Do gooding or effective community relations?
A comparison of practice in the TAFE and Health sectors

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Abstract

Educational institutions face increasing criticism about the impacts they have on their surrounding communities.

These criticisms include accusations of unsympathetic development, car parking, litter and inappropriate student behaviour. They have generally been dealt with on an ad hoc basis by the organisations concerned with power rarely ceded to the community. This approach damages the institutions' local reputation and goes against accepted stakeholder management practices.

This paper looks at the community relations practices employed by the Technical and Further Education (TAFE) sector and compares them with the Health and Community Service sector. Both sectors are largely government funded and are integral service providers within local areas yet each faces different challenges in communicating with their communities.

The paper considers stakeholder management theory and the increasing emphasis on corporate citizenship goals for private and public sector organisations. It defines community relations and outlines how community relations practice has evolved from a simple mediating role between the organisation and the community to one which at its highest level is integrated with corporate strategy.

Using examples from the health and education sectors the paper demonstrates how integrated community relations practice can provide a valuable tool for bringing about organisational change and harmonise the organisation with its surrounding community.

It asserts that TAFE institutes would benefit from greater definition of and strategic commitment to integrated community relations. Further by so doing an individual TAFE institute can move from being a government building on the corner to true citizenship within the community.

Introduction

In Australia and overseas there is criticism of TAFE institutes and universities, for the "negative" impacts they have on their neighbours and their communities.

Antisocial behaviour, inappropriate development, noise, car parking, and litter, the list is extensive (Chaudri, 200; O'Byrne, 2001; Fletcher, 2000, Bolt, 2002). Local examples are numerous.

In mid 1999 The University of Melbourne's plans for its $250 million University Square development were the subject of a battle between the university on the one hand and residents and the Heritage Trust on the other. Parts of the development were opened in 2001 but not without ministerial intervention and modifications. (Nader, 2001). Similarly

in early 2003 Deakin University had its plans for an $18m student activity centre overturned by the Minister after residents objected. (Ham, 2002).

In August 2002 residents threatened to blockade local streets claiming a $2.5m development by Camberwell South Primary School was too large. (Schulz, 2002).

Educational institutions have tended to deal with these issues as small crises - rarely involving the community unless forced to do so and losing goodwill in the process.

Yet stakeholder management and communications theory, along with community relations practices in the corporate setting, Public Relations, Environmental Management, and Health sectors all indicate that there is a better way. Using these methods educational organisations and their publics can co-exist - enhancing communication, mutual understanding and reputation. These approaches deserve consideration, particularly in a competitive sector, which for its survival relies on reputation to attract students and investment.

TAFE and Health - government and community obligations

Education and health are being pressured by Federal and State Governments to connect with their communities.

For example the Victorian Review of Post Compulsory Education and Training (Kirby, 2000, p.33-37) highlighted social obligations as one of three key challenges facing the TAFE sector: *"Education and training will need to contribute to building community values in an age where technological and social changes have threatened the social fabric."*
During the Deakin and Camberwell Primary School crises the State Government placed a high priority on community consultation.

TAFE institutes are also subject to a number of community and industry influences through the Industry Training Advisory Boards and their college councils.

Health has a clear community imperative through the Department of Human Services' key objective to "build strong communities and primary services". A restructuring of the health service in Victoria in 1999 required Metropolitan Health Service Boards to appoint Community Advisory Committees (CACs). Members of the CACs "are persons who are able to represent the views of the communities served by the metropolitan health service". (Brook 2002, p.9) At the operational level Health Service Boards were charged with developing Community Participation Plans outlining how the services will communicate with and integrate the views of the community into their governance, planning and service delivery.

Literature review
Community relations – the theoretical context

In the late 1990s researchers observed a change in the Corporate Community Relations (CCR) role. Waddock and Boyle (1995 p.1) state: *"CCR originally played a simple mediating role between the firm and its community stakeholders. A new role is emerging, one that closely integrates the CCR function with corporate competitive strategy and responds to the changing environment."*

The evolution of what is now known as community relations can be traced through the business management and public relations literature. Both desire to build good relations with one stakeholder group i.e. the community.

From the business management perspective CCR has its origins in stakeholder theory which argues that the stakeholder and the organisation are symbiotically entwined - each influences the other. Thus *"a stakeholder is any individual or group who can affect or is affected by the actions, decisions, policies, practices or goals of the organisation." (see Shankman (1999, p.4) on the theory's development)*

A number of high profile corporate "crises" and accidents increased the focus on corporate social, as well as financial performance, (Barings, Shell and Brent Spar). This awareness led to the desire to achieve corporate citizenship. (Robson and Robson 1996), (DeBussey, 1997), (Wheeler and Grayson, 2001,) (Ulmer 2001.)

Corporate community involvement is a subset of corporate citizenship. Hansen (2001, p.3) defines corporate citizenship *"as a recognition that a business, corporation or business-like organisation has social, cultural and environmental responsibilities to the community in which it seeks a licence to operate, as well as economic and financial ones to its shareholders or immediate stakeholders."* Corporate citizenship requires an organisation to lead and serve its community while allowing stakeholders to play a role in corporate decision-making.

Corporate Community Involvement is the broad term which covers a wide range of corporate activities in the community. It can be as simple as philanthropy or be as sophisticated as a partnership. At its highest level the company recognises at board level that it has a social responsibility to "invest in society."

Community relations is an aspect of Public Relations practice through which practitioners seek to establish and maintain mutually beneficial relationships between an organisation and its publics on whom its success or failure depends. Publics, in this case the community, are defined *"as an active social unit consisting of all those affected who recognise a common problem for which they can see a common solution." Cutlip Centre and Broom (1999 p.268).* Residents objecting to a development would be such a public.

There are subtle differences between stakeholders and publics. Arguably those engaging in stakeholder management look at the individual group's interest in the organisation. Public relations however focuses on the nature of the relationship and the communications and social context within which it occurs. The most ethical and effective model of practice a public relations person can use to build relationships is "two-way communication". This model aims to minimise conflict and facilitate dialogue between the organisation and its publics with mutual understanding and win-win solutions as the goal. (see Dozier, Grunig and Grunig 1995).
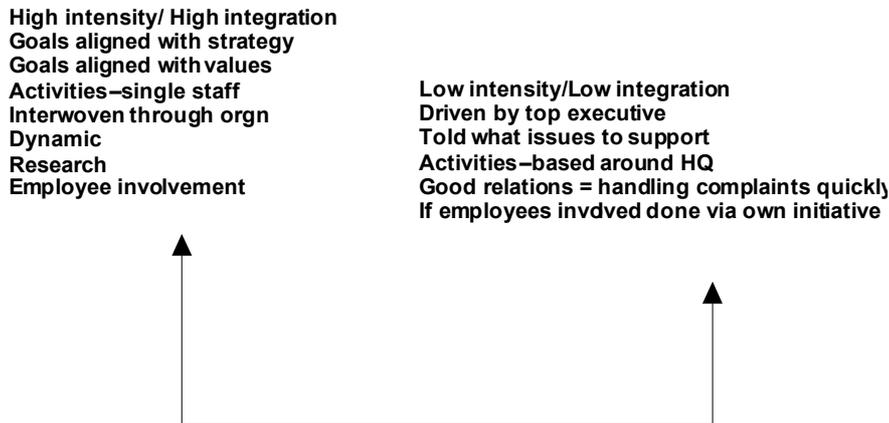
Despite the theories, applied research and enthusiasm for the practice of community relations explanations are limited. (Altman, 1998, p222)

With the complexity of the academic discussion in mind and the need to set a framework a twist is added to the Boston College's Centre for Corporate Community Relations definition of community relations:

> *"The state of relations which exists between the company and its communities (local, national or global) in which it has a presence or impact. It incorporates*

two-way communication and encompasses programs which encourage input from the public so that their concerns are considered in organisational decision-making processes, advances the interest of the company and its communities through such activities as donations and contributions of all kinds, employee volunteerism, community-based programs, relationships with civic, professional, and non profit organisations and corporate citizenship activities."

Figure 1 – The Community Relations Practice Continuum (based on Altman,1998)

High intensity/ High integration
Goals aligned with strategy
Goals aligned with values
Activities–single staff　　　　　　**Low intensity/Low integration**
Interwoven through orgn　　　　　　**Driven by top executive**
Dynamic　　　　　　　　　　　　　　**Told what issues to support**
Research　　　　　　　　　　　　　**Activities–based around HQ**
Employee involvement　　　　　　　**Good relations = handling complaints quickly**
　　　　　　　　　　　　　　　　　　If employees invdved done via own initiative

Community relations has evolved from a corporate practice to a corporate commitment. Altman (1998, p3) highlighted a continuum upon which companies could be placed. (Figure 1) At one-end companies with highly transformed community relations have high intensity and high integration. CCR goals are aligned with the company's strategic goals and its values. Community activities and philanthropic giving were administered and executed by a single staff with a single set of objectives. Also community relations goals and activities were interwoven into the organisation's everyday business across the operating divisions. The programs employed were dynamic, responsive to stakeholders and managers acted as boundary spanners using research to keep abreast of the issues facing their communities and the company. Employees also played a critical role in the design of the program in highly integrated companies "as they lived in the community and were ambassadors."

At the other end were companies with low intensity and low integration – *"philanthropy is driven by top executives who valued it. The bulk of programs take place in the local headquarters' community. The manager of the function maintained the status quo and took direction from management on which issues to support. Managers at the local level maintained good relations with the community by responding to complaints and making sure crises were handled quickly. Employees volunteered in the community on their own initiative and occasionally got support via an employee-matching program,"* Altman stated.

It would be reasonable to expect effective community relations practice to occur in an organisation, fitting the highly integrated, intensive model. Practice would encompass strategic commitment, be reflective of the company's values, have specific community relations goals, have a dedicated staff, use two-way communication, incorporate research, have employee and community involvement and ongoing evaluation.

The research project

TAFE and Health organisations are not for profit, have limited funds and have to meet social and legislative expectations for effective community relations practices. This research sought to answer two questions:

- **What are the community relations practices used in the TAFE and health sectors?**
- **How effective are they?**

The specific objectives for the study were:
- **To find out what community relations practices are used by TAFEs**
- **To find out what community relations practices are used by health/hospitals**
- **To find out what goals and measures the organisations use to evaluate these programs**
- **To find out how residents are involved in the organisations' decision-making processes**
- **To find out what the neighbours of one TAFE and one hospital in one region think of each organisation**

A qualititative design was chosen to explore the influences and the community relations practices used by TAFE and health organisations in the inner metropolitan or outer Metropolitan area of Melbourne.

Desktop research was carried out on the organisations' annual reports and websites and six semi structured phone interviews were held with public relations/communications managers/officers of three TAFEs and three health regions. TAFEs and regions were selected randomly up to a total of three and then contacted. Three declined or did not call back. The final interviewees were those who were willing to participate.

A total of 10 face to face interviews were held with residents/neighbours near one TAFE and one hospital to gain an insight into the effectiveness of practice. The TAFE campus chosen had recently opened. The large teaching hospital had been there for a number of years. Interviewees were chosen from within a three street radius of the organisation, emphasising those living next door. All had an equal chance of selection.

Content Analysis was carried out on the interviews using grounded theory procedures and techniques. The interview data was open coded to generate conceptual labels to describe the information gathered. These labels were then grouped into categories to generate emergent themes from the data.

Content analysis is subjective and normative (Carney, 1972, Ryan, 1991) with problem areas being the way responses are categorised and classified. Usually a panel is used to cross check the classifications but due to time constraints this was not possible.

Findings and Discussion

Two different pictures emerged from the research. It was impossible to separate communication and community relations activity. Both organisations used similar communications activities for example events, newsletters, gifts, community lectures, involvement with charities, information sessions, sponsorships, advertising and press.

The Health sector

TAFEs and Health organisations differ in their communications goals but both direct their activity at a "community". Arguably Health is more "clinical" about the section of the community it does it to.

> *"We cover everyone from birth, hospital, respite, definitely in a clinical sense. In a communication sense it's clinically and by demographic status." (Appendix 1.A)*

Discussions indicated health aimed its activity at that area of the community with the biggest health need. Health used its community communication to encourage people to keep healthy, demystify the medical profession and control expectations about the level of care the individual could expect when they come in.

Responsibility for community involvement though is permeating through the organisations and is also having an impact on their operating processes.

> *"Ultimately community relations is the responsibility of a number of people. Together the community relations package goes across some key areas of activity. Ultimately it's a board sub-committee with representation and we take it very seriously." (Appendix 1.A)*

> *"Each of our areas of business are now responsible for developing their own community participation plans." (Appendix 1.B)*

Feedback from such involvement causes conflicts and a re-evaluation of perceptions.

> *"As part of the communications process, it's caused angst. It's another set of checks. With the privacy legislation for instance we need to make a statement to the consumer about that. It is new in legal terms, but the direction to us is to make it easy to read. There is tension. How do you make sure we protect ourselves and make it easy for people to understand?. Ultimately we are here for patient services and they need to understand how it works." (Appendix 1.B)*

Although undefined, community relations practice in health organisations and communication is a strategic and dynamic activity. Practice is influenced by the need to manage expectations and perceptions within the community. Practices within the organisation would appear to be being influenced by the involvement of the advisory councils.

The TAFE sector

In TAFE community relations is not a defined activity nor is it the responsibility of a particular person. In contrast to health, TAFE aims its activity across "the community" a practice, which arguably dilutes the result.

> *"We would talk about our community being our target audience in the community - schools, secondary, schools locals etc. Being community conscious, contribute to community events and things like that"- (Appendix 1.1)*

TAFE institutes use their activity to communicate the benefits of an education to the individual and coming to one organisation in particular. They are therefore actively out and selling to attract people in the community.

TAFE community relations activity may be a strategic imperative through Triple Bottom Line, but it is mainly reliant on the individual's values. Arguably this makes it more resilient, however it is not noticed for its contribution to the organisation's future.

> *"Our director is big on social conscience and is keen and supportive. Also our staff are, particularly in the trades. You can hear three months later that one of them has gone to some kid's house and built a cubby house for them. That's done in their own free time. A lot of stuff is done on an individual basis - you don't always hear about it." (Appendix 1.2)*

> *" I was approached to sit on the steering committee of the Spring Festival and when I started attending I saw the Institute thinks it is part of the community yet we are not part of it all. They saw us as a government building sitting on the corner. They were a bit intimidated by us." (Appendix 1.1)*

Regardless of the catalyst, the activity had impacts including goodwill to the organisation, deeper involvement by the community or improved relations.

> *"We have been able to measure the difference. Now they come and ask us to use the facilities and we are being asked to go on different committees. " (Appendix 1.1)*

The impact of both Health and TAFEs on the surrounding community is profound. The interviews with the neighbours show they have a low interaction with both organisations which is not necessarily a bad thing.

> *"No, none whatsoever. You wouldn't even know they were there, actually. It's nice to hear voices and laughing. Young students up the back. We know everything's safe and sound up there. We're quite happy with it." – TAFE Resident 35 years*

The residents were interested in some things that go on either at the campus behind them or the hospital over the road. Interest ranged from the services both organisations provided i.e. health, restaurant, nursery or courses to other corporate activity.

> *"Rather than them start something up there and we wonder what they're going to be doing, I think it's better we know what is going on and then we don't have to be worried." - TAFE resident 35 years.*

Residents had either received a little communication from the organisations or none at all. Some of this was due to the area being a new estate and "the people who deliver junk mail haven't found us yet".

Unprompted the local paper was cited as their main source of news about the organisations. Some residents received their information from the doctors or fellow volunteers at the hospital. This lack of information fed through into their assessments of the organisations as "citizens in the community". Half the TAFE residents surveyed didn't know enough to comment while those in health rated them as mildly interested.

> *"Nothing is visible what they do for the community. Other than their presence of being there. " - TAFE resident five and a half years*

While the sample size is small both TAFEs and Health come across as organisations "which are just there " disinterested in their communities. This is despite the communication activity, community relations or otherwise that each engages in.

Conclusions

TAFE and Health utilise the same community relations activities but the practice of community relations per se differs. In health it is a strategic activity due to the impact of the advisory committees. In TAFE it is largely an individual (though valuable) driven activity lacking the formal feedback loop vital to any relationship.

Waddock (1995 p.8) stated that the growing strategic emphasis on community relations meant activity would have to complement business goals and strategy. Expenditure and activity must be measurable, "simple do-gooding may not be feasible".

Her words are a salutary warning but not new in terms of Public Relations practice. PR professionals are encouraged to align their activity with corporate strategy and assess its effectiveness in terms of impact and corporate goals. Community relations practices are no different. It was not always possible to establish whether TAFE and Health community relations' practices impacted where it counted, at the strategic level.

This study identified how community relations practices in the TAFE and Health sectors are evolving from a traditional to a transformed style. Health is further along that continuum than TAFE with the CACs clearly acting as change agents. The imposed community involvement is having impacts and arguably conflicts internally. The success of the CAC program will be measured by whether these impacts have been defined, whether they extend externally and to whom.

The lessons occurring in health would be of interest to TAFEs, particularly those who cite community relations and corporate citizenship goals. TAFEs face a number of challenges in their community. As this study has shown education organisations are not immune from criticisims for the negative impacts they have on their community.

Integrated Community Relations practices would offer a way forward. Community Relations activity in TAFE would benefit from a greater definition and strategic commitment, closer audience definition and formal integration of 'unofficial" community relations practice. By doing so TAFEs would harness a potent force within their organisation, aligning what goes on independently with the organisation's strategic direction. Consideration should be given to meaningful involvement of the local community in its affairs – beyond the college council. TAFEs may consider going down the CAC route.

Community involvement is important and expected. Such changes would give TAFE Institutes vital feedback on their real position in the community and move it from being a government building on the corner to being a true citizen in their communities.

Limitations and future directions

This study faced a number of limitations – a small sample size of residents and TAFE and Health participants and the time frame within which it needed to be completed. Cross checking of content categories would also have been useful.

It has given an insight into the community/communication practices in TAFE and compared those with health. A much more comprehensive study of the sector, encompassing country areas, would give a truer picture of TAFE and its relationship as a member of the community – as opposed to TAFE the community educator.

Appendix One
Key to interviewees:
TAFE
1.   TAFE Communications Manager
2.   TAFE Public Relations Officer
3.   TAFE Public Relations Officer
Health
   A.   Manager Communications
   B.   Manager Public Relations and Marketing
   C.   Public Relations Officer

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