

Exploring gender equality in volunteer leadership roles within Life Saving Victoria

The implications of modified sports on the
uptake of volunteer leadership roles in
lifesaving



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Background

Life Saving Victoria (est. 2002), an initiative of the Royal Life Saving Society Australia Victoria Branch (est. 1904) and Surf Life Saving Victoria (est. 1947), has the mission to prevent aquatic related death and injury in all Victorian communities. The vision of Life Saving Victoria (LSV) is that all Victorians will learn water safety, swimming and resuscitation, and be provided with safe beaches, water environments and aquatic venues. Crucial to achieving this vision is the large volunteer membership base, supporting the organisation by providing their time, service and skills for no financial payment. LSV is an associated organisation with Surf Life Saving Australia (SLSA) and is comprised of 57 clubs across the state, each run by volunteers. In 2014 LSV achieved a significant milestone, reaching 30,000 members for the first time in its history. Within these 30,000 members the gender balance is evenly split; however, women are substantially under-represented in formal leadership roles, making up 11 Club Presidents (19%), 14 Club Captains (24%), 14 Chief Instructors (24%), 21 Treasurers (35%) and 2 LSV Board Members (18%).

This low female representation exists despite LSV actively supporting SLSAs *Policy 6.22: Inclusive Organisation Policy*. The policy states that “Surf Life Saving Australia is committed to being an inclusive organisation open to all who wish to participate regardless of age, gender, disability, cultural and linguistic background or sexual orientation. It is dedicated to providing a safe and nurturing environment for all participating in surf lifesaving activities by actively promoting the principles of equal opportunity, social justice and cultural safety so that all individuals are treated with respect and dignity”.

Participation data and research from the sports industry highlights that women, people with a disability, LGBTI (lesbian, gay, bisexual, transgender and intersex) individuals and those from Indigenous and culturally and linguistically diverse (CALD) backgrounds are underrepresented in sport participation, volunteering and leadership roles. Recognising this issue, the Victorian government, through Sport and Recreation Victoria, has highlighted improving “access and opportunities for participation in sport and recreation by all Victorians” as a key objective to maximising the health, economic and social benefits of sport and recreation for all Victorians (Department of Transport, Planning and Local Infrastructure [DTPI], 2013: 3). Alongside policy and organisational change, modified sports are an adapted version of traditional sports that have been made more inclusive to appeal to a wider range of participants. Increasing the numbers of females participating in lifesaving sports, through modified lifesaving sports, may serve to increase their representation in leadership roles and help to address the gender imbalance in leadership roles in LSV.

The underrepresentation of females in leadership roles within lifesaving as well as lifesaving sports is not dissimilar to that seen in other industries and sporting codes where barriers are common. Females are often subject to stereotyping associated with sporting culture (e.g. they may be discouraged from engaging in traditionally masculine sports, or not considered to be senior or successful enough to take up a leadership position), which can limit their participation, retention and progression into leadership roles (Sartore and Cunningham, 2007). In addition, females of all ages can encounter discrimination in the form of sexist and derogatory language whilst participating in sporting events (Huggins and Randell, 2007). Despite the fact that women are just as capable as their male counterparts, women often encounter a unique set of barriers (Eagly, 2007), including social, cultural and political barriers restricting their advancement into leadership roles (Palmer and Masters, 2010). These include a lack of support, limited access to resources, poor development pathways as well as sexism and harassment in meetings. Ingrained cultures within specific clubs can also affect women's advancement into leadership roles. For example, Litchfield (2015) conducted a study of gender equality in leadership roles within an Australian hockey club, and identified male dominance in positions of power and governance. It was an entrenched view within the club that males would occupy positions on the committee and make the decisions that affected the whole club. Not only are these factors often responsible for limiting women's involvement (and willingness to be involved) in a sporting club, these negative experiences can also deny an individual a supportive sporting environment that fosters self-confidence, teamwork and leadership skills (Huggins and Randell, 2007).

Modified sports are an adaptation of traditional, structured sports and are designed to provide social, flexible and less structured opportunities for people of all ages to be active. The modified sports concept provides the potential to address both the gender imbalance in lifesaving sports participation and leadership. This study therefore explores the implications of having a modified social/recreational sports offering on volunteer leadership roles and the willingness and desire of volunteers to take up a position of this nature, as opposed to a traditional volunteer leadership role in lifesaving. The findings from this research will provide evidence to assist in the development of well-informed strategies and policies to support gender diversity and sports participation in the future.

Identifying the barriers and creating opportunities for female involvement in leadership roles is crucial for LSV to provide a supportive culture that promotes self-confidence, leadership, teamwork skills among all participants, and particularly for females, equip people to challenge the societal norms that challenge gender equality.

Aims

The current study aimed to determine:

- The characteristics of volunteer members of Life Saving Victoria and whether the characteristics and motives of female members are different from those of male members,
- The barriers and trends limiting the involvement of volunteer members and females pursuing leadership roles,
- The specific organisational factors that influence the decision of volunteers to remain a Life Saving Victoria member and/or pursue a leadership role.
- Whether the introduction of modified lifesaving sports would influence volunteer members' decision to participate and/or pursue a leadership role,

Methodology

A cross-sectional online survey was sent to 30,000 past and current members aged over 18 years via email. Email addresses of all currently active and previously active members (2010-2014) from the 57 lifesaving clubs in Victoria were retrieved from the Surf Life Saving Australia SurfGuard 2015 membership database.

Two questionnaires were developed based on Matthews (2006) and adapted to include questions on gender and diversity; one for current members and another for past members. The questionnaires were then reviewed and updated following feedback from Life Saving Victoria staff; in particular from the Membership and Leadership Development department and the Volunteer Support Officers who work directly with volunteer members, as well as those that are active volunteer members in their own personal time.

The current member questionnaire utilised a combination of open-ended and closed-ended questions concerned with motivations and barriers to participation in lifesaving and pursuing leadership roles. Respondents were asked whether they had experienced discrimination in lifesaving, and if so, in what form. They were also asked whether the introduction of modified lifesaving sports would influence their decision to participate in these sports and/or pursue a leadership role. The questionnaire asked respondents to rate the level of importance of various factors that may encourage lifesavers to take up a formal leadership position. This was measured on a 4-point Likert scale where 1 was "not important" and 4 was "very important". Demographic questions included age, gender, level of education, dependent children, and number of years as a volunteer member.

The past member questionnaire asked similar questions to that of the current member questionnaire, but differed in that most questions were retrospective, relating to each members' time as an active volunteer. An additional question was included to determine each member's reasons for ceasing their membership with their lifesaving club.

Data was analysed with SPSS Version 22. Descriptive statistics were used to describe the characteristics of respondents. Chi Square tests were used to determine whether there were any significant differences in responses between female and male members. A *p*-value of less than 0.05 was considered to be statistically significant.



Results

The online survey received 568 responses from 496 current members and 72 past members. Due to the low number of responses received from past members (16% of females and 10% of males), only their reason/s for ceasing volunteering were included in the analysis. Every club in Victoria was represented except two with very small membership numbers.

Volunteer characteristics

Overall, 54% of respondents were male and 87% were born in Australia. English was the main language spoken for 95% of respondents. This is representative of the broader lifesaving population in which 51% are male and 81% were born in Australia. Note however, that country of birth was not recorded for 71% of members in Surfguard. The specific characteristics of current and past LSV members by gender are detailed in Table 1.

Table 1 Characteristics of female and male LSV members surveyed*

	Female		Male	
	No.	%	No.	%
Current member				
Yes	219	84	277	91
No	43	16	29	9
<i>CURRENT MEMBERS ONLY</i>				
Age range (years)				
18-24	25	11	20	6
25-39	40	18	31	10
40-54	132	60	144	47
55 and over	22	10	82	27
Country of birth				
Australia	186	85	247	81
Other	29	13	26	8
Disability				
Yes	11	5	16	5
No	206	94	254	83
Number of years an LSV member				
Less than 2 years	29	13	30	10
2-5 years	93	42	77	25
6-10 years	50	23	48	16
More than 10 years	43	20	119	39

*Missing responses excluded from percentage values

The most common age group of current members who responded was 40-54 years, with 60% of females and 47% of males aged within this range. This is representative of the wider lifesaving member population (56% of female and male members combined). Women had most

commonly been a member for 2-5 years (42%), whereas males were significantly more likely to have been a member for more than 10 years (39% male vs 20% female). A small proportion (5% of both females and males) reported having a disability; the most common types being physical disability, followed by medical conditions and hearing difficulties. This is higher than the 1% (combined male and female) of current members who recorded a disability in SurfGuard.

Current sports participation

Female members were significantly less likely to have competed for their club than males (17% vs. 30%) and were less likely to compete at all levels of competition, from club level up to international level (Table 2). Members of both genders who had competed for their club were more likely to have held a formal leadership role. For females, the impact of a female competing in lifesaving sports on whether she pursued a leadership role was not significant. The proportion of females who had held a formal leadership role was 22% for those who had competed in lifesaving sports, compared with 15% of those who had never competed. The impact is significant for males, however, with 36% of males who had competed taking up leadership roles, compared to 19% of males who had never competed in lifesaving sports.

Table 2 Levels at which current members competed and the proportion of whom had held a formal leadership role

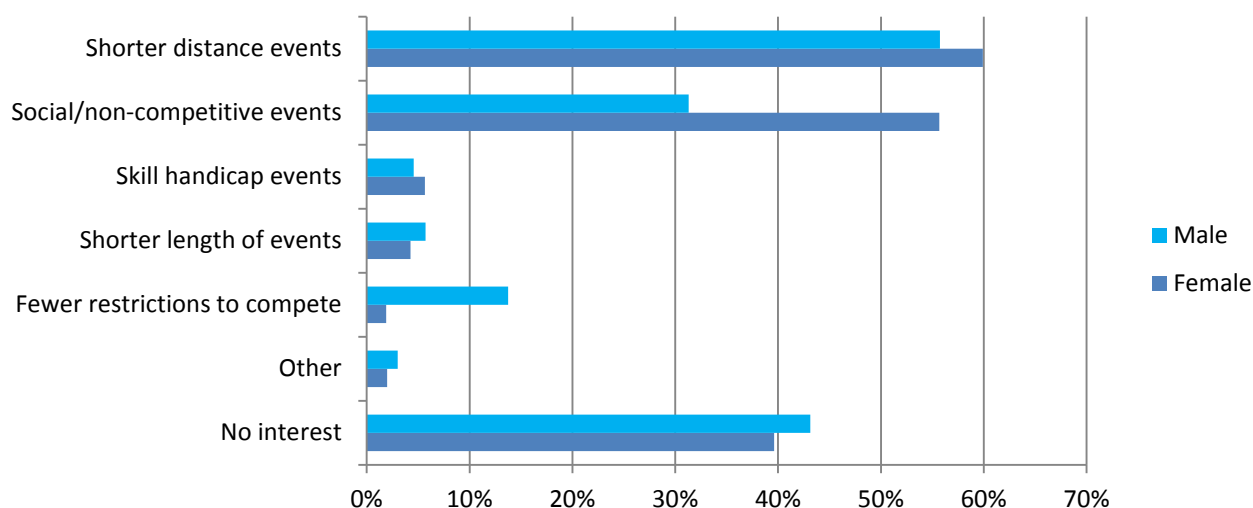
	Female		Male	
	No.	%	No.	%
All current members combined				
Club	25	11	55	20
Region	14	6	43	16
State	23	11	62	22
National	13	6	48	17
International	7	3	20	7
Members who had held formal leadership roles				
Competed	20	22	66	36
Did not compete	73	78	116	64
Members who had not held formal leadership roles				
Competed	18	15	18	19
Did not compete	104	85	74	79

Interest in modified sports

Respondents selected whether or not they would be interested in participating in a selection of modified lifesaving sports. The most popular modifications for both genders were shorter distance events (60% of females and 56% of males) (Figure 1). Over half of female respondents (56%) were also interested in engaging in social (non-competitive) events. Note that these values are higher than

the current proportion of respondents who compete for their club (17% of females and 30% of males). A number of respondents showed no interest in participating in any form of modified lifesaving sports (40% of females and 43% of males). Over half (52%) of members who had not competed for their club said they would be interested in participating in modified lifesaving sports. This is less than the proportion who had already competed for their club (72%).

Figure 1 Interest in various modified sport options, by gender



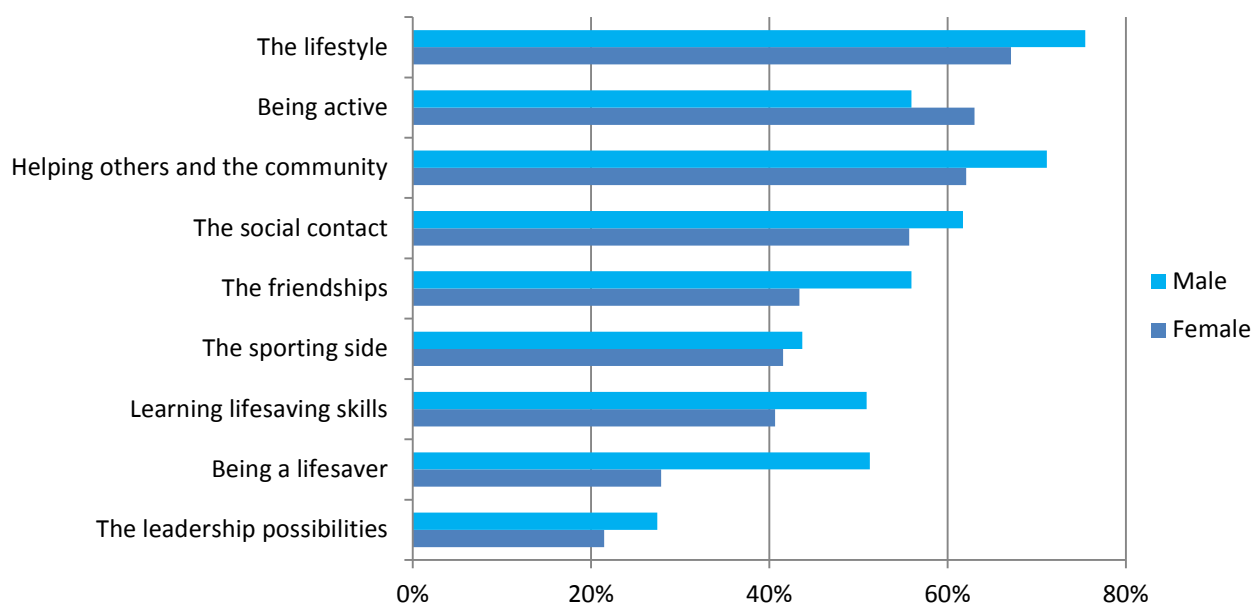
Leadership and modified sports

Just 7% of females and 8% of males said that the introduction of modified sports would encourage them to take up a leadership role. Past members were also asked whether they might have been interested in participating in any modified lifesaving sports whilst they were an active member, with 68% showing interest, particularly in terms of social/non-competitive events (53%) and shorter length events (40%). This however, also did not translate into an increased willingness to them wanting to take up a leadership role for these activities (e.g. Coach, Manager, Committee Member) if they were still a member, with just 10% saying yes.

Motives for volunteering

Current members identified benefits to themselves as well as benefits to the community as reasons for volunteering for LSV, and these were similar for members from both genders. The most common elements were the lifestyle (67% of females and 75% of males), being active (63% of females and 56% of males), helping others and the community (62% of females and 71% of males) and the social contact (56% of females and 72% of males) (Figure 2).

Figure 2 Elements members enjoyed about being a member, by gender



Males were more likely to enjoy their membership for being a lifesaver (51% vs. 28%) and they were also significantly more likely to have competed for their club than females (30% vs. 17%).

Barriers to volunteering and pursuing leadership roles

The barriers faced by both genders from being active members were similar (Figure 3). The main barrier for both groups was a lack of time to volunteer (68% of females and 97% of males). This was followed by other life/family/work commitments (43% of females and 27% of males) and the long travel distances to clubs (19% of females and 16% of males). Female members were asked whether the leadership roles they were interested in were always held by men, with 9% of members agreeing.

Whilst the barriers to being a member were similar for all respondents, when specifically asked whether they had experienced any form of discrimination within the lifesaving community, females were almost twice as likely to have been subject to some form of discrimination (19% vs. 10% of males). Females were most likely to have experienced discrimination based on sex (56%), age (46%) and disability (15%). Males most commonly reported discrimination based on age (38%), disability (17%) and political belief or activity (17%) (Figure 4).

Figure 3 Challenges to being a member, by gender

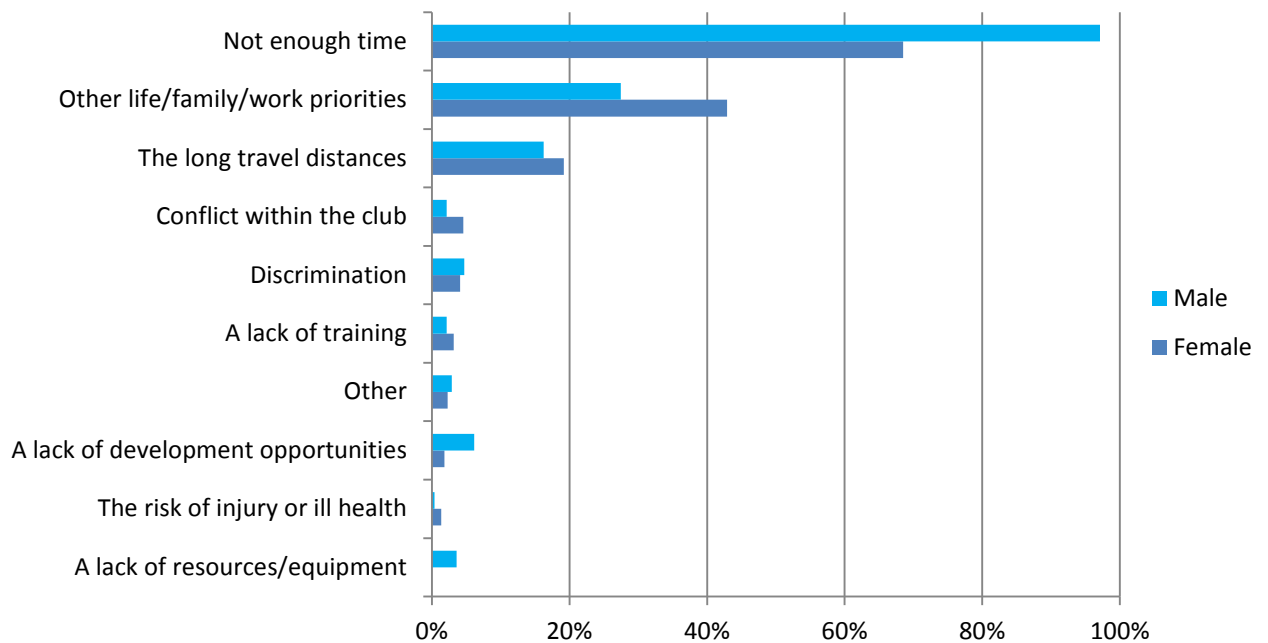
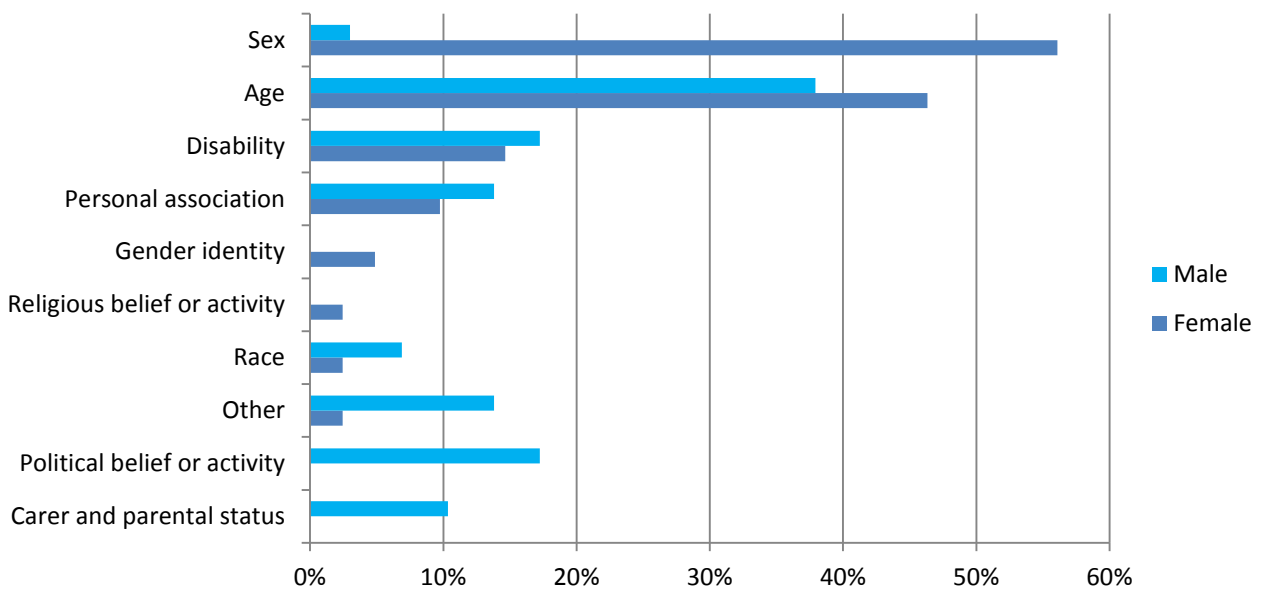


Figure 4 Reported types of discrimination experienced by members in the lifesaving community, by gender

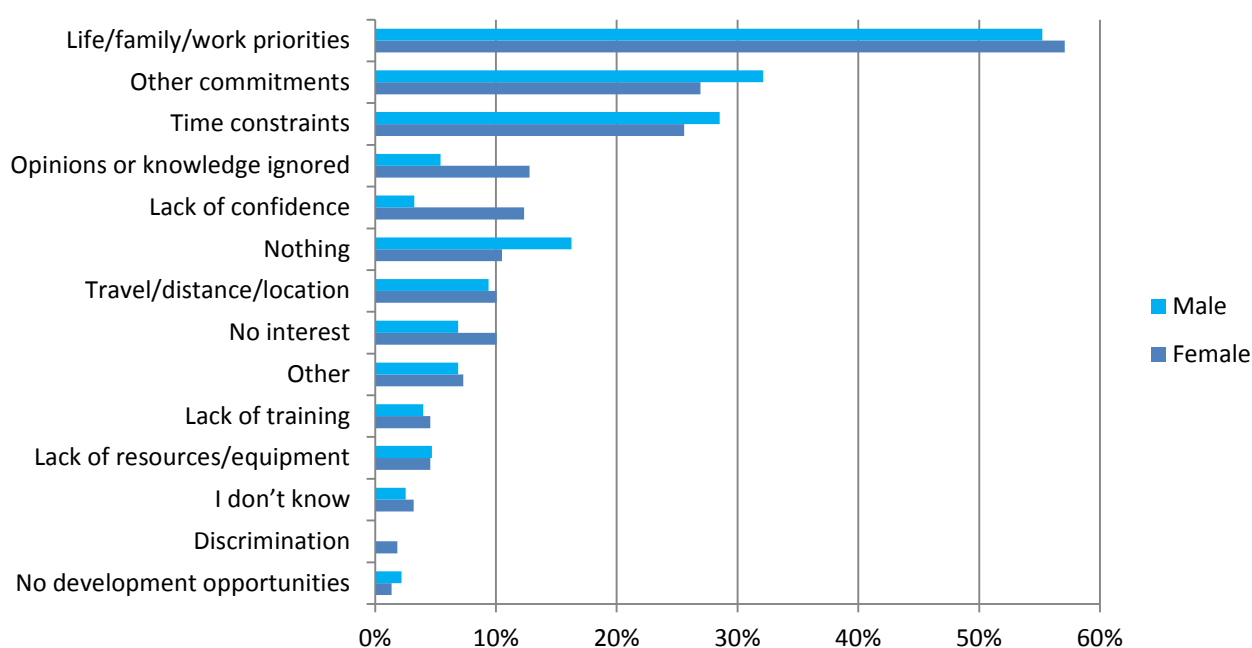


Sexual discrimination in the lifesaving community was significantly more common for females, with over half (56%) of those females who had experienced discrimination, reporting sexual discrimination at some stage, compared with 3% of males.

In terms of the gender balance within leadership roles among current members, 62% of males had held a leadership role compared to 38% of females, reflecting the current status of male

dominance in leadership roles as described above. The survey suggested; however, that the barriers limiting people from pursuing leadership roles were very similar for both genders. The main barrier that prevented current volunteers from pursuing a leadership role was life/family/work commitments (57% of females and 55% of males) (Figure 5). Other common barriers were other commitments (27% of females and 32% of males) and time constraints (29% of males and 26% females). Very few members felt they had been discriminated against in regards to pursuing a leadership position (3% of females and no males). Females were more likely to cite their opinions or knowledge being ignored (13%) or a lack of confidence (12%) as challenges.

Figure 5 Challenges to members pursuing a leadership role, by gender



Factors influencing retention of volunteers and/or the pursuit of leadership roles

Respondents acknowledged the importance of various groups within their club in encouraging members to take up a formal leadership role. Overall, almost all respondents rated role models (96%), peers (95%) and those in leadership roles (91%) as having a somewhat important or very important influence on members. There were no differences when this was broken down by gender (Table 3).

Table 3 Importance of role models, peers and those in leadership roles for encouraging lifesavers to take up a formal leadership role*

	Female		Male	
	No.	%	No.	%
Role models				
Very important	165	75	206	74
Somewhat important	49	22	57	21
Neutral	4	1	10	4
Not important	0	0	1	0
I don't know	0	0	1	0
Peers				
Very important	148	68	180	65
Somewhat important	63	29	79	29
Neutral	3	1	15	5
Not important	0	0	0	0
I don't know	3	1	0	0
Those in leadership roles				
Very important	146	67	180	65
Somewhat important	53	24	71	26
Neutral	10	5	17	6
Not important	4	2	6	2
I don't know	6	2	2	1

*Missing responses excluded from percentage values

The length of time in which females remained members was lower than that for males, with significantly fewer females being members for more than 15 years compared to their male counterparts (11% vs. 36%). This may be a reflection that females have not become involved in lifesaving until more recent years. Males were significantly more likely to report their club as being supportive of developing women into leadership roles compared to females (81% vs. 71%).

Past members cited the time required to be a member as the main reason for ceasing their membership (54% of females and 56% of males). Having other commitments was also a contributing factor for 49% of female members and 26% of males. Additionally, approximately one third simply lost interest in remaining a member (31% of females and 30% of males).

Conclusions and Recommendations

Despite an even gender balance across LSV volunteer members over the past 5 years, women remain vastly underrepresented in formal leadership roles within lifesaving clubs around Victoria. To resolve this issue, LSV needs to address the barriers that currently dissuade women from pursuing leadership roles and facilitate an organisational change that will encourage them to apply for these roles. This will ensure the perspectives and needs of both genders are equally represented in decision-making processes and provide greater leadership development pathways for female members.

Overall, members showed positive interest in the development of modified lifesaving sports (shorter distance events and social/non-competitive events). With over half of the members who had never competed for their club showing interest in participating in modified lifesaving sports, there is evidence that these sports may appeal to a wider range of participants than traditional competitive lifesaving sports. The study was limited due to the small sample of females who had competed for their club (n=38), so these results may not be representative of the wider female member population. Whilst there was limited evidence to suggest that modified sports would directly influence females to pursue a leadership role, the increase in female participation modified sports may create could challenge stereotypes and tackle the social, cultural and political barriers that females traditionally face in sports participation and leadership. As a result this may indirectly influence the development of women into leadership roles.

Female and male members enjoyed similar elements of being a member of their lifesaving club; namely the lifestyle, being active, helping others and the community, and the social aspect. Males tended to take a more active role than females, being more likely to compete for their club and to hold a formal leadership position. Similarly, the challenges to being a member were comparable between genders, with both groups reporting a lack of time, other commitments and travel distances as prohibitive. This suggests a deeper issue may be preventing females from pursuing formal leadership roles, and should be the focus of further investigation. For example, do women and men differ in the way they prioritise taking on a leadership position in lifesaving compared to other commitments in their life?

One clear difference observed was that females were twice as likely to have been the subject of discrimination during their time in the lifesaving community, with over half of those who experienced discrimination being the subject of sexual discrimination. This is an important issue and requires attention. Discrimination was not a prohibitive factor for females pursuing leadership roles, however. In fact, feelings of being ignored and a lack of confidence were more limiting factors. With

females significantly less likely to report their club as being supportive of developing women into leadership roles than men, this may demonstrate that male members, including those in leadership roles, do not see an issue for females. Discrimination based on age and disability were also recognised as important issues for both genders and require attention.

In terms of the specific factors that influenced the decision of volunteers to pursue a leadership role, the vast majority of members agreed that role models, peers and those in leadership positions have a significant impact. The formation of a relationship with a mentor has been identified as a key element of leadership development within the sporting community (Bower, 2009) and is highly recommended to improve the willingness of females to pursue leadership roles. To address this issue, LSV established the Female Leadership Network (FLN) in 2013, which was designed for staff and volunteer members who have a genuine interest in networking, personal growth and professional development. It celebrates the many roles and facets that females contribute to, pays tribute to the exceptional role of female volunteers and acknowledges the opportunity that lifesaving brings for females to be active, participate, develop and lead.

Overall, current and past female members did not feel that the formal leadership roles they were interested in were always held by men, which suggests there is no significant entrenched view within clubs as a whole that leadership roles traditionally belong to male members. It appears rather, that females have less desire to take up these roles, which is where the development of female role models within individual clubs can encourage increased interest from female members. The cause of women not actively pursuing leadership roles in lifesaving requires further investigation.

The following actions are recommended to address the lack of females in formal leadership roles at LSV:

- 1) Address and eliminate discrimination within lifesaving clubs so that all members feel welcome to participate and pursue a formal leadership role, and have equal opportunity to do so. Specific focus is required to lessen discrimination based on:
 - a. sex (particularly discrimination against females)
 - b. age, and
 - c. disability.
- 2) Consider the value of incorporating modified lifesaving sports (e.g. shorter distance and social non-competitive events) in lifesaving to increase female participation in lifesaving.

- 3) Further investigate the common challenges that volunteer members experience and ways to address these. Primarily, these are the time commitment, competing priorities and long travel distances to clubs and events.
- 4) Similarly, investigate ways to address the common limitations that prevent females from pursuing formal leadership roles; these being life, family and/or work commitments and time constraints.
- 5) Address the barriers and facilitate organisational change that will encourage women to apply for formal leadership roles.
- 6) Encourage the development of role models, and identify peers and those in leadership roles to mentor females to assist them to pursue formal leadership roles.
- 7) Focus on Skills development for females through ongoing education and exposure through initiatives such as the FLN.
- 8) Provide education for men and lifesaving clubs regarding how to encourage and support women moving into leadership roles.
- 9) Conduct further research to identify the cause of females' not actively pursuing formal leadership roles.

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