvantaged communities (ABS, 2006), where they will generally be guided by the employment experiences of their mothers and others around them (Poole and Langan-Fox, 1997; Wahl and Blackhurst, 2000). This decreases the likelihood that they will pursue further education and gainful employment. Further, women’s general expectations regarding career attainment remain low, particularly in relation to traditional male-oriented jobs (Wahl and Blackhurst, 2000), and young people still aspire to gender-typical occupations (Patton and Creed, 2007; Tinklin et al., 2005).

In socio-economically disadvantaged communities, where cultural expectations regarding education and work opportunities are accorded less importance than caregiving, it is likely that women will be encouraged to take up gender-typical roles in the home. Such roles can provide women with a sense of wellbeing and accomplishment (Lloyd, 2006), but they can also result in emotional and physical distress and socioeconomic disadvantage (Women’s Health Council, 2005). While caring roles are essential to human life, as they help establish and nurture social ties, they are often still seen as the exclusive domain of women (Women’s Health Council, 2005) and not always valued in western society. Armstrong and Armstrong (2004) point out:
Care work is women’s work. Paid and unpaid, located at home, in voluntary organisations or in the labour force, the overwhelming majority of care is provided by women. It is often invisible, usually accorded little value and only sometimes recognised as skilled. (Armstrong and Armstrong, 2004: 4)

Socioeconomic disadvantage, coupled with a persistent cultural expectation that a woman’s most important role is in the home, means it can be difficult to challenge gender role stereotypes and encourage women from disadvantaged communities to explore their goals, hopes and dreams outside of cultural expectations. When women step out of ‘traditional’ roles they will, more often than not, consider the effect it will have on their families (Harris et al., 2004). Challenging gender role stereotypes can cause tension (Meyer, 1983) and be unsettling for women when they subscribe to a mothering ideology. Gross (1998: 2) explains: ‘their sense of accomplishment in other spheres of their lives, such as work outside the home, is often undermined by chronic ambivalence about the morality of their choices and the adequacy of their mothering’. Consequently, women can feel a mix of emotions as they step out of traditional roles.

Available evidence suggests that for women from disadvantaged communities to break free from gender role stereotypes and seize opportunities for self-development, they need to be part of a programme that not only builds their confidence and self-esteem, but also allows them to practise newly learned skills (Benevolent Society, 1999; Brown and Barbosa, 2001). Long-term support – through meetings or telephone calls – which is encouraging, sensitive and non-judgemental is important for women to successfully move into new roles and ‘enter new worlds’ (Brown and Barbosa, 2001: 371). While group facilitators should maintain expectations and standards for the group, they should also seek to create an environment that is supportive, relaxed and safe for the women to voice their thoughts and feelings without fear of judgement or harsh criticism (Butler and Wintram, 1991). These measures can help create pathways for women from disadvantaged communities to further education and rewarding employment (Brown and Barbosa, 2001).

Programme Overview and Theoretical Framework of the Study
Given the importance of supporting women through groups, social group work was employed to prepare women being mentored for, and support them in, their mentoring relationships. Social group work theory suggests that groups provide a powerful vehicle for personal change. Participants acquire a sense of belonging, they have opportunities to collectively brainstorm solutions to complex problems and their active involvement means they are likely to take ownership of, and responsibility for, their contributions and roles (Hoover, 2005). Groups allow women to externalize personal problems and identify commonalities in
experiences and interests, thus challenging the ‘patriarchal tendency to individualize and internalize women’s problems’ (Davis and Hagen, 1992: 15). As participants learn to trust one another, they begin to share information and actively engage in group activities (Barker, 2003).

The Map Your Future Mentoring Program comprised an eight-session preparation-for-mentoring group programme for those being mentored and four monitoring meetings that supported those being mentored and mentors in their individual mentoring relationship. The preparation-for-mentoring programme had five interconnected themes that emerged from the initial research (including the literature review), ongoing consultation with the women in the groups and consultation with academics and industry partners on the project’s advisory committee (see Table 1). The monitoring meetings, which commenced after those being mentored had been matched with their mentors, allowed those being mentored to reflect on their experiences in their

<table>
<thead>
<tr>
<th>Theme</th>
<th>Content or Focus</th>
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<tr>
<td>Self-esteem and self-care</td>
<td>Identify and build on strengths</td>
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<td>Conduct skills audit</td>
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<td>Develop coping strategies</td>
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<td>Build support networks</td>
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<td>Examining hopes, dreams and future aspirations</td>
<td>Revisit hopes and dreams from the past</td>
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<td>Explore options outside of women’s traditional roles</td>
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<td>Open up new areas of potential</td>
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<td>Define new hopes and dreams</td>
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<td>Teamwork</td>
<td>Develop skills in working with others in a group</td>
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<td>Enhance communication skills</td>
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<td>Goal setting</td>
<td>Define and set priorities</td>
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<td>Map goals</td>
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<td>Prepare practically for the chosen activities, such as applying for work or a course</td>
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<td>Mentoring</td>
<td>Look at research about mentoring</td>
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<td>Consider the role of mentor and mentee</td>
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<td>Identify how to benefit from the mentoring relationship</td>
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<td>Define what the women want from the mentoring relationship</td>
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mentoring relationship and consider how they might apply their learning to other situations. The group facilitator in the monitoring meetings encouraged those being mentored to adopt a critically reflective stance rather than accept the knowledge imparted from others, including their mentors, unquestioningly (Boddy et al., 2008).

The study, and the pedagogical foundation of the groups, was also underpinned by a ‘feminist-strengths’ perspective. While acknowledging the oppressive realities for many women and the structural barriers which restrict personal and professional development (Dominelli and McLeod, 1989; Yeatman, 1995), a ‘feminist-strengths’ perspective moved away from a deficits-based focus on the women’s oppression and recognized that, despite structural disadvantages, the women had capacities and strengths (Healy, 2005; Saleebey, 2006). Thus there is not a deterministic relationship between structural obstacles and negative outcomes. A ‘feminist-strengths’ approach also meant ensuring the research design was premised on ‘socially-just practice’ (McCashen, 2005), that is, a framework which is inclusive, collaborative, self-directed, and transparent, and does not exclude participants due to mental health, domestic violence or drug and alcohol issues. The women were invited in the group meetings to reflect on their – gendered – experiences as culturally, historically and socially situated (Gray, 2001) and were encouraged to identify and prioritise their needs (see Figures 1 and 2 for examples). In all exercises, the programme facilitator sought to recognise and affirm the women’s strengths, hopes and dreams in order to increase their feelings of self-worth and empowerment, and to encourage them to share their knowledge and skills with others. These were new experiences for the women, as their communities did not prioritise women’s education and employment. Instead, a great deal of emphasis was placed on their role in the home as caregivers.

Programme development, however, also took account of the worldviews of those being mentored. While it was seen as important to unlink their socially constructed role-based identity and shift the focus to their identities as individuals in their own right – who also fulfilled other valued roles, such as friends, neighbours, lovers and so on (Orme, 2002) – women in the programme highlighted the importance of helping each other and their communities, and they indicated that they viewed their work in the home and in the voluntary sphere as equally important to paid work. Thus the valuing of their labour of childrearing and caretaking needed to be acknowledged (Maeckelberghe, 2004). Caring work was framed in strengths-based language and group exercises were designed to stimulate discussion about how they might use their knowledge and skills from caring and voluntary work in their mentoring relationships and new roles. Thus, each woman’s experience, knowledge and meaning construction was valued. Further, the scope of the programme was broadened to incorporate mentoring around unpaid work and work within the home.
An adaptation of Rothman and Thomas’ (1994) intervention research model provided the overarching research design. Intervention Research is a practice-oriented methodology used for the design and development of ‘human service technologies,’ such as social interventions, policies or programmes. It is responsive to community interests and can be adapted to suit different cultures. It was thus considered an appropriate methodology given the study aims. It comprises three phases:

1. **Knowledge Development**, which is focused on building knowledge about human behaviour as it relates to human service interventions.
2. **Knowledge Utilization**, which involves identifying how the information from the Knowledge Development phase may be related to, and used in, a practical application.
3. **Design and Development**, which aims to design, implement, monitor, evaluate and disseminate human service interventions.

Each phase is concerned with the creation of a social intervention, such as a policy or programme, which improves service delivery, community life and...
The facilitator asks the women to stand in a circle and explains that this is a fun exercise which requires them to successfully juggle a number of things as a team. The women must throw an object around the circle in a zigzag sequence, with the final catcher placing the object in a bucket. They must not break the order of throwing or drop the object. When they have completed a sequence an additional object can be added. Each time an object is dropped or thrown out of sequence the group must start from the beginning with only one object. The group must try to see how many sequences they can complete in a pre-determined period of time.

At completion of the exercise, the facilitator asks the women to discuss the juggling exercise as a group. Reflective questions might included:

- Why might we spend our time completing such an exercise?
- How might this exercise be similar to all the things you juggle in family and work life? How might it be different?
- Are there things that this exercise might illustrate about the successful juggling of activities in real life?
- What things made the juggling easier? What things made it more difficult?
- Did frustration, speed, power and conflict impede progress?
- Were planning, leadership, communication, teamwork and encouragement important to the process?

The facilitator gives each woman a large piece of paper and an assortment of pens. She asks everyone to draw a line horizontally across the centre of their page and another across the lower part of the page, before writing or drawing:

- above the centre line – all the things they currently juggle,
- below the bottom line – any additional challenges or activities they may have to juggle in the future, as well as existing supports and changes they are currently making (women are encouraged to think broadly about the things that might support their juggling act, such as, personal strengths and skills, people in their lives, and access to particular services) and
- between the centre line and bottom line – the extra supports they may need to help them in the future.

After the sheets are completed, women are asked to split into pairs or triads to discuss how they might develop, encourage or actively seek the needs they have indicated in the middle section. For example they may need to find a child minder, be more assertive in relationships, lower their expectations of household tidiness or save for a car.

In the large group, the facilitator asks each woman to comment on the usefulness of this exercise and some possible changes they may need to make.
individual health and well-being. Within a positivistic intervention research framework, each stage has specific activities that researchers must implement and work through in succession. However, usually the activities involved in each phase continue after the introduction of the next stage and are repeated when new information is discovered (Rothman and Thomas, 1994).

Guided by the theoretical framework of the study, the intervention research approach was adapted to move it from a positivist to a more qualitative approach that was relevant to the women for whom the intervention was designed. To more clearly articulate the importance of implementing, monitoring, evaluating and disseminating the intervention (usually incorporated into the Design and Development phase), the framework was expanded to six phases: (1) Knowledge Development, (2) Knowledge Utilization, (3) Design and Development, (4) Implementation and Monitoring, (5) Evaluation and (6) Dissemination.

Each phase involved a number of steps (described in Figure 3), which were adapted from the original model in response to feedback from participants and the advisory committee. These steps informed subsequent phases with the aim of contributing to the development, implementation and evaluation of the innovative community intervention – the mentoring programme – that challenged gender role norms. In keeping with ‘other voice feminism’ and its focus on giving ‘women a voice’ (Gilligan, 1993; Orme 2009; Weick, 2000), those being mentored were involved in the design and development of the mentoring programme from the outset to ensure that it was responsive to their needs.

While the research design shared many similarities with action research – such as its focus on producing practical knowledge that contributes to people’s wellbeing (Reason and Bradbury, 2006) – there were key differences. Participants did not assist in designing the research questions, conduct the research, analyse results, or learn research skills (Greenwood and Levin, 2000). Thus, participants did not become co-researchers and the researcher did not become involved in the intervention as a collaborator, as is usually required in action research (Liamputtong and Ezzy, 2005). Instead, the researcher, while consulting with the participants and advisory committee about the direction of the project, designed the research project, articulated the study aims, evaluated the project and analysed the data using a systematic research approach.

**DATA COLLECTION AND ANALYSIS**

While a mixed-methods approach to data collection was chosen, to help determine whether mentoring outcomes were attributable to the programme or to other factors, a qualitative research approach was predominantly used, and included in-depth interviews and focus groups to ensure that the subjective views and experiences of the intervention of those being mentored were elicited.
throughout (Sarantakos, 1998; Ungar, 2003). The qualitative data formed the ‘text’, which was coded and analysed using N-Vivo computer software to identify patterns, themes, links, similarities, exceptions and contrasts in the data. Table 2 provides an overview of the qualitative methods used in the study.

Quantitative data included participant’s demographic data and scales measuring self-esteem (Mehrabian, 1998), social support (C. R. Everingham, personal communication, 3 March 2005), hope and optimism (Mehrabian, 1998) and ego-resilience (Block and Kremen cited in Letzring et al., 1998). The researcher combined the scales into one questionnaire and – by removing questions that used deficit-focused language – adapted it to have a strengths focus. Thus, claims cannot be made about the scales’ reliability. However, they were useful in comparing the findings from the scales with those from other measures.

Data was collected with mentees across Phases I to V and with mentors across Phases III to V (although predominantly in Phases IV and V). This article reports on the qualitative findings from the groupwork component of the

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<tr>
<td><strong>PHASE I: Knowledge Development</strong></td>
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<tr>
<td>Situational analysis and exploration of stakeholders views at feedback forum</td>
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<td>Systematic literature review and development of study theoretical framework</td>
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<td><strong>PHASE II: Knowledge Utilization</strong></td>
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<tr>
<td>Development of study aims, research questions, research design, research methods and ethics clearance</td>
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<td><strong>PHASE III: Design and Development</strong></td>
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<tr>
<td>Design, recruitment and implementation of mentees Map Your Future: Preparation-for-mentoring groupwork program.</td>
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<tr>
<td>Design, recruitment and implementation of mentors Map Your Future: Mentors’ training program</td>
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<td><strong>PHASE IV: Implementation and Monitoring</strong></td>
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<tr>
<td>Development of mentoring guidelines</td>
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<tr>
<td>Matching of mentors and mentees</td>
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<td>Monitoring of the mentoring relationships and mentees’ progress</td>
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<td><strong>PHASE V: Evaluation</strong></td>
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<td>Data analysis</td>
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<td><strong>Phase VI: Reporting and Dissemination</strong></td>
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Figure 3 STUDY PHASES
programme for mentees (held across Phases I to IV) and thus focuses mostly on statements made by those being mentored. However, to assist in overcoming the bias inherent in research and to develop a rich understanding of the group-work process, triangulation of methods and sources was employed where possible. Nevertheless, claims cannot be made as to the general application of these findings.

**PARTICIPANT SAMPLE**

Eighteen women – being mentored – ranging in age from 21 to 62 commenced the preparation-for-mentoring programme and 13 completed it. The mean age

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<th>Method</th>
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<tr>
<td>Journal notes</td>
<td>Including: record of telephone calls and emails with mentees (Phase I to V) and mentors (Phase III to V) and notes from participant observation of mentee preparation-for-mentoring group program (Phase III), mentor training (Phase III) and mentee and mentor monitoring meetings (Phase IV)</td>
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<td>Meeting minutes/transcripts</td>
<td>Including: minutes from feedback forum with mentees (Phase I), minutes from advisory committee meetings (Phase I, II and III) and transcripts of monitoring meetings with mentees and mentors (Phase IV)</td>
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<td>Interviews</td>
<td>Including: semi-structured interviews with mentees during the mentee preparation-for-mentoring group program (Phase III), mentoring surveys with mentors and mentees partway through their mentoring relationship (Phase IV), focus groups with mentees and mentors at completion of the program (Phase V) and unstructured interviews with mentors and mentees who withdrew or were unable to attend the final focus group (Phase V)</td>
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was 37 and the median age was 36. Two were in paid employment and 17 did voluntary work. The rate of involvement in volunteering for women in this programme was particularly high compared with the Australian average of 33 per cent (Mitchell, 2006). Sixteen women had children and eight had partners. Thirteen participants had completed the Year 10 School Certificate (approximately aged 15–16) and three had left school earlier (aged 14). One woman had completed the High School Certificate (approximate age 17–18) and one had completed tertiary education in later life. All participants were born in Australia. Three of the 11 participants said they thought that they qualified for Indigenous status, but had not formally done so in their respective communities. All other participants thought they were predominantly of Anglo-Celtic origin.

Participants were located across four suburbs of a large provincial city of New South Wales. Three were outlying suburbs and were between 14 and 28 kilometres from the city centre, while one was an inner-city suburb. These suburbs experienced considerable socioeconomic disadvantage compared with the Australian state of New South Wales (ABS, 2006). In all of the suburbs, unemployment was significantly higher and one-parent families were more common. The median weekly household income was well below the state average. Completion of secondary school was below the state average and in one suburb only 10 per cent of the population had completed secondary school in contrast to the state average of 42 per cent (ABS, 2006).

Eleven women entered the next phase of the study where they were matched with a mentor. At the commencement of this phase, the women ranged from 25 to 55 years of age with a mean age of 35. Seven of the women were single and four were married or living in a de facto relationship. Nine participants had completed the Year 10 School Certificate (approximate age 15–16) and two participants had left school before this. Ten women had children and nine had dependent children (or grandchildren) living with them.

Of the five women who withdrew during the preparation-for-mentoring programme, two had work commitments (one in a voluntary and one in a paid capacity), one relocated to another city, one withdrew for health reasons and another reported that the time between sessions (one month) was too long. These participants all withdrew in the first half of the group programme. These women, on average, returned a higher raw score in a self-esteem scale (Mehrabian, 1998), optimism–pessimism scale (Mehrabian, 1998), ego-resiliency scale (Block and Kremen cited in Letzring et al., 1998) and social support scale (C. R. Everingham, personal communication, 3 March 2005) than the women who continued in the programme. Thus they tended to have higher self-esteem, optimism, ego-resilience and social support, suggesting that those who withdrew did not need the programme as much as those who stayed.

Two participants withdrew between the conclusion of the preparation-for-mentoring programme and commencement of the mentoring relationships.
Reasons cited included employment and age. During the mentoring relationships, one woman withdrew, citing that she did not feel in a position to be mentored around educational and professional goals due to personal difficulties.

FINDINGS AND DISCUSSION

By the completion of the preparation-for-mentoring programme, all women had recorded goals for their mentoring relationships despite the initial difficulty they had experienced in articulating their hopes and dreams for the future. Mentees also began setting a number of personal short-term goals, particularly around health and parenting. By the completion of the mentoring programme, 4 of the 11 women who entered into mentoring relationships had begun studies and an additional three had gained employment. Of the seven women who withdrew during or after the preparation-for-mentoring programme, two had found employment. The women’s goals included a diverse range of career options at the end of the programme, including law, youth work, computing, business and beauty therapy. However, gender-typical occupations were valued and many of the participants intended to pursue this with interest expressed in nursing, midwifery, childcare and youth work.

Women as Carers

Early discussions on career interests reflected that ‘caring’ occupations held a strong appeal for the women involved in the programme. At the feedback forum – held in Phase I of the study prior to the start of the preparation-for-mentoring programme – many women said that they wanted to impart their knowledge and wisdom gained from life experience to younger generations. Aleisha stated, ‘I’ve always wanted to be in roles where I would help people . . . because I was always treated so horribly’ (Phase I – feedback forum – meeting minutes), while another woman agreed stating, ‘I want to try and help other people in the same situation as what I went through’ (Phase I – feedback forum – meeting minutes). Emily said, ‘When I wanted to be a policeman, it was most likely because my dad was an arsehole and I wanted to put him in jail’ (Phase I – feedback forum – meeting minutes). She also reflected that her experience of motherhood had led her away from her interest in policing and towards a caring occupation. She stated, ‘I wanted to be a policewoman . . . then a truck driver or a mechanic . . . and then when I fell pregnant I wanted to become a childcare worker’ (Phase I – feedback forum – meeting minutes).

The importance of caring roles persisted throughout the preparation-for-mentoring programme in Phase III (Boddy et al., 2008). For example, Hayley wanted to be a youth worker and explained her interest as coming from her experiences in childhood and adolescence and wanting to ‘help’ others in similar situations (Phase III – email correspondence following group session seven –
journal notes). One of those being mentored was interested in midwifery, because of her experience of motherhood, and a number of other women were interested in childcare for similar reasons. However, other employment motivations were identified which related to financial need and the availability of work (retail was seen as a readily available job). Heather reflected, ‘I’ve never really done anything for myself. I’ve always just worked, got paid, and that’s it’ (Phase III – semi-structured interview midway through group).

**Difficulty Articulating Goals Unconstrained by Gender Role Norms**

Many of the women experienced difficulties considering and articulating their goals and dreams unconstrained by traditional gender employment roles. For some, their hopes and dreams were replaced by an unplanned pregnancy or financial need. For others, they were unable to identify interests and then translate these into career plans (for further explanation, see Boddy et al., 2008). Difficulty in articulating interests, goals or hopes may have related to external pressures to conform to others expectations. For example, Vanessa’s mentor Belinda observed that Vanessa was pressured by a family member to conform to her wants and expectations. Belinda, said:

> [A family member thinks she] ‘knows best for her’ and has very strong opinions and pushes her. And it feels like it’s not about what Vanessa wants. Instead there is pressure to do things. And instead of reaching for something that may be good and may be what she wants she’s discouraged from doing this. (Phase IV – telephone conversation following mentor monitoring meeting two – journal notes)

Shortly after the commencement of her mentoring relationship, Lauren, one of the women being mentored, expressed a similar sentiment ‘They [extended family] don’t know what I’m doing simply because if I was to tell them they would bring me down so far . . . So I have to be careful not to tell them anything, so they don’t know the path I’m going down’ (Phase IV – mentee monitoring meeting one – meeting transcript). Lauren’s mentor Gina concurred, noticing that Lauren was struggling with messages received from other community members: ‘I think too she’s grappling with people in the community who want to keep her in that [volunteer] role’ (Phase IV – mentor monitoring meeting one – meeting transcript).

Other reasons for the difficulty experienced in articulating goals, hopes and dreams may relate to the women being unused to voicing their likes and dislikes (Boddy et al., 2008). It may also be because women are often ‘other’ oriented, making it hard for them to determine the legitimacy of their own needs, or it may be the result of cultural stereotyping, where women have been placed ‘in non-leadership roles, thereby limiting women’s goal orientation’ (Harris et al., 2004: 7). Women may be discouraged from asserting their own
goals ‘due to persistent gender stereotypes that position women as feminine and passive’ (Packard et al., 2004: 74).

Widening Career Interests and Achieving Career and Educational Goals

In spite of the challenges women experienced during the preparation-for-mentoring programme in identifying goals, all of those being mentored had started to make career and educational plans by its conclusion. While some goals and interests remained consistent with gender role norms, it became apparent that the women’s career and educational interests had widened to incorporate non-traditional roles. Five of those being mentored had identified career aspirations in computing, business, law and corporate-social responsibility (Christine, Justine, Lauren, Sarah and Vanessa). Two of those being mentored had set goals around employment as youth workers (Carly and Hayley) and one of those being mentored was interested in pursuing hairdressing (Amy). Four of those being mentored also began setting a number of short-term personal goals related to health and parenting.

Seven of those being mentored described significant career and educational achievements by completion of the mentoring programme. Four women had begun studies and three of those being mentored had gained employment. Sarah began an 18-month financial counselling course with the offer of paid employment – at the completion of the course – at her current workplace where she was employed in a voluntary capacity. Amy began a pre-apprenticeship course in hairdressing and completed a 12-month beauty therapy course. Hayley began a course in Youth Work and Justine began a tertiary preparation programme before enrolling in a Bachelor of Social Science at university.

Christine began full-time employment as a coordinator of a youth options project. Carly began part-time work during the course of the mentoring programme as a cleaner for a hotel chain. Lauren began working part-time for a media company organizing the weekend papers. Lauren also shared with the other of those being mentored that she wanted to start her own online business, as a reseller on the Internet.

The Importance of Group Process

While many of the women still chose gender-stereotypical employment and educational goals, a culture where women’s education and employment was valued was created within the group. Thus the group operated as a self-help, mutual aid support system in which participants mentored one another (Boddy et al., 2008).

Although the women in this study were involved as those being mentored, it became apparent that many mentored one another informally within the group, perhaps contributing to the high retention rate in the second
part of the programme. This could be described as peer mentoring, which fulfils unique mentoring needs and some traditional mentoring functions (Kram and Isabella, 1985). Peer mentoring has emerged as a legitimate alternative form of mentoring (Ellinger, 2002). It has gained precedence over the last decade, because mentoring partners benefit from mutual learning, increased confidence, new perspectives, social support and the development of friendships (McDougall and Beattie, 1997).

The group provided those being mentored with a means of accessing useful information to achieve their goals. Justine pointed out: ‘If I didn’t go to the course I probably wouldn’t have ever found out about the uni course that I’m wanting to do next year . . . And I wouldn’t have even known about that, or how to do that. So yeah, it’s sorta been a big start in the beginning of my life’ (Phase IV – email correspondence – journal notes). Cassandra spoke about the mentoring she was receiving within the group when she said, ‘Mind you I’ve got my other little mentor sitting over there in the corner [referring to Christine]’ (Phase IV – mentee monitoring meeting two – meeting transcript). Christine also put Carly in touch with the manager of a hotel, where she gained employment (Phase IV – telephone conversation – journal notes). Chandler (1996: 94) explains:

Women simply may be more likely to find support from their peers than they are to find a supportive mentor. Also peer mentoring avoids the notable problems associated with the traditional mentoring model. When two people seek mutual support and advice, the need to maintain a power differential is diminished. Also, peer mentoring may be more likely to withstand the stress of career interruptions and family responsibilities, because the pressure on a mentor to continually encourage and advance the career of a young protégé would not be a factor. Finally, two colleagues at relatively similar levels of professional achievement may be more apt to understand the common professional demands they are both subject to. This mutual understanding may effectively reduce the conflict and tension found in traditional mentoring relationships.

The women who completed the programme spent two years working together (in the preparation-for-mentoring programme and monitoring meetings) and developed considerable rapport with one another, further accounting for the high retention rate in the second half of the programme. Those being mentored described feeling a sense of belonging and connection with the other women. They had enhanced social networks and appeared to derive benefits from the group process. When both Justine’s and Amanda’s mentoring relationships ended prematurely, they agreed that they wanted to continue coming to the group meetings because they liked the other women, were interested to hear how they were going and wanted to follow their successes. It appeared that the group sometimes met the interpersonal side of mentoring, whereas their
mentoring relationships met the ‘business’ side of it. Koberg et al. (1998: 68–9) explain:

Psychosocial mentoring is more likely in a work group with an approachable leader who encourages intragroup trust, a finding that agrees with a suggestion by Kram and Isabella (1985) that the work group can supplement conventional hierarchical mentoring relationships in that members can learn new behaviors and gain a positive sense of self from the group. (Koberg et al., 1998: 68–9)

While conclusions cannot be drawn as to the role of external factors, such as community facilitator support, or the impact of individual mentoring on the women’s success, it would appear that programme completion and women’s educational and career achievements related in part to the group processes.

CONCLUSION

This study would suggest that group mentoring with women from disadvantaged communities provides a positive way to engage women to expand their career and educational pursuits and remould the way they view themselves irrespective of the way their culture traditionally shapes them. Further, group mentoring provides opportunities for participants, particularly those from minority, vulnerable or disadvantaged groups, access to information and mentoring which they might otherwise have difficulty obtaining (Mott, 2002). Thus, group mentoring may be used as a tool by social workers to promote equitable access to social, economic and political resources with individuals, groups and communities, while assisting those being mentored achieve their goals and fulfil their needs. A number of areas, however, still require further research and investigation:

1 At present, the research on social capital and mentoring are largely independent, although sharing much in common, such as an emphasis on the value of social relationships. Mentoring research should thus draw more from the social capital literature, particularly regarding the literature on the importance of trust and how it is developed, as this is noticeably absent from the mentoring literature. Exploration of the potential benefits mentoring programmes may have on communities – through the enhancement of social capital – would also be a worthwhile area for study.

2 Research to date has mostly been conducted with young people or with adults in the professional fields of management, education and nursing. Further research related to the benefits and drawbacks of community-based mentoring programmes is needed.

3 Further investigation is needed to determine the appropriateness of group mentoring with other disadvantaged minority groups, such as migrants and refugees, people from non-English-speaking backgrounds, people who are unemployed, at-risk young
people and Indigenous people. Such groups may benefit from a programme that builds self-esteem, social networks and empowers individuals by drawing on their strengths and capacities to enable them to feel connected to their community and achieve concrete educational and career outcomes.

4 Research that evaluates the impact of socioeconomic differences between mentoring partners on mentoring relationships is needed. Evaluation of the benefits of mentoring for low socioeconomic groups compared with the benefits for higher socioeconomic groups is also needed.

5 Research regarding the training of those being mentored is lacking. Thus substantial research is needed to evaluate the usefulness of training those being mentored and the various training formats that could be used.

6 The impact of negative mentoring experiences on disadvantaged groups needs to be examined further.

While further research is needed into a range of related areas, this study demonstrates how an intervention research approach can be adapted to suit the cultural context in which the research is carried out. Intervention research provides a clear, detailed and systematic framework for designing, implementing, and evaluating community-based programmes, while allowing for the development of programmes that are instigated by the community group affected. Adapting the traditional positivistic intervention research framework to a more qualitative approach ensures the research is relevant to the community group, for whom the intervention is designed, and cognisant of their worldviews, thus increasing the likelihood of interest, engagement, sustainability, and beneficial programme outcomes. Further, combining feminist research with a strengths approach allows researchers to move away from a deficit-focus on women’s powerlessness and oppression and recognize women’s strengths and resilience in overcoming adversity.

References


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