

BUILDING COMMUNITY ORGANIZATIONS (BCO) INITIATIVE

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The Client Organization: A society for helping children affected by HIV.

Over fourteen years ago, a mother who lost her baby to AIDS founded a society to help children affected by HIV. Others joined the original founder, who eventually left the Lower Mainland, and the society emerged to help children in families who have member(s) who are HIV positive. The purpose of the society is to provide social activity for these children and to encourage shared support amongst their families.

The major activity of the society is to host a Sunday brunch and a party for the children which takes place every two months in a Vancouver hotel. The parties provide an outing for the families, an opportunity to celebrate the children's birthdays, as well as an afternoon of planned activities for the children and facilitated conversation for the parents. The society's Board of Directors is quite resourceful in getting donations of gifts from retail stores, hockey game tickets, and funding from a variety of sources. Board members have a mix of backgrounds in nursing and social work, together with valuable relationships in the health and the Vancouver AIDs' communities. In addition to the Sunday parties, members of the Board facilitate access to social services, medicine, family physicians, schools, and other services. Most of the families are struggling with poverty, parenting, the high demands of their health situation, and many are new immigrants with the added limitations of English as a second language. The society helps to alleviate the basic needs of the parents and provide a happy experience for the children.

BCO was asked to plan and facilitate a planning retreat for the five members of the society's Board of Directors.

Start-up and Data Collection

In early December 2005, the BCO volunteer Community Consulting Team (CCT) members and the project mentor met with the "Keepers of the Flame" (BCO founders and past president of BCODN). The purpose of the meeting was to review the BCO philosophy, roles and a consulting approach. It was decided that the CCT would proceed by conducting interviews, observing a meeting of the Board of Directors, and facilitating a planning session. One member of the society's Board was the key contact to initiate the BCO project.

The CCT developed a questionnaire designed for individual interviews with Board members to obtain the following data:

- The work of the society
- Issues and challenges facing the members of the Board
- Group dynamics, decision-making and problem solving
- Expectations for the future

Throughout January and February all members of the Board were interviewed. Interview notes were compiled for analysis and discussion by the CCT. What was immediately clear to the consultants was the passion and commitment of each Board member to improve the lives of the families. The OD challenge was to help the Board function more effectively by developing their capacity to work together as a Board. Most Board members expressed the need for change. Some suggested more open discussion and shared decision-making. Common themes that emerged from the interviews:

- Adapting the society to the changing needs of children becoming teenagers
- Strengthening the contacts and reliance amongst the families
- Building relationships with other agencies
- Securing the confidentiality of families while seeking funding and support
- How to improve or update the public's perceptions of HIV and AIDS

To review their interpretations and prepare for the planning session, the consultants met with the Board chair. Subsequently, the consultants designed a planning session to accomplish the following goals:

- Develop a shared vision for the society
- Identify key priorities
- Develop an action plan for accomplishing these priorities

The **Planning Session** was held one evening in late March; four of the five Board members attended together with the two BCO consultants. The session began by having each member of the Board reflect on one thing that the society does well. This was followed by a visioning activity as one consultant led the Board through a process culminating with each individual articulating: *What they envisioned? Who was involved? How it differed from today?* This provided a starting point for brainstorming; twenty-nine ideas were generated and organized into five categories. For the next step, the group was encouraged to identify the priorities for the immediate future, the possibilities that could be acted upon before the next Board meeting. The session closed with an action plan of ten items with Board members assigned to do the action item.

The session closed with a de-briefing of the evening and the Board thanked the consultants. The following day, consultant provided working documents that summarized the ideas and the action items for Board members.

Lessons Learned from the project:

One of the key things the importance of providing a working, volunteer Board with the opportunity to step away from their operational agenda:

- To think and speak about their working relationships
- To explore future possibilities for the society
- To provide momentum for implementing new ideas
- To lead the way for transition and renewal, as long serving members shift roles and work to more energetic new members

We learned that formal models for consulting projects only provide a guiding or starting framework for an OD project. We had to be open and willing to let the clients lead the way in generating the substance of the planning discussions and conversations.

We learned about the medical progress for people who are HIV positive. Medicine lengthens their life and for most, their lifestyle changes dramatically as they try to adapt to parenting and family life after the harsh conditions of street life or an escape from a violent homeland.

We learned that there is stigma attached to the children and families who have HIV. That limits the children's opportunities for education in public schools, in their communities, and in their access to health care and social support. The stigma comes from our ignorance of the sources of HIV, the progress of medicine, and the distinction between AIDS and HIV.

Areas for improvement - the first thing that comes to mind is that we did not have one client or project champion. We had five clients not one, as each Board member was eager to share their perspectives, attitudes and ideas.