



The Muttart Fellowships



**Daunting Tasks;  
Dedicated People**  
Stories in the Management  
of Change in HIV/AIDS  
Organizations

**Sherry A. McKibben**

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**Sherry A. McKibben**  
2001

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# Dedication

This work is dedicated  
to all those AIDS service  
organization staff  
who left in anger  
and frustration,  
burnt out,  
tired, and suffering.

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**Introduction**

# Introduction

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In June 1998, I became executive director of an organization then called the AIDS Network of Edmonton Society. By 1998 that organization, like most of the AIDS organizations across the country, was in a state of considerable uncertainty because of the changing nature of the services needed for people with HIV or AIDS (PHAs). As directed by the board and under my leadership, that organization went through a change process which is described in Chapter One. Despite my best efforts and the genuine willingness and capacities of most of the others involved in the organization, the change process was incredibly difficult and never really came to a conclusion. Certainly, there had been and continued to be incredible tension that seemed to interfere with our capacity to work effectively. But most importantly, I was exhausted and burnt out.

So I applied and, thankfully, was accepted, for a Muttart Fellowship ([www.Muttart.org](http://www.Muttart.org)), which allowed me to take some time to examine that experience. In a real way, the development of this document was an attempt to figure out exactly what happened during those three years. So this material is reflective, it is exploratory, and it is a discovery.

This document is a discussion about change, primarily in AIDS service organizations (ASOs), though the lessons learned in them are applicable to other organizations. For me, putting this material together was an exciting and wonderful journey. I am extremely grateful for the gift that was given to me—first the challenge presented by working in an ASO and then the opportunity to take a year to both recover from that very demanding experience but also, most importantly, to take some time to answer the questions which the experience evoked.

Was there a better way to manage change? Why was/is there so much conflict in ASOs? How can organizations function in a way that makes managing change an integral component of their work? What could I have

done differently as a leader? How could I have helped other leaders both in the organization and in other agencies expand their skills? Underlying all of this, of course, was the question of appropriate service delivery. Those questions seemed easier to answer, however, than the questions around developing and maintaining a functional organizational infrastructure.

This is to say, the highly skilled and inquisitive staff were able to challenge themselves, but they and the organization often became bogged down in the politics of prioritizing demands with diminishing resources.

So, I set off to try to find some answers for myself and hopefully for others. The purpose is to present some material and ideas that will help increase our understanding of the dynamics of change and the management of change in HIV/AIDS work and in the third sector in general. It is my personal view that we are only on the beginning edge of the changes that are occurring in our world. I believe that that means we must be prepared to be adaptive, flexible, and open to learning new skills and new ways of working.

If we are going to be effective as leaders in the nonprofit sector, we must be prepared to provide leadership that reflects those qualities. We must ourselves be open to learning and in turn to teaching others. Many of the people I talked with said humility and the capacity to listen were qualities they needed to have in order to be successful leaders during times of change.

What is presented here both reflects people's experiences in managing change—sometimes well, sometimes simply coping, perhaps even badly—and ideas and suggestions about how to do it better. To some extent the material is contradictory: presenting both linear models with an apparent beginning, middle, and end and chaos theories which are cyclical and holistic. This duality represents my struggle to understand events. It also represents our lack of language and experience incorporating the ideas of the new sciences into the way we understand and manage organizations.

I spoke with many colleagues in both Canada and the United States, in ASOs and other types of organizations about their experience of change. Their stories and experiences form the bulk of the material presented. Their stories guided me through this process. The creative process is often described by writers as taking over rather than the writer being in control. That is exactly how this process felt! It was the first time I have experienced such a creative outpouring of others' voices. It felt as if I was merely the conduit.

In the process of answering my questions about change, I specifically interviewed 33 of my colleagues who worked in human services. They are listed in Appendix A. All but one agreed to be identified and to name their

organizations. I thank them for being open. These are real people, doing real work, and struggling with real issues. All participants had the option to make the interview or parts of it anonymous and many requested to have some segments remain anonymous. These requests were respected. Also, I occasionally made the decision to make the quotes anonymous because the topic was very sensitive.

In addition to the 33, I talked with another six as part of a pilot process. While I recorded their interviews, I did not transcribe them. However, their ideas certainly assisted in formulating both interview questions and some of the ideas that are discussed. I also talked with six individuals from resource organizations (listed in Appendix A.) who were exceedingly helpful in providing me with information about a variety of topics.

The interviews with 32 of the people were tape-recorded and I personally transcribed the tapes. This gave me a good opportunity to listen again to their words. One person did not wish to be recorded and handwritten notes were taken. The interviews were analyzed around thematic topics. As well, a short agency demographic form was completed.

The interviews consisted of 22 AIDS organizations and 11 other human services/nonprofit organizations. In general I contacted via e-mail most of the ASOs—excluding housing—in Victoria, Vancouver, Regina, eastern Ontario, and New York City. Other ASOs were specifically selected because I knew something about them and wanted to include them in the study. The 11 other human service organizations were contacted because I understood them to have experienced significant change—usually by word of mouth—and wished to talk with them. Obviously it was easier to identify these organizations in Edmonton and so more of the other human service organizations are located in Edmonton. In addition to these 33, a few others agreed to be interviewed but for one reason or another—on one occasion because I showed up at the wrong time—we could not arrange a time to meet.

The interviews were quite open-ended. I asked each of the participants to discuss a change experience within their organization. In some cases the topic was large and affected everything within that organization, for example Greater Vancouver Community Service Society, while in other cases the topic was more specific to a program. Charles Roy from the AIDS Committee of Toronto talked about the board change to a Carver governance model. I also did not specify the timeline so while most talked about a change that was already completed,—Kevin Midbo from AIDS Calgary for example,—others talked about a change they were currently undergoing,—for example, The Family Center (New York). Because these conversations were so open-ended, there were a large number of topics discussed. Nonetheless, there were many similarities in the change experiences.

In putting this material together, I chose to interview both ASOs and other human service organizations because I wanted to make some comparisons. As I was working in an ASO at the time, I wanted to examine the similarities and the differences between different types of organizations.

In general, it is fair to say that the major difference is in the reasons for change. The change process itself was tumultuous and difficult, whatever the organization. And certainly from the point of view of the participants, it was as uncomfortable and disconcerting. ASOs appeared to have a higher staff turnover than in other human service organizations and that topic is explored more fully in “Chapter Five: Building Relationships.”

In Chapter Six three transcripts are presented in detail. These three participants all reviewed their transcripts, and two made minor editorial changes clarifying some specific points. I selected to present these three in detail because their stories reflected the experiences of others and because they told their stories eloquently.

The words contained here are really the words of the participants. I interject myself on occasion as a way of giving shape to some diverse thoughts and ideas and because I too have a few ideas of my own on the topics under discussion.

As I worked with this material, I was increasingly struck by the dedication and commitment of the people doing this work. Certainly for people taking leadership roles, the level of conflict which they both endured and overcame was startling. Many described transformational experiences which involved “giving up” and learning. Each time I listened to the tapes or reread the transcripts, I understood more clearly the courage involved in doing the right thing and more importantly the need to reflect and to think about our work. Talking to my colleagues and capturing their words was a totally wonderful experience.

With that in mind, I want to thank all those individuals who agreed so generously to participate in this study. I had the impression that I knew something about the topic before I started; I learned much more through their participation. And their ideas guided me as I explored new directions. I acknowledge their openness and willingness to share their experiences with me. And like my own experience, they too were captured by the urgency of their work.

Among the individuals I spoke with were people working in agencies in New York, New York. I visited there six months after the tragic destruction of the World Trade towers on September 11, 2001. Although the mandate of the agencies I visited was not specifically affected or related to the events of September 11, that event did precipitate a changed view of the safety of their world and for many, became a focal point. For all the

agencies in New York, it certainly affected their work and they talked about that impact in our discussions. I thank them for their generosity.

Hopefully this work will provide some guidance to all of you who are working in ASOs, human service, and nonprofit agencies that are experiencing change or other critical issues. I chose to focus on change because of my own experiences, but I could as easily have chosen to write about personnel or program issues. Some of the discussion presented here, particularly in the closing chapter, is equally applicable to other issues facing those of us who work in the nonprofit sector.

The material here can be read in any order because each section both stands alone and contributes to the whole. “Chapter One: AIDS Network to HIV Edmonton” is descriptive of the change process in Edmonton’s largest ASO. It is a personal account of a very difficult, highly political process.

“Chapter Two: Discrimination and The Politics of Oppression” talks about the discrimination experienced by people who work in HIV. It discusses homophobia, misogyny, racism, and other forms of stigma. Experiencing hatred is the normal circumstance for people working in ASOs—as it is for many other minorities.

“Chapter Three: The Process of Developing Understanding” presents some theoretical models which I believe can help us to understand our experiences and guide our future. The theoretical frameworks presented in this chapter are drawn from Peter Senge’s book *The Fifth Discipline* (1990) and Margaret Wheatley’s *Leadership and the New Science* (1992) which I believe are frameworks which, although not written for the nonprofit sector, are very descriptive of our experiences and our understandings.

“Chapter Four: The Process of Change” describes the change experience of others. What was the impetus for the changes and how did the organizations and their leaders respond? It highlights critical components of successfully managing change. This chapter opens and closes with discussions about the qualities and capacities of leaders.

“Chapter Five: Building Relationships” talks about the people who work for, volunteer, and support the organizations. How individuals changed, coped, and learned new skills is described along with some thoughts on what would have made it easier for them.

“Chapter Six: Three Case Studies in Managing Change” tells the story of three organizations who experienced major changes. Both the Ottawa AIDS Committee and the Lethbridge HIV Connection were organizations in deep crisis. Their new executive directors described the processes used to stabilize those organizations. Jackie Haywood from the British Columbia Persons With AIDS Society is the third example of change and is the story of one woman’s personal change process.

“Chapter Seven: Supports for Change” presents practical suggestions to strengthen the nonprofit sector in the management of change. It discusses the need for nonprofit communities to develop support mechanisms. Management Assistance Programs and Leader’s Circles<sup>SM</sup> are described along with some peer support networks.

In a delightful and entirely appropriate systems thinking process, one of the last events I attended during my sabbatical year was the Shambhala Institute’s second Authentic Leadership Summer Program ([www.shambhalainstitute.org](http://www.shambhalainstitute.org)) at which Peter Senge, Fred Kofman, and Margaret Wheatley presented. Here I was able to both enhance my learning about systems thinking or the “fifth discipline” Senge discusses, and explore a unique integrated learning process where self-exploration, mediation, and learning were combined to address critical global questions.

Although the material presented here is about community-based ASOs in Canada and the United States, it is perhaps appropriate to reflect upon the fact that AIDS is an urgent global issue. As I write this introduction, the latest United Nations report on AIDS is being released ([www.unaids.org](http://www.unaids.org)) in anticipation of the 2001 International AIDS Conference in Barcelona, Spain. The UN report states that 70 million people will die of AIDS and only a very few will be able to access treatment. Many of those who are dying live in the Third World, and the unwillingness of the First World to effectively intervene is discrimination and a crime against humanity. It is hoped this material will assist to strengthen our capacity in the AIDS movement to provide effective leadership.

In closing, I want to thank all those who made this process possible. Thank you to The Muttart Foundation, Bob Wyatt, Cristine Poulsen, and the other staff for their ongoing support. Thank you also to the board for its wisdom in enabling individuals from this sector to take time to reflect upon their work. In addition to the individuals and organizations listed in the Appendix who participated in this study, I interviewed others as part of the process of getting this work organized. I thank them for their input. Many of these were my friends, so I also thank them for their patience as I stumbled through those initial steps.

I also want to thank my partner Karen Matthews who, as it happened, was working on a Master’s Degree in continuing education and workplace learning. I often drew material from her learning situation, and she assisted me, in many practical and intellectual ways, to understand.

## Sherry's Rules

# for Managing Change

1. Leaders have the **power** to change people's lives.
2. Your **excitement** about change is not shared by everybody around you.
3. Slow down and **create space** for change.
4. You cannot **communicate** enough—or say it again, and again, and again. Say things clearly and often.
5. When the going gets tough, effective leaders **get help**.
6. Develop **self-care strategies** which help to maintain balance.
7. In managing change in human services, the **maintenance of relationships** is also an objective—perhaps even the most important objective.
8. Staff and others will think you know more than you are telling because you are the leader, and they need to have **confidence** that you know where you are going.
9. **Be prepared** for some people to be really unhappy no matter what you do.
10. In changing organizations, **learning** is your optimum option. If you aren't willing, then leaving is the other option.

**Chapter 1**  
**AIDS Network to**  
**HIV Edmonton**

# AIDS Network to HIV Edmonton

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AIDS provides a unique lens; it is quintessentially about modern life. It embodies our uncertainties; it is the fountain of urban myth-making. AIDS, a sexually-transmitted disease, strikes at the heart of our relationships. A previously unknown virus creates an epidemic. In a society that worships youthfulness, it steals our youth from us. Just as we begin to grapple with issues of discrimination, this horrid disease mocks our capacity to care for the vulnerable.

And AIDS is a horrid disease. It is a horrid, ugly disease resulting in rapid death when there are no treatments available. It is a horrid disease, even with treatment. It is horrid even with treatment, because it depilates for a long time and strikes crippling blows unexpectedly. The drugs, which prolong life, create severe side effects which require careful management.

Because AIDS first appeared among gay men in North America, existing health and social service organizations showed little interest in developing the necessary programming to deal with the crisis. AIDS organizations were developed by the gay community<sup>1</sup> and have remained largely as insular entities outside the mainstream of the charitable and nonprofit sector. As AIDS service organizations (ASOs) developed, their history has been tumultuous<sup>2</sup> initially because of the severity of the crisis and because of the rapidly changing understanding of the nature and treatment of the disease.

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<sup>1</sup> John Manuel Andriote, *Victory Deferred*, (Chicago: University of Chicago Press, 1999) ,pp. 47-122. Rick Bebout and Joan Anderson, ACT: *Some History* (Toronto: AIDS Committee of Toronto, 1998), p. 2. Hicks. *The AIDS Network of Edmonton Society: A History*, p. 4. Fisher, John *et al.*. *Gay and Lesbian Legal Issues and HIV/AIDS Final Report Impact of Stigma* (Montreal: Canadian HIV/AIDS Legal Network and Canadian AIDS Society), p. 4.

<sup>2</sup> Andriote, *Victory Deferred*, pp. 257-60. Bebout and Anderson, *Some History*, p. 6.

I began as the executive director of the AIDS Network of Edmonton Society (ANE), as it was then called, on June 1, 1998. Because of a number of changes in the treatment and spread of the disease and management instability, the organization had lost its way. Thus began a long and bumpy change process. Three-and-a-half years later, as I began the Fellowship to undertake this work, I wrote: “in my long and varied career I have undertaken many challenges, but without question, this has been the most difficult.”<sup>3</sup>

This chapter describes that difficult process from the beginning in June, 1998 to the summer of 2001, by which time the major changes and two major funding cycles had passed. It was the difficulty of those three years that compelled me to develop this material about managing change.

The change process brought many losses—collegial relationships suffered, partner agencies were crippled, critical work was impaired, volunteers were confused, often feeling misused, and there was high staffing turnover, among both new and long-term staff. Needless to say, it was also a time of very high stress for all. In the midst of tension, I commented to a board member that being executive director of an ASO was certainly a challenge. “It’s no picnic being on the board either!” he quipped back to me.

Personally, I experienced much stress that influenced my emotional and physical health. I became more isolated, withdrawing from many previous enjoyable personal activities. In the summer of 2001 as the tension eased and I began to recuperate, I tackled the mail on my desk at home. I realized as I was going through this pile that nine months previously I had stopped opening my personal mail. I also had stopped reading for pleasure, and most of my friendships had been neglected. I had certainly withdrawn from all other community volunteer initiatives.

Undoubtedly, our clients also received poorer services. Staff were certainly stressed. Only two long-term staff (the office receptionist and the person who became the program manager) retained their positions. Many of the newer staff experienced some difficulties. There was considerable turnover in some positions. At least one partner ASO closed, and many other staff, volunteers, and community members were angry and/or dissatisfied.

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<sup>3</sup> McKibben, Sherry. *The Live Wire* 3,5 (September/October 2000): 2.

Was there a better way to manage? What could have been done differently? What lessons could be learned from this example of change in one ASO? Change in the third sector—in the nonprofit, social service sector—is inevitable during this era of change. There are many reasons for change—adaptation to technology, shifting funders, economic upheavals, expanding knowledge, and the other real changes in the world around us (such as the September 11th destruction of the World Trade Centre buildings in New York). Most nonprofit and charitable organizations will likely face change—even dramatic change—ahead. What might help smaller service organizations manage that change? That is the theme of this book, and it starts with a tale of one executive director and organization's process of coping with a change process.

Change was certainly the major theme, but there were many other themes, too—the politics of oppression, competition, leadership, and of course, grief. It is impossible to talk about an ASO without talking about grief. In Ontario, Project Sustain and the Ontario AIDS Bereavement Project were developed to assist with grief issues and the continual implosions and explosions this grief created in ASOs. And while grief was a factor in the way individuals responded, the impetus for change in this case came from changes in the treatment and circumstances of HIV and AIDS. But before telling the story of the AIDS Network, I will tell you a little bit about me.

I am a social worker who worked in child welfare for the first 21 years of my career (1966 to 1987). In that time, I worked in or with various delivery models: children's aid societies, government departments, and community-based service organizations.

Since 1987 I have held three executive director positions in three different organizations. The first of these was an inner city health centre. During my six-year tenure, we built a new facility, expanded services, and increased the staff from 11 to over 30. During that time, I was also one of the initiators of the needle exchange program—my first experience with AIDS work. At the time I noted that the territorial bickering in AIDS work was particularly intense and attributed this to the need to carve out control of new turf.

That needle exchange program which began as a street outreach program for the distribution of condoms and bleach also involved some rather major changes in thinking about how to address an issue. Dealing with AIDS necessitated paradigm shifts in our way of

working. For example, on our first visit to the police “morality squad,” the detectives placed a huge bag of condoms on the table. These, they claimed, they had confiscated from prostitutes as evidence about prostitution. We knew then we had a considerable amount of work to do!

During the period from 1987 when I became the executive director of the health centre until I became too enmeshed in the work of the AIDS Network, I also participated in many other community initiatives. I did this both as a volunteer and because of my belief that a good social work practice needs to include a community development focus. I assisted others and sometimes led the process in the creation and management of two inner city community development initiatives. I helped establish a women’s economic development organization. I participated in the city’s economic development strategic planning process and an area redevelopment plan for the inner city. I also worked with businesses in a number of Edmonton communities to strengthen the business zones particularly in support of small businesses.

My second executive director position also involved considerable challenge, although it was primarily crisis management. I took the helm of a children’s and family community resource centre. This was a well-established and respected facility that had developed the city’s first kindergarten program. When I became director, in addition to that original kindergarten program, the organization ran two Headstart programs in different areas of the city, a respite day care facility for preschool children, family support programs, and an after-school activity program for preteens. I became director of this centre at a point of financial crisis. The centre was both unable to meet payroll and in the middle of a building expansion project for which there were insufficient funds for completion because money had been borrowed from the building project to sustain the programs. This organization had a very competent and experienced early childhood education staff and very sound programming. The challenge was to re-establish its financial and management stability.

These challenges were exactly the opposite of my next management position with the AIDS Network.

## Beginnings

While the family community resource centre had good programming and no money, the AIDS Network's programming was unfocused but fiscally sound. The founding executive director had left the organization approximately two years prior. At that time, the organization was in considerable financial difficulty—unable even to pay the rent. Subsequent to his leadership, the board took a stronger role in guiding the finances and implemented a two-person management team. This had not worked well and resulted in much intra-agency and inter-agency (with other ASOs) conflict. When one half of the management team resigned, the staff requested the reinstatement of an executive director position. In the course of these two years, the board and the administrative manager had managed to re-establish the financial position of the agency so that by the time I took over as executive director, there was a small surplus and a sound operating budget.

Those two years, however, had taken their toll on the organization's work, its partner organizations, and the HIV community. The AIDS Network was viewed very disparagingly by the gay community. The partner organizations—all of which had been established by or with the assistance of the AIDS Network—were: Feather of Hope: an Aboriginal AIDS Prevention Society; Alberta Persons Living with HIV: Living Positive; and the Interfaith Association on AIDS. These four organizations were housed together, with the AIDS Network responsible for managing the facility. During the time of conflict in the AIDS Network, the staff, volunteers, and clientele from these organizations were also engaged in the conflict.

The two existing city-wide inter-agency HIV/AIDS consortiums also were struggling and without leadership. The Regional Health Authority was suggesting the HIV Care and Support Inter-agency Group be disbanded and rolled into a larger Blood Borne Pathogens Consortium and the HIV Education Inter-agency Group was meeting infrequently and without focus.

Meanwhile, from 1996 to 1998 much changed in the world of HIV and AIDS. Protease inhibitors were introduced in 1995 and these radically altered the life expectancy of HIV+ people and changed

types of services needed by HIV+ people.<sup>4</sup> HIV was increasingly influencing new populations. The AIDS Network's internal crises impaired its capacity to plan for and adapt to these changes. The few remaining long-term staff were unclear as to the direction of their work. Volunteers also felt under-utilized as their old roles were in less demand, and new roles had not yet been created. For example, a new volunteer Care Team had just been trained to provide palliative care, and members were bitter because they had not been given any referrals. The time of the "big deaths" was over, and those who had survived were in shock.

Up to the end of 1996, 651 deaths from AIDS were recorded by the Alberta Ministry of Health and Wellness. This was, of course, an under-estimation since there were many reasons why an AIDS diagnosis was avoided. The AIDS Network's own records indicate over 200 deaths by the end of 1996 with most of these deaths occurring from 1992 to 1996. Most of those 200 deaths, but not all, were in the relatively small and intimate gay community. One of the AIDS Network's HIV+ board members told me he could personally count 150 friends—people who had been to his house for dinner—who had died in the epidemic.

In the wake of this destruction and the appearance of more effective treatments, the gay community which had initially responded to the disease by creating community-based organizations was filled with grief, anger, fatigue, and relief. For many, the crisis was over. This mirrored the experience in other urban areas in Canada and the United States.<sup>5</sup> However, while the new treatments were showing some success, people were still dying. Grief and anger dominated the landscape; ASOs were known for their bitter politics and instability.<sup>6</sup> Some held that this was the result of unexpressed grief.<sup>7</sup> The AIDS Network of Edmonton was no different.

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<sup>4</sup> Roy Cain. "Environmental Change and Organizational Evolution: Reconsidering the Niche of Community-Based AIDS Organizations." *AIDS Care* 9, 3 (June 1997): 331-45. Merithew, Marjorie A. and Loretta Davis-Satteria. "Protease Inhibitors: Changing the Way AIDS Case Management Does Business." *Qualitative Health Research* 10, 5 (September 2000): 632-46.

<sup>5</sup> John Manuel Andriote. *Victory Deferred*. (Chicago: University of Chicago Press, 1999), p. 371.

<sup>6</sup> *Ibid.* pp. 381-82.

<sup>7</sup> Yvette Perreault and Val Gervais. *Project Sustain, Creating and Reinforcing Organisational Supports for ASO Workers Coping with the Impact of Multiple Losses*. (Toronto: AIDS Bereavement Project of Ontario, 2000), p. 29.

Because HIV and AIDS first appeared in the gay community, a community which was at that time highly stigmatized and hidden from view, HIV/AIDS work has an additional level of complexity not present with other health and social service issues. The HIV/AIDS Legal Network refers to this as “the exceptionalism of AIDS.”

Before beginning this story of change, a few cautionary notes are in order. This is a one-sided story—my side. Others would tell it differently, although I have solicited feedback from staff and board members who have given me input. The information in the other chapters is much more balanced as it reflects information gathered from various sources. Being executive director of an over-extended, community-based, nonprofit organization is not nearly as easily defined or described as is written here. I have confined the telling to information relevant to the experience of change and have left out the information related to the management of the organization and the direct work I did. Or to say it another way, approximately 75 per cent of my workload is not included here. Administration means every day unfolds with unexpected events—someone complains, a board member requests information, a staff person needs consultation on an issue, a multitude of human resource decisions and issues appear, someone is in crisis, or a new funding opportunity arises. This overlays the day-to-day work of policy development, preparation of reports to funders, budget and financial management, board support, fundraising event management, community activities, advocacy and lobbying, board and community committee work, and community liaison. Then too, I needed to keep abreast of issues and also gave presentations and workshops in addition to the occasional direct practice support to individuals either by telephone or in the office. Only a few of the multitude of activities that made up my work days are touched on in this discussion.

The environment in which I worked was the AIDS Network of Edmonton Society, which was incorporated in 1986 by a group of gay men who saw the emerging crisis appear on the horizon. Although AIDS had struck the larger American centres, there was only one reported case of AIDS in Edmonton at the time the organization was being developed.<sup>8</sup> There soon would be many more.

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<sup>8</sup> Robert James Hicks. *The AIDS Network of Edmonton Society: A History*. (Edmonton: HIV Network of Edmonton Society, 2002), p. 4.

The beginning of the organization was modest, but as the need for AIDS services increased, so did the scope of the work. Understanding the complexity of AIDS, the Network facilitated the development of other AIDS-related services, and three other AIDS service organizations were created out of the AIDS Network.

These were:

- **Feather of Hope: an Aboriginal AIDS Prevention Society** that provided AIDS education to Aboriginal Peoples and communities. It was primarily focused on prevention and education. Feather of Hope was the largest with three full-time staff plus occasional other project staff.
- **Alberta Persons Living with HIV: Living Positive** provides peer support to HIV+ individuals. It also organizes complementary therapies and social activities. Living Positive had one full-time staff person and occasional other project staff.
- **Interfaith Association on AIDS** was developed to speak to churches and the faith community about AIDS. Interfaith was the smallest with a half-time executive director and a soon-to-be-acquired full-time project staff person.

All were housed together and worked closely together. All were also funded through the provincial and federal AIDS funding mechanisms, although Interfaith received only very modest project, *i.e.*, short-term funding. Because of project funding, the staff complements of all the organizations varied over time. The executive directors of these three organizations along with the AIDS Network met regularly to manage joint programming, for example, the AIDS Walk and AIDS Awareness Week, and to deal with mundane housekeeping issues.

Just as the staffing component of the other ASOs varied over time, so did that of the AIDS Network. In addition to these three other organizations, there had been other major projects including the very large “Caring Together” federally-funded project which focused on development of collaborative models. At one time there had also been a Positive Women’s group. The AIDS Network was a founding member of Edmonton’s needle exchange program—Streetworks—and was a member of the managing council. A needle exchange was maintained on site as part of both the AIDS Network and

Streetworks' programming. The AIDS Network also hosted the local HIV Care and Support and Education consortiums.

The existence of strong and active multi-stakeholder groups was one aspect of the AIDS movement that I had not experienced in my two previous executive director positions. There are local, provincial, and national organizations dealing with HIV and AIDS issues. In Alberta, all local ASOs participate in both local HIV/AIDS consortiums which connect or overlap with provincial and national groups. The Alberta Community Council on HIV (ACCH) is the member organization for all ASOs funded operationally by the provincial and federal governments in Alberta. Other provinces have similar networks. The Canadian AIDS Society (CAS) is a national member-based AIDS organization and is one of four national HIV/AIDS organizations. The others are the HIV/AIDS Legal Network, the Canadian Treatment Action Council, and the Canadian AIDS Treatment and Information Exchange. The provincial and national organizations both support the local work, but also create national initiatives that may involve local activities, for example, the annual AIDS Walk. Being the executive director of HIV Edmonton meant being actively involved in ACCH and at least informed about the national organizations. I attended my first CAS annual general meeting within the first six weeks of being on the job. This was instructive in that it was clear many ASOs across the country were uncertain as to how to handle the wave of changes confronting them.

## **Becoming Cutting Edge: Defining Change**

Prior to starting my position as the new executive director of the AIDS Network, I had met with the board to assess the organization's status. The board was quite clear that the agency had drifted. Their request was to get programs and staffing back on track, although they were unclear exactly what that meant. At the first staff meeting, staff said they wanted to become "cutting edge" again. They felt they had provided a vital critically needed service and that the agency had lost focus and was now underutilized.

With the clarity of hindsight, I can say that the first seemingly complicated steps were the easy part. The organization already had initiated the first phase of a potential strategic planning process as part of the federal government's "sustainability" program. The AIDS movement at the time recognized that change was needed. The

development of the protease inhibitors (the first really effective HIV treatment) and additional funding supported the development of what was called “sustainability” projects that had arisen in part from the threatened withdrawal of federal funding. Sustainability was seen as the process of integrating AIDS work into existing health and social service organizations.

Using additional “sustainability” funds, a consultant was hired to undertake a community consultation process. Every attempt was made to make the process as inclusive as possible. A multi-stakeholder steering committee was formed and discussion/focus groups were held with all the various stakeholder groups. Key participants, including people from the partner agencies, were interviewed separately. Appropriate facilitators were hired for the various interest groups to enable frank and open discussion. That is, we tried to do it the right way, getting as much input as possible. Time was a limiting factor, however, because the next major funding application was due in early November for the next two-year funding cycle (April, 1999 to March, 2001).

The funding process for Alberta AIDS organizations was being altered. Alberta Health, Alberta’s major AIDS funder, had brought forward a new AIDS strategy out of which arose a joint provincial and federal operational funding pool. The first two-year cycle of this Alberta Community HIV Fund (ACHF) was coming on stream. The changes in the funding structure defined the timelines for the AIDS Network planning process. The two-year operational funding application was due to the community consortium for vetting in early November. This application represented 60 per cent of the organization’s core operational funding. The strategic plan needed to be in a workable format in order to inform the grant application for that funding cycle.

From August to November, this planning process proceeded. By November the report from the consultant was completed. One of her key observations was that there was a high level of anger from the gay men towards the AIDS Network. Some months later a community psychologist would observe: “Well, of course those men are angry at you, you haven’t solved the problem.” The community was suffering from the loss of many of their lovers, their family members, and their friends. Now that the deaths had stopped, there was time to rage. And where else would there be to rage but within

the “family?” This reaction was also experienced in other ASOs throughout Canada and the United States.<sup>9</sup>

Repairing within the organization was necessary. The damage caused by the internecine fighting and the grief needed to be addressed. One staff person observed that grief had always been handled poorly; another was afraid to take holidays because someone was going to die. Other specialists were hired to assist with these particular issues; a grief workshop was held and follow-up included developing appropriate processes for acknowledging and coping with grief. A board/staff communication process was held because of considerable tension between the board and staff. During these initial few months there were, fortunately, no deaths, although the mood was one of fearful anticipation.

That first strategic plan spoke of the need to approach the work holistically, breaking down the barriers between the dichotomous “education” and “support” components of the agency and to “confirm who ANE will serve in the future.”<sup>10</sup> The need to work collaboratively was highlighted. Potential amalgamation with the partner agencies was proposed and was later rejected by all three organizations. Some practical matters were discussed such as technology, office location, proposed name change, the need for a good communications strategy, and finally the need to develop a longer range strategic plan.

Once the plan was developed, the board, staff, and the multi-stakeholder steering committee, in a one-day planning session, developed a structural model which would facilitate the work of delivering HIV and AIDS programming to all populations affected by HIV. In this planning session, the framework for delivery of integrated community-based HIV programming was developed. Target populations along with potential strategies for service delivery were further defined. Subsequently, a program manager position was created, three new program staff were hired and one part-time program staff was retained. No existing long-term staff were dislocated because attrition had already taken its toll; positions had been kept vacant or filled with short-term contracts pending

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<sup>9</sup> Perreault and Gervais, *Project Sustain, Creating and Reinforcing Organisational Supports for ASO Workers Coping with the Impact of Multiple Losses*, p. 35.

<sup>10</sup> *Planning for the Future Executive Summary*. (Edmonton: AIDS Network of Edmonton Society, November 1998), p. 1.

these changes. The volunteer coordinator's and the resource centre (library) coordinator's positions were not changed significantly, and the existing staff continued in their positions. These two components were seen as central to the viability of the programs. Both would later prove problematic.

Because of funding deadlines, the process was somewhat abbreviated but did weave back and forth between development of the grant application, planning, and the initial implementation phases. The strategic plan had to be sufficiently detailed by early November to process the funding application; subsequently, board and staff continued to flesh out the details. A feedback loop with reporting to the board and the community was developed. Hiring for the newly-created positions began in January 1999 with the hiring of the program manager; by April, all the other new staff were hired. Other planning continued, and we began in earnest to search for new facilities. The board approached the other ASOs to initiate amalgamation discussions.

Planning for this first phase of restructuring was completed in May 1999 when the complete program staff met and "radically altered the way we did our business."<sup>11</sup> This final refinement of the structural model was undertaken once the new staff were in place. The program manager went on to write:

Gone were the Support and Education departments and in came portfolios held by individuals which for the most part meant that individuals were involved in both Health Promotion and Support. The portfolios are: addictions, corrections, Aboriginal, gay/bisexual men, men, women, treatment issues, youth, mental health and violence. The work in them all was amazing.<sup>12</sup>

The transformation was complete; we felt we had developed a model that would enable us to address the various communities being impacted by HIV. While we had some new staff who had not worked in HIV previously, we also had retained the experienced staff. All had to learn new ways of working, and all had to work with individuals, groups, and within the community.

One feature of this new plan involved engaging community organizations and institutions working with high-risk populations in

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<sup>11</sup> *Change and Growth for a New Era* (2000 Annual Report). (Edmonton: HIV Network of Edmonton Society, June 2000), p. 2.

<sup>12</sup> *Ibid.*

the delivery of services to HIV+ individuals. That is to say, we recognized that HIV Edmonton could not deliver all the services to all HIV+ individuals and their social networks, rather we would need to educate or train those agencies—prisons, inner-city organizations, women’s shelters, to name a few—already serving high-risk populations to incorporate HIV into their work. To facilitate this we began to plan expanded “train the trainer” and other educational programs. We also undertook to increase the number of practicum students from health, social service, corrections, and other appropriate educational post-secondary programs. We felt that one way to embed HIV capacity within community organizations would be to provide HIV education to their future staff.

In June, at the annual general meeting, the name of the AIDS Network was changed to the HIV Network of Edmonton Society—HIV Edmonton, in the short form. In July we moved into a more central location so as to be accessible to all the populations we were serving. The move also enabled the four organizations that had been sharing space to obtain their own facilities. Only Interfaith continued to sublease from HIV Edmonton. Feather of Hope and Living Positive rented their own offices in the same building.

Following the move, the regularly scheduled inter-agency meetings of the executive directors petered out. Without the need for “housekeeping” items, the executive directors had little apparent incentive to keep meeting. All the organizations were members of the local HIV Consortium where the larger advocacy and programming issues were discussed. Issue-specific meetings were held, and there was some attempt to discuss overlapping programming and collaborative initiatives. These also ebbed away. Staff continued to work closely together, however, and met to plan program specifics, such as AIDS Awareness Week activities, the AIDS Walk, and other initiatives.

One other note about those early months. The Care and Support Inter-agency Group, at the first meeting which I attended in September 1998, also spoke about lack of leadership and the need for the establishment of focus in their work. They had received a request from the Regional Health Authority to amalgamate their Blood Borne Pathogens Committee and were reluctant to do so, fearing the loss of AIDS/HIV focus. I instantly became chair of that consortium, also engaging them in a planning process. The Education Inter-agency

Committee was rolled together with the Care and Support Inter-agency Group to form the Edmonton HIV Consortium. In addition to vetting the newly-amalgamated HIV grants from community groups for the Alberta Community HIV Fund, the group developed an advocacy action plan.

These planning issues were overlaid on top of the day-to-day management of the organization. Hiring new staff, managing the various grants, and soliciting potential additional monies both for HIV Edmonton's programs and for other related programming such as the needle exchange were among the activities in which I was engaged. Other activities included managing the annual fundraising events, first the Walk and then the Black and White (our major gala event). While these were established events, the same agency disorganization affected these events. I also participated in a number of community groups, becoming chair of the Streetworks Council, the management body for the city's needle exchange program, and there also initiated a strategic planning process and solicited new funds to enable program expansion.

## **But a Few Elements were Left Behind**

By the end of the first year, all the staff were genuinely enthusiastic about what we had come through and what lay ahead. Some were absolutely delighted. We were in what Hultman refers to as the "courtesy" stage of development.<sup>13</sup> The same could not be said of the gay community, which was becoming increasingly disenchanted. Some were really mad because their agency was being taken from them by "that woman," as I came to be called. "That woman has got to go!" wrote one survey participant. It was true, we had moved out of the gay ghetto. Behavior expectations were also changing.

The organization had been used as a relationship, or sexual contact point, by the gay community and by some gay volunteers. As these activities became identified either through complaints or because staff identified these ethical issues, the individual men were either removed from their volunteer duties or advised to curtail the use of the agency as a sexual activity point or they would be asked to leave. Policies were not changed; they were merely being applied. An ethics consultation was held with members of the gay

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<sup>13</sup> Ken Hultman. *Making Change Irresistible*. (Palo Alto: Davies-Black Publishing, 1998), p. 159.

community and it was concluded that the provision of services to vulnerable individuals could not be compromised by potential sexual activities between the receivers and givers of service, even within the gay community. Some people resented more active enforcement of these ethical policies. It also denoted for them a shift away from the agency's previous dominant gay focus.

But most importantly, the nature of the populations being served by the agency was changing; there were more Aboriginal people seeking services. Street people and injection drug-users who were not particularly happy to be hanging out with “fags” were increasingly the norm. The agency was serving more women. This really meant that the atmosphere was different; the agency was no longer being used by gay men only.

Other volunteers were dissatisfied because the need for the expertise they had was not being called upon. The perception was that we were not making referrals because we were dissatisfied with their work. Volunteers were angry and felt the staff assigned were withholding referrals and information. The reality was that the nature of the work was changing—we had no palliative care referrals to make. Equally, the “buddy” program was changing. Most of the newly-diagnosed individuals were street people, predominantly male Aboriginal injection drug-users with whom the white gay middle class and the volunteers who had worked with them had little in common. These new HIV+ individuals did not really wish to be “buddies”; they needed help with getting food, housing, and getting to their doctors. These new populations also had different ways of viewing and dealing with the world. They wanted spare change or made other demands with which the middle class volunteers had difficulty. Making appropriate matches proved impossible. The buddy program needed redefinition in light of changing populations and the impact of the new medications on life expectancy. HIV+ people were living.

Those who had lived with the disease for a long time needed help with learning to live again; our volunteers were trained to help with dying.

Besides the shifting volunteer requirements, the resource centre's usage was also on the decline. Increasingly the Internet was being used as the primary source of information; our resource centre was print-based. Street people do not relate well to print materials and

had little access to the Internet. The challenge was to figure out ways of getting good, accurate information to these high-risk populations.

Both the resource centre and the volunteer program required review, and the program staff were asked to develop stakeholder-based program planning committees to propose program directions. Both these processes sputtered along and ultimately failed. The resource centre committee developed a participant survey and did make some recommendations about potential changes for the new site. These were never effectively implemented. It may have been that the need for a print-based resource centre had passed, and no amount of resuscitation was going to revive it. It also may have been that the staff person was unable to shift to meet emerging needs. Eventually downsizing was suggested, and the staff person chose to leave. She said, “The organization has changed. We used to be crisis-focused. We aren’t anymore. I don’t feel useful and involved the way I used to be.”

The review of the volunteer program was even more convoluted. This review process—which was started in June 1999 subsequent to completion of the major program changes—never really coalesced. Burnout, inadequate resources, and leadership were likely some of the factors which contributed to this difficulty. However, the issues were also very complex. Certainly the volunteer coordinator was unable to undertake the task and by the time that failure became truly apparent, the volunteer program was in disarray. Some redefinition was accomplished. The “buddy,” one-to-one volunteer support program was updated, our HIV 101 and volunteer training was revised, and we had begun the process of looking at the speaker’s bureau in conjunction with Living Positive.

The speaker’s bureau was difficult. The practice within ASOs had been that interested volunteers, both HIV+ and others, delivered basic HIV information to schools and community groups. The information they gave out consisted of some basic information about HIV, risk factors and if they were HIV+, the experience of living with HIV. At about the six-month point, I went out with one of our very active volunteer speakers, an HIV+ gay man. I was horrified by the discriminatory attitudes he conveyed about injection drug-users and other vulnerable populations. These were not the messages the organization wished to convey. We were shifting to a harm reduction model, recognizing injection drug use as an addiction and health

issue, not a moral failure. Further, even well-trained volunteers were having a hard time keeping up with the overwhelming amount of new information about HIV prevention strategies and new treatments. This raised the question of whether we had passed beyond the capacity of volunteers to maintain and deliver up-to-date complex knowledge to a now much more knowledgeable public.<sup>14</sup>

We had created portfolios within the organization in part as a way of managing information. Staff in each of the portfolios were responsible for maintaining up-to-date information on the specifics in their particular specialty. It did seem unrealistic to expect volunteers to be able to maintain currency. I became increasingly concerned about the accuracy of the information our volunteers were putting out. The speaker's bureau was placed on hold for review and the development of new training. Staff in the portfolios now undertook most of the professional information sessions, while general public speaking was handled only if staff or an appropriately trained volunteer was available to fulfill the request. Living Positive was also concerned about inadequately trained HIV+ people telling their individual stories which may or may not be prejudicial towards other segments of the HIV+ population and/or may expose them to negative responses from the audience without the volunteer being adequately prepared to handle the situation.

The volunteer coordinator resigned in May 2000. By this time the volunteer program had fallen apart. The extent of this collapse was not fully apparent until her replacement came into the agency and tried to engage the volunteers. Many if not most of the volunteers were disenchanted and felt under-utilized. The nature of the agency had changed; while we still needed volunteers to help, we needed volunteers with different skills. And we had not quite developed a good understanding of what those skills were and how we could engage them.

## **Sometimes we are our own Enemies**

These two programs were not the only places where there was resistance to change. The event which became the focus of the gay community's acrimony to the changes occurred just at the critical moment during the change process. The staff person in the

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<sup>14</sup> Cain, Roy. "Environmental change and Organizational Evolution: Reconsidering the Niche of Community-Based AIDS Organizations" *AIDS Care* 9, 3, 337.

*Gay/Bisexual Men's Portfolio* wrote an article<sup>15</sup> that was published in the local gay magazine about the potential for HIV Edmonton to assist in the development of other social and health services for the gay community. We had been discussing new ways to engage the gay community in HIV programming and the need for additional social service programming within the gay community as part of our health promotion/population health approach was part of that discussion. The article detailed potential directions. Its publication posed a problem for three reasons:

- In the process of developing the strategic plan, the need to be HIV/AIDS-focused was highlighted, and this article seemed to contradict that approach.
- While the suggestions within the article were based on an expanded health promotion/ population health approach, these approaches were not equally understood by all the staff, board, and volunteers in the organization.
- The publication of this article was ill-timed in the process of explaining the changing work of HIV Edmonton to the gay community. It was published just as we were moving out of the gay ghetto into the city centre.

The board received swift feedback. Why was the staff proposing the development of services to the gay community when they were apparently giving them up!? Wasn't this outside the HIV/AIDS mandate? Where was the agency going anyway? These and other questions were thrown at us and became the focal point for disagreement both within the organization and externally.

The ultimate outcome was useful although it was a painful lesson in the need for clear communication during times of change. The board deferred the question about the role of HIV Edmonton in the development of additional services to the next strategic planning process. Both this incident and the time delay allowed the board to become knowledgeable about population health and health promotion approaches. This second strategic planning process was just being initiated in keeping with the recommendation in the first strategic plan and to assist with the upcoming three-year Alberta Community HIV Fund (ACHF) grant application.

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<sup>15</sup> Robert Smith. "Gay and Lesbian Parenting Group." *Times 10*. (July/August, 1999): 14.

However, within the gay community the animosity continued to fester—both fed by and feeding staff discontentment. We had passed what Hultman refers to as the “courtesy” stage and had entered the conflict stage.

This animosity did not appear as open debate, at least not directly to me; rather the information came indirectly as gossip. As staff began to undermine the direction of the work, they were less open. Where previously I could rely on receiving accurate and timely information about potential difficulties, this was no longer the case. What created that change? We had changed our way of working; the new staff in the new portfolios were redefining their work and experiencing successes. Some of the long-term staff were having difficulty making that change. The breakdown of the program consultation for the volunteer program and resource centre were factors.

But the overall changing roles of ASOs was also a factor. The movement away from being an exclusively gay organization created some hostility. Fatigue within the gay community was cited for both animosity towards ASOs and declining volunteer interest throughout the country. This conflict with the gay community was not unique to HIV Edmonton as Andriote so eloquently describes in *Victory Deferred* by delineating the history of American ASOs. Individuals from other Canadian ASOs also noted the same phenomenon. Being part of a social phenomenon does not make the discomfort any less; tensions were on the rise.

And within my organization, the struggles reached a new height of intensity. Whether these personnel issues were the result of real opposition to change or rather more personally motivated is totally unclear to me. Since both the executive director and program manager were women, sexism and misogyny also could have been factors. Perhaps it doesn't even matter what the cause of dissatisfaction was. What does matter is this: while the extremely busy and preoccupied management is working through a variety of change issues, somebody will likely jump into the breach to make things even more difficult.

In self-help organizations, staff often are drawn from the target populations. These are the people affected and therefore interested in doing something. This has been particularly true with AIDS as the community-based AIDS organizations were created by gay men to deal with the health crisis they were facing. Further, initially limited

number of other people were interested in working in the field and most of these were sympathetic family or friends and lesbians.<sup>16</sup> They were often people who were themselves somehow affected by the disease, either HIV+ themselves or who had friends or family members who were HIV+. These were individuals who had some passion and commitment to doing AIDS work. While AIDS work has over time become more acceptable as an appropriate human service field of work, it still is true that most of the individuals who work in AIDS organizations are drawn from the gay community or other affected communities and from those people somehow affected by the disease.

This means people who work or volunteer for AIDS organizations may have multiple roles—as client, board member, volunteer, neighbour, and friend. The communities affected by HIV are relatively small and tight-knit communities. Delivering services appropriately, professionally, and confidentially can be difficult when, as a staff person, you may have many different relationships. These are the same issues which people working in rural or smaller urban areas also experience. The overlapping of roles increases commitment, understanding, and engagement. However these overlapping relationships also increases the need for very careful management of potential role conflicts and personnel issues. Confidentiality and the maintenance of role clarity are recurring themes in the management of AIDS organizations. The potential for external conflict to be acted out internally or for staff with conflict issues to take them to the stakeholder community for support is high. Certainly these were all issues with which I grappled.

A series of personnel issues began in February 2000. The first involved two grievances filed in concert with the board—one by an individual who thought he was going to be fired and one by an individual who had not been hired for a position. This incident was important for a number of reasons. It marked the beginning of a period of considerable interpersonal tension within the agency. (My stress level was certainly raised a notch—sleeplessness, migraines, and fatigue were the result.) As well, it was the first staffing incident in which I had had no prior information despite the fact that several staff members were involved. Ultimately, the board affirmed its commitment to support the organization’s leadership and direction,

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<sup>16</sup> Roy Cain. “Environmental Change and Organizational Evolution: Reconsidering the Niche of Community-Based AIDS Organizations.” *AIDS Care* 9,3 (June 1997): 332.

but there was sustained discontent from some staff and heightened tension within the board. One staff person was terminated; two were disciplined. One staff person informed me of concern about the direction of the agency because of the article that had appeared in *TimesX*.

At the same time, inter-agency tensions increased between HIV Edmonton and the other ASOs. This appeared to be fueled by an HIV Edmonton staff person who also worked as a contract staff for one organization and was a board member for another. These conflicts were particularly distressing to me, as I felt totally betrayed. I had worked hard towards creating genuine relationships. When these broke down and the work of HIV Edmonton was condemned, I was both surprised and offended. Perhaps more than any other incident, these most recent conflicts from individuals who spoke often of the need to develop and maintain good relationships in order to do AIDS work, left me painfully bruised.

One of the other executive directors accused HIV Edmonton of infringing on its work. HIV Edmonton took the position that we were morally and legally obliged to provide service to whichever high-risk communities or individuals requested it. Of course, services to particular communities would need to be delivered in a culturally appropriate manner with the involvement of individuals from those communities. Demands for services were on the rise because of dissatisfaction with the other ASOs—overcharging and lack of follow-up were the primary complaints. Infection rates particularly in the Aboriginal communities were on the rise, and the potential for a real Third World epidemic was being discussed in all the HIV/AIDS consortiums. The accusations being leveled at HIV Edmonton were in direct contradiction to earlier requests for some assistance. We had developed some specialized programs to serve the needs of various specific population groups.

Using ACCH as a vehicle, efforts were made to discuss these tensions. These initiatives failed. Though other ASOs were experiencing similar difficulties and funders were also beginning to wonder about the work of these organizations; nonetheless the burden of these tensions was experienced in Edmonton where the four ASOs were housed.

At least some of the backdrop to heightened tensions between the Edmonton-based ASOs can be attributed to the approaching funding

cycle and the perceived competition for dollars. The initial Alberta Community HIV Fund two-year cycle was at mid-point with the upcoming three-year cycle on the horizon. HIV Edmonton was already mid-way through a second strategic plan in anticipation of this April 2001 to March 2004 funding cycle. The previous two-year funding cycle had been largely a status quo process as the new integrated funding model was implemented. The upcoming second cycle would involve a reassignment of funding levels based on established need throughout the province. It was anticipated the funding level would be static, and these funds would be reallocated based on defined criteria. Edmonton was the only location in the province where there was more than one ASO, although both Feather of Hope and Interfaith were positioning themselves to be provincial organizations. Living Positive was also engaged in a strategic planning process, and it was not yet clear whether it would expand to provide provincial programming or would continue to be primarily a locally-based service.

The overt conflict peaked in May and June of 2000 in a series of intertwined events. The volunteer coordinator resigned and left angrily. Angry because the agency had changed and she had not found a role within it? Angry because of her long contained grief? At the same time I terminated a staff person who ran for the executive of the Alberta Community Council of HIV as an Interfaith board member. Since he made that move directly in opposition to me without any prior discussion with me, I was left with no choice, if I was going to maintain “control” of the agency.

Shortly thereafter, at HIV Edmonton’s June annual general meeting, one of the other ASOs initiated a board takeover attempt by stacking the membership of the organization and trolling for potential board members. This manoeuvre resulted in two “hostile” board members being elected to the board. After that meeting, I felt that it was going to be a difficult year for the board, and therefore for me.

Despite these tensions, much of the work was going exceedingly well. The board had initiated and implemented a number of new policies. The need to strengthen other aspects of fundraising was being discussed and a plan had been developed. The second strategic plan was proceeding with:

- an environmental scan
- stakeholder input

- the solicitation of feedback from our community partners
- ongoing internal evaluation of the work.

The staff in the various portfolios were engaging in some excellent work. We had expanded our services for a number of high-risk populations, particularly into prisons and for high-risk women. The direct service we were providing to Aboriginal peoples had improved, and while the work within the gay community was strongly criticized, we were also strengthening our links with the gay and lesbian community centre and were developing new materials for events in the gay community. We continued to maintain our youth theatre project and were strengthening the youth portfolio. But there also remained gaps and areas of concern. As noted, the resource centre was not being utilized, and the volunteer program was in chaos. As well, the fund development position was unstable, and little progress was being made on the identified fund development goals.

The final escalating event came in August 2000. Interfaith served notice that it was going to move out of the HIV Edmonton premises, stating poor leadership and personnel issues as the cause. This also had financial implications for HIV Edmonton. Interfaith was moving into the premises of Feather of Hope, which had offered them a larger space for lesser cost. This was puzzling since Interfaith was paying the lease rate in their current location. The board of HIV Edmonton questioned the legality of the Interfaith move and attempted to arrange a meeting with the Interfaith chair to clarify issues. This meeting was never successfully arranged.

After months of dealing with the tensions, I was becoming somewhat frazzled (to understate the case). Certainly my response to this incident was reactive. I took it as a personal challenge and was ready to fight. The board executive responded in kind and our lawyer was consulted—resulting in an exchange of legal threats. Appropriately, the full board did not support this reactive position, however, and no further action was taken. The incident did highlight tensions within the board and around the direction of the agency. All my energy was going into coping. This was the point when I stopped opening my mail at home because I simply couldn't cope with any additional information.

## Operating on the Edge of Chaos

Helping the board manage its tensions and dealing with the staff tensions raised my stress level almost beyond my capacity to cope. Because I no longer had the full cooperation of all the staff and board, processing issues became somewhat more convoluted and difficult. Board members were discussing issues with staff in other organizations but not with me. Staff spent an increasing amount of time processing work tensions.

Ultimately, as the executive director of an agency, you stand alone. I am always aware of the fact that if the board made a decision I could not live with, I would have to resign if I wished to maintain integrity. At this point in the evolution of this organization, I was very aware that I was standing alone.

As with any major change in an organization—even prior to these escalating incidents—there was some creative tension. Creative tension is healthy and contributes to multi-faceted, indepth discussion of issues; this can lead to better understanding and stronger solutions. Because we were trying new programs, there were also false starts and occasional failed initiatives. Equally, sometimes we were overwhelmed with success. For example, during the first year of the new programming, we had more than 30 practicum students. This was a much higher number than we had anticipated. While the students were given real assignments that contributed to the overall output, their presence also commanded staff time and energy. We were learning how to manage students within the agency and how to draw appropriate boundaries.

There were critical incidents to manage. A client told one social work student that he was contemplating suicide. The student chose not to share that information with the staff supervisor, and indeed the client was killed in a “traffic mishap.” I called together a circle of all those involved with this man; he had in fact told many other, more seasoned professionals about his intentions. But the incident highlighted the need to develop and maintain good supervisory capacity if we were going to provide our clients with support and our students with a high-quality placement.

There were many elements to consider; there were many issues. Some of these tensions had existed long before I became the executive director. And these “normal” tensions continued. How

should the agencies work together to maximize their effectiveness? Who should offer what services? What services should be delivered by the ASOs? What services—housing, emergency aid, transportation—should be delivered by existing social service organizations? What is the most effective way to deliver prevention programming to the gay community? What advocacy and/or educational work did we need to undertake on behalf of HIV+ individuals to make those services appropriate for HIV+ people? How could we get institutions such as the prisons and the alcohol and drug facilities to take a more active harm-reduction and HIV-prevention role? These questions required attention.

Each portfolio had its own developmental issues as it grappled with how to deliver population health programming to large vulnerable populations with limited resources. How could we assist high-risk youth in the development of the skills which would enable them to be safe in their sexuality? How could we convey the message to the young gay men that HIV was not just a disease of older guys? What was the content of our counselling and support to HIV+ individuals? What support could we provide to HIV+ individuals who were returning to the workplace? How could we overcome the continued resistance in Aboriginal communities to talk about HIV at all? These and many other questions were the substance of our daily deliberations.

The questions were continually being posed. What does the research and literature say? What is our experience telling us, and how can we apply that to our work? There were also new developments to be incorporated into our work. New research said that oral sex was less safe and that Nonoxynal 9 spermicide increased the risk of HIV infection. Does cleaning needles with bleach really kill the virus? What impact did the rising infection rate in the gay community in other urban centres in the United States and Canada mean for our city?

The development of population-specific portfolios enabled each of the staff to develop highly specialized knowledge. We then incorporated mechanisms to update each other and provided the larger community dealing with HIV with that information. To maintain their knowledge base, staff spent at least 20 per cent of their time learning. We both attended and delivered information at as many conferences as we could manage. In the fall of 1999, all the program staff and some board members attended the Canadian AIDS

Society National Skills Building. Many of us presented; I was one of a number of presenters on change process within ASOs. When we returned, we hosted two days of workshops for the Edmonton community, presenting 24 half-hour workshops on all the various information we had gleaned. Those topics covered the range from treatment issues (such as the side effects of the protease inhibitors) to organizational development issues (such as the change cycle).

We were making steps towards becoming a learning organization. I was beginning to feel confident that staff in the program portfolios had successfully made the transition to a learning-based population health approach. But the core services were still under-performing, and there were major and indeed growing tensions. It seems we were also operating on the edge of chaos.<sup>17</sup>

This was the two-year junction in my tenure as executive director. I don't quite understand the dynamic which occurs but in my experience, two years seems to be a critical point in the consolidation of "power" and position within an organization. There are, of course, always challenges to authority but the two-year point seems to be the most dynamic. Authority and power are necessary if you are going to be an effective executive director. As a feminist, I operate from a non-hierarchical, collective decision-making approach whenever possible. Effective decisions are best made by the people doing the work. Involving all staff in the decision-making process and moving decision-making into the organization as opposed to making decisions in a hierarchical fashion is sometimes seen as a weakness. At the same time, I recognize the need to have role clarity and to make management decisions. This requires the authority and power to maintain appropriate control. These processes can sometimes be contradictory.

## Losing Balance and Burning Out

The atmosphere in the office was fairly poisoned during the summer of 2000. The impact of the termination and resignation of the two staff along with the inter-agency conflict was reverberating through the staff. In July when I returned from holidays, the tension was thick. It was one of those moments when "you could cut the atmosphere with a knife." I was even receiving feedback from other

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<sup>17</sup> Reuben R. McDaniel, Jr. "Strategic Leadership: A View from Quantum and Chaos Theories." *Health Care Management Review* (Winter, 1997): p. 25.

ASOs that there was “trouble” at HIV Edmonton. At a staff meeting, I suggested to staff there was considerable “blame-storming” and inappropriate gossip happening. “Play on my team or leave” was the theme of my rant. “Respect and honesty are important if we are going to be successful in accomplishing our difficult work.” I suggested to staff that if they were truly unhappy with their work and the work of HIV Edmonton, they should find another place to work.

This conversation took place over several weeks and was in fact pivotal in changing the atmosphere in the office. Two staff ultimately resigned as a result. One person acknowledged that he had been blaming me for his own discontent and another identified discontentment with the changed direction of the agency.

At the board, the conflict was just beginning. The presence of the two hostile-nominated board members created an atmosphere of uncertainty. What exactly was their motivation for coming onto the board? A third, newly-elected board member, who was extremely angry, also contributed to the tension. These three board members all resigned (one took a leave prior to resigning) before the next annual general meeting but in the time they were on the board their hostility created a high level of tension. Managing internal board conflict limited the capacity of the board to accomplish other work. They also were processing the personnel grievances that were time-consuming and emotionally draining. I certainly felt under attack and occasionally was attacked at board meetings. During this time, as the gossip swirled, I sought legal counsel.

To add to this mix, our clients were dying. “Old AIDS” was identified and one long-term client and friend of the organization was found dead in his home. This raised the anxiety about other long-term HIV+ clients and friends. Aboriginal people were dying in increasing numbers. The HIV+ injection drug-users were not necessarily just dying of AIDS—suicide, “traffic accidents,” overdose, and murder claimed lives in addition to AIDS. Eighteen people died during those months. As a staff we revisited our grief workshop, held a memorial service, and incorporated a moment of silence and a round of personal sharing into our weekly staff meetings. We were becoming “affected” by HIV.

In the AIDS movement, we speak of working with the “infected and affected.” The affected are those who themselves are not necessarily infected but live, work, and play with people who are HIV+. As

noted, in the early days of the AIDS movement almost all who worked with AIDS were drawn from the infected and affected populations. Over time, AIDS work has become more mainstream and people working in the field are no longer drawn just from the affected populations. But if you work in AIDS for any period of time and experience the trauma, discrimination, and death, you in turn become one of the affected.

My coping capacities were being stretched to the limit. As I reflect back on those months, I am aware that the size of my world decreased. All those pleasurable personal activities that were part of my life were diminished or stopped all together—reading, entertaining and cooking, playing with friends. In the end, I became depressed.

And the work continued. Between August and November of 2000, I was working very doggedly on the three-year ACHF funding application. It is fair to say this funding proposal was akin to writing a book. The application was for \$1.3 million dollars over three years and this task along with the completion of the second strategic plan occupied most of my time. In that strategic plan, the organization affirmed the directions that had been established earlier:

- the need to provide service to all vulnerable populations including Aboriginal populations
- the intention to work with the gay, lesbian, bisexual, and transgendered community to develop necessary health and social services
- the need to strengthen advocacy
- the need to increase and strengthen fund development
- the need to tighten the society bylaws to prevent the kind of last minute manoeuvring which had occurred at the 2000 AGM.<sup>18</sup>

The completion of the application in November was not the end of the process. HIV Edmonton, in addition to the proposal for core funding, had applied to establish a provincial resource and

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<sup>18</sup> *Three-Year Plan, Preliminary Report.* (Edmonton: HIV Network of Edmonton Society, September 2000), p. 24.

training centre. This proposal along with the provincial proposals of Interfaith,<sup>19</sup> Living Positive, and Feather of Hope were initially adjudicated by local HIV consortiums throughout the province and by ACCH. None of these provincial programs received funding. Both Interfaith and Feather of Hope, for very different reasons, lost their operational funding entirely. While Interfaith was able to sustain itself albeit in a changed structure, Feather of Hope drifted out of existence pursued by creditors. HIV Edmonton and Living Positive rewrote their applications to accommodate the delivery of only local services.

March and April of 2001 marked the introduction of the new funding with some readjustment to the programs at HIV Edmonton. During this period, four program staff left, two because of the instability created by the turnover in funding, one to take a higher paying position, and one because the job was eliminated. As is typical of funding cycles, announcements from government funders are often last minute; this in turn backs up internal decision-making. It is unproductive within organizations to plan final program details prior to having funding confirmed. In this case we were notified at the end of March what our funding would be beginning April 1. At that point staff and board once again looked at the work plan, the funding application, and the strategic plan to make the final staffing adjustments to accommodate these funding figures. This process took approximately two months during which time staff whose jobs were changing again were held in abeyance. Tensions again rose. In times of high tension in an organization, staff look for other employment opportunities, and some find them. New staff are hired, and the cycle begins again.

I think one of the consequences of all of that tension was that instead of concentrating on our work, we were sidetracked. Many of the staff were eager to push their work further. Unfortunately the apparent leaders—the board, myself, and the program manager—were busy coping with the funding cycle, the intra- and inter-agency tensions. By June of 2001, I was certainly demoralized and ultimately my health failed. I missed the annual general meeting because of pneumonia.

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<sup>19</sup> During this period, The Interfaith Association on AIDS had also undergone a strategic planning process and changed its name to the Interfaith Centre on AIDS/HIV Resources and Education. It is referred to here as Interfaith throughout for consistency.

And that of course raises the questions inherent in this material: what could have been done differently? Were the experience not so universal within the AIDS movement, I would have been even more disheartened. But as you will read in the upcoming chapters, my experience is reflected in the experiences of others. All of my experiences were echoed in the stories I was told by other executive directors and staff, both in AIDS organizations and in other nonprofits. Fortunately they also shared their successes and their ways of coping.

I wrote this chapter in the first month of my fellowship. Since then, of course, I have looked at it again and made revisions. Each time I make those revisions, I am less angry at the particular individuals who at the time caused me so much discomfort and more aware of the systemic issues which captured all of us. “Chapter Two: Discrimination and The Politics of Oppression” explores this theme a bit further. Here we begin to hear the voices of other participants.

As I was writing this chapter, I was just beginning the process of recovery. And although now, after months of rest, playing, traveling, reading, and talking about my experience, I can approach it with a bit more perspective, I don’t want to lose what I was feeling at the time I left work. It was that discomfort which made me go exploring. In some ways this book and these ideas are the gift of AIDS because without that discomfort, I wouldn’t have needed to set out on this journey.

As I was preparing to leave, I wrote: whenever I am in a large gathering of HIV+ people, I am overcome with despair. So much pain, so much trauma, so much struggle to cope with living. HIV is a horrid disease and many of the medications required to treat the disease are equally horrid. Each individual who must confront being HIV+ is truly courageous. And they make mistakes that can have severe impacts. They relapse in their drug use; they don’t always deal with the need to use condoms; and they give up on the daily demands to stay stress free and eat healthily. I can deal with all that individually but collectively it is much harder. In gatherings it is also more obvious that this is a collective failure rather than a failure of the individual as is so often claimed with HIV.

I hope the exploration which is pursued here will provide some more insight and capacities to address the many challenges which working in AIDS in particular, and other aspects of the third sector

more generally, present. However, I am also aware that, if we are to assist our colleagues who are only beginning to learn the craft of nonprofit management, we also need some real concrete supports in our communities or others too will be overcome with despair and stop trying.

**Chapter 2**  
**Discrimination and the**  
**Politics of Oppression**

# Discrimination and the Politics of Oppression

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Because AIDS first appeared among gay men in North America, existing health and social service organizations showed little interest in developing the necessary programming to deal with the crisis. AIDS organizations were developed by the gay community<sup>20</sup> and have remained largely as insular entities outside the mainstream of the charitable and nonprofit sector. As ASOs developed, their histories have been tumultuous<sup>21</sup> initially because of the severity of the crisis and later because of the rapidly changing understanding of the nature and treatment of the disease. The politics of oppression within the gay community magnified the already volatile dynamics.

Working in AIDS has a number of tensions, some of which are similar to work in other human services. Certainly, the day-to-day reality of maximizing the utilization of inadequate resources, coping with the impact of new technologies, increased service demands set against diminishing funding, fundraising, and coping with multiple funders with differing demands, and the challenge of developing and maintaining effective programming are not unique to HIV/AIDS. These are challenges which everyone in the nonprofit, charitable, human services field experiences.

However, HIV/AIDS does have an overlay of additional issues—the impact of grief and loss, discrimination, and the politics of oppression—thatacerbate the tensions within AIDS service organizations.

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<sup>20</sup> Andriote, *Victory Deferred*, pp. 47-122. Rick Bebout and Joan Anderson, *ACT: Some History* (Toronto: AIDS Committee of Toronto, 1998), p. 2. Hicks, *The AIDS Network of Edmonton Society: A History*, p. 4. Fisher, John *et al.*, *Gay and Lesbian Legal Issues and HIV/AIDS Final Report Impact of Stigma* (Montreal: Canadian HIV/AIDS Legal Network and Canadian AIDS Society), p. 4.

<sup>21</sup> Andriote, *Victory Deferred*, pp. 257-60. Bebout and Anderson, *Some History*, p. 6.

This chapter is about the experience of discrimination which individuals working in HIV and AIDS organizations experience and how that experience gets turned inward and becomes self-destructive—the politics of oppression.

Because HIV and AIDS first appeared in the gay community, a community which was at that time highly stigmatized and hidden from view, HIV/AIDS work has an additional level of complexity not present with other health and social service issues. The HIV/AIDS Legal Network refers to this as “the exceptionalism of AIDS.” There has been much written about the discrimination experienced by HIV+ people<sup>22</sup>. The Canadian HIV/AIDS Legal Network has on its website ([www.aidslaw.ca](http://www.aidslaw.ca)) an extensive bibliography on this and many other ethical and legal issues related to HIV and AIDS.

To be HIV+ is to experience stigma. HIV is the modern equivalent of the plague; it is the thing we fear most. Or perhaps it is the catch basin for our fears of modern life. This means that whatever issue arises—employment, relationships, housing, and health care, being HIV+ implies an extra layer of difficulty. This layer of discrimination is added to the fact that most people who become HIV+ are already vulnerable. They are often poor, have a history of violence, have other health and addiction problems, struggle with sexual identity issues, and much more. Of all the populations affected by HIV, gay men were perhaps the most affluent and even the most “mainstream.” They were part of the artistic and academic communities; they ran successful businesses. Those who have followed are individuals with an even larger number of life issues. Economic issues are only one of the many issues faced by Aboriginal peoples, women, and those with addiction problems. Like grief and loss, the disadvantaged position of those most affected by HIV and AIDS is one of the factors involved in the ongoing delivery and management of HIV/AIDS services.

Grief and loss contribute to the tensions within ASOs. Project Sustain worked with “the experiences and challenges of three ASO

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<sup>22</sup> R. Cohen and L.S. Wiseberg. *Double Jeopardy—Threat to Life and Human Rights: Discrimination against Persons With AIDS* (Cambridge, MA: Human Rights Internet, 1990). DeBruyn, T. *HIV and Discriminations: A Discussion Paper*. (Montreal: Canadian HIV/AIDS Legal Network and Canadian AIDS Society, 1992). Dube G. and A. Smailes, ed. *AIDS and Human Rights: Sharing the Challenge*. (Vancouver: Vancouver World AIDS Group, 1992).

communities coping with the grief and multiple losses created by HIV disease.”<sup>23</sup> They found, among other reactions, “participants most strongly identifying with the emotion of anger and related feelings such as displacement of anger, resentment, irritability, and frustration.”<sup>24</sup> In another document, the AIDS Bereavement Project of Ontario describes their work as addressing “the impact of sustained losses on *communities and groups* of people organized to respond to AIDS”<sup>25</sup> (their emphasis) and cite learned helplessness, denial, depression, anxiety, social withdrawal, and anger as potential responses. These reactions to working in HIV and AIDS also contribute to or are a causative factor in the politics of oppression within HIV/AIDS organizations.

And I think, at least from my experience in AIDS, it is a little bit different because it is a lot more emotional, at least the issues are more emotional. And nothing has a quick fix... Some of us spent most of our lives taking care of people in this movement and watching people die so we feel we don't want to lose that. So it is working through those emotional things and trying to get a balance of, you know, what is the reality of this and what are we just hanging on to because we are comfortable with it.

- An ASO pioneer

Another tension has been the perception of the urgency, this despite the fact that, as noted above, there are few quick fixes. AIDS work has urgency because as one participant said “I don't have time as an infected person.”

When I sit on teleconferences...and they talk about what we are going to do over the next year...that is not good enough. And we talk about policies and we talk about terms of reference, and I said “all you are doing impressing the politicians with your political skills. And you are letting them set the rules and therefore they will determine the rules of combat.” I said, “I would much prefer if I go on national television, go on a food strike, stop all my medication, and starve and either die or they give more money into the system.” I'm prepared to do that; I don't want to play that

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<sup>23</sup> Perreault, Yvette and Val Gervais. *Project Sustain, Creating and Reinforcing Organizational Supports for ASO Workers Coping with the Impact of Multiple Losses*, 2000, p. 5.

<sup>24</sup> *Ibid.*, p. 35.

<sup>25</sup> *Building Capacity from the Ashes: Self-knowledge as a Tool for Transforming the Experience of AIDS-related Loss through Facilitated Learning*. (Toronto: AIDS Bereavement Project of Ontario, 2000), p. 1.

political game because I don't have that time as an infected person, and the people we are serving don't have that time. When we are talking about making changes in the moratorium on housing, there are 80,000 people in Toronto waiting for subsidized housing...an eight-year waiting list; people who are HIV+ can't wait eight years for adequate housing; that is a lifetime for many of them.

- Peter Richtig, AIDS Committee of Durham

...there was a culture of urgency and emergency always there (in the building with other ASOs); everything had to be yesterday, right now, what we are going to do.

- An ASO director

## The Experience of Discrimination

The experience of discrimination and prejudice is inherent in the work in the HIV/AIDS field. This is unlike working in other human services. If you work in AIDS, you are one of "them." It is the experience of discrimination along with coping with death which makes HIV/AIDS staff, if they weren't before beginning to work in an AIDS organization, part of the "affected." This discrimination takes many forms: it comes from our own friends and family; it comes from society in general; and it comes from within the very communities affected by HIV.

This discussion about the politics of oppression is a description of the experience of discrimination. This description is from the experience of someone who has worked in an ASO but, of course, work is only one aspect of our lives. For those of us who are lesbian, gay, bisexual, or transgendered, the experience of discrimination in our workplace reverberates through our lives.

On April 1, 1998, the Supreme Court of Canada brought down the Delwin Vriend decision declaring that Alberta had to include sexual orientation in its human rights legislation. The days surrounding that decision were days in which we lived in fear. We were the targets of hatred flung at us in the name of righteousness. Michael Phair, City Councillor, spoke aloud for all of us when he tearfully talked about the impact of the hatred which was being directed at him.

For those who are gay, lesbian, bisexual, or transgendered, the experience of discrimination around AIDS work is compounded by

the experience of discrimination also from our families and friends. There are very few gay, lesbian, bisexual, or transgendered individuals who have not had to grapple with their own families' rejection of them in some way. Even for those who are accepted and loved by their families, the task of helping them to understand and accept is often emotionally arduous.

Aboriginal people or individuals from other minorities also have had to grapple with homophobia in their communities.

I remember one of our Aboriginal leaders in Ontario, a chief stating that we don't have a gay Indian problem in this country. What does he mean by that? And I thought to myself that what I am going to do, is I am going to prove him wrong and I am going to prove that yes, as gay, lesbian, bisexual, transgendered and two-spirited people in the Aboriginal community that we were actually there. That we were actually members of the community, and I was doing this through HIV/AIDS work which has become so evident.

And now a document came out of the Assembly of First Nations ...and it stated right there that two-spirited people in addressing HIV and AIDS need to be part of this work that is being done... Which was the...homophobia and all of those things which were learned in the Aboriginal community.

- Art Zoccole, Canadian Aboriginal AIDS Network

Hatred is a common occurrence when you work in an AIDS organization. It comes from many quarters. It comes from the moment we contemplate working in an ASO. It comes from our families and friends who question the wisdom of working in such a place. "Why would you subject yourself to that?" they ask. "I hear it is dangerous to work there," they say. Every staff person has had some of their family members reject their work. My mother told me that while she had made donations to other organizations in which I had worked, she would not contribute to HIV Edmonton. Twice in three years, child welfare was called to investigate the children of staff because these children talked about condoms in the school setting.

Each day brings just a little bit of discrimination for being HIV+ or for working in an ASO. Each day there is a reminder of some kind that being here and being part of this is not tolerable. There is a newspaper story about a woman's career being shattered because she

was falsely accused of being HIV+. A very angry man appears and threatens to sue because we sent him a fundraising letter. A scribbled notation on that letter, returned, reads “I don’t need this; I am a Christian!” Anonymous hate calls appear on your telephone—how can you condone such behaviour; you should be locked up too (and worse, of course)!

An HIV+ person talks about having to leave a community because “it got out that he was ‘+.’” Finding employment is always a challenge and for many HIV+ people the safest place is inside an ASO, and that isn’t too safe either. A parent asks the school board to publicly identify all the HIV+ children so they can be sure their children will not come into contact with them; the school board considers the request. Staff hear the traumatic stories of HIV+ people’s lives; stories of abuse, poverty, addiction, careless mistakes that change their lives forever, and stories of rejection. Staff listen and experience vicarious trauma becoming over time less and less able to hear or respond to the need.

It wears on your soul; it tires you out. It makes you cautious about who you talk to and what you say. It makes you want to hide, which is the option that many choose because it is easier living with a lie daily than being honest. HIV+ gay men are doubly closeted, once for being gay and once for being HIV+. One of my board members invited me to a party at his house, and I realized I could only talk to the people that I knew because I didn’t know if others knew he was HIV+. I bumped into another at a restaurant and said “Hi”; my stepdaughter asked me now I knew him. Would I hesitate to introduce him if he were a board member for any other organization?

A gay activist once said that being lesbian or gay or equally HIV+ means coming out every day because you can just never tell exactly how the person you are dealing with is going to react to you. As a white, middle-aged woman, I look “normal” enough. It is always necessary to be just a little bit on guard; just a little bit more attentive.

But I think the most hurtful discrimination comes from within the lesbian and gay community (or from those who are HIV+, or Aboriginal, or...) and it is this I refer to as the politics of oppression. It is that hatred which we experience which is first turned inward and then thrown back at each other. It is that hatred which we hear constantly and somehow worms its way into us, making us less. It is

the politics of oppression which creates ambivalence and makes it harder to focus the anger outward.

...it is about living in chaos, it is about living in uncertainty; it is about living from pay cheque to pay cheque or budget to budget. And you know what, in so many ways we are our clients. Because when I think about it, we are the people who receive their monthly benefits cheque. We are the poorest of the poor, we have millions of dollars devoted to us but overall we live in that kind of context, we have no idea about our future. We are still an oppressed marginalized group.

- Andrew Johnson, AIDS Vancouver

## The Politics of Oppression

HIV and AIDS affects the oppressed. The politics—interpersonal relationships—within communities of the oppressed can be both marvelously supportive and unremittingly destructive. People who have experienced stigma, discrimination, and hatred learn how to deliver it to others and not infrequently turn it inwards both to themselves and those nearest. This discrimination takes many forms and has many expressions.

One ASO worker described the politics of oppression like this:

It is everybody, all the different groups of people who have been oppressed, which is a really strong word, who have been oppressed, trying to be the top dog...Everybody wants to keep hold of their little piece of badge of courage. Or turf but it is like...the people with the skills, the gay middle class men sort of said, well we are not getting anything out of this any more either. Practically because they weren't able to support the new clients emotionally because they came from different backgrounds, they came from different lifestyles, and class, it's more a class... They don't really want to ask for it for everyone, they want to ask for it for themselves right. And as long as it is themselves, their group of buddies, their friends then it's okay but once you have to start sharing it then it's not okay.

Discrimination inside the gay community takes many forms. Both racism and misogyny are ever present. During a particularly difficult time in the agency, one of the men on my board viciously and unexpectedly verbally attacked me during and after a board meeting. It transpired after some discussion with other board members that he

had a lot of difficulty with strong women. This was not the only example of misogyny I encountered. Just as Cain reports in his upcoming paper “Devoting Ourselves, Devouring Each Other,” there was feedback from the community that “those...bitches...are running the organization.”<sup>26</sup> A female president of the board also talked about feeling “hatred” in the community because of her role in reorganizing following the departure of the first executive director.

Other women or, in some cases their staff, working in HIV/AIDS also noted the issue of misogyny both for themselves and for their clients.

...it was a bit of a contentious issue, people had some problems, right down to (her) being the executive director, oh my god, here we have an HIV- woman yeah, woman wasn't a surface issue but it was, and she is straight so this was the really, there was some internal griping about it.

- Raymond Helkio, Toronto People With AIDS Foundation

We had lots of trouble with misogyny; I will be quite honest about that. That was an underlying theme. It was very hard to have our voices heard, to have positive women's voices heard. For lots of obvious reasons, women do not or choose not to or are unable to be activists in the way that gay men have been in the movement. So there is lots of criticism: where are the women, where are the women? So we spent a lot of energy educating our partners and our colleagues why women were not at all these tables, because of the barriers, because of the poverty, because of the controlling partners, because of their kids, because of whatever. Maybe they just really didn't want to spend all of their time going to meetings and so on. Maybe they didn't have a voice as an Aboriginal woman, whatever those reasons were. It got really tiresome... Just kind of every day in your face that we were less than, not quite as important as, maybe not quite as credible as, maybe threatening the financial pie a bit... But institutionally it felt as if our partner agencies had not grappled with issues of sexism within their own agencies, had not dealt with issues of racism either so in terms of policies and so on they hadn't done their work in their own home. And so that played out and leaked out around us.

- Marcie Summers, Positive Women's Network

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<sup>26</sup> Roy Cain. “Devoting Ourselves, Devouring Each Other: Tensions in Community-Based AIDS Work.” *Journal of Progressive Human Services*. (upcoming): 7.

The other piece was how male clients in the building were dealt with around issues of violence and safety towards female clients. That wasn't taken real serious until we pushed it and pushed it and pushed it. And finally said, until this place is made safe for women, we are actually going to close our doors until something is done around domestic violence in this building, until there is a safety plan, until there is some secure space here for women. But it was always that having to beat your head against the wall, having to be very loud to be heard. Rather than, you are right, this is an issue, let's sit down and work on it. So it was that teaching thing, always having to educate. It was very, very tedious... It was really tiresome. For example, really well-meaning colleagues would run down and say, "I am going to do training, now what are the issues again? I remember poverty, now what is another one, was it child care?" You know, oh god, I can't take it.

- Marcie Summers, Positive Women's Network

Racism was also described as one of the factors creating tensions in the AIDS movement or in ASOs.

And when you look at the funding—\$42.2 million—and how much Aboriginal communities are allocated, it doesn't fit. So if you look at the funding available plus the infection rate, they don't match up. They are totally miles apart... So (the funder) again is going against its own strategy under recognition of Aboriginal people, so I am constantly fighting with the bureaucrats to say, why did you do that, how did this happen?

- Art Zoccole, Canadian Aboriginal AIDS Network

When they (other ASOs) see an Asian language, this is fringe information, for them it is not important. This is not mainstream thinking... That was kind of marginalization; when more applications came in, we received a lower priority... I am sorry that I have to raise that, but it is something that irks me...this is a joke, but sometimes when we talk about community building and how people see that as an important issue. When I actually write this, or raise it because sometimes as background when we work pretty hard, but in terms of recognition, it is just making sure that our information is being shared because sometimes it will be important for an Asian person in Edmonton.

- Keith Wong, Asian Community AIDS Services

...we have struggled...around issues of racism and trying to effectively and genuinely create a diverse staff that represents our client base...and had a lot of hard discussions about that.

- Marcie Summers, Positive Women's Network

A contributing factor to the tensions within AIDS work is that there is a huge amount of fear among gay men that they are going to be forgotten. AIDS and the gay liberation movement are intertwined and as ASOs move towards serving more diverse populations, gay men are exceedingly fearful that the issues they fought so hard over will be lost. They are fearful that they will be marginalized and cast out, as they were themselves when AIDS first appeared in the 1970s and 1980s.

There is lot of things that happen that absolutely silences people. PHAs are kept silent, men who have sex with men, which are the larger, the deep end of the infection pool are kept silent because by saying your needs are already taken care of and because of emerging populations...both as a gay man and as an HIV+ man, my issue isn't that I don't want more people at the table, my issue is that more and more I am being told I am not welcome to the table. So we are not looking at issues of inclusion, we are looking at issues of exclusion...

- Peter Richtig, AIDS Committee of Durham

There is, all at the same time, a desire to be rid of this disease and an immense fear of acknowledging and allowing others to be involved. It is a perpetual contradiction.

The need to work with very diverse marginalized populations all with unique factors is another dynamic in the politics of oppression within ASOs. Two ASO directors describe these difficulties.

...this whole notion of diversity and honouring communities and stuff like that has made it such like that that overall we are all disjointed. We are all our own little thing, and as a result government can slash and burn us and sort of really take us apart... I think our sense of community, we have so many different people... Now in many urban areas we have the IDUs (intravenous drug users), hepatitis Cs, we've got the influence of the Aboriginal community movements now. All of those kinds of things, these are all different kinds of communities, with all different kinds of value sets and all different kinds of experience with oppression and discrimination. Yes, they are marginalized;

yes, they are oppressed, but differently and so how people view and value community is different. And we have these people in our agency now and so we have this divergence of opinion. You grab people around the table, what is community? You are going to get different opinions. I think you would have gotten different opinions 15 to 20 years ago, but there would have been more similarities. There would have been less ideas. So with that diversity of point of view, your values tend to expand and there is a different spin. And it makes it much more difficult to bring people together, to make them feel that they have a sense, a connection to the mission.

- Andrew Johnson, AIDS Vancouver

...(we) asked for a couple of people to represent “+” people in this discussion (of reorganization). However, there was division there, there was sort of a Positive Action group and a non-Positive Action, you know this kind of thing. It was very hard to find one or two people who said they could speak for the clientele of the agency. Right now we have nearly 200 active clients... And, boy, are some of those people different from one another, whooa, in huge ways. So nobody can say, or nobody anymore can come to a table and say, “I represent all the ‘+’ people that come here for service”... When it was...97 per cent gay men, there was a much much stronger sense of community there. There was talk about sense of community.

- An ASO executive director

Andrew Johnson also talked about the dissonance between the “talk” and the “walk” and the resultant “moral distress.”

...there are just so many expectations. But there is this moral responsibility or this value principle-centered thing, it is almost like this ethical kind of premise that has emerged in the ASO movement. You know, (we) have to honor PWAs, we have to fight for human rights and dignity. All of the kinds of values and principles that are part of the AIDS movement are mirrored in our association. So they move us to a pretty high standard in terms of how agencies or organizations should be run. But when (we) boil it down to human nature; human beings are not that ethical. There is a ton of moral distress floating around in our ASOs cause we don’t actually live and be and talk like we say we do. And so perhaps that is the great hypocrisy; or our great, that’s our paradox and we have to come to terms with that. Well, wait a second here, since when were we these great champions of all of this, listen to

you. And I think that creates a sense of moral distress and I think that get played out subconsciously in people when they are coping with change.

The politics of oppression versus the politics of success can be described in the following way. In the politics of oppression you want to make sure that nobody else gets more than you. In the politics of success you work together to make sure you and your friends all get your share. In the politics of success, it is “I will help you to succeed and then you will help me;” an exchange of favours occurs. In the politics of oppression, an opposite dynamic is at work; you work to make sure no one has more success than you and thus it is assured that everyone fails. Mistrust, anger, fear, internalized and externalized expressions of discrimination and stigma dominate.

The politics of oppression, tensions, conflicting goals, and diverse communities are the reality of HIV/AIDS work. People affected by HIV and AIDS continue to experience stigma and discrimination. This stigma impacts our capacity to work effectively together adding a layer of complexity to everything we do in AIDS organizations. This process means no one remains a dispassionate professional; we quickly become part of those who are affected by HIV and AIDS. We quickly become both disheartened and angry about the discrimination we experience as the reality of our work.

As Cain writes, we need to be angry to create energy to address the injustices:

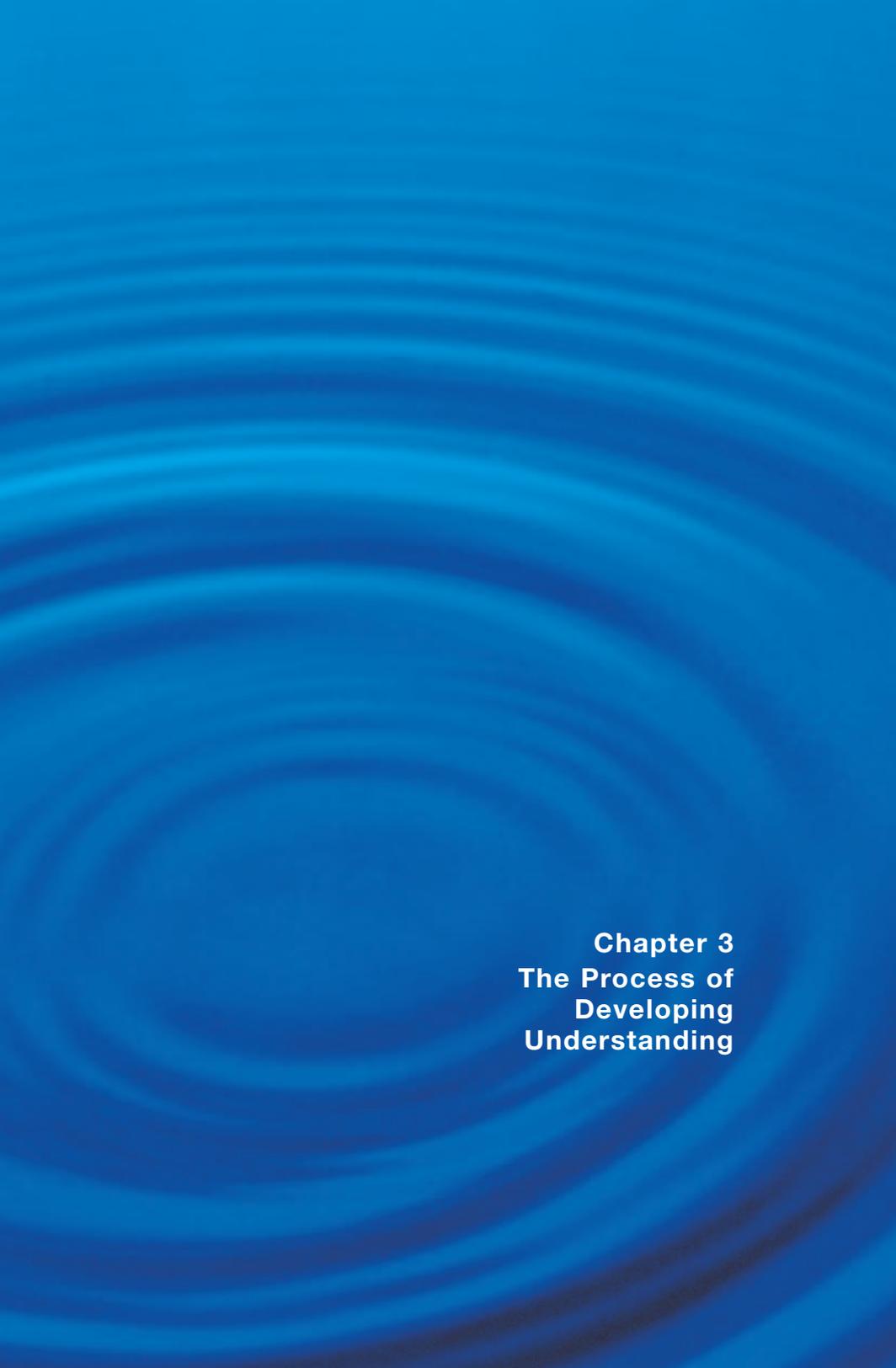
...the (AIDS) movement has probably done more to effectively use this energy than most others... Workers need anger to be energized...(and)...focused on the common concerns...There is a challenge in finding that elusive and shifting ground between being angry, but not consumed by it, being integrated, yet retaining an oppositional stance, being identified with one's own community and maintaining good will and trust to work with others who come from different backgrounds and experiences...workers need to put those local “battles” in their broader context and to appreciate how the tensions are socially structured...Workers need to be prepared to struggle and fight...<sup>27</sup>

I now understand that where once I stood as an interested social worker, I too am now part of the affected community. I no longer

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<sup>27</sup> *Ibid.*, pp. 20-21.

stand outside. I have experienced that hatred and anger. I have experienced the death of people I cared about. I am also weary from the struggle with funders, the juggling of diverse understanding, and the unfulfilled demands. I too grieve and am angry.

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**Chapter 3**  
**The Process of**  
**Developing**  
**Understanding**

# The Process of Developing Understanding

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About half way through the change experience, as I was nearly pulling my hair out with the demands and frustrations, my partner, who was working on a Master's degree in Continuing Education in workplace learning, suggested I look at an article about new organizational paradigms being developed from quantum and chaos theory. The ideas in McDaniel's paper "Strategic Leadership: A View from Quantum and Chaos Theories"<sup>28</sup> that we "give up planning and control" and "move to the edge of chaos" resonated strongly with the experience I was having. I didn't have to move to the edge of chaos, I was at it. I didn't have to construct an organization in which I would give up planning and control; the issues I was facing were far too complex for me to attempt control! Or at least that is the way it felt.

The article was seminal in shifting my thinking about organizational development. I presented this material to my board at one point, and it would be fair to say that the resultant chaos did nothing to assist with the development of greater understanding about the dynamics of the organization, though people were polite.

I believe understanding the ideas presented by McDaniel and Wheatley in *Leadership and the New Science*<sup>29</sup> along with exploring and developing learning organizations will help us to develop stronger and more responsive organizations. It is particularly vital to understanding and coping with the dynamics in ASOs.

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<sup>28</sup> Reuben R. McDaniel, Jr. "Strategic Leadership: A View from Quantum and Chaos Theories." *Health Care Management Review* (Winter, 1997): 21-37.

<sup>29</sup> Margaret J., Wheatley, *Leadership and the New Science: Learning about Organizations from an Orderly Universe* (San Francisco: Berrett-Koehler Publishers, Inc., 1992).

Andrew Johnson of AIDS Vancouver described his experience thus:

It was very difficult for us to just stay on track, to finish something, to walk through a whole project, and just get to the end and deal with it. Because there were so many other things happening that we were perhaps too flexible and too open to other diversions that would come along. There would be a change in government policy or there would be a switch in government personnel, or the contracts were going to be regionalized, or they weren't. Or there were changes in staff, and we had a lot of changes, we had a lot of turnover in staff during this time...

Which is by way of saying that the planning and development process didn't just follow the flow described by strategic planners; it was much more fluid and was constantly being influenced by changes in the environment. For example, new research indicated that an HIV prevention method currently being used actually increased the risk of contracting HIV—as happened with the spermicidal Nynoxal 9—requiring all presentation materials to be redone. The demise of a funding stream—as happened with some of the agencies following 9/11—or the sudden opportunity to bid on a contract as experienced by the Greater Vancouver Community Service Society might significantly alter the nature of the agency and the flow of the current work. None of these were foreseeable events, yet they required immediate responses which changed the organization in some significant way.

Traditional linear methods of thinking about the world and preparing for the future are no longer adequate preparation for what lies ahead. Rather, what is required is that we become learning organizations adapted along the lines indicated by systems thinking and quantum and chaos theories. It seems appropriate to start this discussion with a quote from Kofman and Senge because it so captures the essence of the directions we need to pursue:

We believe a learning organization must be grounded in three foundations: (1) a culture based on transcendent human values of love, wonder, humility, and compassion; (2) a set of practices for generative conversations and coordinated action; and (3) a capacity to see and work with the flow of life as a system.<sup>30</sup>

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<sup>30</sup> Fred Kofman and Peter Senge. "Communities of Commitment: The Heart of Learning Organizations" in Chawla, Sarita and John Renesch, ed. *Learning Organizations Developing Cultures for Tomorrow's Workplace* (Portland, OR: Productivity Press, 1995), p. 32.

I would argue that on all of these issues we—the nonprofit sector—have some distance to travel although our grounding in human values and humility, love, and compassion is a good beginning. I also think we have some experience in both generative conversations and successful coordinated action upon which we can draw. We have, after all, changed the world once or twice already. However, few of our organizations actually incorporate the principles of learning organizations. These ideas are presented further along in this chapter.

While McDaniel is discussing leadership issues in health care, many of the concerns he raises are equally applicable to the nonprofit sector—dwindling resources, over-dependence on the free market system, and the impact of technologies. He argues these realities will necessitate the development of new paradigms if we are to successfully manage. He describes the now inoperable Newtonian-based organizational assumptions as:

- Large effects have large causes.
- If a given tactic works once, it can be counted on to work again.
- If managers identify worker needs, then managers can use this knowledge to manipulate workers on behalf of organizations.
- Each person should have a clearly defined role, or job description, and confine (themselves) to the prescribed behavior for that role.
- Organizational structure is fixed and lines of authority and lines of information flow are the same.
- Sufficient knowledge would enable accurate predictions about the future.
- The universe can be viewed as a machine with connecting parts which create effect on other parts.<sup>31</sup>

McDaniel then goes on to describe the emerging management paradigms based on 20th century physics—quantum and chaos theories. As I reflect upon these, it seems to me these are principles that many of us in the nonprofit sector understand well. He writes:

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<sup>31</sup> Reuben R. McDaniel, Jr. “Strategic Leadership: A View from Quantum and Chaos Theories.” *Health Care Management Review* (Winter, 1997): 23. Wheatley, *Leadership and the New Science: Learning about Organizations from an Orderly Universe*, p. 9.

...modern physics can be characterized by words like organic, holistic, and ecological. The universe is no longer seen as a machine, made up of a multitude of objects, but is pictured as one indivisible dynamic whole whose parts are essentially interrelated and can be understood only as patterns of a cosmic process.<sup>32</sup>

From there he goes on to describe emerging paradigms for management as:

- Our world is unpredictable.
- Measurement and observation change what we measure and what we see; when we measure one thing, we omit to measure or see something else. Wheatley, in discussing this aspect, extrapolates therefore, “We need a broad distribution of information, viewpoints, and interpretations if we are to make sense of the world.”<sup>33</sup> Through broad participation we can capture more of the relevant information.
- “In a quantum world, it is connections or relationships between things that count, not things themselves. Each thing derives its meaning from relationships that it has with other things, not from fundamental local properties that it possesses.”<sup>34</sup>
- Ours is a nonlinear world.
- “Small (very small) differences in initial conditions can, quickly (very quickly) lead to large (very large) differences in the future state of a system.” Therefore “more attention...needs to be given to little things, in particular those little things that are generating positive feedback in the system.”<sup>35</sup>

On occasion, interviewees were able to articulate this impact within their own experiences:

So those things haven't worked, to try and address it from a big picture kind of way. I think where I have made the most mistakes is to try and look at this as being a big picture problem rather than

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<sup>32</sup> Reuben R. McDaniel, Jr. “Strategic Leadership: A View from Quantum and Chaos Theories.” *Health Care Management Review* (Winter, 1997): 24.

<sup>33</sup> Wheatley, *Leadership and the New Science: Learning about Organizations from an Orderly Universe*, p. 64.

<sup>34</sup> Reuben R. McDaniel, Jr. “Strategic Leadership: A View from Quantum and Chaos Theories.” *Health Care Management Review* (Winter, 1997): 25.

<sup>35</sup> *Ibid.*, pp. 25-26

focusing on the small things, like the pictures in the lobby, the color of the skin of the staff, the fact that rather than holding a forum in this building, we take it to the north side of Minneapolis, which is predominantly black. Those kinds of things, those are the important things, so those are the lessons I have learned.

- Lorraine Teel, Minnesota AIDS Project

In her book *Leadership and the New Science*, Wheatley provides additional insight and adds some other dynamics that might be important to consider in understanding organizations.

- What was previously seen as a void or empty space is now understood as a field which is described as invisible, non-material structures<sup>36</sup> or unseen energies which influence how we manifest.<sup>37</sup>
- Systems are self-organizing or self-referent and in response to changes in the environment “changes in a way that remains consistent with itself in that environment...future form...will be consistent with its already established identity...with the history and identity of the system.”<sup>38</sup>
- “Information organizes matter into form, resulting in physical structures.”<sup>39</sup> In describing this perception of our world, Wheatley uses the following example from physician Deepak Chopra: “...our skin is new every month, our liver every six weeks; and even our brain, with all those valuable cells storing acquired knowledge, changes its content of carbon, nitrogen, and oxygen about every twelve months. Day after day, as we inhale and exhale, we give off what were our cells, and take in elements from other organisms to create new cells. All of us are much more like a river than anything frozen in time and space.”<sup>40</sup>

What does all this mean for our work as managers in nonprofit organizations? McDaniel says we can no longer be “heroic autonomous individuals”. We can no longer:

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<sup>36</sup> Wheatley, *Leadership and the New Science: Learning about Organizations from an Orderly Universe*, p. 48.

<sup>37</sup> *Ibid.*, p. 52.

<sup>38</sup> *Ibid.*, p. 94.

<sup>39</sup> *Ibid.*, p. 104.

<sup>40</sup> *Ibid.*, p.103.

- Be in Command
- Have Control
- Predict the Future
- Plan for Success.<sup>41</sup>

He goes on to suggest:

- Give up planning and control. “Leaders who are in touch with alternative ways of thinking about organizations will have their anxiety reduced (not by planning but) by paying attention to learning and connections and emergent strategies.”<sup>42</sup>
- Move to the edge of chaos where being in balance and off balance increases creativity. The job of managers is to create ambiguous challenges that lead to active searches for new ways of doing things.
- Create new organizations with new forms. Leadership comes from all segments of the organization which in turn determines the form of the organization.
- Develop self-referent organizations. Strategic leaders promote and nourish processes that are self-organizing, participatory, and involving of complex learning. High levels of intra- and inter-organizational interaction facilitate boundaries for organizational action. The existence of local community-based AIDS organizations with autonomous capacity within the Alberta Community Council on HIV which act together on more global issues and are in a perpetual state of redefinition is a good example.
- Enhance the quality of connections which carry rich exchanges of information between people doing the work rather than through a chain of command.
- Teach people what other people are doing. Rather than focusing on individual job performance, people accomplish their work by being aware of the whole, and by teaching and helping others accomplish well-understood systemic goals.

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<sup>41</sup> Reuben R. McDaniel, Jr. “Strategic Leadership: A View from Quantum and Chaos Theories.” *Health Care Management Review* (Winter, 1997): 33.

<sup>42</sup> *Ibid.*, p. 34.

- Create organizations where learning is highly valued.

I think it is important to establish a culture of learning in the agency and create a supportive environment for people to learn.

- Keith Wong, Asian Community AIDS Services

- Think about organizational design as an ongoing process—smaller work units to manage increased interdependences which are flexible to deal with rapid environmental changes. Make crucial decisions close to the actual work and reduce reliance on work rules of compliance.
- Don't be responsible for setting goals for workers or for organizations—facilitate goal discovery and coordinate the dynamic exchange of information.

...but in the end things evolve the way they are supposed to. Or the way they do. So I guess in managing the change, it is not so much managing the change as letting the change happen. The way I see my job and the way I have coordinated change...so for the most part I stay out of their way, redirect them when I have to, coach them, coordinate efforts between departments. More the big picture coordination. So that is how I would describe the steps for coordinating change.”

- Kelly Sloan, YWCA

- Decrease emphasis on competition and increase emphasis on cooperation—internally and through strategic partnerships and alliances.
- Work smarter—collectively, reflectively, and spiritually.

To work collectively smarter is to remain in touch with those around us, both with their ideas and with their energy. (To work reflectively smarter is) to reconsider what the world is presenting to us, to examine the ground on which an idea rests, and the assumption that most hold true if a proposal is to work as intended. To work spiritually smarter is to pay more attention to one's own spiritual qualities, feelings, insights, and yearnings. It is to reach more deeply into oneself for that which is unquestionably authentic.<sup>43</sup>

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<sup>43</sup> P. B. Vaill, *Managing as a Performing Art, New Ideas for a World of Chaotic Change* (San Francisco: Jossey Bass Publishers, 1989), pp. 30-31.

- Provide for the emergence from all corners of the organization of visions and values to guide the organization into an uncertain future.

## Learning Organizations

Another set of ideas which I have found useful in thinking about managing change are the ideas of learning organizations, developed out of Peter Senge's seminal work *Fifth Discipline*.<sup>44</sup> The fifth discipline Senge talks about is systems thinking. His ideas are drawn from and intertwined with the chaos and quantum theories presented above. Senge takes the concepts of Wheatley and McDaniel and develops strategies for operationalizing them in the management of organizations.

In addition to Senge's work *The Fifth Discipline*, the ideas and application of learning organizations are further developed in *Learning Organizations Developing Cultures for Tomorrow's Workplace* edited by Chawla and Renesch<sup>45</sup>, and Senge et al in *The Fifth Discipline Fieldbook*<sup>46</sup> and *The Dance of Change*.<sup>47</sup> Only a few of the participants in my series of interviews talked about these ideas yet I believe they are critically important if we are going to meet the challenges before us.

Below is a description of some of the basic concepts which I feel are applicable and important for the nonprofit sector. In many ways these ideas are an inherent part of our work; ironically, though, we have failed to take the next steps of genuinely and fully incorporating them into our work. Hopefully, these short summaries will encourage the reader to seek out additional information and pursue these ideas and concepts which I believe will be helpful in creating both the necessary responsiveness to change and further grounding us in our values.

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<sup>44</sup> Peter Senge, *The Fifth Discipline: The Art and Practice of the Learning Organization* (New York, NY: Currency Doubleday, 1990).

<sup>45</sup> Sarita Chawla and John Renesch, ed. *Learning Organizations Developing Cultures of Tomorrow's Workplace* (Portland, OR: Productivity Press, 1995).

<sup>46</sup> Peter Senge et al. *The Fifth Discipline Fieldbook: Strategies and Tools for Building Learning Organizations* (New York: Currency Double Day, 1994)

<sup>47</sup> Peter Senge et al. *The Dance of Change: The Challenge of Sustaining Momentum in Learning Organizations* (New York: Currency Double Day, 1999).

Rolls<sup>48</sup> in Chawla and Renesch diagrammed the learning organization principles:

<b>The Work of the Transformational Leader:                      A Model of Leadership Competencies and Fellowship Expectations</b>		
The Five Disciplines	Leadership Competencies	Fellowship Expectations
Systems Thinking	expansionist thinking intuition perspective integration	understanding of connectivity understanding of the whole
Personal Mastery	compassion self and other acceptance shared power authenticity nurturance of spirit moral leadership sensitivity humility mastery growth-oriented risk-taking self-directed tolerance value ambiguity learning commitment trust spirituality ego subordination	encouragement acceptance empowerment trust self-discovery someone-worth-working-for dignity autonomy fulfilled potential growth supported choice independence space to make mistakes support in transition learning responsibility self/other connection ownership of results
Mental Models	insight introspection challenge assumptions	innovation meaning challenge assumptions

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<sup>48</sup> Jayme Rolls. "The Transformational Leader: The Wellspring of the Learning Organization" in Chawla and Renesch, ed., *Learning Organizations Developing Cultures for Tomorrow's Workplace*, p. 104.

<b>The Work of the Transformational Leader:            A Model of Leadership Competencies and Fellowship Expectations</b>		
The Five Disciplines	Leadership Competencies	Fellowship Expectations
Shared Vision	principles personal and company values alignment inspiration goals vision vitality mobilize commitment	sense of purpose personal and company values alignment motivation clarity co-developed vision engagement commitment
Team Learning	cooperation dialogue listening creativity promote harmony encourage relationship	co-design self-expression contribution creativity social unity relationship

A perusal of these ideas *vis a vis* the work in nonprofits would show that many of these ideas are inherent in our work. In fact, many who work in the nonprofit sector work there because of the values, commitment, engagement, compassion, tolerance, spirituality, principles, vision, and social unity within the sector. I have often reflected on the fact that my career as a social worker and a manager within the nonprofit sector is very sustainable exactly because the work is congruent with my personal values. Most of us earn less than we would in comparable work within the for-profit sector, and we do this work precisely because we cherish the capacity to work in a setting where we can do what we believe is right, not just what we are paid to do.

We have the value base from which to operate; we simply need to begin the process to engage in more systemic thinking about our work and how we do it. In *The Fifth Discipline*, in addition to the ideas described above, Senge talks about “key problems” which will need to be dealt with in order to implement learning organization ideas to create innovation and change in organizations.

These are:

- Openness or How Can the Internal Politics and Game Playing that Dominate Traditional Organizations be Transcended? He suggests two aspects: participative openness and reflective openness. He writes:

...we can start building an organizational climate dominated by “merit” rather than politics—where doing what is right predominates over who wants what done. But a nonpolitical climate also demands “openness”—both the norm of speaking openly and honestly about important issues and the capacity continually to challenge one’s own thinking.<sup>49</sup>

- Localness or How do you Achieve Control without Controlling? This is precisely what McDaniel above was talking about when he discussed smaller more independent units, shared organizational vision, and local goal-setting.
- Allowing leaders/managers sufficient time to be reflective and learn.
- Developing congruency in the values and actions between work and home.
- The use of technology—microworlds—to increase capacity in organizations. This is perhaps where corporations can assist in our learning by sharing their current (rather than outdated) technology with the nonprofit sector.
- And finally, Senge talks about the new leaders’ work as designers, stewards, teachers, “as building organizations where people continually expand their capacity to understand complexity, clarify vision, and improve mental models—that is, they are responsible for learning.”<sup>50</sup>

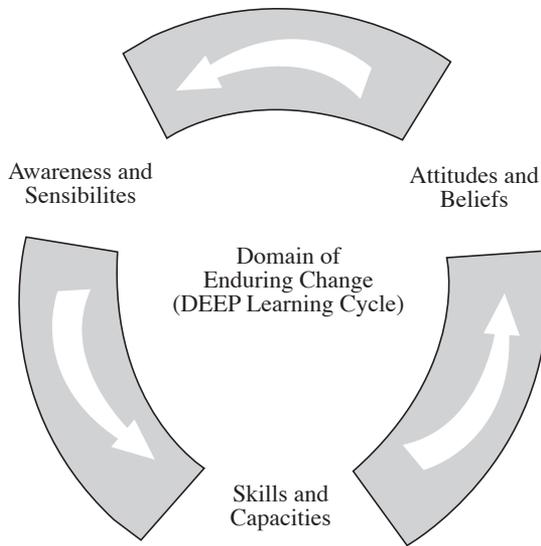
In *The Fifth Discipline Field Book*, Senge diagrams a learning organization as follows:<sup>51</sup>

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<sup>49</sup> Senge, *The Fifth Discipline: The Art and Practice of the Learning Organization*, p. 274.

<sup>50</sup> *Ibid.*, p. 340.

<sup>51</sup> Peter Senge, “Moving Forward Thinking Strategically About building Learning Organizations” in Senge *et al. The Fifth Discipline Fieldbook: Strategies and Tools for Building Learning Organizations*, p. 17.



That is to say, three aspects must be present for a learning organization to develop and these three aspects—vision, skill development, and understanding—build upon each other. He then goes on to describe what development of a learning organization feels like. He writes:

We know that a genuine learning cycle is operating when we can do things we couldn't do before <sup>52</sup>

This then leads to a new way of seeing “underlying structures driving behavior” <sup>53</sup> which in turn leads to a change in attitude, which he notes does not happen quickly. Senge goes on to write:

Deep beliefs are often inconsistent with espoused values in organizations. The organization might espouse an ideal of “empowering” people, but an attitude that “they won’t let us do it” prevails. Thus, even though espoused values change, the culture of the organization tends to remain the same. It is a testament to our

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<sup>52</sup> *Ibid.*, p. 18.

<sup>53</sup> *Ibid.*, p. 19.

naivete about culture that we think that we can change it by simply declaring new values. Such declarations usually produce only cynicism. But deep beliefs and assumptions can change as experience changes and when this happens culture changes.<sup>54</sup>

Many nonprofits espouse the value of empowerment yet have difficulty actually delivering true involvement for their stakeholders and staff. Some struggle with these concepts and some are engaged in these processes. These issues and difficulties are highlighted in the material which follows in the subsequent chapters. Participants describe their experiences of change. But first a description of the participants.

## Conversations with Colleagues

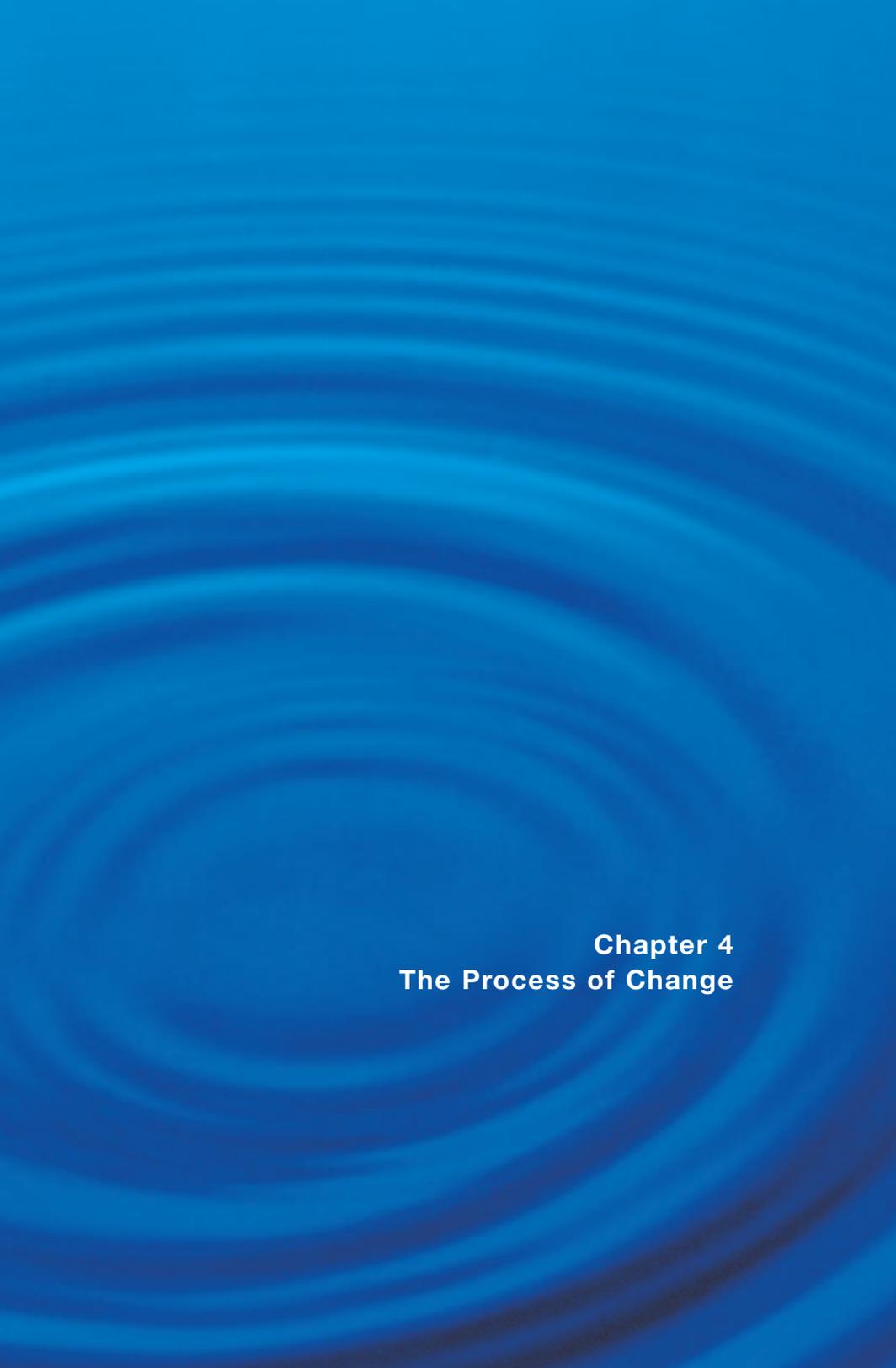
In the process of answering my questions about change, I interviewed 33 of my colleagues who worked in human services. Those who participated in this research and gave permission to be identified as are listed in Appendix A.

I asked each of the participants to describe a change experience in their organization; we then discussed the dynamics of the change process. Some chose to talk about a very specific incident—managing a move to a new building, the change to a board governance model—while others talked about large changes—doubling the size of their staff from 250 to 500 or dramatically changing their programming (such as happened at HIV Edmonton). We then discussed the dynamics of that change process and the resources they had and wished they had had. The conversations closed with a discussion about personal impact.

As you will see in the material in the subsequent chapters, managing the change process was arduous and in most circumstances did not follow the linear progression of events but were indeed chaotic, often being sidetracked by other new events. These processes and the resources managers and other staff use to manage change are described.

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<sup>54</sup> *Ibid.*, pp. 20-21.

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**Chapter 4**  
**The Process of Change**

# The Process of Change

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Coping with change requires effective leadership. This chapter is about that experience from the inside out. It is both about the challenges of managing change and about ourselves as leaders. This chapter tells stories of the experiences of others as they worked through change in their organizations.

In my career as a social worker and human services manager, I have been through many change experiences. I have drawn material for this chapter both from my own experience and from the experiences of those executive directors and other managers listed in Appendix A.

While it often feels as if the change is leading you, as a leader, your decisions and actions actually do influence people's lives. As an executive director, manager, or other leader, you have the power to respond to those conditions, threats, or opportunities and to shape and create change. Of course, that power is tempered by how you enact change and how you engage others in your organization in the processes and the circumstances of your organization but, nonetheless, leaders have power. And that power can change people's lives. I think sometimes, as you are working through the need for change, the need to re-evaluate old programming, and introduce new activities, it is easy to forget that the old program is actually individuals who have been doing their very best.

I think it is fair to say that most organizations and the people doing the planning in organizations start off the change process in an appropriate way. Most organizations develop some sort of process for planning the change. And they build in resources—although it is the nature of nonprofits to attempt too much with too little and that certainly was true for these participants. Most of this chapter is

devoted to describing the change process as experienced by the participants. Potential pitfalls and solutions as presented by the respondents are described.

The material from the previous two chapters is context for thinking about the changes these individuals and organizations experienced. Was the change linear or more chaotic as McDaniel<sup>55</sup> writes? Were the learning organization principles evident in the materials presented by the respondents? How would the learning organization principles presented have been helpful in assisting with the change?

The bibliography at the end of this book lists all the materials people I interviewed found helpful and/or used as part of their particular change process. These may or may not be referred to in the text.

In looking back at my own career as a social worker and human services manager, I see that change and change management was a predominant theme. I started working as a child welfare social worker in 1966 and worked in various front line and managerial positions until 1984. During that time, I worked in several different delivery models—children’s aid societies, government departments, and community-based service organizations. I also held many different positions—child welfare intake social worker, volunteer coordinator, manager of residential services, and various other child welfare and managerial positions in diverse communities from inner city and suburbia, to small towns and rural areas. In addition to my Masters Degree in Social Work, I also undertook and completed a Masters of Philosophy in Social Administration based on research conducted in Saskatchewan concerning children who were reared in foster care.

In terms of change, I had worked for both the Vancouver Children’s Aid Society and was working for the Catholic Children’s Aid Society prior to its amalgamation into what became the Vancouver Resources Board. This was a time of great optimism about the potential to use child welfare and social services to improve people’s lives. As one of the first team coordinators in the Vancouver Resources Board reorganization of social services, I helped create a new community-based model for the delivery of child welfare and other social services. Everything was possible! Subsequently, as that

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<sup>55</sup> Reuben R. McDaniel, Jr. “Strategic Leadership: A View from Quantum and Chaos Theories,” *Health Care Management Review* (Winter 1997): 21-37.

system was dismantled and folded into the provincial government, I held a number of supervisory positions within the social services department of the British Columbia government. This was during the beginning of the cutbacks in the mid-1980s. During this period of retrenching, in 1983, I was asked to shift into a different supervisory position into a unit where the staff had revolted and ousted their supervisor. Looking back on my initial management positions in the 1970s and 1980s, it is easy to see the genesis of my passion for crisis management and change processes.

As noted in an earlier chapter, since 1987 I have held three executive director positions in three different organizations. One was an inner city health centre where, during my six-year tenure, we built a new facility, expanded services, and increased the staff from 11 to over 30. Here, as in my previous positions, I initiated a number of new programs including a dental clinic and a community development project. During that time, I was also one of the initiators of the needle exchange program—my first experience with AIDS work.

As noted earlier, my second executive director position also involved considerable challenge as head of a children's and family community resource centre which was experiencing financial difficulties. Subsequently, I became the executive director of the AIDS Network of Edmonton Society. Because of a number of changes in the treatment and spread of the disease and management instability, the organization's programming needed refocusing; unlike the previous organization, its financial position was relatively sound. Thus began a long and bumpy change process involving progressive strategic plans, much staff instability, and a refocusing of the work of the agency. It was managing this last change process, which is described elsewhere, which compelled me to undertake this work.

To summarize, in my career my involvement with change has been extensive. I have:

- initiated or helped initiate dozens of new programs as varied as a teaching homemaker program and business development areas. These have included clinical programs such as a shoplifting treatment group, a dental clinic, and an after-school program for preteens and community-based programs such as neighbourhood and economic development projects.

- been part of organizational restructuring as a staff, middle manager, and as the primary leader. This experience occurred in both small and very large organizations.
- confronted bureaucratic inertia in an attempt to create change.
- been shifted into new jobs and lost my job as a result of organizational restructuring.

In the following material, I will draw on all these experiences. But primarily I will draw on the experience of the executive directors, program managers, and staff I interviewed before putting this material together.

## Leaders have Power

Before launching into a discussion about change, I think it is important to remind ourselves as leaders, that we have power. In fact, we have the power to change people's lives. Thus my very first rule:

Sherry's Rule #1

Leaders  
have the power  
to change people's lives.

This is a rule that staff never forget, but leaders often do—funny about that. Staff never forget; and nor should we as leaders. That power may express itself in only small ways, for example, a simple request to spend some time editing or reworking a funding proposal might force someone to totally reorganize their day. A chance comment might place someone on edge. I am always conscious of the fact that my statement, “I would like to sit down with you and talk about your work,” results in an immediate increase in anxiety for most of the staff even though they know logically that the discussion is one of support and interest. That statement feels very different when it comes from a colleague.

In their article “The Bases of Social Power,” French and Raven list the following types of power:

- The power to reward, and conversely
- Coercive power
- Legitimate power, which they define as an understanding and acceptance that one person has the “right to influence” while another has “an obligation to accept this influence”
- Referent power which can be described as the desire to be like and/or associated with somebody; and finally
- Expert power.<sup>56</sup>

As leaders, we hold at least three forms of power: legitimate power, and notably the power to reward, and coercive power. The Dilbert comic strip and Dilbert List currently appearing on the business pages of the local newspaper are primarily about the misuse of coercive power.

Over-exerting power in a work-setting is inappropriate and can interfere with the capacity of a work group to complete its work.<sup>57</sup> An outstanding example I experienced of such abuse of power comes from a meeting between the Deputy Minister of the social services department in British Columbia and a group of front-line supervisors who were participants in a comprehensive management training program offered by the department. The reason the department was compelling the new management staff to participate in this training program was to address an identified supervisor skills and retention issue. Presumably the visit from the deputy minister was an opportunity to meet and develop a working relationship with these newly-appointed front-line service delivery supervisors. We were asking questions about impending changes; after all, we were the group that was going to have to implement any changes that would come down the line. When the questions became too difficult, the deputy minister “pulled power” and suggested we were being insubordinate and inappropriate in our questions.

He was very confrontational with the two or three who had asked these questions. All of us learned to fear him and to be aware that in

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<sup>56</sup> J.R. P. French and B. Raven, “The Bases of Social Power” in D. Cartwright *Studies in Social Power* (Ann Arbor: University of Michigan, 1959), pp. 155-56.

<sup>57</sup> Ruth Wageman and Elizabeth A. Mannix, “Use and Abuse of Power in Teams” in R. Kramer and M. Neale *Power and Influence in Organizations* (Thousand Oaks, CA: Sage Publishing, 1998), pp. 261-85.

our workplace we needed to be cautious about what we said and asked. I often wondered how many of these new supervisors learned from this experience how to be belligerent with their own staff. I suspect this situation also did nothing to improve the supervisor retention issue the program was intended to address.

As executive directors, or other management staff, we have the capacity to reassign work and interfere in work in such a way as to make the workplace uncomfortable. We can micromanage or totally ignore our staff. What we do affects our employees. But most importantly, in the end, it is our capacity to hire and fire which connotes our real power. This capacity may be defined by best practices, labour laws, and the presence absence of a union, but we do hire and ultimately we hold the employment contract in whatever fashion that may take. Perhaps more than anything else, how we exert, hold, and use the power we have determines what we are like as leaders.

Leadership qualities were described by Senge<sup>58</sup> in the previous chapter as needing to revolve around managing learning in organizations. The development of such a leadership approach does not alter the fact that, as managers in organizations, we have the capacity to hire and fire the employees. It is exactly when we forget that we have power that we are most likely to make the wrong assumptions about the nature of our interactions. I think it behooves us as leaders to never forget in any encounter with staff that we have the power to change their lives.

In the course of doing some team building at HIV Edmonton, we undertook a Behavioral Pattern Inventory<sup>59</sup> which our program manager brought in from a personnel management class she had attended. Like the Myers-Briggs personality types,<sup>60</sup> this inventory is a way of categorizing how individuals differ in their perception and interactions. In this inventory the four patterns are “A” – assertive and action-oriented, “O” – outgoing and warm, “C” – controlled and disciplined, and “S” – stable and steady.

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<sup>58</sup> Senge, *The Fifth Discipline: The Art and Practice of the Learning Organization*.

<sup>59</sup> The Behavioural Pattern Inventory was developed by Bastiaan Heemsberer. It was part of a personnel management course offered by the University of Alberta Department of Extension.

<sup>60</sup> Isabel Briggs Myers, *Manual: the Myers-Briggs Type Indicator* (Palo Alto, CA: Consulting Psychologist Press, 1962).

After taking the test, we discovered that the two managers, that is myself and the program manager were “A” and “C” combinations while the staff were predominately “S” and “O” combinations. In this inventory, “A” types are described as bringing exciting, confident, and stimulating actions to get things moving; and “C” types as good organizers and planners with an emphasis on quality and efficiency, to name a few of the characteristics. “S” types are good listeners who need encouragement and an invitation to participate; while “O” types seek emotional closeness and recognition. This mixture of types could be seen as a good combination of leaders and staff or a minefield of communications misunderstanding. It was helpful to understand that as individuals we emphasize different aspects and look for different satisfactions in a given situation. It was also helpful for us to identify those different styles rather than just thinking others were not understanding what we were saying.

In *Remaking Teams*, Kline discusses five well-researched personality traits: agreeableness, conscientiousness, extroversion, neuroticism or emotional adjustment, and openness to experience. She concludes that “at least some level of being able to get along with others is needed”<sup>61</sup> but otherwise, personality traits overall have “no effect on team performance.”<sup>62</sup> In my experience, teams or staff groups with the most diversity develop the greatest capacities but also can be the most difficult to manage with the potential for considerable conflict. For teams with diverse personalities, backgrounds, and experience to function effectively, open and honest dialogue about differences is an essential component. Without good leadership, and an atmosphere in which individuals can be honest about their capacities and failings, those differences can be seen as differences in competence. To the extent that understanding different types enables more open discussion, personality inventories are useful.

One such framework that requires no testing is human dynamics as described by Seagal and Horne. No testing is required because

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<sup>61</sup> Theresa Kline. *Remaking Teams: The Revolutionary Research-Based Guide that puts Theory into Practice* (San Francisco: Joseey-Bass Pfeiffer, 1999), p. 68.

<sup>62</sup> *Ibid.*, p. 67.

“people identify their own personality dynamic through a process of discovery, and are helped to recognize the personality dynamics of others through sensitive observation and participation.”<sup>63</sup>

Seagal and Horne suggest there are three universal principles—physical, emotional, and mental—and the relative strength of each of these three principles varies to form nine patterns with five patterns dominating in our North American cultures. They suggest for individuals from each of these categories “learning, communicating, problem-solving, relating to others, contributing to teams, maintaining well-being, and responding to stress”<sup>64</sup> is different.

They describe the Mental principle as thinking, objective, vision, overview, structure, and values; Emotional (or relational) as feeling, subjectivity, relationship, communication, organization, and creative imagination; and physical (or practical) as making, doing, actualizing, sensory experience, and practicality.

The five predominant patterns they describe are:

- mentally centered—plan from the top down; from the abstract to the particular and back; long-range perspective; able to unify disparate views
- emotional-mental—initiators; move to action quickly; brainstorming and experimental
- emotional-physical—respond to tasks in a personal way; need time to engage and process; wish to create and sustain harmony; insightful
- physical-emotional—systems thinkers; spend the longest time gathering data to produce detailed, comprehensive, and systemically-linked plan; prodigious capacity to remember detail
- physical-mental—pragmatic; take in a great deal of information; plan systematically; move to action; long-range strategic planners.<sup>65</sup>

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<sup>63</sup> Sandra Seagal and David Horne. “Human Dynamics: A Foundation for the Learning Organization” in *The System Thinker: Building Shared Understanding* 5,4 (May, 1994): 2.

<sup>64</sup> *Ibid.*

<sup>65</sup> *Ibid.*, pp. 3-4.

Kevin Midbo of AIDS Calgary who used the Myers-Briggs typing, noted that he and his staff while more alike, also leaned towards change:

We have had staff workshops where they have done our Myers-Briggs and where they have identified that the majority of the people in the room are personality types that probably like to create change.

The result of doing the Behavioral Inventory for us was an improved understanding that those of us leading the change process approached our world differently than most of the staff. We also realized that we needed to allow more time for others to accommodate change than would be necessary for us—the change-lovers—to make the same adjustments.

Recognizing these differences, using whatever typology is available, but also understanding that not everybody thinks or approaches problems the same way, is helpful in understanding the need to allow time for change and also to build in process which accommodates different change capacities.

Many of the executive directors and management staff I interviewed echoed love of change.

I change for the sake of change; I hate anything to be the same...  
I love change; I love to make change. I like to experience change;  
I like other people to make changes.

- Doug Thompson, Bissell Centre

I love change!

- Dawn Bryan, Momentum AIDS Project

Well, I like change actually... Let's go back...to personal philosophy. It is something that could be from very Eastern philosophy, from books that I have read, that says, "change is constant." Every thing changes, and how you grow with the change. I am 42, and your body changes and how you grow through it and how you actually start to see the changes, and anticipate the changes, and enjoy through the process. And that is like organizations. It changes, and people come and go, come and go, and the services are constantly changing to suit demographics in the city, environmental... So if you hate change, you are not living. You live because life changes.

- Keith Wong, Asian Community AIDS Services

He (the previous executive director) was a big picture thinker and he liked change. He really liked it.

- Kevin Midbo, AIDS Calgary

Probably not everybody likes it (change) as much as I do.

- Barbara Draimin, The Family Center, New York

Personally, I don't know, I like change, so for me I like change, I like a challenge. I don't mind crisis... So crisis for me is just a way of life. So I don't mind the challenge. I don't find it really gets to me. I don't get really stressed right out or down about anything. I stay pretty motivated. Yes, calm, yes, I stay fairly calm and work through things.

- Chris Smith, AIDS Program of South Saskatchewan

I have learned a weird thing about myself throughout the whole process and that is part of me gets really excited about change and really enjoys it and gets excited about something new down the road.

- Brent Oliver, AIDS Committee of Ottawa

Even those who didn't outright acknowledge their love of change certainly acknowledged in other ways that anticipating or managing change, for a variety of reasons, is an integral component of their job.

We have all been selected because we are aggressive, go-getting, resource-acquiring builders... I don't particularly like change; I like to build but even that is change, I guess...

- Rod Rode, The Family Centre, Edmonton

You just always take on that little bit more than you can do because you know it needs to be done...I am good at the chaos.

- Maureen Sanders, Centre for Family Literacy

But there are times when dramatic change is good, but assessing when that is, is really difficult and is a constant challenge to me.

- Richard Burns, Lesbian, Gay, Bisexual, and Transgendered Community Center

Liking change or needing to be on the edge of change, leads some executive directors to note potential dangers in managing their jobs.

...but know yourself, your own motivations, but don't get sucked into needing to be at the centre of a change process because that gives you, whatever it gives you status, control, power.

- Rod Rode, The Family Centre Edmonton

But we really think that we (the founders) need to redefine "fun"... That we really have a choice that we can redefine "fun" or if we want the same kind of "fun" then we need to go start a new organization.

- Barbara Drainin, The Family Center, New York

Acknowledging that executive directors and other leaders see the world differently leads to my second rule about change:

## Your excitement about change is not shared by everybody around you.

Sherry's Rule #2

So when the need for change once again becomes evident, because the board decides that it is once again time for a strategic planning process to be initiated, or staff identify the need to shift their program to accommodate new understanding of their work, or you start to identify and discuss the possibility or the need for program changes, anxiety levels are going to start going up. Not all around you are going to excitedly say, "great, let's go!" One of our greatest challenges as leaders will be to engage our organizations in a continual change cycle. As one executive director said:

Change seems to be constant but periodically there is greater change. Every few years, there is greater change and that usually results from sort of an intersection of something that is going on with the virus and the epidemic and something that is going on organizationally and something that might be going on in terms of politics provincially or federally. Sometimes those things converge and then there is a big chunk of change.

- Kevin Midbo, AIDS Calgary

We will need to figure out ways to make engaging change safe and to enable and teach others. Basseches in Senge *et al.* suggests as one strategy to create “a safe place for not knowing,” a “small sacred hour”<sup>66</sup> in which vulnerabilities can be discussed. Raymond Helkio, of the Toronto People With AIDS Foundation, described a similar process as a significant contributory factor for the successful implementation of change in his organization.

...small things were instituted like we had weekly staff meetings or bi-weekly staff meetings to check in to see how people were doing on a work-related note. This was a small thing but it made, in my opinion, the whole agency much more sensitive to what each other was doing...so it gave us an opportunity to bond, to work a little bit together, and before we knew it we were actually collaborating as a group around the table.

## The Impetus for Change

I would agree with Kevin Midbo’s assessment that change, particularly in AIDS organizations, is now ongoing, complex, and multi-dimensional. That said, it is still useful to understand whether the organization’s current change is created by some sort of crisis or is part of an ongoing planning cycle. What change looks like within organizations will be dependent on how it is arising: is it an urgent crisis or can the organization take some time and engage in a longer planning cycle?

Rod Rode of Edmonton’s The Family Centre uses the Prochaska transtheoretical model of the stages of change<sup>67</sup> to discuss the nature of the change in organizations. He suggests (as do Prochaska and DiClemente) that for change to begin, at least precontemplation as defined by Prochaska and DiClemente must have begun; that is, there must be some understanding of the need for change even if there is no urgency. Prochaska and DiClemente define precontemplation as having no intention to take action within the next six months, as opposed to contemplation, where action will occur within the next six months.<sup>68</sup>

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<sup>66</sup> Michael Basseches, “ Safe Place for ‘Not Knowing,’” in Peter Senge *et al.*, *The Dance of Change: The Challenge of Sustaining Momentum in Learning Organizations* (New York: Currency Double Day, 1999), pp. 260-62.

<sup>67</sup> J. O. Prochaska, *Systems of Psychotherapy: a Transtheoretical Analysis* (Homewood, IL: Dorsey Press, 1979).

<sup>68</sup> J. O. Prochaska, J.C. Norcross, and C. C. DiClemente, *Changing for Good* (New York, NY: Avon, 1994).

In discussing change within his organization, Rode described a program change which took three years:

And the reason it took us three (years) to sneak up on those (program) changes, is that: a) there was not a crisis to react to; and b) we weren't going to go ahead with changes without internal agency consensus and support. And so we were talking for those three years to our people...we subsequently have a model for change that comes out of Prochaska...which is that you don't start changing until you first of all believe there is a need for change.

He noted that because of this long time frame, they were able to be "much more outward looking" and had time to develop "an internal communication process."

The second type of change is when there is some sort of crisis that requires nearly immediate response. In this situation people move into the contemplation state rather quickly. To quote Rode again,

When a crisis happens, people aren't precontemplating, they are into action but then of course there is a whole bunch of emotional baggage you have to clean up afterwards... Our experience internally, when we had a crisis, a funding cutback, we didn't have to go through the arguments, it was into action but then afterwards there was a crash...

In my interviews, more of the AIDS organizations were or had made changes out of crises while more of the other organizations had not. Of the 22 AIDS organizations I interviewed, 12 (or 55 per cent) described high intensity crisis-based processes. Of the other 11 organizations only four (or 36 per cent) described a crisis change process.

It is easy to understand why the change experience in AIDS organizations was more dynamic when you look at the potential reasons for the change occurring. It is safe to say that all nonprofit organizations are facing funding issues, in some cases downsizing as a result of decreased revenues from granting organizations or donors, as has happened for many of the New York agencies and some others following the destruction of the trade towers in New York on September 11, 2001. The New York agencies also were affected by the resulting economic downturn. In some cases new funding opportunities create change. For example, the Momentum AIDS Project in New York expanded its meal program to include

weekend services; the Centre for Family Literacy, after identifying additional needs, metamorphosed into a provincially based family program and developed literacy training handbooks.

In addition to the vagaries of funding which affect all nonprofit organizations, AIDS organizations experienced dramatic change in the circumstances of their work. These changes are depicted in the chart below. In looking at all the various change dynamics which affected AIDS organization, it is difficult, if not impossible, to think of another nonprofit sector which has experienced change on so many fronts at the same time.

<b>An Overview of the Shifts in HIV/AIDS</b>	
<b>Fatal Versus Chronic/Manageable Disease</b>	
Comprehensive palliative care	Variety of services, varies over time
Short-term acute care	Long-term disease management
High number and frequent deaths	Occasional deaths from AIDS and/or street lifestyle/drugs
Infected facing death together	Life expectancies vary based on HIV drug tolerance/compliance capacity
<b>Predominantly gay men versus diverse populations</b>	
Predominantly white	Mixed races including Aboriginals, Blacks, Hispanic, Asians and whites
Men, transgendered	Men, women, transgendered
Gay middle-class world view	Underclass over-represented
Queer ownership of AIDS and ASOs	HIV affects everyone/anyone
Homosexual transmission of disease	Injection drug use and sexual transmission of disease
Services organized by and for the gay community	Diverse clients using and needing complex services
Community devastated by deaths	AIDS pioneers living with this legacy
Gay donors	No donors/disinterest in AIDS
<b>Volunteer/community based organization versus corporate management structures</b>	
Crisis management	Planned management
Stigmatized work done by the infected and affected	Interesting health/social services work
Grassroots activism	Professional definitions
Interplay between AIDS and gay activism	Advocacy required on many different fronts
Mainstream services hostile	Partnering

This material was initially prepared by the Ontario AIDS Bereavement Project, and revised based on information gleaned from the interviews.

When I attended my first Canadian AIDS Society annual general meeting in July of 1998, six weeks after I became executive director of HIV Edmonton, it was clear to me that many AIDS organizations were reeling with the realization that they had to grapple with major changes in the populations they were serving. Some were in denial. Other changes too were affecting their work. The protease inhibitors introduced in 1995 reduced the frequency of deaths so that by 1998, when I started working at the AIDS Network, there were very few deaths. Within the AIDS movement, injection drug-users had always been identified as high-risk although until the mid-1990s, the numbers were considerably lower than among gay men and of course varied, and continue to vary, by location. For example, in Calgary in 2001, gay men continued to be the largest group of new HIV infections (approximately 35 per cent), while in Edmonton, in the same year, injection drug-users represented most of new HIV infections (over 50 per cent) with gay men representing only a small proportion of new infections (at under 15 per cent).

The gay community protested over the need for HIV/AIDS organizations to change and expressed distress about the potential loss of “their organizations.” As noted in the chart above, there was “queer ownership”; many individuals and leaders in their communities had died. “Losing” their organizations felt to many like a betrayal of those lives and deaths.

Yet, the populations presenting for services and the services they needed were changing. Further there was little additional funding, so changes had to be accommodated within the existing funding streams. Those facts had to be confronted, or as one interviewee from a non-AIDS organization said about her organization:

To be aware of it (change) and not to just keep pushing it off and keep hoping it will go away when things get back to normal. Well, there is no normal. Our organization did that and I think a lot of organizations did that. They put off dealing with what is right in front of their face because they don't want to change or they don't want to see that maybe their dream didn't quite come out the way they wanted it. Or they don't want to be the one to say, hey there is an elephant in the kitchen.

Was it the failure of many AIDS organizations and others to effectively deal with the “elephant in the kitchen” in a timely manner that resulted in the higher level of high intensity crisis change

management? The gay communities, the founders, and pioneers, and the staff of AIDS organizations were often unable and sometimes unwilling to make the changes. The impact of grief, loss, burnout, and therefore management instability and competence were also factors that affected the change process. When the deaths stopped, when the crisis was over, many who had worked in the field were fatigued and in shock. They could stop running, and that absence itself created a crisis for them; they didn't know what to do anymore.

## How much change is Significant?

But by the time of the interviews, most AIDS organizations were or had engaged in change processes. I asked the interviewees to rate the level of change they were describing based on a scale of 1 (no change) to 7 (significant change). As the chart below indicates, almost all the organizations indicated a high level of change. The AIDS organizations expressed only modestly higher change values in comparison to non-AIDS organizations.

### Level of Change

AIDS Service Organizations						
1 no significant change	2	3	4	5	6	7 major change
0	0	1	2	6	6	6
Median = 6 Mean = 5.7 Note:				one missing value		
Other Human Service Organizations						
0	0	0	1	5	3	2
Median = 5 Mean = 5.6						

However, the interview selection criterion between these two groups was somewhat different. I contacted most AIDS organizations in

locations where I planned to visit—the Lower Mainland in British Columbia, Alberta, Regina, areas of Ontario and New York City—and interviewed whoever volunteered and whoever could arrange it. For the non-ASOs, I was specifically looking for organizations that felt they had experienced change. This was a word-of-mouth process.

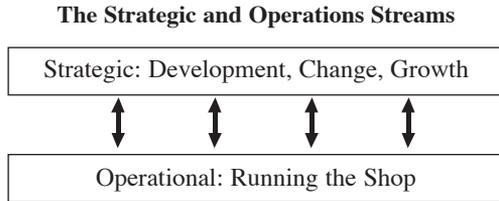
The four organizations that rated themselves at levels three or four could be seen as special cases. Two would certainly be described as best practice change models, and the changes they were talking about were being developed in a strategically planned manner (The Family Center in New York and The AIDS Committee of Toronto). In the case of AIDS organization with a value of three, the executive director felt the board had either deliberately or by default made the decision not to change. Other AIDS organizations also have made the decision not to change for example a hospice in Montreal, after evaluating alternatives decided to remain an AIDS palliative care facility because that is what they were good at and what the staff wanted to continue doing.

As this chart indicates, most of the people I spoke with worked in organizations where there was currently or had been significant change. They all had a lot to say about the change experience.

## **The Change Process**

For organizations, entering into a change process usually meant simultaneously holding two processes up in the air—the ongoing work however adequately or inadequately this was occurring and the change process. This was described by Maureen Sanders of the Centre for Family Literacy as “building the plane while flying.” In describing my own change experience at HIV Edmonton, I left out many components of the day-to-day work that continued while we were engaged in creating change. The day-to-day work sometimes also involved significant projects. One such example was Alberta Health’s Non-Prescription Needle Use Consortium which was set up to deal with injection drug use and the resultant health issues. On behalf of HIV Edmonton, I took a very active role initiating several projects including the development of a Harm Reduction Kit for Professionals. Charles Roy of the AIDS Committee of Toronto described having to prepare two sets of material for the board as they went through the transition to the Carver governance model.

In *Changing by Design*, Eadie and Shrader, diagrammed this “Strategic Management” process as:<sup>69</sup>



“Building the plane while flying” can be a very frightening prospect, depending on the speed of either of those two components. Certainly, in my experience, many nonprofits work on the edge of capacity, always attempting a little bit more than they actually have the resources to undertake. In part this occurs because in order to obtain resources, they need to have initiated some sort of action. It also occurs because they see the need for a new program and have the desire to respond. Chris Smith describes this process:

We are like many AIDS organizations; we take on too much work. We are always in that bind of just saying we are not going to take on so much work next year; we are always just running from one place to the next. Financially and human resources, we are strapped, but we always do try to in our budgets to build in some strategic planning money and some money for growth.

- Chris Smith, AIDS Program of South Saskatchewan

Building change while flying at maximum velocity can be a daunting, torturous process. For AIDS organizations that had been in crisis mode—that is, flying as fast as they could—the sudden need to change direction proved exceedingly difficult and many crashed. As one Ontario interviewee said,

At any given moment in Ontario, there is an AIDS service organization in crisis.

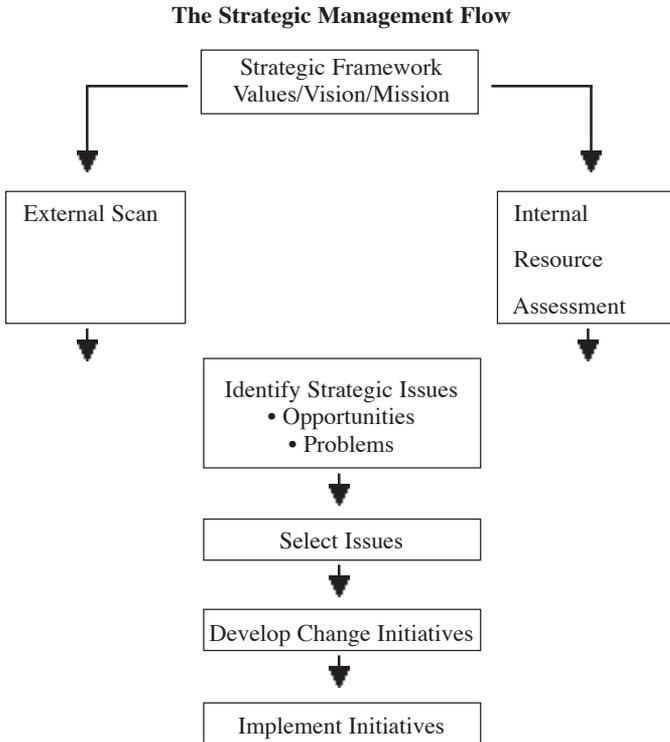
A great many AIDS organizations across the country experienced management and staffing instability, including HIV Edmonton. The

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<sup>69</sup> Douglas C. Eadie and Alan Shrader, *Changing by Design: A Practical Approach to Leading Innovation in Nonprofit Organizations* (San Francisco: Jossey-Bass Publishers, 1997), p. 133

conversation among AIDS staff for a number of years was about which ASOs were currently imploding or exploding. These organizations faced several problems, often at the same time. Staff were personally experiencing difficulty as Perreault and Gervais document in *Project Sustain*<sup>70</sup>; additionally the organizations were facing the changes noted earlier in the chart, *An Overview of the Shifts in HIV/AIDS*. Sometimes, the organizations could not manage the change fast enough to keep operational activities current.

Eadie and Shrader show “The Strategic Management Flow” that is, the change process as follows:<sup>71</sup>



<sup>70</sup> Perreault and Gervais, *Project Sustain, Creating and Reinforcing Organisational Supports for ASO Workers Coping with the Impact of Multiple Losses*, p. 29-42.

<sup>71</sup> Eadie and Shrader, *Changing by Design: A Practical Approach to Leading Innovation in Nonprofit Organizations*, p. 136.

This is a pretty straight-forward process: figure out what you want to accomplish, assess the environment and your resources, identify issues which would impact your change process and the opportunities and threats inherent, select those issues you are going to work on, delineate the change, and implement the change. This or a process something like this is identified by some change management writers—Eadie and Shrader, Hultman.<sup>72</sup> While this linear description of change does not capture the often chaotic nature of the events which occur in organizations, it is useful to work with such a model because it provides a directional map. However, events may intervene which would necessitate changing the map. Or as one executive director said:

So we thought we were being clear about what the terms of reference were but in retrospect I think over the course of three years the...people changed, and I realize now that right at the beginning the original people didn't understand what we were doing. And in some ways that was good because we didn't know what we were doing. We didn't know what this organization was going to look like. So there was a lot of messiness and I think it was probably necessary to go through it but still when I look back I think that if we had done more work up front... We really needed to think those things through...

- Maureen Sanders, Centre for Family Literacy

It is this chaotic change process that I am going to describe in the rest of this chapter using the descriptions interviewees gave of their change processes. There are areas where the more traditional linear model described by Eadie and Shrader and others and the new management theories and learning organization processes described by McDaniel and Senge<sup>73</sup> are congruent. The need for the development of a strategic framework, that is a vision, is one of these.

The change process created difficulties for the interviewees in a number of ways. This is not atypical as Senge notes, "Most change initiatives fail."<sup>74</sup> Getting the initial steps in place is critical if the

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<sup>72</sup> *Ibid.* Hultman, *Making Change Irresistible*.

<sup>73</sup> Reuben R. McDaniel, Jr. "Strategic Leadership: A View from Quantum and Chaos Theories," *Health Care Management Review* (Winter 1997): 21-37. Senge, *The Fifth Discipline*.

<sup>74</sup> Senge *et al.*, *The Dance of Change: The Challenge of Sustaining Momentum in Learning Organizations*, p. 5.

remainder of the change process is going to work. Defining the mission, vision, and values which the organization holds as it moves forward through the change process, how the change is going to be managed and what resources are available are all involved in the change process. That is, both the “what” of the change and the “how.” Diagrammatically these can be seen as parallel aspects— what are we doing (that is, the content or the outcome) and how are we going to do it (what mechanisms have we put into place to manage the change)? This is diagrammed below.

<b>Strategic Management Flow</b>		<b>Change Resources</b>	
Strategic Framework: Values/Vision/Mission		Change Framework: Establish Transition Team	
External Scan	Internal Resource Assessment	Assess Resources for External Scan	Assess Resources for Internal Scan
Identify Strategic Issues • Opportunities • Problems		What help will be needed to identify Strategic Issues?	
Select Issues		Identify Supports for Selecting Issues	
Develop Change Initiatives Change Initiatives		Identify supports for Developing Change Initiatives	
Implement Change		What Additional Resources will be needed to Implement the Change	

Few organizations assessed accurately the resources required to manage the change process. Interviewees discussed this under-resourcing extensively as one of the major difficulties they faced. Under-resourcing is complicated by the fact that change creates a moving target which unfolds over time. Even so, it is fair to say that organizations spent insufficient time planning what resources they might need to manage the change. This makes sense when you consider that nonprofits rarely have sufficient financial or technical resources available. Nonetheless, taking time at the outset of the project to think about what will be needed throughout the change process can forestall difficulties further along.

Planning adequate resources needs to also include planning who will be involved in the planning process. In a simple sentence, everybody! This will be discussed at some length in the next chapter but it seemed prudent to at least make note of it before moving further along in the description of the process. As Andrew Johnson of AIDS Vancouver said:

But it also started to work out when everyone who grumbled about the outcome evaluation framework and the strategic plan we were doing, saw it start to gel for them. It also came from them. They were doing the work. So the more the staff were involved from the bottom up in the organization, they had a better sense of participating. Which was something that should have happened from the beginning.

Andrew Johnson went on to say:

Lesson learned for me, number one, if you want to embark on a major change or a major journey that involves change and revisioning and all of those kinds of things, think it through for yourself, share it with your management team, discuss how you want to implement it, discuss about all of the potential impacts but most importantly discuss how you are going to involve all of the staff. And give them a really big chunk of the job, so that they are part of it and they own it. And that they can contribute to it, that they have immediate buy-in from the beginning. Also make it perfectly clear that in doing that, you know remind everyone it is a shared process but there are lines of authority and are domains of responsibility and those kinds of things. So we will do that together and each of us will apply our respective responsibilities. I will use my executive director authority to say yea or nay when we get to a place where we have to do that, that is my job. But we will go as far together as we possibly can from the beginning.

As noted, planning for change is often difficult in nonprofit organizations because they have too few resources to put into the change process. When funds are cut back, and the organization has to readjust the work, the most immediate thought isn't to contemplate the resources which will be required to support the cuts although in a few cases, this did occur. The YWCA, for example, described putting into place a variety of staff support services to help people deal with the potential emotional crisis.

More usually, leaders are quite busy flying the plane and think that they can squeeze in redirection and refashioning the plane or

sometimes even making a new plane. Funders are reluctant to expend funds before something is actually planned out; the consequence can be poorly planned programs where insufficient development occurs. Very seldom do we accurately reflect the amount of time and resources it is going to take to make the change.

The whole concept of process redesign comes back into play here. Because of course the whole notion is that when you identify, again this is very standard with any of the technologies of change, you want to pull some sort of ad hoc committee together and you want to reassign them for six months or eight months...so we do what most people in nonprofits do, we work overtime, we add it on to our regular work. That's how we do it; we steal it from our families...

- Rod Rode, The Family Centre, Edmonton

...when I look back I think that if we had done more work up front... We really needed to think those things through...

- Maureen Sanders, Centre for Family Literacy

My clearest example of inadequate resource planning, in this instance, inadequate volunteer time, comes from the Boyle McCauley Area Redevelopment Plan. This was an arduous and long process—more than two years—that involved extensive input from many community volunteers and was also technically complicated because of the City of Edmonton planning processes and bylaws. Of course, as happens on all committees, after some months, community members started to fall away. Because we underestimated the length of time the process would take, and because of the considerable learning curve, we decided at a certain point not to replace community committee members who were leaving. We thought this was a prudent decision, made because of the steep learning curve involved in understanding the planning process and the complicated committee structure which we had created.

By the end of this long process, the community committee had shrunk to an almost unworkable number and those few remaining members were overtaxed and had to take on increasingly larger additional responsibilities. We were, of course, also accused of excluding appropriate participation—a somewhat valid complaint. The few of us remaining at the end, gave ourselves an “I survived”

t-shirt and promised ourselves that should we ever engage in this process again, we would make a different decision.

Where the change is more contained, such as the move to a Carver governance model as described by Charles Roy of the AIDS Committee of Toronto, or the move to a new facility as described by Marcie Summers of Positive Women's Network, it is easier to accurately estimate the cost of the change process, as both of these organizations did. Where the change is more systemic, the target is both larger and a moving target. Nobody had the luxury of revisiting and revising their original estimates.

The establishment of a transition team was noted by some organizations, or they at least set aside some resources to assist with the change process.

And the very, very first thing we did was put in place...a body called a transition team; we actually had elections, and we had two board members, two volunteers, two staff members, and two service users. And that started the structure as to actually what we did. They started working with the executive director to stabilize things and to facilitate a transition and communicate things back to people.

- Brent Oliver, AIDS Committee of Ottawa

We had a steering committee for the project. (names three stakeholders) So they sort of kept me going as well.

So the thing is actually we set up a team of people, just to see whether we could get funding because we needed a lot of support...

- Keith Wong, Asian Community AIDS Services

Or they at least set aside some resources to assist with the change process:

...And I think our approach that really got us through it is that we cleared one staff person of all responsibilities of the work, the day-to-day work, and we made that person the team leader of the new work plan... So one person led us and it was a team approach in that we dedicated three to four hours for every staff person every week to do nothing but an examination of the work.

And in developing a transition team or whatever the group of people who is going to manage the change is called, it would be important to consider the team over the course of the change period, to perhaps build in review and replenishment of the membership and of the change process, and to consider the various skills needed to manage the change over the course of the project.

I have a really good quote...“Partnerships are a new experience for most groups,” this was a few years old now; I don’t think there is anything new any more, but... “they are easier for people who are able to wing it and mess about a bit, who can handle unstructured stuff, especially in the early stages, you need some people who are comfortable with chaos. And when it comes to actually doing things, you need people who are sequential. You may need to do some team development work.”

- Maureen Sanders, Centre for Family Literacy

It was perhaps one of the ironies that the September 11 destruction of the World Trade Towers in New York enabled at least one New York organization to engage more fully in the change process.

So what happened was, September 11 happened, of course right at about the time we made the decisions to expand in this particular direction. In a sense it was perfect timing because we didn’t know if there were going to be environmental changes or funding changes that would affect our programs as a result of the terrorist attacks but it was a perfect time to talk about the strategic planning process... I think actually the timing was perfect because after September 11 especially, well not especially but including the nonprofit sector in New York things kind of slowed down a little bit. Everybody was sort of in shock. So it was really a good time for us to sit back, take stock... I think in a strange sort of way it even added. It helped people stop and process. There was a lot of trauma, indirectly of course, I think it was good, yeah, it was very good timing.

- Kim Nicols, African Services Committee

Could it be that the creation of “stillness” opened up this agency to better engage in thinking about what it wanted to do? This raises the question of the need for “space” to create change. Of course, the events of September 11 also precipitated change—loss of funding, the resignation of staff, new priorities. But that aside, Kim Nicols noted that the events of September 11 slowed the work of the agency

sufficiently enough that they were able to invest time in their strategic planning and change process, steps which they already had initiated prior to September 11.

In describing the change process, others noted the need to think, slow down, and stop some of the ongoing activities to allow time and understanding. In other words, they needed to stop flying for a while.

Change starts with seeing either the opportunity or the need for change. And one of the manifestations or the effects of the negatives involved in our sector's chronic under-funding is that it is very difficult in most organizations for the leadership to have time to reflect... So that is the one thing, make time to reflect because no matter how busy you are, even if it means leaving crap undone that you see unraveling before your eyes. You have got to spend your time thinking about the future... You need to be smart enough to figure out when you really have to move. And sometimes you are taking a chance because you can't predict the future entirely.

- Rod Rode, The Family Centre, Edmonton

...so some client services were put at a standstill, so they were either, we are not going to do anything more, we had to cancel a lot of them, we just can't do all of these things. Basically just slow work down for a six- to eight-month period, so we could build all of these things up.

- Raymond Helkio, Toronto People With AIDS Foundation

So kind of tried to downsize and streamline them right from the beginning with the help of the former program person.

- Helene Wirzba, Lethbridge HIV Connection

Perhaps it is necessary sometimes to pause, slow down the operational processes, and concentrate on looking ahead and creating the structure that will work for what lies ahead. The idea of stopping can be anxiety-provoking. Imagine saying to one of the government funders, "We are going to see 35 per cent fewer clients in the next six months so that we can concentrate on making sure that the services we are providing them are the best and delivered in the best way." ASOs needed to take the time to turn around their services and at the outset of that process, they didn't know which way they were turning. It is difficult to stop doing, to really spend time to look at what they are doing.

Our world has sped up incredibly during the past decade. One of my epiphanies of this was in 1992 when I worked at the inner city health center, and we moved into our newly-built facility. We installed a fax machine, and I had two phone lines at my desk. Suddenly I was being asked to respond immediately because I could, via fax, immediately get the necessary information. Two calls were on my desk at the same time! Those technological advances seem passé now, and since then there have been additional new technologies which are even more demanding. How often now do we get a phone call from somebody who sent us an e-mail half an hour ago and is wondering why we have not responded?!

Creating and managing change requires thoughtfulness and time to reflect on the impacts of the pending changes. How can thoroughness and thoughtfulness occur unless there is space and time in which it can occur? Taking time is often in direct contradiction to the urgent nature of the issues—funding cuts, new evolving needs—which we face. But failing to take time may mean we fail to plan, research, evaluate, gather, and ultimately implement appropriately.

Chris Smith of the AIDS Program of South Saskatchewan talked about taking time as a very critical factor. She said:

Put things slowly into place, no rushing it. If we had rushed into changes we had made over the years, I don't think we would be where we are now. I think we would have run into those disasters with people not being on side and feeling they are getting pushed out... We have even gone to the Carver model of governance, and it took five years from the first thought of it to actually doing it in a concrete manner, so it was slow and you have to make allowance for that.

The critical need for time to think, time to plan, time to mull over ideas, time to talk to each other, to figure out whether or not the ideas are good ideas is important if the changes we are going to implement are genuinely going to be effective. Senge in Senge *et al.* suggests establishing pilot groups to model the change<sup>75</sup> or in nonprofit

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<sup>75</sup> Peter Senge, "Moving Forward, Thinking Strategically About Building Learning Organizations," in Senge *et al.* *The Fifth Discipline Fieldbook: Strategies and Tools for Building Learning Organizations*, p. 39.

language, doing research. Margaret Akan from All Nations Hope AIDS Network had this suggestion:

...make sure you have support from your colleagues to make sure it is a good change. You know how sometimes you jump into something and you think it is great and it is not. It doesn't meet the needs of the clients you are dealing with. I think we have done that several times; you work on projects that you think are great ideas but then they never get completed owing to the way you actually wanted them to turn out. So looking at that a little bit more closely.

This leads to my third rule about managing change:

Sherry's Rule #3

Slow down  
and create space  
for change.

## Developing Mission

This is probably the most critical piece of work any organization can undertake, because from this piece flows all the other work. If setting the strategic framework isn't done, whatever follows cannot be right either. And the organization will keep going around while being uncertain of its accomplishments.

Be persistent in your vision but be flexible in your mission...persistence is everything in a nonprofit. But roll with the change in the environment.

- Kim Nicols, African Services Committee

Persist, have a vision, you really have got to have a vision of where you are going. If you don't have a vision of where you are going, forget it. You are not going to get there. And nobody is going to be able to get on board.

- Deborah Hollins, CBCA: Sexual and Reproductive Wellness Centre

Brent Oliver of the Ottawa AIDS Committee (see Chapter Six), who described biannual agency crisis, said his organization had:

Absolutely no vision. In fact that was a key part of the problem. When there was the original turnover in '98, an organizational development person was funded by the Ministry to help us, and she started a process of consultation to help the agency decide what their mission was. They needed a renewal of their mission and their vision. And she could not get even close to consensus. She could not get a process together whereby the agency, whether a collection of volunteers, staff, board, or service-users to come to a "this is our mission and we will pass it at the board."

And of course, his organization went on to experience continued difficulty. Another example from a women's organization,

So we were not too sure what we were about any more, so without having that unified message it's very difficult to get...people committed.

When this leader went on to make change without clarifying the vision and mission, her organization too got into trouble:

Some people thought that she did the right things, but she didn't communicate it very well, or how she did them, or it was the right thing to do but how she did it was wrong. So it went from people who were doing a lot of things, not necessarily the right things but doing them the right way to doing some of the right things but not doing them in the right way. So that created a lot of conflict...

Art Gondziola of the Schizophrenia Society of Saskatchewan noted that history was also important in terms of the development of an overall strategic framework for organizations.

For me the greatest faux pas would be for anyone to come to an organization and to not have a clear handle on the history of that organization. Change is going to happen, in spite of our efforts, but when these changes are being proposed I think it is very important to look at those changes in the context of what went before.

But sometimes, for one reason or another, doing needs to proceed strategic planning. In the case of Lethbridge HIV Connection (see Chapter Six), the newly hired executive director needed to get systems in place before the organization could undertake the strategic planning piece.

I think my first struggle was to decide between cleaning up internally, like working on management issues or working on programs because both of them had suffered...

- Helene Wirzba, Lethbridge HIV Connection

She noted that the strategic planning piece was only undertaken six months later, after she was able to get the basics in the organization under control and after she had developed some understanding of the organization, the issues, and the community. Her comment about that somewhat backward process was:

So it was good timing, six months of learning, six months to clear things up, identify priorities for the future about the programs, and then being able to go with it.

- Helene Wirzba, Lethbridge HIV Connection

## Next Steps

### A. External Scan

One of the components of a good planning process, as indicated in the preceding chart is an external scan. Most organizations undertook in some fashion an external scan during their planning process, although the depth of the scan varied considerably from very thorough to minimal:

(We hired) a consultant to go and do a community consultation with the agency. Go talk to all of our partners, go talk to all of the people involved with the agency, and tell us you know what we needed to do. And again we got some good information back from that. So in the first year that I was in the agency, it was putting out feelers to find out who were allies and who were not. And what it was that we needed to do as an organization to repair some of the damage.

- Deborah Hollinis, CBCA: Sexual and Reproductive Wellness Centre

The only thing we did is just consult other agencies...Everybody else has policies and procedures, everybody else has struggled with, you know, development and doing direct mail and putting a stewardship program for our food bank in place, so it was basically talking to other key agencies.

...we sought outside advice, we sought the advice of other institutions going through these changes. We sought the advice of people in the private sector that had gone through this.

- Richard Burns, Lesbian, Gay, Bisexual, and Transgendered Community Center

The need to maintain an ongoing external scan to facilitate appropriate planning was also noted.

There has got to be enough brain power that is out in front of the agency that is stepping back from the mess and is looking at the environment. Because if you don't see an opportunity to make positive change, you are screwed and similarly if you don't see a danger coming you are screwed...your friends and colleagues are your sources of information about what the future might be. I feel very keenly that the priority of my job first and foremost is to see what is coming, God help us if I don't, and I would say that for any one of our agencies. So resources that have been absolutely crucial to us, and I think there is a good chance we would have died in the mid-1990s or become very irrelevant if we hadn't had this, were our own colleagues in Family Service Canada, particularly those in the bigger cities but then locally, there are people who read the future who are very important.... Sitting alongside of that, equally important are the stories that our own clients will tell. Which gets into monitoring, outcome evaluation in other words having information systems to understand what's going on with people and then tracking trends, tracking stories over time and making some interpretations.

- Rod Rode, The Family Centre, Edmonton

## **B. Internal Scan**

As with the external assessment process, the formality of the internal scan varied considerably from the hiring of consultants to an internal information gathering process.

They (the local Management Assistance Project) had just completed an organizational assessment...that was excellent information. And they went through all the financials, all the human resources, all of our volunteer programs, everything and did a list of recommendations of what we needed to change.

- Deborah Hollinis, CBCA: Sexual and Reproductive Wellness Centre

...we have just completed the entire process. So what we did is we took a year, the program people in the office, took a year of looking at their programs, what their impact was, what their costs, like different cost analysis, time management analysis, resource analysis, and then looking at what are the priorities...and attaching dollar figures to that work and then developing priority lists of that work.

- An interviewee

## **Best Practice: The Family Center of New York**

Executive Director Barbara Draimin of The Family Centre of New York, initiated a strategic planning process when unanticipated resources (an expert volunteer) appeared. The timing was also appropriate. Staff interviews generated an initial report. Kristin Braun, a strategic planner who was hired temporarily to create another new program, undertook the strategic planning process. She describes the rather extensive internal scan the organization then undertook.

...Barbara makes the decision that she would like to open this up further than just these interviews and to really make it a more intensive process and asks me to lead the effort. So we started in earnest at our early January staff meeting, and I introduced people to what the process was going to be and that it was going to be very interactive and that we were going to ask for staff feedback on this document. That was our starting point, that to complete the snapshot that they took, we wanted everybody's input to find out what they agreed with, what they disagreed with, what they thought was missing. And that was really an interesting process.

We divided people into groups which we called pods, which are cross-departmental groupings of people where you are not with your supervisor, ideally. And so in those, there were five of those groups, and I facilitated five meetings with those groups and got that agree-disagree data. From there we identified sort of the commonalities and what were the areas to focus on, and we called those goal groups and we created four of them. And from there it was a voluntary process from there about what people would stand up to do, to work on. And there was a lot of interest particularly around service delivery and job satisfaction and staff relations.

'Cause the two-cent reaction to this, the quick version was that it was too rosy-colored around staff satisfaction, everybody loves

each other, everybody was happy with how much money they are getting paid. Oh, that is so unusual for a nonprofit. The staff was “hey wait a minute, we would love to get paid more money, we think it is great that The Family Centre is financially stable.” And they had a few things about how communication is, and what they think about their jobs. And it was really, to Barbara’s credit, it was, she just let us turn everything upside down.

People have been very worried about confidentiality. Some people have stopped me out to have private conversations, and protecting people’s ideas has been very important in this process. And I love that I have been in the position, not to rat anybody out. And so it has been able to proceed.

And then from these, so we are just at the phase now, where these goal groups have met six times each. These is actually no interest in the outcomes and research goal group that was formed. So there was definitely some interest in it from a distance but people actually didn’t want to work on that, spend any time on that. So we are working with the senior staff as a default to develop our vision and our goals.

And so I did a series of brainstorming activities around visioning, prioritizing, combining, refining, and then came up with some, you know identifying critical success factors and assumptions. And from that they came up with some recommendations for action. And right now I am in the phase where I have got all of that here and now I need to synthesize it, so that we can have some solid implementation.

### C. Identifying Strategic Issues

The Family Center of New York then undertook a SWOT analysis using the following schema:

<b>SWOT Analysis: Look Internally, Externally</b>		
	Internal	External
Positive	Strengths	Opportunities
Negative	Weaknesses	Threats

In order for this analysis to be useful, the data from both the external and internal scans needs to be thorough; otherwise this analysis lacks sufficient information to be useful. The internal process as

noted above in the case of The Family Centre was exceptionally thorough.

For many other participants, much of this process was seen as being done informally, over time.

The interviewees had the following things to say about this aspect of their process.

Well, we tried to, we brought in a facilitator who helped us work through some of the, doing some focus groups, asking the question about what we should be doing now given the atmosphere. We looked at the atmosphere, we looked at the work we had done. We looked at the stuff we should continue. Why do we exist? What's the uniqueness...Trying to get people to focus on just that piece of it?

- Maggie McGinn, Living Positive

Well, I think the conversation began informally among staff and volunteers and board, years before the actual decision was made. Well, what if we were to leave? We are unhappy with this, we are unhappy with that. This isn't working? This is a bit of a struggle. What if we were to leave, what would the losses be? What would the gains be? What would the funders think? All those kinds of things, but not in a formalized way. Then we came to the point of thinking, okay let's do some strategic planning with a consultant. Let's really look at this. It was scary for people to even articulate it because there was this feeling of almost being disloyal to the partners. Always, always, trying to keep in the forefront our members' needs, first and foremost, what is best for our members. Hard to do that, hard to figure that out—talking to them, doing evaluations, doing focus groups with members, surveys, that kind of thing. What do you want? How do you envision it? Where would you like to see down the line? So that kind of thing, so we did a number of strategic planning retreats, workshops, exercises, and so on. And of course as all that happened board members left, people got sick, players changed.

- Marcie Summers, Positive Women's Network

Basically over the two-day weekend...we identified the problem what was frustrating us, what wasn't... So we just put all our stuff on the table with no expectations about anything coming out of that. And that was basically the process that happened over the course of the weekend. That information that we collected from all

that was used to produce Foundations for the Future which was a two-year strategic planning document. Probably the first time the agency had ever done that. And that gave us: these are the things that we are looking for. We identified that they were all overworked, all tired. All exhausted. We're burning out. We have no money. How are we going to get more money, expand our resources without putting ourselves out any further 'cause right now staff are getting sick because you know in an agency where 50 per cent of the staff are HIV+, the high stress levels were not a good thing. And basically sort of the mark of the beginning of the agency's change.

- Raymond Helkio, Toronto People With AIDS Foundation

## Developing Change Initiatives

In developing the actual change initiative, there were many uncertainties:

But it took a long time. You know it was one step forward and 10 back always. Lots of timidity about it; lot of fears about it. And I have thought about it long and hard about why we were so timid and so afraid. There was a lot of pressure to stay; pressure to not abandon the family. It was kind of like a family experience, kind of like a divorce. So eventually we did have one major weekend retreat with a consultant, and the whole focus was whether to leave or not and it took another year to do. But once the decision was made, we started to plan and we knew we had to plan carefully, and we had to have everything organized in a row and take all the different pieces and keep them in mind. And tell our funders why. And prepare the messages and all that stuff so no one is shaken or uneasy as if we were unstable, which we were not.

- Marcie Summers, Positive Women's Network

I don't believe in consensus because...that is seldom achievable, but I do think there has got to be a critical mass. You can't go forward with a change, if there are too many left behind because that is too unsettling to the group. The question is what is too many...when you have 20 per cent lagging behind or 30 per cent or 40 per cent?

- Rod Rode, The Family Centre, Edmonton

It's about, okay, are your people ready to do that, are their brains there, what are the dynamics that maybe make them jump from

what you are doing now... And of course there are always people in change, we've experienced this at any rate, that are way ahead, to the point where they want action and are impatient with the others behind them. It is not just pulling people up to where you want, it is sometimes pulling people back to where you want them to slow down... We try to be technically smart and to be aware of the tools and processes in managing.

- Rod Rode, The Family Centre, Edmonton

So we have had to, in the past year, totally redefine what work we will be doing to fit the resources that we have and the expertise that we have... So it was also an opportunity for us to be honest and share with each other, "hey, look I really love prison work, I have done it for 10 years; I really want that file." And if two people wanted that file, well then they were able to weigh out who was the best person.

- Gerard Yetman, Canadian AIDS Society

I think with hindsight it would have been, it is easy to, plan how it should have been done. But while it was happening, it is not like we knew what all the changes were going to be; they were made incrementally as certain circumstances changed.

- Richard Burns, Lesbian, Gay, Bisexual, and Transgender Community Center

Andrew Johnson from AIDS Vancouver described a very difficult change process, which began to gel when several components were developed. One of these was a framework in which to operate.

And then we brought in an outside consultant...from Victoria who set up an outcome evaluation framework. We were actually the first in the country to do it to the depth we have done it now. That got us back on track. So we developed a strategic plan and an outcome evaluation framework based on the population health framework. So the process of change took us through very difficult emotions and dynamics but at the end we came with a solid strategic plan and a solid accountability framework. And as a result we reorganized the agency as well to reflect and support the strategic plan.

## **Best Practice: AIDS Committee of Toronto**

One of the best practice examples of the development of a change initiative came from Charles Roy of the AIDS Committee of Toronto. He described a step-by-step process that was lengthy and allowed the board time to learn, contemplate, and decide the best course of action. His description of the beginning steps towards a Carver board governance model follows.

Our steps are to first of all we got into it when we elected a new board back in the fall. And one of the board members had come from an organization that had involvement in AIDS, it wasn't exclusively AIDS, it was a housing organization and he had been chair of the board for a number of years...and they had gone through a process there of moving to a Carver model there while he was chairman of the board. And so he knew a fair amount about the process and believed in the advantages of doing that and began to talk to the board about doing that.

We had two Saturdays where we had somebody come in, a facilitator come in, and help us discuss what this might mean for the organization, what it might mean for board, what are the pros and cons, and what are the other models as well. Carver is one model, but there are lots of hybrids out there as well. So what might other models look like, and after two full days on Saturdays, not consecutive Saturdays but Saturdays that might have been four or five weeks apart, the board decided it wanted to pursue that.

So the first thing the board decided to do was learn more about the Carver model, so we ordered in a number of resource materials, booklets. There are two big books but there are also a series of booklets on different themes. There is a two-hour video of John Carver talking, so everyone has seen the video. If that is all that they did, if they are not readers at least they have seen the video. And then there are specific people, like people in finance who are reading the kind of fiduciary responsibilities, you know different parts, and those who are more engaged in the process are busy reading the books. So we are in the process of doing that. Our librarian ordered a set of resource materials for us.

And then the board looked at how do we sunset all of our current board committees. It was to go away and create a six-month plan to sunset its committee and to identify those responsibilities that

those committees had that need to go somewhere in the organization. They need to continue to happen somewhere. Are they an operational issue, are they according to the Carver model a board issue, so that we can park them somewhere in the organization? That has happened.

So where we are now, is we are looking at several consultants, and we will be hiring a consultant in the next couple of weeks who will come in and provide us with a series of workshops, probably four days of workshops, that seems to be what most of the consultants are proposing. Which would do everything from day one, provide us with a good framework about what the model looks like, to actually developing policies that are Carver-like policies, to actually working with the management group about...how our role has changed, to working with the board around how their role is now changing. And just to kind of help us with the things like, what does the executive director's report to the board look like now. I tell them kind of operational things right now, so what does it need to look like. What do they need and want to know, so the kind of nuts and bolts and to be available to us after the workshops as we get stuck, to be consultants on things.

...(we are) budgeting \$10,000 transitional money for the agency, not just for the board but for the rest of the agency in terms of what this means in moving to this model.

Implementing change is nearly always difficult, even when the change has been carefully planned, complete information has been made available, and the change has been appropriately resourced.

When the change is implemented, opposition becomes most active because now the staff and volunteers must actually do things differently. Supporting staff and the board during this stage required considerable energy on the part of executive directors.

But it was a lot of just calming people down, because change is hard, change is scary. And it took a long time to get the building. We had about four other buildings that we liked, but once they found out it was AIDS, all of a sudden it wasn't available. Lots of phobia going on. Boy, it was a long struggle.

- Marcie Summers, Positive Women's Network

The transition period (to a Carver board governance model), of kind of having one foot in either camp, is difficult. Budgeting process for instance. There were some board members who felt we

shouldn't be looking at a line-by-line budget which we produced every year... And then some board members said, "We have to see a line-by-line budget." So it is a transition that is going to be difficult. But I think we all expected that and ultimately we have, what we did is...so I kind of gave them both.

- Charles Roy, AIDS Committee of Toronto

Others had more success:

All of our work objectives went through that filtering system, and they had to touch on all areas. If they didn't touch some way and have impact some way on the six areas that we defined as basically the organizational cycle, then it was removed from our workplan. Also part of the filtering system was, which is also one of the six filters that it goes through, is this really (our) work or does it belong to another NGO or does it belong to a member group and if it does how do we get it there, because it will no longer be our work. So it means building up those partnerships and warning our partners that this is an issue out there and it doesn't fit our system but passing that work over and passing over the past resources that we know that came with that piece of work... And one of the things that we were able to set up was a number one on a file and a number-two person. So number-two person on a file can help out on a file and take over if the other person is sick or can't attend. So you could be the primary worker on a file and the secondary worker on the file. And then for every file, we were able to set up teams; so for every file there is a team of four that can be called in as consultant on an issue right from within the office. Consultant on an issue or to take if there is a major piece of work on that file more people can work on it. If there is something that you are putting to the public when you write it, it goes to that team of four for review and feedback before it goes out. So it sets up a different dynamic of working...

- Gerard Yetman, Canadian AIDS Society

...(the new executive director) is so methodical about the way she does things, that she can put it in and see a need and put it into place. And do it very, very well. So it is nice to see that happening.

- Doug Thompson, Bissell Centre

The creation of a supportive environment that assisted staff to manage the change process is necessary if the change is going to be successfully implemented. As noted in the previous chapter, Senge

talked about the new leaders' work as designers, stewards, teachers, "as building organizations where people continually expand their capacity to understand complexity, clarify vision, and improve mental models..."<sup>76</sup> One participant described this process in his organization this way.

...every two months, we had a staff strategic planning evaluation; this was a lot of staff time invested in this. We would spend an afternoon and go "well here's where we are, what is successful and what is not and why they aren't." We were almost accountable to one another...And by evaluating...we were able to see "okay, you know what progress is happening, I still don't have any money but yeah I understand that, we are getting there and I can see that we eventually will get to the end." It probably didn't make everybody 100 per cent happy but I think it made people feel comfortable enough, or trust the process enough, that we would get there.

- Raymond Helkio, Toronto People With AIDS Foundation

And failure to attend to the process and allow a majority in the organization to catch up can result in considerable resentment.

...she turned the organization on its head. She closed the office; she converted everything over to a contract situation and in a lot of ways things that weren't getting done started getting done...(but) I don't think she managed the change very well. I don't think it was that she thought about managing it. She just did it... And the challenge with that is that the chips fall where they may as opposed to, it could have been easier on everyone concerned... Like she did some major things... I think it happened quicker than people could handle...

These relationship issues are discussed at length in the next chapter.

Nearly all interviewees emphasized clear, timely, and complete communication strategies for all stakeholders—staff, volunteers, members, supporters. They noted examples of successful communication strategies.

Luckily so far at least, and we are still in the middle of this, most people are supportive from the department to the union, to the majority of the staff and the branch boards and so on. And I think they will be as long as they feel that we are being transparent and open and honest with the situation.

- David Nelsen, Canadian Mental Health Association

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<sup>76</sup> Senge, *The Fifth Discipline*, p. 340.

So about two years before we actually went to seven days a week, I started talking with the staff off and on at staff meetings about it...about the real needs of the clients, and the real needs of the clients were clear even though we serve them on weekdays, what do they do on weekends.

- Dawn Bryan, The Momentum AIDS Project

The stores are hard because...then we had three locations...(and they) are on shift work so it is hard to touch base with everybody. So if she (the executive director) couldn't do it one-on-one then everyone got a memo. This is what is happening, and this is how I am doing. She just did one recently where they did a salary review, but it was only at the home agency, the workers at the home agency not the stores. But she sent a memo out to the stores to all the employees of the stores as well saying this is what I have done, it is not done in secret, and it is not done without you knowing that I have done it. But I have done a salary review of the centre; the stores will have one done next year as we can afford it. It won't be a huge; there won't be as many changes. She is very up front about everything, there is nothing hidden, there's nothing done without everyone's knowledge. She wants everyone to know.

- Doug Thompson, Bissell Centre

...we continued to involve volunteers and in fact through the transition year and other things. We held meetings with volunteers and we involved them in the outcomes evaluation framework development...they were always included. So they actually had a sense of involvement perhaps more than they had before. So I have never heard about too too much disgruntlement...

- Andrew Johnson, AIDS Vancouver

I think Andrew Johnson summarized communication strategies best when he was asked for his best piece of advice.

Communication: consistent, concise, consistent, consistent, listen, listen, listen, listen, listen, listen, listen, listen, it is really a simple formula. Listen, say the same thing, don't screw up your message, and make sure everyone is involved.

-Andrew Johnson, AIDS Vancouver

Participants also talked about the impact their lack of communication, or miscommunication, created for them.

And I guess our mistake there was that we put it into a document and then we called a town hall meeting to get feedback from the membership... The mistake had been made we should have let a discussion paper go out so that people could react to it. And so one of our more outspoken clients came to the meeting and brandished this document, because it had literally been sent (by another executive director). And so he brandished this and started quoting out of it, well it created just a wild meeting, very wild, shouting and carrying on, and pointing fingers and yelling... And then we realized this wasn't a very good approach, so we pulled back a bit and we looked at it then from the viewpoint of people and what they were doing there... Well, we literally had laid out a procedure; it was all laid out, beautifully. The two staff, and the two management, and we had stages and steps, it was like we are going to do this, then this, then this, then this, then this. And then we have a town hall where we get further feedback, then we refine what we have done. And what we did was, we didn't go to people earlier in the process, so they felt like they were left out. By the time we had the town hall, they felt it was all done already...

And as noted in Chapter One, HIV Edmonton had difficulty when their change message became unclear.

## **Best Practice: Toronto People with AIDS Foundation**

Raymond Helkio, of the Toronto People with AIDS Foundation, spoke about two significant communication strategies they used. Raymond Helkio attributed the development and success of these strategies to the involvement of volunteer marketing specialists with whom he had previously worked. That is to say, Helkio was able to draw on some very skilled specialized resource people to develop and implement a successful communication strategy.

First, he talked about the need to accurately inform stakeholders about organizational issues.

...one thing we have never had done and we did really well is...told everybody in plain simple English, this is the problem that is going on in our agency; this is where we need help. We had never done it; we had sort of kept our problems internally. So things like having to cut back housing and we are using that as a opportunity to send out faxes and press releases and you would think by highlighting problems we would get negative press but

we got a lot of good press saying “Oh, my God, it is a struggling agency; let’s band together to try to help them.”... And we used our newsletter to basically complain, in a nice way, about what was going on. We can’t meet financial assistance requests. We have a five-year housing list. And so instead of just complaining, we were saying this is why we have a five-year housing list, and the only way to get out of that is for you to lobby the government. The only way for us to provide more financial assistance is for you to give us money. We said it in a very nice way, but it was a good chance for us...to communicate that to our constituents who could look at it and go, “Okay, I understand the problems you are facing” and sort of make this horrible change thing into something more positive.

The second aspect of communications that Helkio talked about was image.

...we realigned our logo, our corporate identity, all of our stuff to better reflect what we are doing. Basically we came up with the tag line “making a positive difference” and really like getting ourselves an identity. So by changing...our focus and showing people that we have a communications strategy, and we know what we are talking about...and we were able to talk to donors, talk to volunteers, talk to clients, talk to other organizations about what is going on. And basically build a brand for ourselves, so people starting seeing the agency as, sort of looking at our logo, looking at our communications material, and getting their own personal feeling about what we are doing... So anyway if any agency is struggling and going through a revamp...consider changing your look and all of that stuff, it made a huge difference to who we were.

And this leads to my fourth rule about managing change that will be discussed in depth in the next chapter.

Sherry’s Rule #4

You cannot  
communicate enough or  
—say it again, and again, and again.  
Say things clearly and often.

## Using Additional Resources

Additional resources are also important during the implementation stage because this stage can be the most difficult; this is the stage during which the change is actually occurring. Up until this point, change was being talked about, now it is happening. New policies are being written, new jobs are being undertaken, or the move is occurring. Get help, was the message from the participants, and if you can't get help, carve some time off from your regular workload to manage the change process. As discussed above in the planning stages, the need to create time to undertake the change process is critical if people are going to undertake new tasks, or learn new skills. Don't expect everyone to keep doing at the same pace and change as well.

Outside assistance/resources also enables missing skills to be brought into the agency during this critical period. It may be that once the agency completes and/or learns the new tasks, that those additional resources will no longer be needed. Marcie Summers, in discussing her move talked about hiring someone to do the actual work.

We hired an outside organizer who took care of things—hired the movers, took care of all the boxes, and all that stuff which I couldn't imagine doing with my already busy role. And then people went, "...you mean we aren't going to have to be packing that stuff up."

- Marcie Summers, Positive Women's Network

Two directors hired expertise to guide them through the conversion to a board governance model. These experts enabled and supported the learning of new skills and different ways of working.

So we developed the policy governance model...generally speaking it has gone much more smoothly than we thought it would... One thing that I think we did right is that we got...one consulting company but two people...where they would be right in the meeting and they would be giving us running commentary and running ideas and directions and questions and answers about how this would work under policy governance.

- David Nelson, Canadian Mental Health Association

Well, I think had we not been in the position where we could hire a consultant, who is an expert in it, who could help, not only guide us at a high level but also manage the kind of issues that surface,

help develop specific policies. That particular help is invaluable. I think we would be spinning our wheels endlessly without the help of an outside expert.

- Charles Roy, AIDS Committee of Toronto

Of course, sometimes in nonprofits, that help is volunteer. Both The Family Center in New York and the Toronto People with AIDS Foundation had expert volunteer assistance at critical moments.

I had a friend of mine who works in an ad agency, VP of marketing, who came in and helped me through (the communication strategy)...

- Raymond Helkio, Toronto People With AIDS Foundation

Several participants made general comments about the general inadequacy of resources.

We are under-resourced, that's part of the sector...but the general psychology or culture has to change because people have to understand and believe in our need for infrastructure rather than rolling their eyes and saying, reduce your overheads. Or why don't you do it with volunteers? But until that glorious day happens, I don't know how to really solve the resource issues because I can't go float a bank loan.

- Rod Rode, The Family Centre, Edmonton

...things will always take longer than you expect them to, no matter how much planning you do, things just come in that you didn't think about. Your time gets eaten up and then the resources are gone even though you haven't finished the work.

- Maureen Sanders, Centre for Family Literacy

So the impact has been, yeah, more work for sure and it is that catch-22 where you are growing and growing and growing, but you don't have enough resources to hire more staff until you reach a certain point, kind of that hurdle that you need a certain amount of resources and then once you are there, you can hire that extra staff. But it is that initial development getting things off the ground that takes a lot of my time...you feel that in order to be doing a good job for your organization that you should be looking for new ventures, and new initiatives, and meeting new needs. But it really is a catch-22. And the better you are at that, the heavier the workload, the more tired you are. It is a cycle, it really is.

- Kelly Sloane, YWCA

Earlier a “Strategic Management Flow and Change Resources Model” was presented. Based on information provided by the interviewees, it is now possible to flesh out the resource side of the chart. Added into this flow chart are some of the components discussed in the previous chapter, new management theories and learning organization ideas and tools. This completed model is presented on page 115.

However, the process should not be seen as linear, rather perhaps as circular or at the very least as rotating around and through different aspects. Thus the clarification of mission might take several cycles before it is completed. Or perhaps clarifying vision is straightforward but implementing the change is more complicated with the initial attempts failing or requiring fine tuning.

The communications aspects are discussed in the next chapter.

## **Managing Change Personally**

As Kelly Sloane said, there is an inherent catch-22 in the job of executive director—to be effective for your organization you need to be maximizing new opportunities (change) for which there are inadequate resources. This inevitably means a cycle of a very heavy workload until new resources are obtained. I became utterly exhausted and depressed during the process of managing change within HIV Edmonton. There were many reasons for this exhaustion; certainly being over-extended and over-worked were culprits. Added to that is the fact that often with change there is a level of conflict which lands squarely on the executive director’s desk and must in some way be managed.

Executive directors have no colleagues within the organization. The same is true for middle management staff in smaller agencies.

...within your organization, there are no colleagues for you. You are kind of the bottle neck between the board and the staff. So you can’t have the same kind of personal relationships at work that you can outside of work because you are always the boss, and you need that professional distance to some degree.

It was a pretty lonely time, because I couldn’t share a lot with the staff. And the board being the board was pretty distant from it.

- Marcie Summers, Positive Women’s Network

## Strategic Management Flow and Change Resources

Strategic Framework: Values/Vision/Mission		Change Framework: Establish Multi-stakeholder Transition Team: <ul style="list-style-type: none"> <li>• Plan for participants to change over the course of the project</li> <li>• Plan for all segments of the organization to be involved in the planning process</li> <li>• Plan for the development of mechanisms to improve learning and mental models</li> </ul>	
External Scan	Internal Resource Assessment	External Scan to match anticipated scope of change. Apply systems thinking in analyzing information.	Internal Scan: personnel capacities and organizational systems. Where does the organization need to expand its capacities to learn to better manage the future?
Identify Strategic Issues <ul style="list-style-type: none"> <li>• Opportunities</li> <li>• Problems</li> </ul>		Identify Strategic Issues: <ul style="list-style-type: none"> <li>• External Scan material</li> <li>• Facilitators to maximize open discussion</li> <li>• Multi-stakeholder involvement</li> <li>• Plan communication strategies</li> </ul>	
Select Issues		Facilitators to maximize open discussion	
Develop Change Initiatives		<ul style="list-style-type: none"> <li>• Review and expand external scan material if necessary</li> <li>• Reassess adequacy of transition team for new tasks</li> <li>• Facilitators to maximize open discussion</li> </ul>	
Implement Change		Develop or hire additional skills Team learning facilitates implementation	

Of course, in an ideal world the executive director is working in concert with the board and staff, and other management staff and board members are accessible and participatory in solution building. During these moments, the management team is working well together and the board itself is not experiencing hostile conflict. That statement only holds true in non-turbulent times for mature organizations and boards, when there is little conflict and all people are doing their jobs honestly and to the best of their capacity. Those times are rare and even then there are frequently personnel or other issues which ultimately land on the desk of the executive director. As well, creative tensions and rich dialogue about potential directions are necessary for effective solutions to be developed.

Furthermore, the role of the executive director involves both nurturing the board and the staff. As Marcie Summers of the Positive Women's Network said:

I think one of the things I have learned—I have been in the ED position for a long time in many agencies—and I think what gets missed is support for the executive director in this stuff. I think boards get really busy with their tasks, understandably, they are all volunteers and the executive director kind of takes care of the board...takes care of the staff...and who is there to...support the executive director. It is an endless question. It is pretty much of a gap, I think.

In difficult times, the executive director is even more alone. With this in mind, I asked the interviewees both about the impact managing change had on them and strategies they personally used to manage. Regarding impact:

I didn't just take to my bed; I literally just crashed, and I was in bed for six days. And so I missed that annual general meeting, and the whole thing exploded while I was gone...So it physically made me ill. So I had a lot of up and downs like that. And I don't take care of myself properly, I think we all tend to do that, you know push yourself and push yourself. And suddenly you are in the place where you can't do anything about it, you get so wound up and couldn't sleep and I was, so I had several of those. So I have never really admitted it to the board until. I mean they know I am overworked, and it is always the thing at the annual performance appraisal—you work too hard and take care of yourself. Yes, yes. Just niceties really; they have no idea how hard I really work. No idea at all... But you know when you are really committed to something, it is hard to just walk away from it.

- Maureen Sanders, Centre for Family Literacy

It was tremendously draining.

- Marcie Summers, Positive Women's Network

Well, people have been telling me, "Try not to take it personally when you have to do these things." It is largely bullshit because if you care about the organization, you care about it and you do take it personally... And it can get very stressful, like I don't sleep very well when I have to tell someone that they are laid off or fired or job abolished. I don't sleep well at all.

- David Nelsen, Canadian Mental Health Association

Have I told you how hard it really is?! It just is... And I had just come from a board meeting...a late night board meeting...where we had decided what we were going to cut... It was a breakfast meeting, I got there with my board chair and a couple of people from the organization... And in accepting (the World AIDS Day Award from Department of Health), I had to say, we are limiting the number of meals that people can get in a week to four and I burst into tears. It was terrible; it was terrible. I guess it is just everything that happens you get blamed for.

- Dawn Bryan, The Momentum AIDS Project

And there was some staff that I had to fire because of really amazing undermining of me. It was absolutely amazing. I have never witnessed anything like that before. But the agency was kind of turning in on itself, you know, and starting to eat at each other. It was quite bizarre... So at some level I started to buy it, maybe I am too hard, maybe I am not feminist enough. So those questions started to come up for me. But there were times when I was ready to just walk out, lots of sleepless nights, a lot of nights where probably for months, I was waking up at 2 in the morning and I would be awake to 5 or 6. So I was going in with bags under my eyes, and quite frankly, at those times I would just white knuckle it through.

- Deborah Hollins, CBCA: Sexual and Reproductive Wellness Centre

I am not sure I would want to do it (take an organization through big change) because I saw, I saw what it took out of (previous executive director). And I know her two senior staff...and all three of us were in therapy six months later. It was a huge toil on us and...and I don't think I would be prepared to take an organization through that level of change, not without lots of tangible dollars to support it, because I am not prepared to put myself through hell quite frankly. And I am sure it was hell.

- Kelly Sloane, YWCA

I had so much stress at that time that I, seriously, at home, I would say to (my partner) I can't do this, I can't do it, I can't do it. Or every once in a while I would become extremely emotional about it because I was so frustrated, so upset, so disappointed, so angry, because of what we were going through. It was so difficult in my mind, in my experience.

- Kevin Midbo, AIDS Calgary

It is worth noting that women leaders were more likely to perceive themselves as under attack and to have more difficulty being accepted as leaders. I certainly felt that the misogyny from the gay community heightened some of the hostility being directed at me. Other women also noted these difficulties, or in some cases their staff made the observation.

...it was a bit of a contentious issue, people had some problems right down to (her) being the executive director, oh, my God, here we have an HIV-woman ya, woman wasn't a surface issue but it was, and she is straight so this was the really, there was some internal griping about it.

- Raymond Helkio, Toronto People With AIDS Foundation

...had I been probably a straight liberal woman, I probably would have gotten through it much better, but the criticism was still there.

- Deborah Hollins, CBCA: Sexual and Reproductive Wellness Centre

I feel under attack quite a bit of the time. I am under attack quite a lot of the time. I try and create allies where I can and periodically acknowledge, well screw it, there is nothing I can do. There is this core group of folks that don't like me, will never like me. And it is not really about me and liking me, but will never approve of what Minnesota AIDS Project does.

- Lorraine Teel, Minnesota AIDS Project

We need to take care of ourselves, as people and as leaders. I would argue that if we as leaders cannot take care of ourselves, we are in a very poor position to suggest to others, whether our staff who actually deliver these services or our consumers, that they should also take care of ourselves. There is, as Bruce O'Hara suggests in *Working Harder Isn't Working*, a leadership gap *vis a vis* good self-care.<sup>77</sup> Perhaps it behooves us as leaders in the human services field to provide more appropriate management role models.

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<sup>77</sup> Bruce O'Hara, *Working Harder Isn't Working* (Vancouver: New Star Books, 1993). Senge, *The Fifth Discipline*, p. 309.

Another reason why self-care is important is that leaders set the tone for the organization:

As an executive director, that your health, your energy, your attitude when you come to work really dictates the culture of the workplace. And I can tell if I am really tired one week or not feeling well, the pace and the energy of the whole place just slows right down. Or if I have seen people before saying, I am so tired or I am so exhausted, pretty soon everybody feels that way. So in the process of managing change, when there is additional work on everybody's plate, it is really important, I think, not to be fake, not to pretend, that you are not tired or anything, but to really set an example for the staff. And that is bloody hard to do.

- Kelly Sloane, YWCA

Along with self-care also comes the need to start saying “no” to the demands being placed on us as people and on behalf of our organizations.

I have really made a conscious effort to develop some concrete strategies on how I am not going to get burned out, and some of it is tangible stuff and some of it is mindset. And the mindset is very simply, that would be a really good thing for the organization but I am already doing these two things, so I am going to say no. And it is just being kind of ruthless and not feeling guilty because you have said no. But just knowing that you know what I am a human being and I have my limitations and so I can say no to this.

- Kelly Sloane, YWCA

I don't think we are particularly good at taking care of ourselves precisely because we are committed to our work and approach the work from the viewpoint of caregivers.

I am a psych(iatric) nurse and a social worker, and my whole bag is not laying off people and cutting back their hours and everything else. It really does bother me. Not that I am saying other people wouldn't, but in human services that is the very last thing you want to do... When we have professional helpers in these jobs, I think it is harder because I am not geared emotionally or any other way after 32 years of being in a helping profession to find it any easier. It just doesn't get a whole lot easier. So look after yourself and make sure that you are not the next casualty.

- David Nelsen, Canadian Mental Health Association

One of the questions I asked directly was the role of organizational networks or associations in assisting with the management of change and the self-care issue. On the whole those networks, such as various provincial and national AIDS or other service-specific networks did not provide support. It would be fair to say that the service networks were seen as better at providing content around the specialized service areas. There were some exceptions, and these are discussed in detail in “Chapter Seven: Supports for Change.” The Ontario AIDS Bereavement Project was seen as very useful by those who had regular access; several participants talked about the assistance they had received from that organization. Kelly Sloane spoke about the YWCA’s “new way of working,” their Peer Support Program. I also learned about Leadership Circles<sup>sm</sup>. Richard Burns from The Lesbian, Gay, Bisexual, and Transgendered Community Center first described these to me as:

Peer support from other executive directors with whom I have fairly formal support systems in place both locally and nationally. Meaning I have participated for many years in actually LGBT (Lesbian, Gay, Bisexual, and Transgendered) executive directors’ groups and networks. There is one here in New York that is the gay executive directors’ network, and we have had breakfast together every two weeks for over 15 years, and it changes because the seats are owned by a dozen organizations, and it is facilitated by a psychologist and she is paid by the 12 organizations. It is an hour and-a-half every two weeks and it is about how do you fire somebody, how do you do a layoff, how do you work with a board, how do you deal with a difficult donor, how do you deal with a hostile press. It is all just pure information sharing. It is a confidential group, and people respect that, and it is a great little business school. And then I participate in something like that nationally that is just once a year, but those were very important.

- Richard Burns, The Lesbian, Gay, Bisexual, and Transgendered Community Center

Most executive directors developed informal networks as a way of seeking advice and support. Often that network is with other executive directors, but it also comes from personal networks.

I did also build some relationships with other executive directors in the city...and we would go out for lunch and that was really helpful, too, because they also had gone through their own change and lots of the same kind of things and so they were able to reassure me.

- Deborah Hollin, CBCA: Sexual and Reproductive Wellness Centre

So external resources that I have needed as the leader of the change, as coordinator of change, is building myself a very small but important support network with other executive directors.

- Kelly Sloane, YWCA

...my support comes from people...who I look to as leaders, peers, people that I still to this day as an executive director, if I have a frustration or a concern or I need guidance, I call upon them. And I just run the idea by them and I really appreciate their comments and their openness back to me. And giving me that kind of support, too.

- Art Zoccole, Canadian Aboriginal AIDS Network

For women leaders, and I would certainly echo this, it was important to develop peer relationships with other women because they share the same experience of managing in an environment which can be sexist. It is equally true that many of us who work in AIDS or gay organizations also experience homophobia as was discussed in the chapter “Discrimination and the Politics of Oppression.”

And I started to build some allies...with other women executive directors in the province. Other women were starting to take leadership roles in the province. And I started to spend less time with my male counterparts and that was incredibly strengthening...

- Marcie Summers, Positive Women’s Network

In addition to these informal support networks, many of the executive directors spoke about the need to get help when you run into difficulty. They said:

...look beyond yourself. That is the trap that I have fallen into, thinking that I have to do it all. I am the ED and I have to hold all of the expertise, and that is just crazy. That is something that has been a big lesson for me is to be able to look beyond myself when I have hit that wall.

- Deborah Hollin, CBCA: Sexual and Reproductive Wellness Centre

Don’t hold things close to your chest, seek advice from other people. I see...other executive directors who when things get tough are determined to hunker down alone. And unfortunately I have seen lots of executive directors burn that way, so I think the biggest advice to others and myself is seek the advice of other nonprofit leaders, of allies on your board, of key staff people, of sometimes a consultant, so that you are not problem-solving alone.

You know, you might be a great problem-solver, but you need somebody to help you turn the problem around and look at it from different angles.

- Richard Burns, The Lesbian, Gay, Bisexual, and Transgendered Community Center

And this leads my fifth rule about managing change:

Sherry's Rule #5

## When the going gets tough, effective leaders get help.

The other aspect that interviewees talked about was the need for balance and a good personal life.<sup>78</sup> Senge also refers to this as part of learning organizations which he describes as congruency between work and personal life. Participants cited their personal relationships, friends and family, other interests, and spirituality as assisting in the management of the stress.

...my partner is extremely supportive...she knows my leadership. Plus I had such a positive experience at Hull in term of my leadership...those things really held me together.

- Deborah Hollin, CBCA: Sexual and Reproductive Wellness Centre

And lifestyle for me is healthy, healthy, healthy. You know good exercise, good eating habits, good sleeping habits, good relaxation, doing things that I like to do. And having the company of good friends sometimes and the other extreme of wanting to just be alone. And meditate or just be quiet. So having a real balance that is how I have been able to maintain all these years of doing this work. Maintaining balance.

- Art Zoccole, Canadian Aboriginal AIDS Network

...well, there are a lot of ways I deal with it. One is that I am not in the community, so when I go home at night, I go home to a whole other world...and I look at my family or my little doggies or my grandson or something or my own life or myself or a project I am working on or just have a satisfying evening making dinner or watching television. It doesn't matter, it really doesn't matter in

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<sup>78</sup> Senge, *The Fifth Discipline*, p. 309.

the end... And then there are all the self-care kind of issues—you know exercise... And I do a lot of crafts—I am a crafter—so I try to use parts of my brain that I never use here.

- Lorraine Teel, Minnesota AIDS Project

And then just on a personal level, you know, I have my own private therapeutic resources that I used to get through that period and then friendship networks which were very important and took care of me.

- Richard Burns, The Lesbian, Gay, Bisexual, and Transgendered Community Center

And this is really what happened to me. And this is more of a slightly spiritual approach to dealing with it... But what I did was, and I say it was a spiritual approach, for me I would call it that. I started walking in the door some morning, the higher power is divine mother, could be higher power, could be the universe. And I would say “divine mother this is your organization, it is not mine, it belongs to you. So you can decide if it is going to collapse, if it is going nowhere, if we are ever going to rebuild it. It is all in your hands. And all I can do is do my best.” So it was a way for me to really say, you know what if you go way out there—like way out there—this isn’t a big deal at all. This is no big deal at all, if you go at a great enough distance.

- Kevin Midbo, AIDS Calgary

All of this leads to my sixth rule about managing change.

Sherry’s Rule #6

# Develop self-care strategies which help to maintain balance.

Because without self-care strategies, you will not survive as a leader; you will not be able to manage change, and you will burn out. As Kelly Sloane said:

...we are not helping anybody by not taking care of ourselves. And what I say to the managers is, two things, I say you are not helping anybody, and you are not helping the organization by not taking

care of yourself. So you need to, but you also need to take care of yourself because you deserve to. You are a human being who has value and you deserve to take care of yourself...”

This chapter had described the change process as experienced by the interviewees. Kevin Midbo (AIDS Calgary) suggested that change, particularly in AIDS organizations, is now an ongoing process and is complex and multidimensional. The reasons AIDS organizations have experienced so much change was highlighted.

The change process was described as:

- figuring out what you want accomplish
- assessing the environment and resources
- identifying issues which would impact your change process and the opportunities and threats inherent
- selecting those issues you are going to work on
- delineating the change
- implementing the change.

This was the process that most organizations “more or less” followed and their experiences are discussed.

Three critical components were highlighted:

- The need to create some space for change to take place
- The importance of communication
- The need for additional resources to assist with the management of change.

The chapter also discussed the role of executive directors.

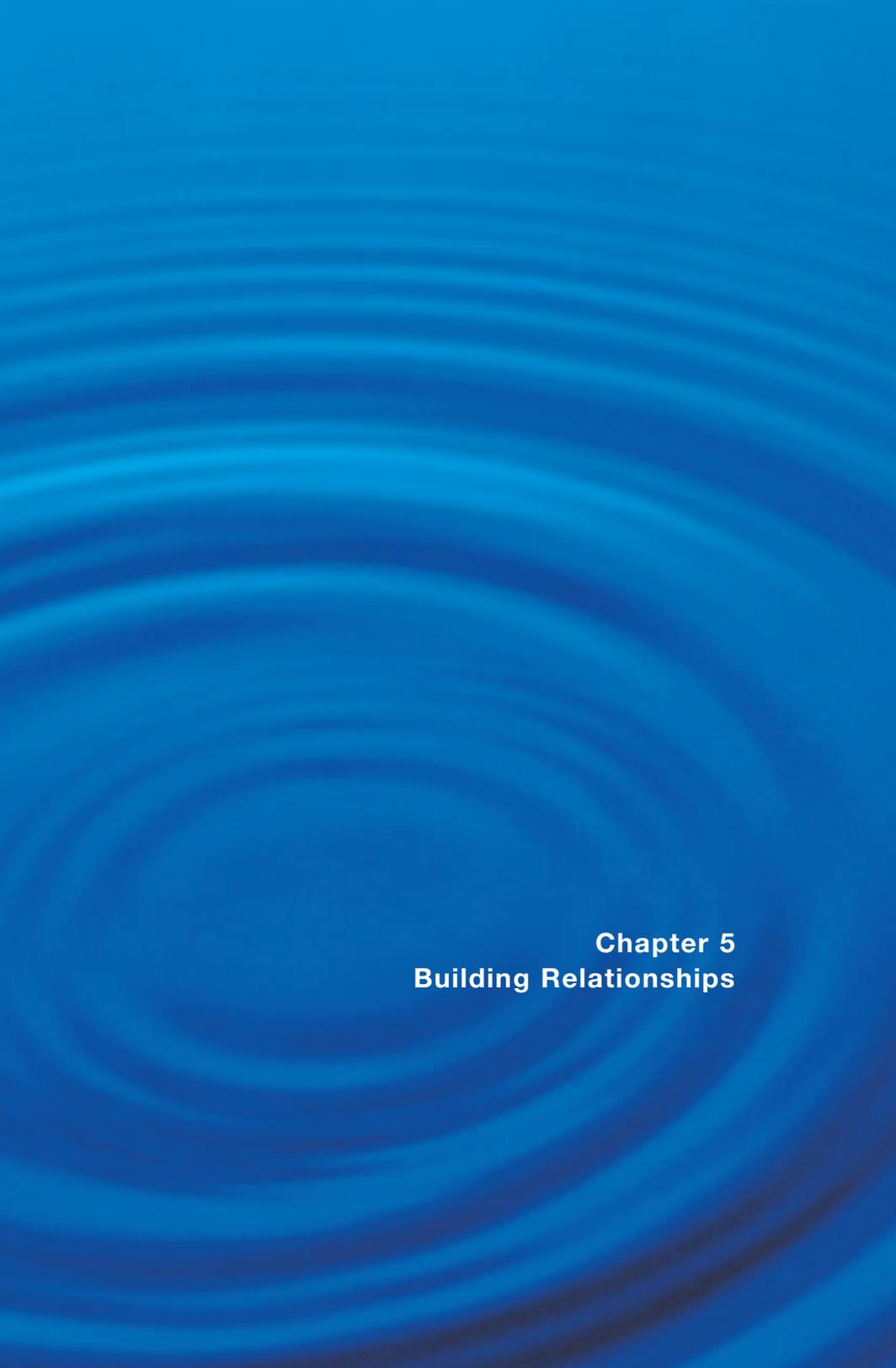
The Rules for Leaders Managing Change listed below emphasize the major points.

## Sherry's Rules

for Leaders

# Managing Change

1. Leaders have the **power** to change people's lives.
2. Your **excitement** about change is not shared by everybody around you.
3. Slow down and **create space** for change.
4. You cannot **communicate** enough—or say it again, and again, and again. Say things clearly and often.
5. When the going gets tough, effective leaders **get help**.
6. Develop **self-care strategies** which help to maintain balance.

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**Chapter 5**  
**Building Relationships**

# Building Relationships

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Managing change in the human services is primarily about managing relationships and people—staff, board, society members, and other stakeholders. What we do is almost always in relationship to other people; we deliver human services to people by people. We support children and families, we counsel, we provide health maintenance and prevention programs, we assist people to find employment, we teach, we inform the community about living with disease, we assist individuals who suffer from a disease, and we provide information and support to their family members. We pass along information and help people to understand and live better lives. We might incidentally give out condoms or books or food, but our primary business is interactive with people in one form or another.

Only a few of us deliver actual products—Doug Thompson runs a resale store for the Bissell Centre. The Momentum Project in New York serves meals to HIV+ people. The Greater Vancouver Community Services Society provides transportation and cleaning services which could be described as product but even then, like other human services, the product is only deliverable directly person to person and is ephemeral. There are other examples in the human services of product delivery, housing societies, and food banks, for example. And in these cases managing change also involves specific “technical knowledge.” This is unlike the business world which produces a product of some sort. For most of us in the human services, our work primarily involves relationships with people and this leads to my seventh rule about managing change.

Sherry's Rule #7

In managing change  
in human service organizations,  
the maintenance of relationships  
is an **objective**,  
perhaps even the most important objective.

This chapter presents ideas about helping people through the process of change. First come comments about the role of the board in managing change, and then participants discuss the role of staff. In addition to interviewing executive directors, I also interviewed staff members in organizations: primarily middle managers who were both leaders in the change process but also had a slightly different organizational viewpoint. Their thoughts and ideas about what helped them through change are presented along with the comments of the executive directors.

What is collected here is the experiences of, and the best advice from, practitioners. These practitioners all have experienced the difficulties in managing people through the change processes in one form or another. This is really their story.

In the previous chapter, I talked about executive directors' approach to change. Of course, not all executive directors enjoyed change, and equally some staff are enthusiastic about change. Nonetheless, change was uncertainty: for staff, uncertainty about their continued employment and uncertainty about the nature of their work. Change meant they would be doing something different than they had been doing. It meant they might need to learn new skills. It meant there might be no appropriate job for them in the organization. So of course, they wanted to know what was going to happen. This leads to my eighth rule about managing change.

Sherry's Rule #8

**Staff** and others will think  
you know more than you are telling,  
because you are the leader and they  
need to **have confidence**  
that you know where you are going.

At the beginning of a change process, you do not necessarily know exactly where you are going. You might have some vague idea about the major issues and directions. You might have an overall schema and an understanding of the strategic planning framework. But it is certain that you will not know the details of how every job in the organization is going to change (or not). As Richard Burns of the Lesbian, Gay, Bisexual, and Transgendered Community Centre said:

The good change, the right change, is not always apparent. Sometimes working with outside advisors, there are fads about how you are supposed to do things. And this is the way to do it this year, and next year that was way off, and there is another way. I'm definitely not into change for the sake of change, but then knowing when to restructure a program, a department, an entire agency, to shake things up, to change a fundraiser if it is annualized. Assessing and determining when that kind of change is good is difficult for a manager... But there are times when dramatic change is good, but assessing when that is, is really difficult and is a constant challenge to me.

McDaniel suggests that “the chaotic nature of the world”<sup>79</sup> is the norm in which we operate and indeed that “future states of an organization are unknowable.”<sup>80</sup> This is to say, it isn't always possible to know what is coming or exactly what the best possible responses are going to be. The challenge is developing and retaining a capacity to react and readjust by remaining flexible and open to upcoming change—a capacity to be open to learning, to become a learning organization.<sup>81</sup>

In the moment of change, however, it is sometimes difficult to remember to be open to the experience and to the potential learning.

In this case, the people in the other agency were literally, were sitting on the boxes in their old offices waiting for the merger to take place, because the merger fell apart at one point. So they literally had given notice at their old office and were not sure whether the merger was going to take place and had no where to go. They thought that their jobs were in jeopardy.

- Ron McLeod, Greater Vancouver Community Service Society

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<sup>79</sup> Reuben R. McDaniel, Jr. “Strategic Leadership: A View from Quantum and Chaos Theories,” *Health Care Management Review* (Winter 1997): 21.

<sup>80</sup> *Ibid.*, p. 29.

<sup>81</sup> Senge, *The Fifth Discipline*, p. 340.

I think because with a lot of people they are already going through stuff, there is so much change in their own personal lives. So when they see change happening in the organization, I think, it gives a little bit of a sense of instability for them as well. And there have been times when there is change in the office that is it very obvious. It has been extremely obvious that we are under a bit of stress, like right now with government funding cutbacks...from a staffing perspective, too, personally people fear change regardless of whether it be in the workplace or in your own personal life.

- Ron Fremont, Youthco

I often think change is foisted upon us, sometimes by opportunity but sometimes by negative circumstance like the economy, like the epidemic, like lack of money and the political situation...

- Richard Burns, The Lesbian, Gay, Bisexual, and Transgendered Community Center

Oh, change was hell!... At the time the culture of the agency was "wait and then drop a bomb." That was just the way that they worked.

- Andrew Johnson, AIDS Vancouver

The two principal aspects of communication which participants talked about as important in times of change were *repetition* of the message and *listening*. I worked as a child welfare social worker for many years, and during that period I learned that in my discussions with parents about their children, if I really wanted them to know something (like visitation schedules or upcoming court processes). I needed to give them the information at least three times before they would absorb it. And ideally giving the information in different ways—verbally and in writing—added to their capacity to absorb the information. For those parents, dealing with child welfare authorities was very, very high stress and it was difficult for them to hear and absorb information.

The same principle applies to staff who are experiencing change and are stressed by it.

Well, we would communicate at all staff meetings and e-mails. We found that what people, I mean, and this is so retro but it actually was the best thing to do. People needed messages in multiple forms of communication, and the thing they wanted the most was they wanted to end up with a written piece of paper, not merely e-mail. They could say the same things, but if you made a presentation about something at a staff meeting, they needed to have that piece of paper either in their mail box or so that they

could look at it later, put it in a file. It had to say HR Memo at the top; save this. And that was the most concrete thing. And I think it is because when people are anxious they can't absorb things very well, and they try to explain things to each other and it kind of changes, so what we found was every message needs to be communicated multiple times in multiple ways, and so we have found that that was a helpful system that we have continued now, also about good news. When we are able to do something that benefits staff, we continue that memo system, which you know at one time everyone thought we were going to get away from memos but no.

- Richard Burns, The Lesbian, Gay, Bisexual, and Transgendered Community Center

To restate my fourth rule of managing change.

Sherry's Rule #4

**You cannot  
communicate enough or  
—say it again, and again, and again.  
Say things clearly and often.**

And if there was one thing that came through, the thing that we had to keep on doing which was very difficult was to constantly communicate with the staff as the people being affected by these changes. So we tried to do that...

- Richard Burns, The Lesbian, Gay, Bisexual, and Transgendered Community Center

I have been in this area for 30 years, but I didn't fully appreciate the importance of communication...until the past three or four years. Whether it is, it seems mundane as a memo or a hot sheet or whatever, it seems amazing the feedback I get when people say "thanks for letting us know." You know because some of us read the newspapers every day faithfully, a lot of people don't have the time, or they have a demanding work day, and they just cannot stay up on things, so I send out faxes or put it on the website or just say, "Call me any time if you have questions." I have just found that people really respond to that and just appreciate...just letting them know.

- Ron McLeod, Greater Vancouver Community Service Society

For many years, it has been my practice, time permitting, to walk around the office and have a brief conversation with everyone who is around. In times of stability, this time is a pleasant opportunity to catch up with staff and discover what they are doing with their lives and what is happening with their work. In times of change, I use the time to both convey information and probe issues. So, if we have had a particularly tense meeting about upcoming program changes the previous day, I will ask people how they are feeling about the meeting. I will follow-up with individuals around items which may have been raised by them and do some additional talking about it. I will reaffirm or soften something I said in the meeting that did not come across the way I intended.

And on occasion, like a good politician, I will drop into the conversation a new idea I might have about something. This is a way of informally presenting an idea before it is formally presented. Sometimes staff suggest the idea is really stupid, in which case it goes no further. But if it is a good idea, then staff will take it and work on it informally, sometimes then bringing it back around to the table for formal discussion. At the very least, when this item becomes a formal issue, staff will not be surprised to hear about it. I also use this technique to tell staff things that I cannot say formally; quickly letting something slip to the person I know is the office gossip with the hopes that it will spread around. Recognizing that my giving information in this way heightens their status; I can in turn ask them for information sometimes which I might otherwise not be privy to.

Brent Oliver from the AIDS Committee of Ottawa said he learned not to respond to issues that were not actually “on the table,” that are actually discussed with him. He learned to ignore the gossip. Even so, it is useful to know if an issue is brewing prior to being formally informed. This prior knowledge enables you to be prepared when you are asked to respond to something. Thus the strategic giving of “off limits” information may result in useful information being returned as well. However, this is a technique that must be used judiciously, infrequently, and carefully or you risk participating in the circle of office gossip.

During my years working in large social service organizations, I came to understand that the sign of a healthy organization was the speed with which information informally spread through the

organization. This relates to the denseness of the interconnections between people across the system. That is to say, the better people know each other between sections or departments, the more information will pass between them and the faster information travels in an organization, the healthier the interpersonal relationships are among staff. Good, healthy interpersonal relationships between staff, whether in a large or small organization, mean messages can be conveyed via this informal system as well. It is another way to present information to staff and can be useful.

While e-mail has sped up the capacity for communication, it also has sped up the capacity for distortion and inaccuracies. Instantly everybody in the organization can have the wrong information. This perhaps increases the need for consistent, multiple, repetitive messaging to staff during times of change.

In larger organizations, where walking around and talking to everyone isn't feasible, the presentation of information to staff will take a different form.

Early on and to the whole group, I pointed out that in front of the managers, you go to your managers, the managers are going to discuss this with you. This is where we want to go. You have any problems with this kind of thing, you go to your managers.

- Dawn Bryan, Momentum

Regular staff meetings are an absolute must during times of change. The size and nature of the organization will determine how frequently they occur. At HIV Edmonton, we hold weekly staff meetings with an open agenda. That is, the agenda is posted on the board and anyone can add anything to the agenda. Some program updates are standing items. Also a standing item at HIV Edmonton staff meetings is a round table check-in about how people are doing. We started that practice when there were a lot of deaths among our clients; we felt we needed a time to speak to our own emotional state. Sometimes I use the check-in as a way to open up conversations without directly saying, "we should talk about..." For example, if I am aware that staff are feeling particularly vulnerable or uneasy about something, I will make a point of also being vulnerable or talking about something so as to enable or give permission for a particularly sensitive topic to be placed on the table.

In communications with staff about change, it is important to communicate in many different ways—via e-mails, as part of meeting agendas, and actual written human resources memos are three formal mechanisms available. Informal communications strategies—one-to-one conversations, spontaneous “hall-way” brainstorming sessions, passing information through conduits, and open discussion of your own concerns and vulnerabilities—should not be forgotten as well.

One of the aspects of communication that a number of interviewees commented upon was transparency as a factor in building trust and understanding about the change process.

...there is a need for more transparency in terms of how decisions are made. Often times, it is not that the decision is so bad, but in the absence of information, some staff, who are not considered senior staff, have created that some conspiracy exists. That is not the case at all. But opening up the communication, there is going to be a lot of faith and trust built.

- Kristin Braun, The Family Center, New York

But most people, because I have tried to be as transparent as I can, I've been sending out all the figures and talking about it with all different levels of the organization...and anybody who is a stakeholder and explaining what we are up against. And that really does help because otherwise, why would people be supportive if they don't have all the information? So we are trying very hard to do that. And that is common sense and yet a lot of times for whatever reason, I think people tend to want to keep things confidential or keep it in a smaller circle. And I think that is okay up to a point, but I think where you are going to have probably real structural changes happening because of finances and because of all these other issues within our programs, people need to know what the real scoop is there.

- David Nelsen, Canadian Mental Health Association

The second component of communication which participants talked about as critical during times of change was listening.

Listen to your staff; they have tremendous insight into what is going on out there and ideas about how to address some of the issues that are going on in the organization. It is amazing how much they will voluntarily give back to the organization, if you are willing to listen...I have just been blown away by the spirit of people... They are just willing to take as much time as it takes to

work as long as they feel management is willing to listen to their point of view... We just had to be vigilant that we...are also listening to the staff that are affected by it.

- Ron McLeod, Greater Vancouver Community Service Society

(The executive director) will spend literally hours with you if you need just to download an event; that softened the blow for a lot of things.

- Raymond Helkio, Toronto People With AIDS Foundation

...(the executive director) met with people. She met with people one-on-one, she met with departments. She talked to all kinds of people in person.

- Doug Thompson, Bissell Centre

Communication is only one aspect of fully engaging staff—and other stakeholders—in the change process. Any planning process needs to be as inclusive as possible to enable the largest perspective to be brought into the process. Inclusiveness also increases buy-in.

So this year I pushed it all the way to the limit, and for this year's strategic priorities, we have given it all to (staff), as we prepare for our budgets and have to make some critical decisions. So I have said, staff you do it. You appoint a chair, you send your own reps to your own committees, you come up with strategic priorities, and your management team commits to affect them as best as possible providing they are reasonable, and we can afford it. But you decide you are on the front line. And they said, "What?" "Yeah, you do it, we are not going to give it to you, you are going to tell us." And they are doing it; they are participating. So it is just a matter of making up your mind that you are actually going to give the work to them and really, really let go of that top-down corporate hierarchical model. I mean, it is there, it only needs to be there in terms of responsibility, and what your job is. Direction and ideas can come from anywhere; they don't need to come just from the top. So the minute we started believing and doing that, participation and resistance sort of flitters away.

- Andrew Johnson, AIDS Vancouver

Engaging and including stakeholders in the process is discussed more completely below.

## The Board's Role in Creating and Supporting Change

John Carver is perhaps clearest in defining the role of the board as clarifying the mission, holding this vision, establishing policies, and monitoring their implementation.<sup>82</sup> The AIDS Program of South Saskatchewan had adopted a Carver model; Canadian Mental Health Association in Regina had adopted a modified Carver model; and the AIDS Committee of Toronto was in the process of moving to a Carver model. Other boards were more involved in the day-to-day operations of their organizations partly of necessity because of management instability—as was true at HIV Edmonton at one point—and partly because, particularly in the AIDS movement, the roles between staff, board, and volunteers were merged during the formation of the organizations when all attention was focused on assisting the dying and advocating for the living. This merging of roles is true for many newer nonprofit organizations formed by people with a vested interest in a particular issue.

For many AIDS organizations, the boards became enmeshed in the dilemmas of change. These boards were drawn from the gay community; they were in many cases the leaders in the gay community. Gay liberation and AIDS were intertwined.

The necessity for change was incredibly threatening because it would mean the AIDS organizations started by the gay community, neglected by mainstream health and social services, would now be taken away to serve injection drug-users and street people who did not necessarily want anything to do with gay men either. This was the battleground, and it was probably acted out in every AIDS organization in the country. Andriote in *Victory Deferred* documented this battle in the United States.<sup>83</sup>

One participant described this battleground:

I always remember, in Winnipeg in 1994, no before that, 1991, the CAS had their AGM and they had a guest speaker, keynote speaker, and the keynote speaker's speech was called, which I saved forever, "Who owns AIDS." Who owns AIDS! That just attracted my attention right off the bat. Well, who the hell does?

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<sup>82</sup> John Carver, *Boards that Make a Difference, a New Design for Leadership in Nonprofit and Public Organizations* (San Francisco: Jossey-Bass, 1990), pp. 27-28.

<sup>83</sup> Andriote, *Victory Deferred*.

And the argument was that gay men own AIDS, and to me, it wasn't the argument, when I looked deeper it wasn't about gay men, it was about middle class gay men own AIDS. And that is how our society is. Gay men don't even like lower class gay men, they don't like young gay men, they don't like uneducated gay men, they don't like... It is about the difference and the class thing.

As noted in the “An Overview of the Shifts in HIV/AIDS” chart in the previous chapter, the change process for AIDS organizations was a very complicated process, because the gay community was stunned by the deaths of their friends, partners, colleagues, and leaders. In addition to having to deal with their grief and loss, they now faced the possibility that their organizations were going to be used to serve a different class of people who really disliked them and had no trouble naming their own ambivalence. Added to that was the race issue as Aboriginal peoples, blacks, Hispanics, and Asians began to be appear in greater numbers in their organizations. It was all too much!

One executive director, whose organization has a commitment that the board will remain a client consumer-driven organization, described the conflict between the gay community and the newer street-involved population as impairing the capacity of the organization to change. That executive director felt the newly-infected injection drug-users and others did not have the same skill as the older gay board members. These older members were:

...resistant to the change, you know they are resistant to doing it for someone else. They want to do it (only) for themselves.

This is the breach into which the second wave of ASO executive directors stepped as the original leaders fell exhausted along with their imploding organizations. This level of conflict was not unknown in other organizations, certainly Deborah Hollins of the CBCA: Sexual and Reproductive Wellness Centre in Calgary, spoke about “an agency turning in on itself.” It is my experience; even through all the change experiences I have had, the level of hostility and conflict within the AIDS movement is unprecedented. To quote two other executive directors:

I think my time at AIDS Vancouver has been without question the most difficult work experience I have ever had in my life and I have had some really tough jobs, but this has been hell.

-Andrew Johnson, AIDS Vancouver

They (the board) said: “You are the longest one yet” and now I am up to a year-and-a-half (in the position).”

Is it any wonder that there was considerable staff instability, including among management, staff in AIDS organizations as this change process was negotiated? The experience of the AIDS Committee of Ottawa described in the next chapter exemplifies these difficulties.

It was clear from the description provided by the executive directors and my own experience with HIV Edmonton, that the level of board conflict or conversely cohesion directly affected the capacity of the organization to manage change effectively. Where there was board conflict about the direction of change, there was increased stress on the organization and in particular the executive director, though this did radiate through the organization.

The majority of the problems came from existing board members who were PHAs who had a real focus on client needs. Who said, “No, all community fundraising, and all money has to go into PHAs pockets, and the agency can’t touch anything.” And we were saying, “We can’t pay rent.”

- Raymond Helkio, Toronto People With AIDS Foundation

Well, because of this one person who really took a lot of ownership over this. She actually brought three new board members on to the board at the very last minute...with her point of view and it took a long time for them to see that that wasn’t the only point of view or the right point of view. In fact that she had really misled them as to what they were coming to do...it was just very hard dealing with all that.

- Maureen Sanders, Centre for Family Literacy

I had a really inexperienced board. I think committed and dedicated but inexperienced and perhaps not really clear about their role. So there was a lot of dysfunction and distrust there as well. So it was actually a living hell. So part of the opposition was created by distrust by people not really believing in what was going on and what was happening... Conflict with the board, it started when things were getting rough with the union. And they weren’t happy... And so they lobbied, and they got four or three or four people elected to the board who were sensitive to their issues. And they met with them all the time. So these board members were getting first-hand feedback from the staff behind

my back. And they would bring that to the board meeting and put that on the table in a public forum, and then they would start inviting other people to the board meeting. And so at these board meetings that are open to the public generally, they would have other people in the room, and then they would start ripping me apart, based on hearsay. So that was it, that ripped the trust between me and the board to zero.

Carol Henry of Mothers' Voices described considerable board conflict between the founders (who ultimately left the organization) when the decision was taken to focus on AIDS prevention activities. She described the difficulty the organization had in moving forward.

Those who were here were really wounded by it, and some of them are vindictive and some of them are not, it depends. And some of them have the right to be wounded...there is a lot of I am not forgiving...so much energy was spent on this for two years, before finally it wasn't the first thing that they talked about at a board meeting. Finally, enough of them have gotten past it...

She went on to say,

It is also a struggle with board members, you know keeping them interested, or wondering why are you even on... So it is a struggle in many ways... You know I see the resistance by the board to change, they are just not comfortable with something that is new...

A high level of board/interpersonal conflict also seems to occur in the Aboriginal community as Art Zoccole of the Canadian Aboriginal AIDS Network noted:

...if you have a board of directors, and on ours there are 10, board members, and if you get three or four board members who have been influenced by one of the board members, I always call these coups, attempted coups, where you have...three or four of them are developing a coup where they want to overthrow an initiative, overthrow staff. I have seen it happen so many times in the Aboriginal community... But then again you can see what happens in a board and the board is split like that and in HIV and AIDS work that happens from time to time where you might have a board that becomes divisive or there is somebody amongst the board members who really feels that the organization should go this way or they want to pursue an idea or an initiative and a lot of time when that happens, sometimes it becomes very personalized.

And when it becomes personalized; that is when all these things start to snowball... And I think right now just as a side note what is happening at CAAN, because we have been through a couple of those things, so we don't just rely on our board members to help us drive the organization.

During times of conflict, support from individual board members—particularly the chair—is critically important to maintaining the executive director's sanity. I would not have been able to negotiate without the considerable support of the board executive. Others noted this same necessity for assistance and support during times of high board conflict.

I guess it comes down to people every time, I mean... I probably wouldn't have hung in there without (the chair). Actually because he was so supportive.

- Maureen Sanders, Centre for Family Literacy

One thing that I did was linked...with strong board people but even some members of the board were getting shaky when we lost that lease. Some of them wanted to hold onto that lease and move into the horrible scenario because we would at least have somewhere to be.

- Kevin Midbo, AIDS Calgary

Ultimately, change can only be negotiated when the board is directing that change—the executive director is their agent in that process. They are the engine that flies the plane. The direction and speed of the change are determined by the board. If there is conflict, that conflict will reverberate through the other components of the organization. Chris Smith of the AIDS Program of South Saskatchewan is very clear in her statement about the need for unity.

But I suppose having the board on side with the management especially is a key element because if you don't...like if I, as the manager, and trying to create some change and I don't have the majority of the board on side it is going to fail big time and possibly backfire into all kinds of issues. So I think you have to make sure the board is really on the same track as you. I mean it is really important. I have learned the hard lessons in my 21 years of doing this stuff that if you don't bring your board along with you, and you are ahead of the game and they are left behind. No matter how good your intentions are and no matter how much of a benefit it might be to the organization, you blew it big time. And like I say, I've been there and I blew it. So I know what I am

talking about. So now I always make sure the board is up to date, what is being used right now. What is happening in the nonprofit world, what is happening in HIV, and why we would need to respond in a different way to some of that. So I think without your board right up beside you, I think you are going to fail miserably... And I think where you have failed to realize that the board is in a different place, you are on dangerous ground, and you better watch out. It is really important that the link there, and the communication there is the highest caliber you can have because otherwise it will just blow up in everybody's face and really hurt the organization. Which is too bad...I suppose you could say (the board) would be the first priority.

## **Managing Board and Stakeholders**

And Chris Smith's statement leads to the recognition that the relationship between the board and the executive director is a delicate one. As executive director, you report directly to the board; they are your employer, and you act as their agent. They hold the same power in relationship to you that you hold in relationship to the other staff. But it is equally true that because they are volunteers, they are dependent on you as a conduit for the information they need to do their job. Maureen Sanders described that relationship and spoke of her own challenges in maintaining the relationship.

It is a very delicate relationship, the relationship between the executive director and especially the board chair. And a few times when things haven't been going well, I have made the mistake, and I think it was a mistake of speaking my mind. And I think then you get into the situation, then people begin to feel very offended. They are volunteers. They're doing their best; they don't like to hear that things are not happening because basically...the board is not running well because the structures are not there for the board, the processes aren't there for the board...I suppose I tried to be a diplomat most of the time. And I think I am fairly diplomatic and especially with the board. I think you tread a very fine line.

Many boards, I have heard a lot from boards that they don't just want to be "yes" people, they want to have some real authority and some real say in what happens, yet many of them don't really have the time to put into acquiring the knowledge of the organization and so on to be able to have that authority. So they do depend on me and other staff a lot...I find it a difficult job, I really do. So what I always hope for, and it really always comes down

to personal relationships, always-always-always, and communication... You know I tend to be fairly straightforward and...some people perceive that as being abrasive...when I did really speak my mind and really felt quite desperate at that point and didn't really care what I said. And the thing is that really stays there, so the relationship changes.

- Maureen Sanders, Centre for Family Literacy

Saunders emphasized the critical nature of the relationship between the executive director and the board chair, and the need to negotiate or manage that relationship.

I have worked with nine different board chairs in three organizations and each one operated differently and sometimes operated differently over time. The task involved in learning to work with a board chair is developing a sense of the chair's strengths and weaknesses and then filling in the gaps—this is true for other board positions as well.

It also is important to understand their strengths and support those. Does this chair like to do media work or not? Is this chairperson prepared for meetings or will you need to provide last-minute information? Does this chairperson wish to be informed about critical issues or not? I have worked with chairs with whom I have no less than weekly interaction and sometimes daily discussions; I have also worked with chairs with whom I may or may not have had one conversation a month before the board meeting and with whom all business is done within the board or executive meetings. The challenge is figuring that out and responding appropriately to maintain the healthy functioning of the organization.

...board members too have a preconceived idea of what the job is supposed to look like and (it is difficult) to facilitate an environment for them to...learn to see change is important.

- Keith Wong, Asian Community AIDS Services

Kelly Sloane of the YWCA talked about increased organizational capacity during times of strong supportive relationships with the board and again particularly with the board chair.

The board is very supportive, and they have very strong leadership. And there is very good solid rapport, good relationship between the board president and me. And part of that is because this is the first time, no sorry it is the second time, we have had a

president stay for a two-year term. So we no longer have a situation where you are just getting to know your president, and you are just getting into sync with them and then they are gone. I now have a two-year chunk of time to work with somebody who has already been on the board, as a president-elect, working closely with the president and I, so it's that kind of structure at the board has been very helpful to us.

Others, too, commented on productive working relationships:

...now working with someone like (current chair) who is really sharp, who is also an incredible diplomat himself, who has endless energy and enthusiasm and who still flies by the seat of his pants sometimes. So I have got to be able to work with that... When I know that someone is in it for the right reasons and that we are kind of on the same page and working together, it makes a huge difference.

- Maureen Sanders, Centre for Family Literacy

(When) the board and senior staff are in sync, so the response of the staff and the governance bodies of the organization are parallel... There is positive energy, there is excitement about what we could look like in a few years. There are also concerns. The board has concerns that how will the staff do any extra work given what they already have. Obviously, the staff have those same concerns, as do I. So, I would say in all ways there is the excitement and the concerns are the same at those two levels of the organization.

- Kelly Sloane, YWCA

A supportive board also enabled the executive director to manage other changes in the organization.

The board itself became more visible in the agency so that staff saw that this was not just me.

- Deborah Hollins, CBCA: Sexual and Reproductive Wellness Centre

Executive directors offered these comments about managing board issues:

Don't bring new big things into it, so it is kind of like on a gradual process...help people to see things gradually step-by-step. So in a

way, I am actually a believer in small steps move a mountain, something like that.

- Keith Wong, Asian Community AIDS Services

And I guess the way I got through was by being very transparent in my decision-making so really bringing the board on board. Previous to my being there, the board was really kept in the dark about a lot of stuff. They had no idea where the organization was, they had no idea of really anything... I wanted the board to have more of an accurate picture of the organization. So I really sort of opened the doors for them and brought them into the organization. So they could see what was going on, which helped because they became my allies.

- Deborah Hollins, CBCA: Sexual and Reproductive Wellness Centre

But in order to rectify (board divisiveness), you need to confront them, deal with them...and collectively come up with some kind of solutions. And what happens then, is that unit, the whole board is united again. So once where you had divisions; now you are working to bring it back to moving it forward. And I have been in those situations before on several times. And then...it is being able and helping or being patient until they bring it all together. But I think as an executive director...you need to be involved in that process in order to get to those solutions.

- Art Zoccole, Canadian Aboriginal AIDS Network

The board of an organization reflects the organization's members and must also manage stakeholder issues as they arise. There are times when the membership becomes disenchanting; this was especially true for HIV and AIDS organizations as the AIDS organizations broadened their scope of service delivery beyond the gay community.

But other people from other organizations also talked of this difficulty.

So that created a lot of conflict, and so you had members who were under 60 who are thinking, yeah this is a good plan and some members, half our members because we are an older organization over 60, not so happy.

One group of people that sometimes creates dissension and discontent among members, volunteers or service users are ex-staff. It is not uncommon for staff who have left an organization angry to

proceed to do damage by gossip, claiming the organization was unfair, dysfunctional, or going off in the wrong direction. Of course, ultimately when someone is laid off for whatever reason or, more dramatically, terminated, it is impossible to prevent those conversations. Furthermore, as managers we are usually left unable to fully explain the circumstances.

Brent Oliver from the AIDS Committee of Ottawa talked about this difficulty, as did other participants.

...a lot of that was handled very badly by the board at the time that we were doing personnel matters. People got quite angry with how they left...those people thought that without me—it will stop without me there. There will be no moving on, there will be no service. So what we did was rebuilt. A lot of the resistance to change was in the community in sabotaging kinds of behavior, personal attacks. And again, I call it the dark type stuff, because it wasn't at a forum, it wasn't open, it was working gossip and vendettas and really personal stuff.

Brent Oliver ultimately decided he could not address these elusive rumors and would only deal with issues that were actually “on the table” before him.

Another ASO executive director described a similar set of circumstances involving current staff.

There were even staff, certainly, staff who were speaking out of both sides of their mouth. They would be in a workshop and say “of course, the such and such program should be amalgamated with another one” and behind everyone else's back to a client they would say, “you better watch out, they are going to cut such and such program.” And there would be this sort of gossipy nonsense going on, which you can't completely control during times of change because it is one coping mechanism that people have. To try to maintain the status quo by playing these games.

Raymond Helkio noted the success of listening which the executive director of the Toronto People with AIDS Foundation used during their changeover.

You have to listen; you honestly have to listen to every single person's input no matter how invaluable you think it is. By listening, I mean...if you have to engage people in the process

and give them an opportunity to buy into the process even though their opportunity may have passed to contribute. To listen to what people have to say, to honestly keep an open ear.

Art Zoccole of the Canadian Aboriginal AIDS Network talked about “the ‘oca’ thing” in relationship to stakeholders. He described ownership, control, and access as:

And I think the resources, too, need to be developed, it is the “oca” thing, the ownership, control, access and then the “p” has been added, possession. And I think that works for a lot of communities, and that is one of the principles we work by. And that is that we need to design those projects, or initiatives, or research, or whatever. Control it, make it accessible back to us, even though we partner up with academics for the universities or experts from the AIDS movement or whatever. That information needs to come back to the Aboriginal community so they are the ones that are able to have possession of it. And then provide the direction on how to come to work towards solutions. So if other people in the AIDS movement adopted those principles, I think it would go a long way for their community as well. That is one of the principles that we work by.

Nonetheless, if the agency is going through change, it is highly unlikely it will be possible to respond positively to all the various possible ideas which come forward. Somebody is likely going to feel you did not hear them or did not like what they had to say, which may be true. Allowing for this eventuality makes up my ninth rule about managing change.

Sherry's Rule #9

Be prepared  
for some people to be  
really unhappy  
no matter what you do.

Or, as one participant said:

...we are under a lot of criticism and just trying to accept the fact that no matter what you do, or how you do it or how well you do it, you are not going to please everybody... At the minimum of

once a week, there is a staff person that always needs the support of other staff because they just got off a phone that a person ...might tear them apart on something. That, it's not necessarily because it is their work or anything, it is (the organization's).

- Gerard Yetman, Canadian AIDS Society

## Managing the Staff

Managing staff through times of change will be the issue that will consume the most time, be the most difficult, and yield the highest benefits. Staff are both the resources and to some extent the products of human service organizations; they deliver the programs. To get the best possible programming, staff must be engaged to their maximum capacity. Perhaps indeed our challenge goes further to engage staff in such a way that their capacities increase.

As Senge writes, executive leaders are vital to change because of their efforts to create an organizational environment for knowledge generation and continual innovation. For example, if we recognize that youth, particularly gay young men are not hearing the oft-repeated message about condom use, then how can we work together to create new solutions? Senge writes:

They do this in many ways: through investing in new infrastructure for learning, though support and inquiry, and ultimately through “leadership by example”: establishing new norms and behaviors within their own teams. They become mentors, coaches, and stewards. They focus on design more than on making key decisions...

...they must give up feeling that they have to have all the answers. They must become more comfortable with, and capable of, asking questions that do not have easy answers. And they must realize that they cannot do this alone, that they need partners, that becoming isolated heroes will cut them off from the support and assistance that they must have to be effective.<sup>84</sup>

All the organizations experienced staff turnover, even if that was only the layoff of staff at the end of a project. In this sample of agencies, staff turnover was higher in AIDS service organizations even though the non-ASOs were specifically selected for inclusion based on their own assessment of having experienced change.

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<sup>84</sup> Senge *et al.*, *The Dance of Change*, pp. 18-19.

Of the 10 non-ASOs (for whom this information was available), seven had less than 25 per cent staff turnover in the previous two years. That is, 70 per cent of non-ASOs had less than 25 per cent staff turnover; this compares with only 40 per cent (nine of 23, including HIV Edmonton) of ASOs with a less than 25 per cent staff turnover rate. At the other extreme, approximately 20 per cent of both ASOs and non-ASOs had more than 100 per cent staff turnover. That leaves 10 per cent of non-ASOs and 40 per cent of ASOs with a staff turnover rate between 26 per cent and 100 per cent. It would appear that ASOs had higher staff turnover. It would also appear that those organizations with unionized staff had lower staff turnover with no unionized organization having a higher than 50 per cent turnover. The chart depicting staff turnover is in the Appendices.

This turnover was often seen as helpful in facilitating change:

A number of the people that left were people that had been around the agency for like six years, five years, four years, seven years. They had been there for a long time; some of them had been there almost from the start. And when that sort of old crew, if you want to call them that, meaning older crew in their experience, when they left, it created this vacuum which was filled by younger set, the younger group, an eager group that had done their practicum there or had done some work elsewhere and eagerly wanted to get involved in HIV and AIDS. And they were all excited to adapt to the changes and to be part of what was happening and created energy and an impetuous to help move things forward that wouldn't have been there if we were dealing with people that almost felt like they were unionized employees, because of their tenure there.

- Kevin Midbo, AIDS Calgary Awareness Association

I also started to hold people accountable for their decision-makings which was really not popular in the beginning. In the first year that I was in the organization, the turnover in staff was phenomenal. Many staff left. I think that, at the time, it was pretty panicky because a lot of information left the agency. But looking back, I think it was a good thing because I was clear with the staff—if you cannot be part of this change, it is probably a good thing for you to leave... So I did lose a lot of staff, not a lot of front-line, but the whole management team that was there when I started is now gone.

- Deborah Hollins, CBCA: Sexual and Reproductive Wellness Centre

But that staff turnover also meant the loss of considerable experience and expertise. Lethbridge HIV Connection lost their organizational memory. Andrew Johnson described a difficult change process in which many staff left, but then:

And it is amazing, we have had three returns of staff who had left, disheartened, disillusioned and who have come back. And just came back and at last week's staff meeting actually just expressed how amazed they were at the change in the culture and the atmosphere and everything. So you know it is a credit to everyone that we have come through it and survived it and made it. But in the most disorganized way, I mean it was really hell. It was not a textbook example.

- Andrew Johnson, AIDS Vancouver

## Resistance versus Participation

There was other staff that showed resistance by just not wanting to follow through with the new plans...oh tears and you name it.

- Chris Smith, AIDS Program of South Saskatchewan

Very few organizations could say they did not encounter resistance to change from their staff. Dealing with that resistance, that reaction to change, presented a challenge. Or, as one executive director said in talking about downsizing:

The other thing is that understandably staff are going to be angry. You are taking something away; you are the responsible person so this is somebody's fault and we are really mad at you and by the way these are all the other things we are really mad at you about and that's difficult. It is not fun for a management team or senior management to be feeling like they are not delivering for their staff and to have people angry all the time. But in talking to people in the private sector and to others in the nonprofit sector that is pretty universal. I haven't found somebody who went through a great process where no one was mad. People are going to be mad because something is being taken away, and who can blame them. I don't blame them; it is just unpleasant.

- Richard Burns, The Lesbian, Gay, Bisexual, and Transgendered Community Center

Resistance arises for many complex reasons. Rod Rode, of The Family Centre of Edmonton, suggested it is useful to understand what underlies the resistance. If you can understand the motive, then

it is possible to develop appropriate and more successful responses. Using the change material developed by Prochaska and DiClemente, he cited three potential different impetuses for resistance to change:

- a set of personal fears
- a different read or a different interpretation of the facts that are before us
- some personal motive involving personal gain or a personal stake in not making a change. This would sound something like “my life is comfortable and I understand exactly why this is probably a good thing to do but I am happy and comfortable as I am and am not going to change.” “It is not in my self-interest to change.”

The interviewees talked about each of these and while the discussion was primarily about staff, this material equally could apply to volunteers, board members and other stakeholders.

In many ways, of all the reasons why someone would resist change, a set of personal fears this is probably the most difficult and the most complex to deal with because:

...you are dealing with peoples’ feeling, their emotions, their motivations; people go back and forth, they go up and down.

- Rod Rode, The Family Centre, Edmonton

It is not, as Rode went on to say, a linear process. They may jump into the change cycle and jump off again at some point. And of course, for some fear may prevent them from moving into the change process.

(We used) The AIDS Bereavement Project to do some work around grief and loss and to help support us through some of the changes and what was going on. And that worked for half of the group. And the other half who don’t like to do touchy feely stuff ...they are not trained to do this; they are making us feel all these things. And it was very, very difficult and really obvious this agency hadn’t dealt with its loss or stuff since day one.

- Andrew Johnson, AIDS Vancouver

I would talk to staff. We had lots of staff meetings where I would talk about...staff was really “trauma-bonded”...from the attack from the outside, from what they felt was not good leadership inside the organization. So they had really “trauma-bonded.” So when I came on board, that was the only thing that held them

together was the trauma. That is how I saw it anyway. So when I came on board, I found it quite easy cause I had been outside that to see that, to name it and to throw it out to the staff and work with it in that capacity. So one of the things I did was give them a grieving period. “You have been through a lot. It has been a tough couple of years. And I want to acknowledge that that has been tough and hurtful. We come to this organization because we are really invested in this work. You know we are pro-choice, we are feminist, so there is some real investment in the work. So I am going to give you some time to really look at that and tell me what you need in order to get through that. But we have to get through. So I am willing to do what it takes but you have to get through it, bottom line, So I think that gave them a boundary.

- Deborah Hollins, CBCA: Sexual and Reproductive Wellness Centre

I asked Hollins whether her process worked for all the staff, she replied:

“Oh, no, it didn’t work with some people. And that was okay. Like that was okay.”

This was similar to AIDS Vancouver where a process designed to deal with some of the underlying emotional issues did not work for everyone. At HIV Edmonton, we also attempted similar grief work and were only partially successful. In the end, I think people have to be willing (see below) to honestly engage in the process for such intervention to be successful. While it is possible to “compel” somebody to attend a group session, you cannot compel genuine participation.

Despite the difficulties and the failure to succeed with all staff, building in ongoing support for grief and loss issues or other vicarious trauma is vitally important. Employee assistance programs which offer counselling can provide some support, but in organizations where there is much grief and loss or trauma, other types of support will also be necessary to maintain resilience.<sup>85</sup> At HIV Edmonton, we have been attempting to build in ongoing grief work. In addition to including reflection time in our weekly staff meetings, we also hold approximately semi-annual workshops about grief management and include discussions about grief in our regular volunteer and staff orientations.

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<sup>85</sup> Perreault and Gervais, *Project Sustain, Creating and Reinforcing Organisational Supports for ASO Workers Coping with the Impact of Multiple Losses*, p. 60.

The change which AIDS organizations went through was very large; grief was not the only cause for fearfulness.

There was a handful of people who resisted the change. Some of them quit the organization, and that includes staff who couldn't handle what this new thing meant. One example is a staff who left less than two years ago, and she left because we began doing harm reduction and the needle exchange program and that clientele she couldn't handle. She was scared of those kinds of individuals. She was scared of being here and so it was on her own volition that she left.

- Chris Smith, AIDS Program of South Saskatchewan

It is a wise person who looks at the changing circumstances in their organization and concludes that because they cannot adapt to those changes they should leave. This is often a difficult decision to make. But deciding to leave a position where you know you cannot work within the scope of the new program or with the new manager is a far better decision than continuing to work in an unfulfilling situation. This does not exclude the need to engage in discussions about the direction of the organization which is discussed below.

However, recognizing our own limitations leads to my tenth rule of managing change:

Sherry's Rule #10

In changing organizations  
learning is your optimum option.  
If you aren't willing,  
then leaving is the other option.

As participants said:

During change you lose people; that is quite difficult to deal with. But it is also accepting that, in order for change to happen, some people do have to move on and change is not a bad thing...And I guess in some cases, yes (staff did say) I can't work here because of that change; I can't work in that philosophy. So we all had to individually work through that ourselves. And for some people change was better because they would be able to work within the new structure and for some people it was "I am really glad...I am

leaving because I am glad to see the structure changing to fit the needs of the organization,” too. So I think...for everybody it is a personal development piece that we have to do.

And get yourself to some workshops, talk to people and then if it is still against your grain, then it is not for you, it is not for you.

- Jackie Haywood, British Columbia Persons With AIDS

Some resistance takes the form of “you are wrong.” Of this, Rod Rode said:

In most change models, you encounter descriptions of resisters. I don't like the way resisters are portrayed in those change models, because I personally believe they're important. And if there aren't resisters, you almost better go and assign that role to somebody. Resisters minimize the danger of group think because you can glom onto a change idea and you can be as narrow-minded about that idea as the idea you are trying to change... If there aren't opponents to change, I get worried, and there have been some times when I have actually literally asked members of my management team to prepare an opposite view.

-Rod Rode, The Family Centre, Edmonton

Individuals who have a different read of the future are critically important to fleshing out all the issues. Without strong voices that can speak to the multi-dimensional problems, potential solutions will be too narrow and not take into account all of the aspects which may need to be considered. This type of resistance assists in expanding our knowledge and understanding of a situation. People who see things differently will bring in additional information, additional viewpoints; they will make the decision-making process stronger. They strengthen our understanding of the future because they see the future differently. Their ideas help generate creative tensions. Senge describes creative tension as the discrepancy between vision and reality which leaders use to energize the organization.<sup>86</sup> Which is exactly why Rod Rode suggests assigning that task to somebody where it does not naturally exist.

Of course, in the end, after all of that information is put together:

...the leader of the change has to take a chance and say “okay, I think this is what the future is and I am sorry in advance if I am wrong but here's what I believe.”

- Rod Rode, The Family Centre, Edmonton

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<sup>86</sup> Senge, *The Fifth Discipline*, p. 357.

When resistance takes the form of “I’m happy where I am and just don’t want to change,” the task of change agents is complex.

What has this meant for my work? I miss that feeling, that family feeling, that you knew everybody. And I guess the gay community spirit that was part of the drive that brought me to this work. There is a lot more violence in the workplace; there are more thefts. We have to deal with people who are angry; we have a security person from 10 in the morning to 4 in the afternoon. We have to have a back door (points to her two-door office), so there are safety issues. And sometimes I feel not as appreciated or part of the movement... The most difficulty, it could be personally somewhere, I think it was about the loss of feeling that I had over the first 10 years of family and as a community.

- Jackie, Haywood, British Columbia Persons with AIDS

I guess a non-working part of it would be those managers who for some reason felt threatened, just for whatever reason, oh maybe they were going to shift the balance of power here, or this is going to change around and the fact that I don’t want to do weekends; what is that going to do to me as supervisor. And I think those people that were not involving their people as much as they should have because I keep sort of feeling this and finding it out. That the managers, who expressed great interest in accelerating this process really were not...

- Dawn Bryan, The Momentum AIDS Project

(The discussions) went on for about a year where we finally realized that all of the cooperation that we were receiving...was actually just pseudo-cooperation, it was passive-aggressive. So we just finally reached a point where, they were essentially stalling, out-waiting us. They understood the arguments, they told us they bought the arguments, they told us they were with us, but there was always some reason not to move.

- Rod Rode, The Family Centre, Edmonton

Rode went on to suggest that in this situation, negotiation is the tactic. And you may or may not be successful with those negotiations. In the case of his program discussed above, once the organization took the decision to make changes to the program, those particular staff “...within another year...all drifted away...most of them on good terms.” Rode noted this as an example of unsuccessful negotiation.

But it may be that this situation is more complicated than just requiring negotiation.

That whole philosophy around situational management, in that people have to have willingness, they have to have knowledge, they have to have all of those kinds of components.

- Deborah Hollins, CBCA: Sexual and Reproductive Wellness Centre

HIV Edmonton’s program manager used the following able/willing dichotomous grid to diagram potential dynamics which may be operative. Only when the person is willing, (*i.e.*, quadrants B and D ) can you actually successfully negotiate through the change. If an individual is unwilling, whether or not they are able, it will probably prove impossible for that person to make the changes. Time might change their willingness but it also might not—as happened with several of the staff at HIV Edmonton.

<p>A. Low Willing High Able <b>Underachievers</b></p>	<p>B. High Willing High Able <b>Stars</b></p>
<p>C. Low Willing Low Able <b>Needing to seek alternate employment</b></p>	<p>D. High Willing Low Able <b>Capable of becoming Stars</b></p>

You can’t whip them, offer them bribes or rewards, or high salaries—none of that will matter if they don’t have the internal will or desire to make things happen.

- Kelly Sloane, YWCA

If the person is willing but unable to undertake the new tasks, then there needs to be an assessment of capacity to learn the new skills or discussion about another position within the organization. In smaller nonprofits, there rarely is room to transfer or create another appropriate position for someone with a different skill set than the one now required.

One executive director had this observation about a contributing factor to the willingness to change.

The staff who have had the most difficulty to change are the staff who have always had excellent feedback; whatever they have done in the past was excellent. So for them to leave behind something they know they can do with a level of excellence...to go into territory unknown where they might not get that feedback. They were the worst ones, because there must have been a lot of failure around that. People I suppose get comfortable. They know there was going to be positive feedback, and they could show you the evaluations on paper. And then to go somewhere different, and totally unknown I think was very intimidating for that kind of individual.

- Chris Smith, AIDS Program of South Saskatchewan

## Resistance in AIDS Organizations

And it was, I think it was for me, stopping and saying, “If everything we have been doing is so good, why are things so bad on the larger picture?” Why haven’t things improved? Why are we still dealing with high rates of infection? Why are we? You know the whys, is questioning and just stopping and thinking it is time to...so I think it was a little bit of letting go.

- Gerard Yetman, Canadian AIDS Society

In the three years I have worked in AIDS, I have often puzzled at the potency of the opposition to the changes when the need for change seems so apparent. In the previous chapter, I presented a chart entitled “An Overview of the Shifts in HIV/AIDS” to delineate the change AIDS organizations had experienced. This is shown on the next page. A comparison can be made between the three reasons for resistance which Rod Rode delineated and the three major categories in the chart. This interplay between the shifts in HIV/AIDS and the major reasons for resisting change act to heighten the level of opposition. In one form or another, over the three years, people have said these various things to me.

1. **I am afraid** because this is still a fatal disease. I am afraid because I have been caring for the dying, and I don’t know what I will do now. I am afraid because I don’t think it will stop. I am afraid because if the resources shift to assist others—who really cares about homosexuals anyway—the rest of my friends will also die. I will die. I am afraid because these drugs only work for a little while. I am afraid because there have been many deaths in my community.

<b>An Overview of the Shifts in HIV/AIDS</b>	
<b>Fatal versus chronic/manageable disease</b>	
Comprehensive palliative care	Variety of services, varies over time
Short-term acute care	Long-term disease management
High number and frequent deaths	Occasional deaths from AIDS and/or street lifestyle/drugs
Infected facing death together	Life expectancies vary based on HIV drug tolerance/compliance capacity
<b>Predominantly gay men versus diverse populations</b>	
Predominantly white	Mixed races including Aboriginals, Blacks, Hispanic, Asians, and whites
Men, transgendered	Men, women, transgendered
Gay middle-class world view	Underclass over-represented
Queer ownership of AIDS and ASOs	HIV affects everyone/anyone
Homosexual transmission of disease	Injection drug use and sexual transmission of disease
Services organized by and for the gay community	Diverse clients using and needing complex services
Community devastated by deaths	AIDS pioneers living with this legacy
Gay donors	No donors/disinterest in AIDS
<b>Volunteer/community based organization versus corporate management structures</b>	
Crisis management	Planned management
Stigmatized work done by the infected and affected	Interesting health/social services work
Grassroots activism	Professional definitions
Interplay between AIDS and gay activism	Advocacy required on many different fronts
Mainstream services hostile	Partnering

This material was initially prepared by the Ontario AIDS Bereavement Project, and revised based on information gleaned from the interviews.

To give a graphic example of the loss within the gay community, one of my board members said to me that he personally can count 150 friends who have died. These were 150 people who had been to his house for dinner; with whom he had visited, laughed and shared some parts of his life. These were men who were in their 30s and 40s; men in their prime. Richard Burns spoke about a generation of leaders lost to AIDS.

2. **I think you are wrong**, in your understanding of the future, this disease is a gay men's disease. It is still gay men who are the largest number of HIV+ people. Resources are still needed in the gay

community if we are going to maintain the lower infection rates. It may be that others are being impacted but it is still primarily a gay disease. Furthermore, when scarce resources are shifted from the gay community to other communities, the infection rate will again rise in the gay community, making it a gay disease.

**3. I'm happy exactly where I am.** This is my community organization. We were able to set the rules. We didn't have to make files, and in fact we shouldn't make files because the rest of the world is hostile. We aren't serving people; we are taking care of each other. We collect money and distribute it to our friends who are dying. Taking care of the dying gives my life meaning. These places are our homes; we met friends and lovers in the lobby, on the board. We have fun here. Our lives have meaning. We are family!

## Issues Between Staff

One of the challenges faced in dealing with change and the introduction of new staff and new ideas was an “us versus them” dichotomy. This took many forms. But the major area of dispute between staff was “they are getting more than us.”

...a sort of division amongst the staff, at times it seemed to be support services on one side and education on the other...the support services department had been the staff that had been there a bit longer and the education staff were the newer staff... Why was it a division between support services and education? Why is: client work is the most important work versus education work is the most important work. An education department would think that most of the agency's resources are going to support the PHAs as opposed to education and because they were younger staff in some cases felt they didn't get respect for their work. Or that prevention and education wasn't respected by the agency or supported by the agency.

- Brent Oliver, AIDS Committee of Ottawa

...constant fights, not fights, but accusations at staff meetings. “(One department) gets all the money, we don't have anything, this is not fair, we can't answer client requests yet you are hiring all these different people, you are putting in an IT person, you are spending money on (promotions), you have got \$15,000 for this, that and the other thing but nothing for us.” So that was, that was a problem.

- Raymond Helkio, Toronto People With AIDS Foundation

New versus more experienced staff was also cited as an issue.

...there is this new versus old dynamic, where the old folks who have been here awhile don't feel like it is a much of a family anymore...things have gotten very segmented, and there are fewer opportunities to do things out of their job 'cause people used to have jobs with broader responsibilities, and now you can get more specific, whereas the newer staff, it's like the agency isn't professional enough. Things should be a bit more well-defined. There should be more clarity, more corporate, and we should have an HR department. So there is an interesting collision there.

- Kristin Braun, The Family Center, New York

...we were the successful agency. The proposal was made under our name; therefore the people coming in should accept and support practices of our agency... You are the guys coming into our shop. Shut up and just follow the rules, type of thing. You are lucky to have a job...But very much our older staff in this agency were taking the view that they were the ones very much in charge, and the people coming in had to kow-tow to the way we have always done things. That is tough, though, when you don't have that equal relationship right from the beginning. And again it takes a number of years to get that atmosphere of "we are GVCSS."

- Ron McLeod, Greater Vancouver Community Service Society

...we have a fairly young staff now. Most of our staff have not worked in HIV/AIDS for more than four years...they also brought a very rich new education to the process. So for me who graduated from university 20 years ago, you know learning new theories, better ways to do communication strategies; so there was new richness there that came with this youth. I just love this youth! And it is also a very good challenge for us older, what they call AIDS dinosaurs, to have to sit and listen and be ready for change. That is hard. And that is a process that we each had to take our own journeys to play into the process and keep a balance.

- Gerard Yetman, Canadian AIDS Society

The "AIDS dinosaur" talking in this quote had struggled with allowing or acknowledging that new people working in AIDS might have anything to contribute. They had not experienced the deaths and devastation; they had not worked during the worst of times; they had not proved themselves as dedicated. His difficulty was expressed by others as well.

Another form of competition or animosity between segments of the organizations was described as follows:

No one wanted to deal with anybody from the other part of the agency. It's all one big agency in two locations. The people here didn't want anything to do with them; the people there didn't want anything to do with us.

Participants had a good understanding of why these issues appeared in their organizations.

What I really think is that there was no leadership at the board level or the executive director level and so people, the staff fought amongst themselves...there was a power struggle in the absence of any structure around how will decisions be made.

- Brent Oliver, AIDS Committee of Ottawa

The other thing that was really missing was any kind of systems in the agency; my own personal philosophy is that staff do need some kind of structure. They do need to know who is accountable; they do need to know where they end and the leadership begins. So that was not present in the agency. They were trying to run a real flat structure, which they felt was a feminist model of management. It was totally consensus decision-making and a total flat model, which I believe really lent to poor staff morale.

- Deborah Hollins, CBCA: Sexual and Reproductive Wellness Centre

## Getting the Best from People

So...the resources we had and the best resources we had were the human resources. Because people come from all sort of backgrounds and experiences and cultures, and it was very important that we were able to have all that around us and respected.

- Gerard Yetman, Canadian AIDS Society

Managing the change, the most difficult issue, is people, sometimes staff members...

- Keith Wong, Asian Community AIDS Services

Participants said it over and over again, wherever and whenever possible, include staff and equally other stakeholders in the decision-making process. Further, include them as early on in the process as is possible.

...just understand that people are most likely to support decisions that they themselves are involved in making.

- Kristin Braun, The Family Center, New York

I guess the first thing I did was put it out there early on. Then I involved them, and this is really important. I involved them departmentally. I had their managers or directors involve them departmentally in developing the proposal. What would it mean? What would you need?...with each department deciding what's different about (and) what they need and how they might do it. And once you get people engaged in the details of it, and trying to work it out in their own department, they become vested to some extent in it.

- Dawn Bryan, The Momentum AIDS Project

Increasing the scope of the discussion does mean the outcome will be different, more carefully crafted than originally envisioned:

And so the very fact that it went into a group of staff and management meant that it wasn't going to happen in the way the executive director envisioned it...but change was still going to happen... We knew we had to adapt to the changing clientele... So we ended up having a staff retreat and at the staff retreat, it was very interesting, every program came up for discussion. And people defended or attacked them or didn't or were neutral or said their piece or said their silence. And we went through every single program. And at the end we decided that several programs needed to be amalgamated together, some needed to be moved out to the community, and others maybe needed to be ended.

- Kevin Midbo, AIDS Calgary

Make sure you involve the people that the change is going to impact upon. Make sure you take the time to put a process in place and that you simply don't just make the decisions from on high even though they make perfect sense to you. There is process that one needs to go through of involvement, of engagement, of buy-in. Not only does it make the change easier but it makes the change better because of their input it improves what you are going to do. It informs what you are doing to do much better. So although the change that you want to make might be as obvious as the nose on your face to you, don't skip the process without engaging the various stakeholders... I have made that mistake and paid for it. And in the end it costs you more time than taking the time to go through the process.

- Charles Roy, AIDS Committee of Toronto

The interviewees noted that the process required persistence:

It is a constant, constant work trying to get across the new mission and the new vision and the new way of working. About how it is a benefit to everybody and try to sort of entrench that in people's culture. It is trying to create a new culture and trying to get that through to everybody. This is for the good of the whole organization... So it took a lot of support for staff; you had to support them and encourage. I tried to get through that this was a new organizational or culture. You can't stop it because it was an external environment that was pushing its organizations in new directions anyways. So, yes, there was resistance. It has never been easy.

- Chris Smith, AIDS Program of South Saskatchewan

Be patient...being patient with the process, because everybody isn't going to get it at the same time.

- Karen Vance-Wallace, The Teresa Group

## **Best Practice: Ottawa AIDS Committee**

Among the material that Brent Oliver used to facilitate the change and stabilization within his organization was the concept of a learning organization developed by Peter Senge in his 1990 *The Fifth Discipline the Art and Practice of the Learning Organization* and expanded further in Senge *et al.* (*The Fifth Discipline Fieldbook Strategies and Tools for Building a Learning Organization*). This material was discussed in Chapter Three. What follows is the summary developed by the Ottawa AIDS Committee of Senge's concepts taken from the 1994 book.

## **The Learning Environment**

For people who want to make their organizations more effective, while realizing their personal visions. This is a new type of organization that will deal with the problems and opportunities of today and invest its capacity to embrace tomorrow, because its members are continually focused on enhancing and expanding their collective awareness and capabilities—the people inside the organization create an organization which can learn.

The core of Learning Organization is based upon five “learning disciplines”—lifelong programs of study and practice:

<p><b>Personal Mastery</b></p> <p>Learning to expand our personal capacity to create the results we most desire, and creating an organizational environment which encourages all its members to develop themselves towards goals and purposes they choose.</p>
<p><b>Mental Models</b></p> <p>Reflecting upon, continually clarifying, and improving our internal pictures of the world, seeing how they shape our actions and decisions.</p>
<p><b>Shared Vision</b></p> <p>Building a sense of commitment in a group, by developing shared images of the future we seek to create, and the principles and guiding practices by which we hope to get there.</p>
<p><b>Team Learning</b></p> <p>Transforming conversational and collective thinking skills, so that groups of people can reliably develop intelligence and ability greater than the sum of individual members' talents.</p>
<p><b>Systems Thinking</b></p> <p>A way of thinking about, and a language for describing and understanding, the forces and interrelationships that shape the behaviour of systems. This discipline helps us see how to change systems more effectively, and to act more in tune with the larger processes of the national and economic world.</p>

To practice a discipline is to be a lifelong learner on a never-ending developmental path. A discipline is not simply “a subject of study.” It is a body of technique, based on some underlying theory or understanding of the world that must be studied and mastered to put into practice. As you develop proficiency, your perceptual capacity develops; you gradually surrender to new ways of looking at the world. For example, once you begin to master team learning or systems thinking, it is very difficult to play the old office game of optimizing your position at the expense of the whole.

## Creating a Healthy Work Environment

And just making (change), I really cannot emphasize it enough, making (change) a priority of the agency that is *honoured*, especially when you are dealing with clients, members, and volunteers that are also going through change.

- Ron Fremont, Youthco AIDS Society

In describing my management style, people who have worked with me have said I encourage them to produce their best work, or I work from the bottom up. I would note that not everyone works well with me; my tendency is to give staff maximum scope to do their work and hold them accountable for their success or failure. A simple example is that I rarely worry about staff's hours of work. Like Keith Wong, I am concerned and pay attention to the number of hours people work, and I am concerned about what they accomplish in the hours they work, but I am not particularly concerned about when they work those hours.

(I) only hold you accountable...whether you hand in your time sheet on time, and whether you work too much. I can be very flexible and accommodating people's time in the office as long as they clock in 37-and-a-half hours per week on average and I don't like overtime. I rather people go home than work overtime; we cap it at 15 hours. I am very strict about it, because it is also a sign that if you spend too much time in the agency you lose out on your personal life. You lose out on your family life, and you will be a very unhappy person.

You will come here and think that ACAS has ripped you off; I don't want a staff to feel that our agency ripped you off. We have no money to pay for overtime period. So I don't want you to feel that you are being ripped off, so that is a mutual relationship. So if you cannot do your job in 37-and-a-half-hour timeframe that means either you are not doing your job smart or you are not smart enough so it is not how much more time you want to clock in, it is now much you have to give up, what are the things you want to give up and reprioritize.... I don't care whether you are in the office or outside doing work as long as you tell me where you are.

- Keith Wong, Asian Community AIDS Services

A number of the staff I interviewed commented that flexibility in their work hours made a difference to their capacities to manage the change process and do their work effectively. They appreciated the level of trust they were given in deciding their own work schedule.

This lack of attention to hours of work does mean that on occasion staff abuse that privilege. There are some individuals who have more trouble managing their own work and require more structure and guidance than others. And the trick of good management is always to figure out what approach works with what individual to enable them to accomplish their best work. In introducing myself to staff, I always have a conversation about their needs from their manager, about their expectations. Not all people can articulate their needs.

Others also spoke about the need to create flexibility both with staff but also within contracts to enable flexibility in the organization.

I had a renewed sense of pride in my job...because (the executive director) gave me extreme flexibility with my hours... She didn't want people to incur overtime hours and to burn themselves out, but for me it was easier to work later at night depending on what I am doing. Most of my volunteers are higher level sort of senior people who have jobs. So it was really great to be able to come and go. I could come in at 10:30, work to 6:30 or to 8 if I wanted, or work on Saturday or Sunday. I mean I had to build her trust in order to get to that place, but having that trust in me, and my ability to do the job made a big difference.

- Raymond Helkio, Toronto People With AIDS Foundation

In an organization that is going to experience a lot of (change), you have to be flexible in a lot of ways, you can't have...rigidities built in, even into your contracts if you can avoid it. Because in order to have change, you have to have flexibility in a lot of other ways, otherwise your organization is not going to bend when change comes.

- Dawn Bryan, The Momentum AIDS Project

...just make sure that the people managing the individual departments are all on the same page as far as our long-term direction and goals and they know what is expected of their department and then they have free rein pretty much... I check in with them regularly and we have regular meetings and so on. But they are all talented people and they know what needs to happen in their department

- Kelly Sloane, YWCA

One of the other critical pieces of nonprofit work is maintaining good emotional health in staff. Not overworking is one of the issues; another is taking holidays. When I started at HIV Edmonton, the

practice had been to require staff to work for a year to accumulate holidays before they could take time off. Often, therefore, people had worked for a year-and-a-half before they would take holidays. Is this a recipe for burnout!? Holiday policies in all human service organizations should require that people take their holidays in the year that they earn them. Holidays are an important part of reviving, rejuvenating, and re-energizing. I also insist that staff take as long a break as possible, *i.e.*, I think it is unwise to take all of the holiday time as long weekends, for example, simply because it does not afford staff the opportunity to rest and reflect.

But most important to maintaining good emotional health in the workplace is having a workplace that supports us in our work. And that support comes from both management and peers. In complex workplaces such as AIDS organizations, that support needs to be nurtured as it may not just develop naturally.

There are a couple of things that we do as an organization that forces us to come together and really work closely together and watch each other's asses...we work close, we have worked close enough together that we know what people's limits are; we know what people's expectations are. And that didn't just come naturally. A part of the process of going through these changes is we went and did retreats after retreats. And we talked about the things that really ticked us off about this work, and the things that we hated, the personality types that really bring the work down.

- Gerard Yetman, Canadian AIDS Society

There have been management team meetings when people have actually shared; you know I don't know how I am going to get all of this done. Like I don't know how to prioritize any more, I just have so much on my plate. Or just sort of comments that indicate they are tired and worn out basically and need a bit of a breather. And how the group has handled those things, which are internal to them is not to try and fix them or give solutions to the person expressing them, but just to acknowledge what people are saying. And most of the time, just to be acknowledged that you are working hard and you are doing great things in your department and other people of your colleagues have heard you, some of them feel the same, is really all that people want...

- Kelly Sloane, YWCA

I think just accepting that change happens and that it is part of any organization but putting in place the structures to deal with that, whether it be self-care outside the office, debriefing in the office,

and also, having a very good relationship between your executive director or the person in charge, and how that information is funneled up... I think it is important to have a place to debrief around (the work). It is very different than working in the corporate world where I have worked before, where you just kind of go in and do your thing and leave it. I find that I have gotten a lot better at being able to leave it but it took me a couple of years to do that, and so I just always encourage people who are working on the front line. Others workers that I work with, if they don't have something in place, well where do you take all the information?

- Ron Fremont, Youthco AIDS Society

To facilitate this debriefing, Youthco goes even further and provides staff with:

So one thing we have done is we have incorporated into our contracts, an hour a week to seek counselling or do something that is therapeutic for us. So I know myself and my colleague, we go and see our counsellor and allow that to be part of the contract. That self-care has been a really important part of Youthco right from the beginning. It is not mandatory, but it is encouraged. And it is allowed, so it is basically four hours a month which is not a lot but it is an hour counselling per week. I know for me it totally helps me.”

-Ron Fremont, Youthco AIDS Society

I first encountered this practice of outside “counselling” support when I was doing a work placement in juvenile probation in Hamburg, Germany. Their staff were given two hours a month professional consultation time to discuss their practice with a “counsellor.” The view was that it would be difficult for a staff person to openly discuss their uncertainties in managing a case with their supervisor; and that the development of competencies would be better encouraged in a safer, nonjudgmental environment. This view is supported by the description of learning provided below.

In the interviews both executive directors and staff people offered some suggestions as to what worked and what did not work in terms of increasing staff capacities.

Along with doing the hard stuff, I did a lot of proactive positive stuff with the staff. So I put in feedback loops that included really strong positive recognition. Little things that I think make such a difference to staff that cost us nothing. Things like writing people letters to put on their files about having done a tremendous job at

this, or I instituted staff wellness days, which is a concept they had not even thought about. And then I did team-building days, so one day, we would take off. I would shut the office down, and we would take off and go out for a hike as an agency. And we traversed a river together. We did some of that team-building stuff, and so those kinds of things balanced out all of the other stuff.

-Deborah Hollins, CBCA: Sexual and Reproductive Wellness Centre

Of course, financial compensation was an issue. It would be fair to say that where the discrepancy between the nonprofit sector and the profit sector becomes too large, the ability of the nonprofit sector to hire competency is impaired. As Raymond Helkio points out, in also meant the agency had to invest highly in training.

As a grassroots organization, they haven't really paid people fairly in terms of what the private sector would pay. In saying that even as a nonprofit, we paid people relatively low at this agency at the time. When you were doing postings for skill sets, and the people, the candidates that you would get for the jobs aren't necessarily of the highest caliber, they are really good people but they aren't necessarily able really do all the stuff. That was actually a big challenge because putting together a strategic plan in an agency where there were a lot of people who don't have significant writing skills, can't do policy and procedures was really tough. Because that meant you had to work with, which still takes a lot of time, or invest training time in people, send them on courses, send them to workshops so they would develop their skills.

- Toronto People With AIDS Foundation

## Growth and Learning

Be secure in your expertise, give up everything that you have been doing, and the way you have been doing it, and be open for change.

- Gerard Yetman, Canadian AIDS Society

Change does not just mean changing the way the programs are delivered. It potentially at least means changing what we know and how we actually do things. It means at some level changing our understanding of the world; it means being different in some way. And this means everybody—from the board chair, the counsellor, the executive director, the receptionist, everyone! Is that terrifying or exciting?

Anybody who was educated before computers were integrated into the classroom knows the terror of facing a new electronic task and the relief and excitement of mastery. The younger staff at HIV Edmonton, who do not necessarily experience this particular terror, also worry, however, about being up-to-date in their knowledge. They talk about the demands of the new workplace and their fears of their capacity to stay forever on top of their learning in order to remain current.

Working in HIV/AIDS forced me to learn in countless ways. First of all, there is the considerable learning about HIV and AIDS itself. Keeping current on this expanding and changing body of knowledge in fact shaped the way in which we structured our organization. Then there was the need to examine and evaluate my understanding of organizations.<sup>87</sup> I needed to learn about learning organizations, and I needed to strengthen my understanding of managing change. My interactive skills were tested to the limits of their capacities, and I should probably add here that they did not always prove to be totally adequate to the task before me. I had to learn new ways of being and new ways of understanding the world. In that process I discovered “chaos theory” as applied to management of organizations; this resonated strongly with me because at times my work felt chaotic and unpredictable. I do not think I would have learned all of this had I not been in that uncomfortable position of managing in exceedingly difficult circumstances.

Jackie Haywood tells the story of her movement through change. She tells of her struggle to overcome her fears, leave behind the old way of being in her work, and her need to expand her skills to include new ways of responding. She also talked of the loss she experienced and the rewards of having successfully made that transition. It is a story of courage. She described the transition from working primarily with gay men to working with street-involved injection drug-users. The full text of her interview is in the next chapter. To summarize, she made the following points:

What worked for me is...figuring out your fears and insecurities and things you don't like and things you just don't want in your face and can't deal with and take a look at that. Are there ways to reduce or eliminate some of that?

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<sup>87</sup> Wheatley, *Leadership and the New Science: Learning about Organizations from an Orderly Universe*.

I certainly have had to go to a few workshops about language, drug talk, prison lingo.

Workshops where she could be more anonymous, *i.e.*, out of town, were beneficial because she could be more open without the fear of exposing herself. She noted “it has been beneficial to me to go to conferences and to just really let down my hair. And to hear from people that I don’t know about how this change has been.”

It followed then that in-house training sessions while establishing an organizational norm or standard were not necessarily the best way for an individual to learn new skills or work out old prejudices. People were less likely to be honest and open because they would be reluctant to admit their weaknesses and fears.

A mixture of learning opportunities, including some where the safety to explore provided the best developmental framework.

The process was “challenging” and involved testing “along the way because I had to get rid of a lot of prejudices and a lot of...spooky kind of fears.”

And the outcome was: “It has been an amazing experience for me because five years ago I wouldn’t have wanted to be in the room with him...”

Others too spoke of their struggles to develop new skills:

I think personally I had to let go of a lot of patterns that I had for working, a lot of perspectives that I had...that we come to the table with a different perspective and we come to the table with a lot of baggage...but it can be baggage that can block new ideas, new thought, and new ways of dealing with issues. So that is a real balance and for me personally I had to deal with some of those issues and sit back...so I need(ed) to stop carrying that baggage...

- Gerard Yetman, Canadian AIDS Society

Some spoke of the barriers to learning:

But I know for myself personally, change is difficult because I have been here the longest, and I still hold on sometimes to some of my roots, about what I know from before. So change is challenging.

- Ron Fremont, Youthco AIDS Society

...most of us are trained in either social work or psychology. Those are very individual entrepreneurial type professions because the work...is behind closed doors one-to-one. You are trained to accept personal responsibility for your work. There is virtually no training in collaborative effort; now there are some streams in social work, community development in particular, where that is different, totally opposite.

- Rod Rode, The Family Centre, Edmonton

And I think another piece for some of the older ones and for me personally was to grieve. The grieving was a big part because most of us that have been around for 15 years have been carrying, what pushes our work is that experience and that death that we went through and you know that real heavy duty hands on, feeding, cleaning, taking care of, and burying people. That we come to the table with a different perspective and we come to the table with a lot of baggage.

- Gerard Yetman, Canadian AIDS Society

Some talked about factors that contributed to that learning:

And I think if you make small changes all along the way, whether it is adding another counsellor because you have more women or something small administrative that you are doing to facilitate something that the government wants you to do. If you keep making the small ones, people will be more in the mood, more adaptable, they will be more accustomed to it.

- Dawn Bryan, The Momentum AIDS Project

I need the staff to do their own thing and then tell me how this is going to work and my job is to develop the management tools around it to make their work move forward.

Encouragement and support both from management but also from colleagues and team members was important to learning to deal with difficult issues and change.

Yes, (the executive director) says that all the time, I am here for you, that's why I am here, I am here to help all of you. It helped me not to feel so alone that I had that support. I was feeling very very lost, very unsure of what I was doing or if I was doing what I was supposed to be doing, but the way she manages now you know what you are to do and you know what the whole game plan is for the whole agency... Personally it just gave me that feeling of support, that I had more help, that I wasn't just doing it alone.

That it wasn't just me out there and yeah, it made this job a little easier... And you know you have that support, that support is there and you know she is there. And I can talk to her at any time about anything.

- Doug Thompson, Bissell Centre, Edmonton

...small things were instituted like we had weekly staff meetings or bi-weekly staff meetings to check in to see how people were doing on a work-related note. This was a small thing but it made, in my opinion, the whole agency much more sensitive to what each other was doing.

- Raymond Helkio, Toronto People With AIDS Foundation

I feel valued and appreciated here by my co-workers and my boss. I like my job; it is a good job... I've got some really good co-workers here that I can talk to.

- Jackie Haywood, British Columbia Persons With AIDS Society

Another mechanism for growth and learning was building in developmental opportunities within the organization.

Well, we have staff who have emerged either with particular expertise or interest or want to develop new careers paths or whatever. So we are giving them the opportunity to do new things. So we have staff who can do workshops; we have people who are excellent policy-writers; there are people who have come forward and have taken on the project of searching out this kind of a policy or this kind of approach. Or people who have done small new projects to develop a new interface between staff and management. So we are looking inside first, we are putting the call out to each other. Who wants to take this on first and then we decide after that based on what we can handle whether we need an external or additional resources.

- Andrew Johnson, AIDS Vancouver

Well, like I say just being supportive to the individuals, trying to say it was okay to make mistakes. There should to be a element of risk in our work because otherwise how can we know we're growing if we don't take risks.

- Chris Smith, AIDS Program of South Saskatchewan

In the nonprofit sector, in addition to poor pay, other resources which might support staff in making changes are often also missing. Adequate supports need to be factored into program proposals. Resources for staff development is often one of those soft spots that

is most apt to get deleted when funding gets tight. Yet without adequate resources, staff cannot make those changes.

I was prepared to allow staff to grieve and give them time and space to do that. And I probably should have provided a concrete individual. I probably should have brought somebody in to be prepared to sit with staff and debrief with them around the prior two years which had been hell on them. Just hell! So that probably would have gone a long way to help.

- Deborah Hollins, CBCA: Sexual and Reproductive  
Wellness Centre

Various people talked about the benefits of staff development. Doug Thompson of Bissell Centre spoke about the increased emphasis on skill development which included a series of in-house staff and management workshops about conflict resolution, personnel management, and time management, among others. These were delivered by a management consultant who also provided ongoing consultative advice as required and as requested by staff. These staff were also able to bring the consultant in to work with them on specific issues, for example conflict resolution with other staff members.

And of course, money always helps. Although, I would caution, this is a strategy which would require the development of some guidelines so as not to be perceived as favoritism.

I have even gone so far as to give staff who have really jumped into the new culture and the new way of doing things wholeheartedly, I have given them bonuses and I have said why. Why the staff is getting a bonus and what kind of values this staff person portrays and how this fits with the organization. And this is what we would really like to see from everybody. I have even gone this far. This is the way we want to see it, and this is the way we want you to perform.

- Chris Smith, AIDS Program of South Saskatchewan

Marcie Summers described the ongoing support her organization receives:

Well, we have a, I don't know what we would call her, she is not a therapist but she is a woman who has worked with the team for years, who comes in quarterly and does a day, kind of let's talk about what is going on with everyone on the staff. And we have

dealt with racism, we have dealt with grief and loss and burnout and ugly stuff that goes on... So we used her quite a bit as a facilitator for discussion... We have tried all different sorts of things with her. We have done art therapy with her and stuff but mostly what we do with her now is, she just comes and we build an agenda in the morning and just talk out whatever is up for people. And it has worked very well. And so she helped us through this big change.

- Marcie Summers, Positive Women's Network

In order to effectively do our work in human services, especially in HIV/AIDS work, we need to foster organizations that provide support and encourage growth and learning. Senge named these learning organizations. The Ottawa AIDS Committee was using these materials. In the restructuring of HIV Edmonton, the outcome was the beginnings of such an organization in which there was "a set of practices for generative conversation and coordinated action." For me, making a learning organization means paying more attention to the work environment and team-building. I estimate we spend at minimum 20 per cent of our work time in learning, *i.e.*, one day a week is committed to the process of taking on new information or skills. Some of that time is in interaction between staff. This creates the energy and synergy to move the work forward. My task as a manager/leader is to develop a structure, a set of working conditions, which enable this to occur and then to get out of the way!

As noted earlier, executive leaders are vital to change because of their efforts to create an organizational environment for knowledge generation and continual innovation. We need to hold the vision with openness and create structures that support creativity.

One of the lessons I learned around vision and articulating your vision, and that is such an important thing to do in the change process, is to be able to at least give people a sense of where you are going or where you would like to go. Nobody likes to get on a bus with no destination, unless they are totally a free spirit. But at your job, no. I have a pretty good vision and able to articulate that and we actually got it. The only thing was, you have to accept the fact that if you are going to articulate that, there are several ways you can do it but there are two general ways. One is you, you stick to it and that is it. And nothing else gets in the way and deviates you. Or you can be true to it but open and flexible to lessons learned along the way, and I think the second choice is the way to get buy in and make people feel included along the way. Which is some of the lessons we learned, we ended up in a serious deviation

from the path. And so it is no longer your vision any more, it is our vision, and but you are still responsible for leading it. And it becomes a little more difficult and it takes a little more skill in leadership to continue to articulate an evolving vision.

- Andrew Johnson, AIDS Vancouver

## Taking Care of Ourselves

Whenever staff approach me with a difficult personal issue related to their career and work, and whether they should make a decision in the best interests of the organization or in the best interests of themselves, I inevitably say to them that they need to make the best decision for themselves. I go on to say that while I appreciate their concern for the organization, organizations take care of themselves, which of course is my job as the executive director. Individuals need to make the best possible decision for themselves, not for the organization. Organizations don't give rewards for self-sacrifice—at least not in the human services. Organizations don't take care of people; organizations use people to advance the work of the organization.

For this reason, as individuals, taking care of ourselves needs to be one of our priorities. I believe fairly strongly that only once I have taken care of myself can I truly take care of others in a respectful way.

Participants talked about this in a number of ways. In particular they talked about the need for a balanced life.

AIDS is not the only aspect of that person's life. That person has to raise a family, and there are other things the person is involved in and AIDS is a job... So the person is healthy and secure and is receiving the necessary rewards or constructive criticism along the way so that their work life is growing in balance with their personal life. For us that is very important. And I think it is important for any organization to realize that the person that is sitting down in front of you only has 50 per cent to give you, the other 50 per cent belongs to the rest of their lives. So how do you best use that, how do you balance it?

- Gerard Yetman, Canadian AIDS Society

I have a really long fuse and a good sense of humour, easy going. I haven't burned out. Fortunately I have been here long enough I have a good vacation package, I have time off to breathe. I still have fun... I have my stride. At 5 o'clock I go home, I don't take

work home unless I am meeting a killer deadline. I used to go home with things to read about HIV and pile it on my nightstand next to my bed. I have exchanged those for novels. So I pace myself. And I have a full social life... I am pretty healthy. And black humour helps.

- Jackie Haywood, British Columbia Persons With AIDS Society

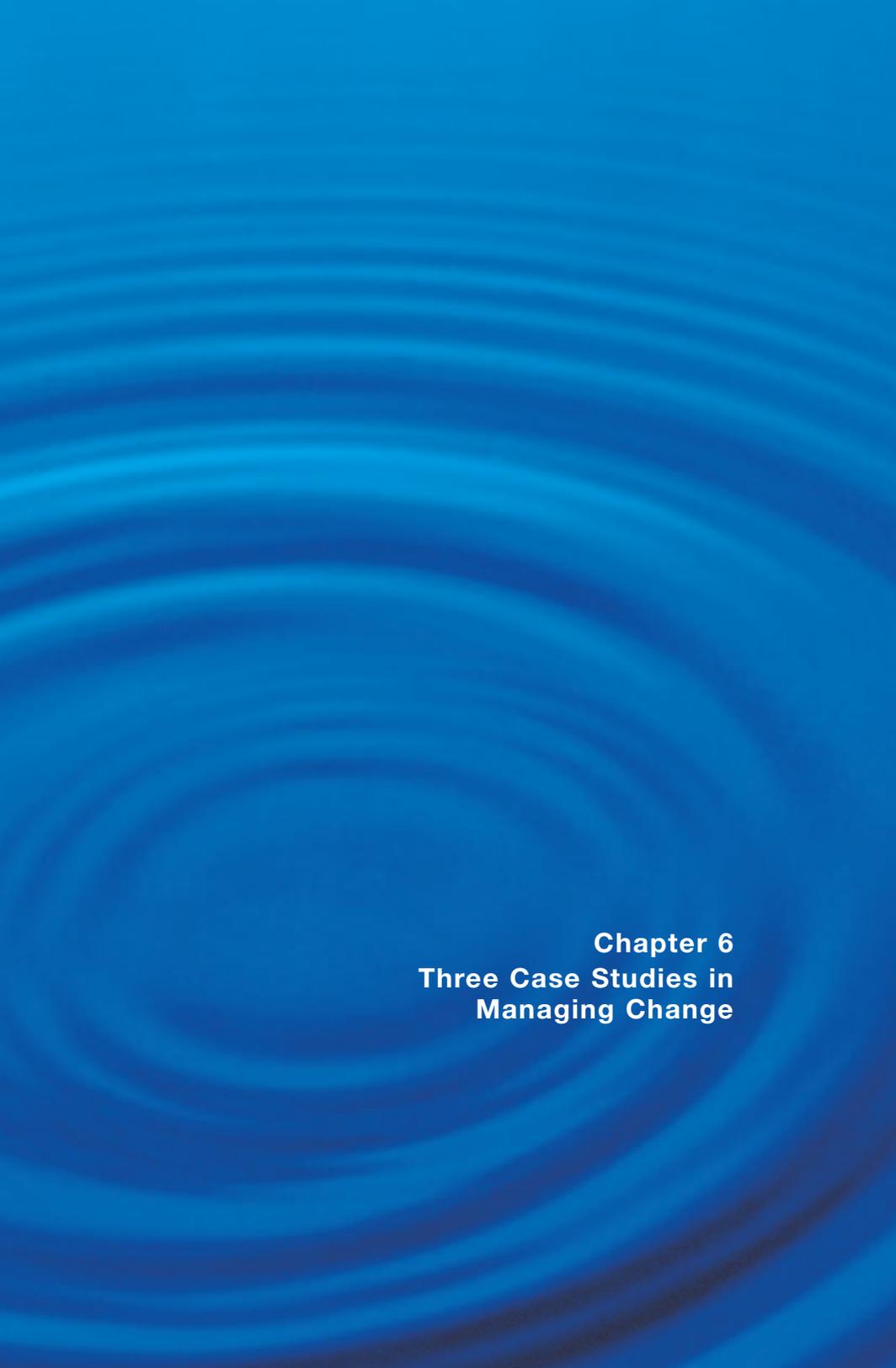
I think at the personal level...my own spirituality certainly helped me make those changes. Because I am a person who regularly meditates, working at the time of organizational change, became my meditation.

- Gerard Yetman, Canadian AIDS Society

## Sherry's Rules

# for Managing Change

7. In managing change in human services, the **maintenance of relationships** is also an objective—perhaps even the most important objective.
8. Staff and others will think you know more than you are telling because you are the leader, and they need to have **confidence** that you know where you are going.
9. **Be prepared** for some people to be really unhappy no matter what you do.
10. In changing organizations, **learning** is your optimum option. If you aren't willing, then leaving is the other option.

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**Chapter 6**  
**Three Case Studies in**  
**Managing Change**

# Three Case Studies in Managing Change

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The more I review and reread the interviews I had with people, the more I am struck by their courage and devotion, by their willingness to grapple with difficult situations with honesty and critical self-examination. Andrew Johnson in his very own expressive, expansive manner described a difficult process. He also talked about his own transition—a process of *humility*.

I think my time at AIDS Vancouver has been without question the most difficult work experience I have ever had in my life, and I have had some really tough jobs, but this has been hell. At the time the culture of the agency was “wait and then drop a bomb”; that was just the way that they worked.

I had to make a choice, things were so awful, you could just feel the tension in the air. And the threats, I was getting threats from people at home. I mean it was just really vicious. So I just opened myself up. I brought in a facilitator. I can’t even remember now we tried so many different things. And I just let my managers tell me. Tell me! Tell me. I took so many beatings, and I just let them say it; and I took it and I pondered it. I did bit by bit. I still have a long way to go. That follow-up thing is still a pain for me, but it is better and it is getting there; it is getting there. Hired some more managers and built the team, and now slowly we are coming together. But it has been quite the journey.

So for me it was really about an experience of humility and just listening, listening, listening, listening. You know you can read every book, and they say listen. And you know I was doing that, but I didn’t really hear some of the gems...I heard all about the problems and I only heard some of the solutions, but I didn’t hear all of the solutions that they were offering. And there must have been a block for me; it’s like why don’t you know this; you should

know these things already. That must have been blocking me or something. So the day that I just listened to every idea and said that is a good one, let's do it and not worry that it had to be mine as ED things were fine.

Gerard Yetman also spoke of his transition—of letting go and being open for change.

And it was, I think it was for me, stopping and saying “if everything we have been doing is so good, why are things so bad” on the larger picture. Why haven't things improved? Why are we still dealing with high rates of infection? Why are we? You know the whys, Is questioning and just stopping and thinking it is time. So I think it was a little bit of letting go.

Be secure in your expertise, give up everything that you have been doing and the way you have been doing it and be open for change.

In this chapter, three case studies are presented. These three were selected for various reasons. Both the Ottawa AIDS Committee and the Lethbridge HIV Connection were organizations in deep crisis. Their new executive directors described the processes used to stabilize those organizations. To some extent they represent hope, that even when an organization has experienced very difficult circumstances, it is possible to recover. I picked these two because they were different sized agencies, one exclusively urban and one servicing both rural and urban communities. Jackie Haywood from the British Columbia Persons With AIDS Society is the third example of change and is the story of one woman's personal change process. It is an amazing story of perseverance, devotion, and courage.

Each of these participants reviewed the transcriptions and made modest changes to clarify their meanings. In the case of the Ottawa AIDS Committee and the Lethbridge HIV Connection, the transcript was also reviewed by the board. Included in the chapter is a story written by Jackie Haywood “Sole Brothers.” It is an example of the creativity that she applies both to her work and her life. It is part of the process she uses to keep her balance.

## Easy to Get Lost: Lethbridge HIV Connection

*Mission:* Through support, education, and advocacy, Lethbridge HIV Connection facilitates compassionate and effective community responses to HIV and Hepatitis C.

This describes a small AIDS service organization in a southern Alberta city. The programs offered by the organization are in two main areas:

- care and support to people infected or affected by the HIV or Hepatitis C virus
- prevention programs.

The organization provides support, education, and advocacy for individuals and families infected or affected by HIV/AIDS and Hepatitis C through a drop-in centre, HIV counselling, a telephone information line, a library/resource centre, a special needs fund, and partnerships with other service agencies in the community. It has a pool of about 30 regular clients.

Community development includes training and presentations on HIV/AIDS and Hepatitis C aimed at preventing the spread of the viruses and promoting a supportive environment for those infected, special events such as an annual AIDS Walk, a candlelight vigil, displays, and publication of a newsletter. Community development activities are monitored and supported by the Lethbridge HIV/Hep C Community Consortium. Together with volunteer presenters, they offer four to eight workshops/presentations/public displays a month, and can reach up to 150 people in a month.

Harm Reduction, a relatively new activity, has two focuses:

- together with the Harm Reduction Network of Lethbridge, a communication plan to educate the general public and partner agencies about harm reduction principles and advocate for them in the region
- distribution of condoms and the needle exchange program through two local pharmacies.

The Lethbridge HIV Connection developed serious management difficulty after its long-term executive director left for another position. The subsequent executive director proved unable to manage the work and in less than a year also left the organization. Early in 2001 Helene Wirzba was hired. She inherited an agency in disarray.

While the funder, the Alberta Community Council on HIV, had renewed the funding, they also placed the agency on one-year conditional funding requiring a revised proposal. The process of recovery for this organization is described below.

Lethbridge is a small city of approximately 60,000 in the heart of conservative southern Alberta. Its predominant features are the wind and the University of Lethbridge. Lethbridge HIV Connection was formed in 1986 with meetings of concerned individuals, including members of the gay community. After a community meeting of representatives of health and social service agencies organized by the Lethbridge Health Unit, the decision to incorporate as a society was made in 1988. With the organization becoming more public and official, most of the gay supporters left as they felt it was not safe for them to be openly associated with an AIDS organization in southwestern Alberta. For the first several years after incorporation, most of the HIV Connection's board members were professional people. This has gradually changed over the last seven years, with the organization becoming truly a community-based organization with significant representation from the gay community, persons infected by HIV, and others.

In 1999 it initiated a needle exchange program and integrated Hepatitis C services. It has also developed partnerships with the Aboriginal communities around the city.

At the time this organization went into crisis, it had three full-time staff with an annual budget of \$160,000.

The impetus for change arose because of:

the fact that there was an executive director in place that was not able to fulfill his duties so a lot of the things sort of collapsed and were not done. So when I came, I came with a big vacuum and a big bag of problems; it was a good time for change.

- Helene Wirzba

Wirzba also noted that “any positive change was welcome.” And in this situation Wirzba felt she was “not bound by the past” or the assumptions of success or failure of the past. She felt she could “try out new things,” that there was “an opportunity for change.” And at the same time there was “forgiveness and understanding for mistakes.”

Because of the instability in the organization, the sole remaining staff person was somewhat resistant and fearful of further change. She had been with the Lethbridge HIV Connection for six years. Wirzba described their initial relationship as tentative, but both were willing to try and eventually they developed a good working relationship.

The board, halved in the size because of resignations was very tired and “ready to take a break.” They had had to assume actual “hands on” responsibility for aspects of the work, including the three-year major funding application.

They hired me and they said “now it is up to you.” They provided me with information but they said “it is your job, it is your responsibility. If you need information we will give it to you. But you are the one making decisions.”

- Helene Wirzba

So Wirzba started and the agency had only one staff, limited programs, no current policies, an exhausted and depleted board, inefficient administrative systems, and heightened demands from funders who were concerned about the viability of the organization.

## Process of Rebuilding

Wirzba described her process as follows:

I tackled one thing at a time; there was so much to do. But looking at small successes, small changes, is much better than being discouraged by the whole thing. I don't think I had any idea of the extent of what had to be done. I think my first struggle was to decide between cleaning up internally, like working on management issues or working on programs because both of them had suffered...because the program person had resigned, I was kind of left by myself and I was trying to do everything, please the donors who wanted good reports, clean finances, and on the other side wanted things to happen. So it was very busy.

She offered this advice to others in the same circumstances,

Don't try to do everything at the same time...Don't put your expectations too high because it takes time, and it is difficult.

The process she used follows:

1. I think the first thing I did was try to learn what has going on. Like try to sort or list what the program was, what the problems were, and try to make connections with people and ask people for advice, what they would do...to draw on institutional memory...
2. Two new program staff were hired. Together with the new executive director, they oriented themselves.

...there were work plans, somebody had written proposals, and so I did have some kind of a plan knowing what we were supposed to do. Although I did not agree with a lot of the things that were in there...nobody had ever looked at the work plan, it was just a document you sent to the donor for funding, it (was not seen as) a working document.

But it was good for me to at least have it and say, this is what the donor requires. I was able to make changes to the workplan quite soon because these plans were just submitted for approval. So I kind of tried to downsize and streamline them right from the beginning with the help of the former program person... And over the six-month period, I kind of put down things that I thought needed to be changed.

3. She introduced new financial management tools, updating, and computerizing their systems. Financial monitoring systems were streamlined and standardized.

They did have an accounting software program, so we did try and make use of it. They had put in only parts of the financial information; otherwise, it was still being done by hand. So we actually used the package we had and built on that rather than moving to a different one.

4. She introduced monitoring, evaluation, documentation, and other systematic tools. Wirzba described the lack of documentation as the most difficult issue for her to manage.

...not even being able to find previous funding proposals. Not being able to get a full picture of where the money comes from and

where it goes from. The fact that there was no good filing system; there was no good institutional memory... Everyone had a little piece of it.

5. Office equipment was updated.
6. And we did some major restructuring of our “special needs fund”—who accesses funds and why. Money was spent very loosely the year before I joined, mainly because there was no policy or the policy that was there was not known by the person who administered the fund. So we spent three times more in one year than the year before, and pretty much depleted the fund. We had to rewrite the policy and educate the clients that it was not the way it used to be. And also change who was accountable and responsible for the fund. It used to be the client services person and now it is the executive director... The program people make the recommendations but it is up to me to issue it.
7. After six months, the board was ready to undertake some strategic planning. They set aside an evening, a four-hour workshop to start the process. This included changing the vision and mission statements.

The strategic planning was kind of pushed by the fact that we were under conditional funding, and we did have to have a complete new proposal... It was good timing, six months of learning, six months to clear things up, identify priorities for the future about the programs, and then being able to go with it.

This resulted in a rewritten proposal. Wirzba noted that although she initially resented the conditional funding, in the end she found reworking the proposal made her job easier “rather than (being) bound by something that you don’t agree with or at least not completely.”

In this process, the funders were helpful in supporting change,

...they gave me all the information I needed, they gave me support, they gave me room and time to make the changes. But on the other side, they were bound by their rules. Although the organization resents the fact that we had all these conditions put on us because of messing up one year in a 10-year period, I think they did the right thing.

The changes did have repercussions with both the PWAs and volunteers, both of whom slid away from the agency. Clients

“resented the changes,” particularly in the “special needs fund.”  
In the end:

some of them came back, some of them don’t seem to need us anymore, and we are fine with that. And we got new clients in.

Community partnerships were unaffected. Because the circumstances of the organization were so difficult, there was little opposition.

Everybody said, if we don’t straighten up, there will be no more HIV Connection.... Some (clients) resent the fact that we do so much harm-reduction work. So much time and money spent on prevention and so little actually sitting and having coffee with clients. And we realize that. But we also know that it is a process. It takes time. Change takes time; change takes work. We are doing better than we did nine months ago.

However, as in other organizations, departing staff sometimes leave angry.

I tried to rely as much as possible, I tried to keep contact with the person who had worked as the program coordinator. She got a new job, and she just disappeared. She would not even orient the new program person, and this was disappointing. And it made sense that she would feel uncomfortable about me questioning program activities and her work after having spent almost one year without any feedback or supervision. I was actually relieved when she decided to resign; I was ready to continue working with her to make it a trial but I knew it would be hard. And she resigned, and I said, “Okay, go.”

## Resources

The Lethbridge HIV Connection had limited access to organizational support services. Hence, funders played a more critical role in supporting the organization. As with the AIDS Committee of Ottawa, internal agency resources were used to support the change. These could be seen as:

- A new executive director was hired with a mandate to rebuild the agency.
- New program staff were hired.

- The board undertook the strategic planning process at the six-month juncture. They also held some of the organizational memory and “were a good source of information.”

In addition to those internal resources, the following external resources were used to provide services to support the change process.

- The Alberta Community Council on HIV, both the funding arm and the network of ASOs. Other executive directors gave support and information.

I really believe that being part of an umbrella organization in Alberta is a privilege. That sometimes it takes time and commitment and effort. But it is really worth it for me. This is my second experience in working with a group of agencies.

- The previous long-term executive director provided information and also acted as a sounding board for the remaining staff person.

She would call (him) to make sure that I did the right thing. After a while (he) told me, “You know what she doesn’t call that often any more so I think things are going better.” It was good to have this feedback from other people.

Of course, the downside was that in the past the work had been done “the right way.”

- The local partners, in particular the Sexual Health Centre of the Regional Health Authority facilitated introduction of the new executive director into the community.
- A no-cost facilitator was provided by Community Development Services of the Alberta Government to assist with the strategic planning process. This individual was familiar with the organization because of previously facilitating other planning exercises with the organization.
- A local consultant was hired to do an organizational capacity evaluation. She also had had previous contact and “it was very helpful to have her take a look at the organization overall.”

## Future Direction

In addition, other initiatives were undertaken:

- New organizational policies were written. “Working policies” dated back to 1992.

The fact that there were no current policies made it hard to work with a team of people... I don't think the organization...had to face that. In the policies that we have, everything is decided by the board, the executive director is not even identified as a position of management. So with us now having six employees...we have faced some problems because of that. That is my next priority— personnel policy, program policy, administration policy, and then board policy.

- New board bylaws were developed.
- Board governance structure was evaluated.

One interesting thing, too, is that we do have these committees, and some of the committee members don't know any more what they are responsible for doing because the executive director is doing the job that they were doing. So we are in the process of defining who does what, and the board definitely wants to move towards a governance model but they are not there yet.

And on a final upbeat note, the Lethbridge HIV Connection had received additional funding for Aboriginal programming.

I actually think it has been an interesting year, because we started as being put on conditional funding status but in the meantime from the same donors we got additional money... This was a very positive move...just to know that the donors are trusting us and believe that we can do more...And I think one result of change is when you have new people and new ideas, you are able to bring forward new programs which may sound good to the donors. And they may be willing to invest in you even though you are new and you are inexperienced and you face issues.

As a trained physician (though unqualified to practice in Canada), Wirzba had previously managed a larger health organization. So that while she described the change as difficult and chaotic, she was able to be methodical and sensible about the tasks she faced.

I knew that some things were bad, but nobody told me how bad they were. But I don't think anybody knew. This is not my first

experience, my previous experience was in Bangladesh, in a nonprofit consortium, and I was actually managing the research component of 50 nonprofit agencies. And the person before me had also...not been doing his job. So I kind of faced the same situation, money not being spent, programs not being done, people being hired with the wrong expectations. So it was like *deja vu*. I also felt it should not be impossible to manage an organization with a budget five times lower than what I had before and with only three employees. I did not see it as something that could not be done. I am a pretty organized person and so I just said “well, let’s get to it, one thing at a time.” It was actually rewarding because anything I did, people were so surprised that something would come of it. People did not have very high expectations at the beginning because things were so bad before. I found it not too difficult but it was a lot of work. I also got good responses, compliments for it. And it has kept me going. And I did have a good team, like once the administrative person was very supportive, once she trusted me. And I got a good project/program coordinator, and we worked well as a team. And so things just seemed to work out with all of us working well as a team. We are getting positive feedback for what we are doing.

In the process of reviewing and authorizing the telling of their story, the board requested that the following statement be included:

The one lesson that perhaps could be really emphasized, for the report and ourselves, is that all organizations should have clear policies and bylaws, and a paper trail of everything that is being done, so that if any staff member leaves, there is no problem figuring out what is happening. In a way that also applies to board members as well.

## **A History of Turmoil: Ottawa AIDS Committee**

The AIDS Committee of Ottawa ACO ([www.aco-cso.ca](http://www.aco-cso.ca)) was formed in 1985 by a small group of gay men and lesbians. Since its inception, like other ASOs, ACO provided services initially to the gay community, expanding its service to include other populations during the past few years.

This description covers the period from October 2000 when the organization slipped, not for the first time, into crisis. It is a hopeful

story of an organization's capacity to change and grow. Of course, the story is still unfolding, but the 2002 annual general meeting has passed uneventfully and Brent Oliver continues on as executive director.

Here is an Historical Timeline

- 1985 - AIDS Committee of Ottawa formed
- 1998 - 100 per cent board turnover; executive director resigns
- 1998-2000 - management instability; four different executive directors; lack of consensus around basic issues
- October 27, 2000 - board/staff facilitated planning retreat followed by staff resignations; executive director also leaves, temporarily replaced
- January, 2001- new interim/contract executive director hired
- transition team established by election
- January to May, 2001 - transition team/advisory committee evaluate and analysis agency circumstances
- June, 2001 - AGM membership and organizational commitment to continuing with the change process.

Ottawa's history has been...at least five years...of turbulences ...high staff turnover and a lot of criticism from the community around the agency's responsiveness... There was a complete turnover in (19)98... The board was forced to resign as the result of some bad decisions that were made at that time. So you had an angry community who responded, what they put in place was almost a swing that was too far the other way. So they built themselves out of that transition by putting in a board that was a 100 per cent service users of the agency.

Both the board chair and the executive director positions were unstable in the following two years.

After a number of interim executive directors, the position was again filled "permanently." That executive director has difficulty managing the situation and did not establish either staff or the board support. Lack of leadership at both the board and management level

of the agency led to continuing instability and lack of direction within the organization.

This crisis came to a head on October 27, 2000.

That was the day, there were long simmering tensions among staff and board, and that is the day that finally the organization realized they needed to do something. Although they didn't completely realize they needed to do something, they brought the board and the staff together for a day of facilitated strategic planning. That was the day the tensions were finally put on the table, really voiced. That was the day most people, including myself, that the conflicts amongst staff and in some cases amongst the board were far too deep to be resolved. So it was either...we will work through this...or we see the conflicts and say, "I am out of here." I think probably 90 per cent of the people said, "I am out of here," at that point.

...the staff fought amongst themselves, there was a lot of conflict; in the board...as well. (There) was a sort of division amongst the staff, at times it seemed to be support services on one side and education on the other...but it was also, the support services department had been the staff that had been there a bit longer and the education staff were the newer staff.

A number of tensions seemed to be evident:

- some personalities that were very difficult
- apparent lack of respect among staff, the younger education staff in particular felt undervalued
- an additional division between support services and education which expressed itself as client work versus education work as the most important
- education department staff felt under-resourced compared to support for PHAs
- prevention and education not respected or supported by the agency
- lack of structure with resultant chaos
- lack of program priorities

- no communication among staff
- a crisis survival mode
- no clear vision.

The lack of vision was described as “a key part of the problem.” In 1998, following the board resignation, an organizational development consultant, funded by the provincial government, had tried to develop a renewed mission and vision. It had proven impossible to obtain consensus “whereby the agency, whether a collection of volunteers, staff, board, or service users” could agree on a mission.

Following the October 2000 retreat, the drop-in staff (including the program supervisor), the volunteer coordinator, and the man-to-man project coordinator resigned. Soon the executive director also left. Eighty per cent of the staff were gone. The only people who had not resigned at that point were one counsellor, an office manager, and an educator who went on secondment for one year. Two board members also resigned.

In February, 2001 Brent Oliver started as interim executive director; a board member had been acting in the interim. The rebuilding started. But there was an initial period during which there was a “lack of structure,” because the organization was “coming out of chaos.” The new had not yet been created or even named; during this period, the only agreement that existed was an agreement to put “something into place.” This absence made some staff uncomfortable.

The other board members stayed on and assisted with putting the agency back together again. It “remains to this day and has really worked through and put some things in place” was Oliver’s observation.

Oliver also noted that in the rebuilding of the agency, a history of the agency developed.

It was a huge graph or picture on the wall of all the sort of milestones of the agency to get a feel of what the history of the agency had been like. Just to bring everybody up to speed. What we ended up with was a history of the AIDS movement in Ottawa almost, which was really interesting. And we could identify crises

almost to the day of every two years; really debilitating crises, for the agency. You know complete staff turnovers, or board turnovers, the kind of crises that threaten. It was so clear. So to have that visually to have that for people was pretty astonishing. That was a pretty major piece.

## Process of Rebuilding

1. ACO immediately put in place a transition team to handle communication with service users, the community, and volunteers. This was to forestall “communication by gossip.” This transition team worked on a series of ads for newspapers, some bulletin boards in the drop-in centre, some communiqués that they mailed around just so that people would know what was really happening and that steps were being taken to deal with the crisis. Before the creation of this transition team, non-official information had been conveyed to stakeholders, either on behalf of the agency’s board or leadership.
2. Volunteers, staff, and service-users began working with the executive director to stabilize things, facilitate a transition, and develop and implement a communication strategy.
3. ACO had no support staff for providing services to clients in either the drop-in centre or the counselling program, so they moved quickly to put interim people in place. People who had been in the agency part time or casual on relief were engaged in full-time contracts; this provided skilled staff who had some knowledge of the organization. This interim staffing maintained basic services.
4. The transition team evolved into an advisory committee for the support services department.
5. The “transition team” was formalized. Two people were elected from the board, the staff, and service users. The transition team started a process of putting together community advisory committees for all of the projects including one called “‘planning’ which involved itself with the whole agency.” In total, there were four advisory committees. Stakeholders were asked to join an advisory committees based on their involvement and their interests.

6. Other community agencies, community leaders, leaders from the gay community, and the PHA community were asked to help with overall planning and the advisory committees.

7. For each of the project/program areas, ACO did:

- a history of the project looking back 10 or 15 years. What happened, when, with whom? A picture of each of the project/programs emerged.
- a SWOT analysis (that is, a big picture analysis of strengths, weaknesses, opportunities, and threats).

8. From there what we realized, in some of the advisory committees, there was so much community—just anger and sadness and all of that stuff for the agency. So the advisory committees became real, they were always completely open, anybody could attend, anyone could participate...we had some people who founded the agency come in and say it is time to disband the agency that is what you should do.

-Brent Oliver

9. Major big questions were tabled and discussed. Should ACO exist? Should they devolve? What would be the advantages and disadvantages of disbanding? Should they partner or merge with some another organization? So that took us some months that took us from January, February right until the end of May, June. We were planning for a late June AGM. Somewhere in May we got consensus at the board for (a) mission...and vision...so we got good consensus around that and in my mind that was the beginning of putting things back in place. Because we could get the people focused on this is what our vision will be. So that was really a starting place for us.

10. Then the advisory committees put in place some logic models for each of the projects. These models, answered the questions:

- what part of the mission is this project going to do?
- what are some of the outputs we would like to see?
- what are the activities going to be?

It was understood that unless people were agreed on what they were trying to achieve, unless the committees could be clear and spell it out, that the agency wasn't really going to be able to make any headway.

11. Rewriting all the job descriptions was undertaken at the same time.
12. One of the real problems before was that people had unclear boundaries, unclear roles and responsibilities. So we started with the staff-building team by clarifying everybody's role and responsibility.
13. We then clarified what each project was going to be working on and we developed a one-year plan which we presented at the (June 2001) AGM.

Describing the process, Oliver said:

We heard like tons of stuff, tons and tons and tons of stuff and ideas. And we realized we needed to make some priorities and that we had good information for longer term planning, but we needed to boil it down to something that we could achieve in terms of a one-year operational plan. And basically that plan was that we just needed to stabilize the agency so that we can build a platform.

In the process of interviewing, I asked what the response to the change was from various segments of the organization. Regarding the board, Oliver said:

I think that the board throughout the change was, and I have to say I was really skeptical about, that this could happen with this particular group of people, but it did really happen. They pulled themselves together as a team, a really strong team, and they are a skilled board. And so we didn't see as many people leaving at the board level as I thought... But that has been remarkable to see the amount of change they have developed at the board (level). At times it is still rocky. It really came from board members screaming at each other in terms of having a discussion to really, really helpful. There are still conflicts and whatnot but how you manage them is the big difference. There have been some really respectful discussions and they have been able to provide the kind of leadership that the agency needs.

The contributing factors to this board development were:

- good leadership from the chair
- a commitment by board members to stick it through
- a significant amount of organizational development and enabling support.

According to Oliver, this included:

board days where they would talk about their commitment to the agency. Where the board would sit down and say, “I am here because of this, this is what I really want to bring.” And a lot more understanding about where each other was coming from.

I think the advisory committees were a help because it was really clear from the get-go that we could not have a board that would just manage policy and would not be involved in some details of the operation, because we were in crisis. And the way that we channeled that...was through the advisory committees. Every advisory committee had two board members, and so they got really good intimate knowledge about of the programs, the staff, the volunteers, people using those services. And I think it developed really good team work.

Regarding funders, Oliver said:

Initially I found there were obstacles...with the funders and then, I have to say they were very, very understanding and very supportive of what the agency was going through. More than what I expected. You know my heart used to skip a little beat when a phone call from a funder would come through. But they were there to provide the kinds of stuff we needed and I was quite surprised by that.

Regarding the larger community and other stakeholders, he said:

I couldn't believe the amount of goodwill in the community after all those years of struggling and not delivering on what we should have been delivering on and just people willing to give their time and make their voice known and to be involved in changing things around. It actually blew me away. It was well beyond what I thought it would be; I actually thought people would pack it up and head home. But really people who were involved in having founded the agency, not having a good word to say for five years, coming to the table and really cooperating. And I have sensed a

shift. I don't think that's because of what happened to us, but I am just sensing this big shift in most of the community levels that we work at in terms of, I don't know, if it is new people or an energy shift of greater cooperation...like there is just more of a move to partnering and supporting each other. That has been really gratifying.

Of course, there were conflicts, and a considerable amount of anger from former staff towards the agency and board members. Says Oliver:

Some of the ex-staff that left...a lot of that was handled very badly by the board at the time that were doing personnel matters. People got quite angry with how they left. I see it as resistance to change because I think those people thought that without me it will stop... There will be no moving on, there will be no service... A lot of the resistance to change was in the community in sabotaging kinds of behavior, personal attacks. And again, I call it the dark type stuff, because it wasn't at a forum, it wasn't open, it was working gossip, and vendettas, and really personal stuff, and in the end I don't think it really harmed the agency that much in terms of the progress we made.

There was also some opposition from the few staff who had actually remained with the agency. One of these ultimately could not adapt to the new "learning organization" which was being created or the new leadership, and left. "I think that in the end okay, so we managed that as well as we could."

The second staff person, the person who had been on secondment, came back:

to a new team, and...a former co-worker who was now the executive director which was quite difficult as well. And some predetermined conflicts already that we were able to work through. So there was initial resistance to change and it came through in what I call back door ways—gossiping in the community or not to your face kind of conflicts, you know that kind of stuff—which I just learned, if it is not on the table to not worry about it and to let it fall away. And to invite people to bring whatever they could to the table. And that worked with that particular person who was resistant to change, and brought them in and made them part of the team.

The volunteers left during this time of crisis and had previously during the 1998 crisis. This occurred despite the agency doing

“everything we could think of to do in terms of supporting volunteers.” Volunteers, particularly those who are service-oriented, do not necessarily wish to be involved in the politics of an agency and so, during times of change and crisis, fall away.

With regard to service users, Oliver says:

I think I saw service users or clients of the agency being pulled into the conflict both by board members or ex-staff members with axes to grind... They were talking about it to service users which to my mind was not a good idea and was probably in some cases unethical. What happened was that clients really felt pressured to either support ACO in what it was doing or you don't so you go with the old staff or you go with the new staff. And that was really, really difficult for me personally... I know that a lot of the people I worked with when I was in support don't come here right now, and I find that difficult personally because I worked a long time in building those relationships so we could provide good quality services. To see some of that go has been really difficult.

To add to that, ACO was already in the process of winning back the clients from the last time something bad happened here. So in many cases I think it was the final straw for a lot of people. So I don't expect we will see some of those people back here anymore.

Oliver described the organizational development process as creating a learning organization coupled with a transparent management style.

...we put in a model with staff team-building that we were calling shared leadership so that we were less of a hierarchical organization, though we are still essentially...hierarchical. But that everybody could share...responsibility and take ownership of the agency.

## Resources

Considerable resources went into the transformational process. As noted above, the following agency resources were diverted into the change process:

- A new executive director was hired with a mandate to rebuild the agency.
- New staff were hired, and their duties included participation in the transition team and the advisory committees.

- A board member acted as interim manager.
- Board members formed the transition team and were members of the advisory committees.

In addition to those internal resources, the following external resources were contracted to provide services to support the change process. Considerable financial resources were used to support this rebuilding. Oliver says:

1. The organizational development support we brought in to help the agency restructure in the October meeting, stayed and helped us through the whole procedure so we had some pretty intensive organizational development... The consultant support was very helpful and had the potential to be both helpful and not helpful, and what I learned through the year was to be more involved in the process. I think that the thing that was helpful is that it was external, and they were not involved in the day-to-day details like I had to be, and they could do some big picture where I couldn't. And that was really good. At first I wanted to do everything; I wanted to do it all. And realizing that I can't and that I need that support. So that was really, really good. That being said, it had, sometimes it had, the potential and sometimes it was a bad thing in that I realized that you can't give all of that power...an organizational development consultant will have a lot of good ideas for your agency and some of them will be things you don't necessarily need. So you need to know what you need. At the time I didn't know what I needed as much, and I kind of let the process lead me. But in the end it has been a really good thing.
2. The other thing is that I was lucky, in that with our structure, we had a very expensive organizational development consultant, and she was very skilled so the model we used was that she engaged a student who was working on a Master's thesis, and the student worked with us and that was more affordable for our agency. And she guided the process. What I found was that the consultant who was working with the team and with the board was, sometimes fair enough, getting very close to the other staff and became a member of the team.
3. The organizational development consultant provided management coaching.

I started out spending an hour a week with her, then it was an hour every two weeks and now I just phone her when I need to. And that was really, really excellent time because it is not board and it is not

employees but it is an external person who really challenged me. And I was really open to her. That was invaluable; it was really helpful.

This management coaching provided an outside, somewhat independent support structure. This was particularly critical around the difficult personnel issues because the consultant/student who was working within the organization became, as noted above, one of the “team.”

4. The Ontario AIDS Bereavement Project (OABP) was a support both individually to staff members and also organizationally. Describing the importance of that support, Oliver said:

I have done training with them throughout the years. It just seems that, at important times, these opportunities come up for me. And I go and I do the work, the trainings, and I get a lot of support out of that, or I get a lot of learning.

One of the things that has helped me personally...is an understanding of grief and loss and change on a personal level but also on a community level, so having a grounding in that kind of stuff has helped me (with) some of the transition phases...where people might be coming (from) in some cases. That has made me realize, well, different people need different things, so some people will say we need policy...and what I have realized is that that is not always where all the answers are. It can seem like a simple answer, put this policy in place and things will be fine. But I have realized it is a little more organic than that.

Working with the OABP was seen as a real priority for the staff. They go to semi-annual workshops and are working on developing ways to integrate these learnings into their work. At the time of the interview, OABP was also working with the clients of the agency.

5. Networking opportunities through the Canadian AIDS Society annual general meeting and through the Ontario AIDS Network were seen as helpful for board, management, and staff.
6. Support came from other executive directors in other ASOs who shared some of the same experiences. Networking with other organizations within the community is also helpful.
7. Staff also attended workshops which provided information, insight, and in some cases tools to assist with the change process. These were:

- Canadian AIDS Society Skills Building Symposium
- Ontario AIDS Bereavement Project workshops
- Workshops through the Ontario AIDS Network.

Personnel issues were seen as the most difficult to handle. “All of that stuff was more difficult than I thought it would be,” said Oliver. (The staff conflict with two of the three long-term staff was described above.) Other issues identified were:

- motivation and engagement
- commitment
- poor pay
- the role of burnout in contributing to conflict.

...in the end with all of the conflict and stuff, you just had tired people putting in lots of hours, lots of grief issues...which really played a role... So the agency, at the board level and at the staff level committed to developing better prevention of burnout strategies and to supporting staff in articulating what self-care meant for them. And how we could as an agency practice and put supports in place for staff that would help.

They created a staff committee with the task of developing a policy proposal around self-care.

That didn't work too well, and I am not sure that the answers there are at the policy level. What they came back with is time away from the agency. And we kicked that one around a lot and then I think we decided that it was more what we did when we were at the agency as opposed to just sending people away to get better.

Team-building was also seen as important, and the staff spend a day a month in team activities or learning modules, generally out of the office.

At the core is helping staff to develop self-awareness so that they can then articulate what they need and find ways to have their colleagues to support them when it does come time for self-care.

Also important was recognizing that the pace of change needs to be managed appropriately so that staff and volunteers involved are not exhausted by the end of the process. This means balancing personal life and work and not expecting either to put in excessive hours.

It has felt like, well, we really need to do this and we really need to do this right now. Having it yesterday just isn't soon... I have had to learn that while that may be true, while there is a great sense of urgency in a lot of things, that sometimes we are just going to ride people to the bone... I have learned in the past year that the pace of change needs to be managed so that, yes, we need to do a lot of things, but we also need to take our time because it needs to be done well.

Finally, in discussing these personal issues, Oliver noted that the issue of commitment is perhaps critical to the work.

At first I thought that if we trained the staff really well, they will stay or, if we paid them a lot more they will stay, or, if I am really nice to them every day, they'll stay. But in the end I don't know that that is the answer; we are still working on that. But the next piece we are going to work on is what are people's commitments, like what keeps them coming into work.

## Future Direction

The process of change for the ACO was tremulous. Besides Brent Oliver, who was hired back as the new executive director, only two other staff remained with the agency. There was continuing turnover in the new staff as well. Clients, too, were affected by the change process and Oliver acknowledged that at least some of those men may never return for services.

We don't have a field of experienced qualified people to put into the jobs... So all I have available (are) young people who really want to try their new job out and give it their best. And for someone who has been HIV+ for 20 years and is in their 50s and is a gay man, that doesn't resonate very strongly. And that has been one of the disadvantages for the clients...

Oliver also acknowledged the fear that the biannual crisis history of the agency may not be overcome.

The tug of the history of ACO has been so negative and so much conflict and so much community anger that at times it has felt like I have to battle with myself and to believe that we couldn't break with history and move forward. Because everyone is expecting a cycle, a two-year cycle, that we will go through it again. I know that one of the only ways we can prevent that is to make sure we build a healthy effective organization and to have some continuity in terms of the people who are working here and the volunteers in

providing services. Personally I have to fight with myself in terms of this is happening again or that is happening or a bad day means all of a sudden everybody out there is right, that it is not going to get better. That nothing changes.

His view is that “there has to be a healing for our greater community.” It may be that the underlying river of grief, loss, and anger perpetuate the dysfunctionality of the organization. Over-reaction to a particular situation may also pose a pitfall.

...going back to (19)98 where you had a really non-responsive board and a non-responsive executive director, and the change to that was to swing the pendulum as far across as we could, like to a complete and radical difference and...sometimes you know swinging the complete opposite way is the worst thing you can do. Nothing is completely bad, there were some strengths, even in those bad old days, when bad things were happening, there was something good there, there was something worth keeping there and to keep an eye to those things and not to just completely react.

Managing change is stressful for those involved. The staff turnover and anger discussed above is one of the consequences. For leaders too, managing change can have impacts. Oliver talked about the challenges he faces, his fears, and his uncertainties as he described the change process.

I think for me there was a change in role. I had been a support worker to executive director, and I was naive about what I could still do...in terms of support work...that kind of connection was always really important to me in my work; to the point where I co-facilitated a support group. Well, not everyone wants the ED to be co-facilitator of a support group, so I had to step back from that.

And an interesting thing is that because I came from within the organization, like some of the big issues for me personally was...history and letting go. In some cases I realized that my already being involved with the agency was a huge strength because I already knew a lot of the people and all that kind of stuff. But I think a drawback was I had to fight off a lot of personal demons about what had happened here before I took over as executive director.

The other piece which I call fighting with my dark side... When something goes well you feel great and you think, well yes, the vision I have here I will build and we will build and we will move

forward and it will be all of those things. And then something bad happens...it was working gossip and vendettas and really personal stuff and in the end I don't think it really harmed the agency that much in terms of the progress we made. But it was really difficult for me personally during that time.

In discussing personal survival strategies, Oliver made the following comments:

I have a good life...I have a supportive partner. I am not financially dependent on my job here; if I was, I wouldn't feel free to come and go as I please. I have some financial stability. I go on vacation; I go on nice trips. I am really happy outside of work; and things are good with my family, I have supportive friends, that kind of stuff. And I've seen people come into the work, maybe younger than me, who maybe don't have those things in place. And you cannot be in a situation like ACO was in and have family stresses and have financial stresses because it is too much. So the best thing that I had going for me was that I had personally a good life. And I had fun.

## **Struggling to Change: British Columbia Persons with AIDS**

This is a story of personal courage. It is about an individual's struggle to adapt to the changes in her agency—British Columbia Persons with AIDS Society ([www.bcpwa.org](http://www.bcpwa.org)). Jackie Haywood needed to learn both about the new populations appearing in the agency and how to engage honestly with them. This is the struggle faced by nearly all of the AIDS pioneers.

And like all change processes, the process is circular not linear, with moments of failure and despair interspersed with understanding and triumph. As with many of the people who have continued to work in AIDS, Jackie Haywood had some unique talents that enabled her to persist.

British Columbia Persons with AIDS (BCPWA) perhaps more than any other AIDS organization in the country changed from being a gay organization to being an organization serving many populations but most specifically IDUs. This new population was very different from the gay men who founded the organization in 1986. They are, by Haywood's description:

- of a different class and background
- more demanding of service
- less able to engage in the organization’s “empowerment model”
- less likely to be volunteers, peer counsellors, or board members
- much more difficult to match for peer counselling.

Other differences Haywood identified were the number of AIDS organizations serving specific populations—women, youth, and Aboriginal populations. This has subdivided the HIV+ population and increased competition for funding, which has decreased money available to her organization because donors are less willing to provide money for IDUs. These changes have affected the community perception of BCPWA:

Sometimes we are seen as the people who are the advocates, banging on doors. We want this and we want that. The other folks don’t cause waves.

Haywood described many aspects of her work that had changed. For her there was more violence, thefts, and anger—necessitating security measures, a guard in the building and double-doored offices to prevent being trapped. She missed that “family feeling,” that “gay community spirit,” and she felt less appreciated or “part of the movement.” She also noted:

I think I am the only staff person at my place of work, on the front line who has been here through the change. I think that (newer) staff are familiar with what to expect when they get hired.

## **The Process of Learning**

These are Haywood’s words about her journey:

...we should have seen it coming, you could see it coming from the States. When we attended conferences, you could hear the changes that were happening. I don’t think initially there was enough done to prepare people. When we moved into this building, closer to the urban core, the changes began... Other than bringing in security people, how are we going to meet the challenge of change? There have been diversity workshops the employer has held for staff and volunteers. However, I don’t think there has been enough opportunity for people to really let their hair

down in these workshops to say, “I don’t like this, I don’t like that, and how do you cope? How do you cope with going to the bathroom where someone has just changed their clothes, leaving the soiled ones behind, or deal with discarded needles.” I think there was more concern about safety as opposed to how we personally handle the sometimes startling change as individuals and what is really going on beneath the surface; judgments, values, personal standards? When an organization has workshops, it is my opinion individuals hold back because they don’t want to be perceived as weak, afraid, or not able to handle their jobs...

I certainly have had to go to workshops regarding street language, drug talk, prison lingo. I attended meetings and gatherings on the east side of town so I could try to get rid of stereotypes and fears because that is not my background or personal experience. I went to a great workshop at a conference; it was called “Addictophobia” about injection drug-users. We could really let our hair down. It was in another city, which is great for me. I like going to workshops in other cities because I am not as spotlighted... Even though it is a large country, it is a small AIDS world, and people want to protect themselves. A lot of people don’t want to admit that there are things they don’t know and things they are afraid of.

In my department within the peer counselling program, a couple of people put together a “Street Smart” workshop for the peer counsellors. It was really helpful, and I think it would have done the employer well to hold one for staff... I lost a lot of peer counsellors due to the changing demographics of users of our drop-in space.

I contacted Vancouver Native Health. We had a peer counselling training together, five of their people, maybe six and six of our new volunteers. It was a pilot project, east meets west. And it was very good idea. During the four-day workshop, people from the downtown east side objected to the role-playing portion of the training material being, in their view, too gay-oriented, so I learned from that. The trainer, a professional, asked them to write their own role-play scenarios. That worked! On the last day we sent a paper around the room so people from the training could keep in touch with each other, which always works fine. However, none of these participants had phone numbers to list. During the time the paper went around, it was uncomfortable. I didn’t think about that. It was far from my reality. I certainly learned something myself. With all the workshops you can take, there is something, sometimes right in your face or far from your imagination that can be learned.

I have attended workshops at the Justice Institute about managing difficult people... I attended a two-day workshop, with various agencies at the Planetarium, about working with IDUs. There were various individuals doing different types of work at similar agencies represented...however, people are protective and it only skims the surface. I think that was about a year-and-a-half ago. I received a certificate from those two days.

I have gotten rid of a lot of the fears. Now I can sit in a room with someone with tattoos from wrist to shoulder, and they can talk to me about heroin and jail time and I am not as judgmental or uncomfortable. Five years ago I would have twisted in my seat, but people are still people. I still watch my back, but people are still people.

I wouldn't say (the learning process) was hard; I would say it was challenging. I tested myself along the way because I had to ditch a lot of prejudices and a lot of broad-based fears. I didn't know the language, and I thought, "gees, I better figure this out or it is not for me." And it is okay; I came out the other end. I have a lot more knowledge and confidence. Some of my prejudices are probably still there, but I am able to work with the newer predominate population, be honest, and yet not take any shit. I have raised three teenagers; I have a good antenna for who is taking me for a ride and who isn't. And I can stand my ground... People see a 5'3" curly-haired smiler come to the counter sometimes they think, "oh boy, here we go." But it doesn't happen; maybe once in a while something slips by.

I am generous and genuine. Those are helpful attributes. There is one fellow I have been mentoring. I have some published writing. He is writing his biography. Sixteen years in prison, incredibly tough stuff. I am reading it and working with him. He's got the tattoos and the lingo. It has been an amazing experience for me because five years ago I wouldn't have wanted to be in the room with him without my back door open. He and I have talked about that. That particular experience has been really rewarding for me...and he has actually found a publisher.

I manage a program named Polly and Esther's Closet. It is a peer-run free store. We were having some difficulties with bullying and abuse with people using the store... The HIV+ program volunteers pulled together and made their rules and policies. We open the store at the same time AIDS Vancouver has their grocery. The store and the grocery are side by side. Service users who attend the grocery are usually people experiencing a lot of poverty issues. There can often be a lot of behaviour difficulties with the line up

for groceries and for the store, which can be attributed to the changing demographic of service users. We are trying to accommodate this group by scheduling services programs like that, opening the store at the same time, having first-run movies on Tuesday when people have to wait to get their groceries. We also have free haircuts on Tuesday, on grocery day. I believe we are trying; this is something that has been successful, working together (with AIDS Vancouver) with a demographic of service users in mind.

The last retreat that we went on, we had two married heterosexual couples. We took 50 people. This was in the summer of 2001. Two married couples is such a change from the group of mainly gay men. We had people from hotels, from rural areas, straight and gay. It's magic; it is the one place, when people board a bus and we go to a rustic area for three nights and four days. There is structured programming; all meals in a chow hall atmosphere; people are kept pretty busy. It is a real accomplishment, bringing people together. Spontaneous evenings around the fire pit are a great place for breakdown of stereotypes and finding commonalities among the diverse populations. Prior to the retreat, some people wouldn't even acknowledge knowing each other. We break into small groups of six or seven; it is your home group, which meets throughout the retreat. It is amazing. It is a unique concept based on peer exchange and community-building.

What worked for me? Figuring out your personal fears and insecurities. Identifying things you don't like and things you just don't want in your face and can't deal with and take a look at what that is about for you. Are there ways to reduce or eliminate some of that. Get yourself to some workshops, learn to laugh, and share some humour, talk to people, sit in groups with differences and then if it is still against your grain, it is not for you.

## Supports for Learning

As this narrative illustrated, the learning process was a long challenging process because the depth of change and learning was considerable. Support for that change from the organization is critical for staff to overcome prejudices and learn the new skills. Haywood indicates in her discussion that she attended many workshops both in the city and elsewhere to acquire the capacities needed to continue. She also indicated that while the agency's approach at the beginning of the change cycle was not as forward-looking as would have been desirable, a new executive director brought new understanding.

Thank God we have (our current executive director). I probably say that at least once a week, in one form or another, because he has that heart. If we had some real tight-assed bureaucrat corporate person in there, it would be dreadful... There's been a lot of "let's look at how we can serve the east side more." I think the organization has actually done a lot of opening doors and building bridges. Actually it has a pretty good attitude.

We have some good partnerships. It took a while to get there. When I phone, people know who I am and I know who they are. Although the woman who does the similar job to me in Vancouver Native Health, we have been talking on the phone for some time. It can take days to reach each other, we are so busy. We ended up meeting each other at the London airport on the way to a conference and finally spent some time together at the dorm we were billeted. That experience also speaks to how busy we are doing this work.

This is an exceptional board and staff we have now. We just had a board/staff retreat and workshop session about strengths, weaknesses, challenges, threats, opportunities and threats (SWOT). I was in the "weakness" small group. We collectively came up with diversity as one of our weaknesses, and the people that did the "strengths" had diversity as a strength. It is a fairly recent issue the organization recognizes as we do our planning work. So it is something we talk about.

In describing the impact of the change on her personally, Haywood said:

I started in this organization in 1987, and I knew everybody; we were all friends. It is not an understatement to say that 90 per cent of those people have died, some tragically, under terrible circumstances. I am dug in here; I want to honour that and continue the founders' work and commitment. I feel valued and appreciated here by my co-workers and my boss... The most difficult... was about the loss of feeling that I had over the first 10 years of family and as a community. Being active in the gay community myself, it was a very good fit for me.

In describing her personal strategies, Haywood talked about her strong family life, supportive co-workers, not overworking and the incorporation of art—acting and writing—into her life.

I've done stand-up comedy over the years...and I have two pieces—short stories—published and I am working on another. I suggest getting in touch with your humour by taking an improv

class at one of the community college; they are great for breaking the ice. It is a good fit for me; I have always been the PTA Mom that would organize the Parent's Review. That kind of thing has been part of my personality.

I wrote a play that is being published, a one act play about an HIV+ man in a waiting room. It is all through his eyes as an HIV+ person. I know that I don't talk for "+" people; that is the golden rule. I've got that down pretty well. This was a cathartic experience for me to write that piece. "Sole Brothers," sole, like the soles of a shoe. The character, Douglas, looks at the shoes in the waiting room and reminisces about his past and his discomfort with the new wave of HIV+ people in "his" waiting room. It is published as a short story...and then I have rewritten it as a play. We have found a publisher now in San Francisco, it has taken forever, but we finally did it... We did it at the Fringe Festival and oh yeah, I'm thrilled.

And God, keep your sense of humour, have some play in there somewhere.

I like my job; it is a good job. I have a really long fuse and a good sense of humour, easy-going. I haven't burned out. Fortunately, I have been here long enough I have a good vacation package, I have time off to breathe. I still have fun. I believe I have coped very well, I have quite a sense of humour and that's really has gotten me through."

## **"Sole Brothers"<sup>88</sup>**

Jackie Haywood

In subservience to my ever present appointment book, I dutifully sit in yet another waiting room (aptly named). To amuse myself I observe the other patients' shoes with vicious sociological critique. The diversion fills the time and I'm able to stare covertly from under the pages of outdated, family magazine without seeming too curious. Looking down at my own feet I smile in solitary appreciation of the recent, non-distinguishable resoling job on my Italian leather ankle boots.

I gaze around the office, noting that the wallpaper doesn't blend properly and the light fixtures need dusting. The opening of the

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<sup>88</sup> Reprinted here with permission from *Queer View Mirror* (Vancouver: Arsenal Pulp Press).

entrance door prods us all to a state of alert. Ah, beige Hush Puppies, topped by light brown cuffed cotton pants. I listen closely when the receptionist asks prying questions of the new patient, relieved it's not me. He's attempting to answer in low tones, yet still be heard above the blustering of the office staff. The sounds of my grumbling stomach seem to resound over both the whispering young man and the office personnel. Does the fellow wearing the battered high-top running shoes next to me notice the offensive ventriloquism? Frequently my stomach lashes out acoustically because I am unable to eat. This unwelcome intestinal display is usually due to fasting for an upcoming invasive medical test, or the lack of interest and energy needed to cook for myself. I can't seem to keep weight on, but continue holding onto my vast collection of oversized clothes, hoping there will be a change and I'll be myself again.

The guy across the aisle wears ill-fitting sandals on severely swollen feet. Unable to latch the buckles, his feet painfully bulge within dusty socks. (The tired sandals are probably the only footwear he can use out on the street.) I fleetingly ache with sympathy and recoil in fear at his disability. The battery powered scooter parked outside the door with the sappy neon-coloured plastic flag flying from the back undoubtedly belongs to him. Poor devil, that'll never happen to me. If caught in a similar unfortunate circumstance, I'd be carried in on a chaise lounge by strapping bacchanalian dancing boys. "When I go I'm...going...like...Elsie," I sing to myself, arms imaginatively thrust forward, long painted nails clawing Liza Minnelli towards the spotlight. God I'm losing it, right here in the Midtown AIDS Clinic.

To prevent a display of uncharacteristic queenly madness I focus on the remainder of the room. The routinely placed magazines, weathered and worthless, are only interesting to a clandestine footwear critic or the extremely bored who haven't thought to bring their own diversion. To a creative observer it could appear that we silent men on the naugahyde and pine chairs comprise an audience at a very off-Broadway theatre. We all sit quietly while the white-clad performers, outfitted with varying props, bustle behind the counters. They follow ingrained stage directions: carrying clipboards, vials of liquid, and stacks of files containing our secrets. I suppress an urge to say something out loud, a joke or a crude comment like, "Camp it up girls, show us your tits." I need to have some degree of control, to be seen as an individual (even an

obnoxious one), not continue to just sit here like a docile sick person waiting for another dreaded needle or a piece of bad news.

It can't be much longer before the resident nurse, dressed in synthetic material from foam-core shoulder pads, to her orthopedic-like shoes (caked with frequent hasty polishing), crosses the footlights and calls my name. She will make eye contact, flash a perfunctory smile and lead me into an excessively illuminated examining room adorned with more ancient magazines and gleaming mental objects waiting to pierce my skin. When it's my turn I will recklessly toss my mangled magazine back on the sorry stack, glance triumphantly towards the sea of solemn faces and stride off behind her. I will swiftly leave my battalion of diseased comrades eager to be closer to the elevator and getting the hell out of here. On the way out I won't stop at the counter to tussle for another appointment, but will phone from home, prolonging the frustrated struggle between the overbooked doctor's rigid schedule and my appointment book full of countless health-related commitments. Exiting stage left, I will sweep past the gauntlet of undesirable footwear as if onto much more interesting things.

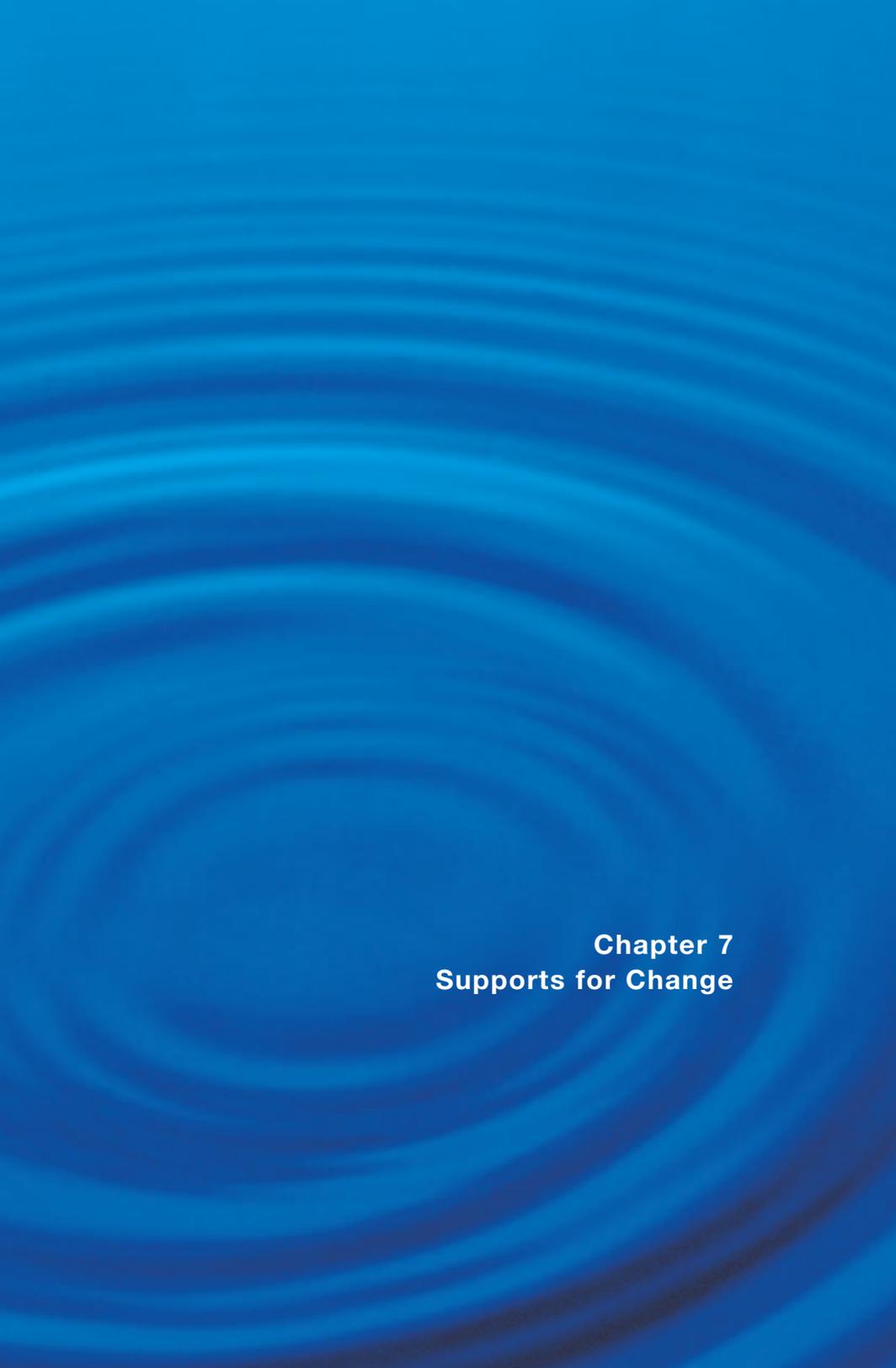
Five years ago in less frequent sojourns to medical waiting rooms, the shoes I observed were similar in fashion: well-polished rich leather loafers and boots that grew out of the hems of denim. If you followed the creased denim legs upward they would belong to a well-built man wearing the obligatory black leather jacket and full moustache, a regular Castro Street poster boy. These days there is a shortage of recognizable tribal footwear. The well-worn floor showcases running shoes, suburban mall replicas of Eddie Bauer models, and scuffed generic lace-ups. Is the demise of my health destined to be chronicled by the changing tide of accessories chosen by waiting room companions?

At last the nurse calls my name. Rising unsteadily, the cruel, familiar pain in my legs relentlessly threatens to push me back down into the seat. (I'll fall on my face before I'll use a cane!) Swaying like an intoxicated rumba dancer, I try to balance. With arms pumping to a non-existent beat, I feverishly grasp at the back of my designer blue jeans which now hang vulnerable low from my hips since my once tanned, round, desirable ass has disappeared.

The man in sandals with swollen moves forward unexpectedly. In a mute offering to join the dance, he reaches for my arm. With

gratitude, I accept his strength and caring, avoiding the knowing look in his eyes.

Like a sedentary chorus line, all heads turn in our direction as we awkwardly promenade behind the white-clad one as she moves down the corridor leading me to a bright sterile cubicle and yet another wait.

The background of the page is a solid blue color with a subtle gradient. Overlaid on this background are several concentric circles of varying shades of blue, creating a ripple effect that radiates from the center of the page. The circles are centered and their spacing is consistent, giving the impression of ripples on water.

**Chapter 7**  
**Supports for Change**

# Supports for Change

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This chapter focuses on developing practical mechanisms to support the nonprofit sector in the management of change. Many of the ideas are drawn from the individuals I interviewed. I noted earlier that I chose to discuss change management because of my own history. I could have as easily have focused this discussion around human resources or financial strategies. And so too the ideas presented in this chapter are equally applicable to other management issues in the nonprofit sector.

Nonprofits are being burdened with many tasks as governments shed their responsibilities. Whether the nonprofit sector wishes to take on these tasks is irrelevant; individuals who care about their communities will organize to provide services they identify as missing or essential. So new organizations will develop, existing organizations will be challenged to take on additional services, or services will be delivered in new ways.

Communities of individuals who cared enough organized the AIDS movement and the AIDS organizations in the 1980s. The gay community organized to provide care for their ill and dying friends because nobody else was willing. Indeed, the history of most of the charitable nonprofit sector has been dedicated people stepping forward to undertake daunting tasks because it needed to be done.

Unfortunately, as some of the previous chapters indicated, good, skilled, knowledgeable people doing the right thing can become overwhelmed. They need support and assistance if they are going to be successful at their mission. In the nonprofit sector, too often resources and support are missing and projects go awry; communities become distressed; service users suffer and service

providers burn out and become disillusioned about their capacities. Yet few nonprofits have sufficient resources to actually provide the kind of support and training needed by their staff to manage the ongoing needs being placed before them.

This leads to the major theme of this chapter—supports for nonprofits. Two ideas are discussed in some detail: management assistance programs and peer support programs, including leaders circles. All of these programs already exist in some places for some people. My recommendation is that they be expanded and supported by funders in areas where they do not currently exist. I would recommend to my colleagues that they look at the possibility of starting such programs in their communities or alternatively linking with existing programs.

Perhaps in a simpler past—although I have never been a believer in that concept—it was possible for new organizations and programs to begin and learn to operate effectively. Perhaps in that simpler past, there was time for learning and time for mistakes. If that time existed, it is past. The world has sped up, we are more knowledgeable about potential solutions, expectations have risen, and the issues we are trying to address are more entrenched and complex. Developing solutions also requires complexity of thinking.

The gap between the rich and poor is increasing throughout the world and in our own communities. AIDS, a new disease, emerged, quickly killing millions; initially because there was no treatment and more recently because multi-national pharmaceuticals who had developed effective treatments viewed profit as primary to the provision of medications to the dying in Third World countries. These economies could not afford the high-priced drugs. Hepatitis C, also unidentified until the mid-1980s, is predicted as the next major epidemic and in our cities the infection rate of Hepatitis C is 10 times higher than for HIV. What other, unknown health crisis is next?

If existing and emerging nonprofits are going to effectively address these and other critical issues, if the people working within those organizations are going to be able to solve those problems, it will only be done within the context of an environment which enables learning and problem-solving and with stronger supports in place. Collaborative action for advancement of the core business is in place through local, regional, provincial, and national associations and

networks—like the Alberta Community Council on HIV and the Canadian AIDS Society—but there is little or no assistance for the infrastructure which does the business. Yet that infrastructure needs to be stronger than ever. It is support for the infrastructure which will be discussed in this chapter. The chapter begins with a discussion of the networks which now exist for nonprofits and how respondents felt they assisted, or not, with the management of change.

Because I focused on change, this conversation occurs in the context of managing change, but as noted earlier, it could as easily be about human resources, project development, financial management, or other aspects of nonprofit management. I chose to focus on change because of my experiences of change, and because I feel the nonprofit sector is going to be blasted by change as it addresses both the issues being placed before it and the environment in which it operates.

It is fair to say, in general, that organizations were apparently better at planning change than at its implementation. During implementation new issues almost always arose, some because of inadequate planning or understanding of potential repercussions of change, but sometimes these issues could not be anticipated nor accounted for because of individuals' reactions to the change. The other factor which influenced the capacity of organizations to manage change was that new events were appearing faster than the organizations could respond, so they would get diverted to new issues before they had adequately dealt with the previous presenting issues. This is the current environment in which we operate.

One other reason why there was more difficulty during implementation is that organizations were less likely to set aside sufficient additional resources to manage implementation. They were much more likely to have and set aside sufficient resources for planning while anticipating that implementation would occur without additional resources available to support that change. It could be argued that insufficient resources are set aside for the implementation process because those needs were not known at the outset and it was therefore difficult to anticipate what additional resources might be needed. Where the change was less dramatic, affecting only a segment of the organization—switching to a board governance model or moving to a new facility—it was easier to predict and access additional resources.

## Formal Networks and Change Management

Among the questions I asked was whether or not the issue-based networks or groups were useful in helping with the management of change. I asked about both informal and formal networks. Informal networks were discussed in the sections on “Taking Care of Ourselves” and were an important component of coping with change for many respondents.

On the other hand, most respondents did not find their participation in formal networks as helpful in the management of change.

It is very difficult to network because in the United States...well, first of all, the way that ASOs have sprung up, I am sure it is the same as in Canada, where there is one large ASO in every city or in every sort of area and then a lot of smaller ones. So if you are the large one...then people are sort of jealous of you and you are the biggest target, it is easy to throw things at you, something will stick.

- Lorraine Teel, Minnesota AIDS Project

No, no, they (Pacific AIDS Network) weren't supportive.

- Marcie Summers, Positive Women's Network

Not really, not for the change process no... (The Saskatchewan AIDS Network) never really got into strengthening organizations. And to me that's all those tools and planning processes are a part of strengthening the organization.

- Chris Smith, AIDS Program of South Saskatchewan

A very few interviewees talked about their participation in these formal networks as useful in their management of change. Andrew Johnson from AIDS Vancouver and several of the Ontario interviewees accessed the AIDS Bereavement Project of Ontario; all spoke highly of the support they received from this organization. Chris Smith of the AIDS Program of South Saskatchewan spoke of the Canadian Society for Association Executives as helpful in terms of accessing change management tools and though this association speaking with individuals with prior personal experience, but again this latter was informal support. Finally, Helene Wirzba of the Lethbridge HIV Connection found the Alberta Community Council on HIV helpful in a backhanded sort of way since they were also the body that placed the organization on conditional funding.

As often affiliations with a network or a national body were seen as detrimental or an interference to making change or perhaps as another arena in which change needed to occur. Certainly the politics within these bodies could be a source of frustration.

The OAN (Ontario AIDS Network) just this month did a provincial conference for PHAs working in ASOs...in which the funders and the OAN determined that we also needed to involve PHAs that were volunteers, but it was structured in such a way that it became us against them. We are the paid staff, you are the volunteers. We are privileged, we are decision-makers, you are not. And it was the most destructive workshop I have ever attended in my life. That was probably three weeks ago, and there are people who are probably still traumatized, that have been unable to go to work, people that have been working in the movement at the local, provincial, national level for years who are now unable to go to work, who are questioning their own value as a human.

I was in this leadership role and taking on a lot of responsibility for trying to build the partnership. And let's do team-building, and let's all work together. So that was very draining. And I realized after a while, well, my board sort of pointed it out to me. "How much time are you spending on this part of the work rather than on our agency." When I looked, a third of my work was doing this partnership building stuff, after a while, after a couple of years of that you ask, "Why, why exactly are we doing this?"

However, respondents noted, these networks were useful around the sharing of information and expertise about their field, lobbying, and advocacy issues. Most respondents felt their provincial AIDS association was very good at doing the advocacy and lobbying work needed. They expressed a high degree of support for this aspect of the work of the networks.

The lack of support for management of change from formal networks represents a gap for nonprofit management. I didn't ask about other infrastructure issues such as technology, human resources, or project management, but I suspect the answer would be the same. Networks such as the Alberta Community Council on HIV or the Canadian AIDS Society were developed to advocate and to advance the issues that the organizations bring to the table. They were designed to augment the work of their member organizations and provide a collective voice particularly directed towards politicians and the health bureaucracies at the provincial and federal

level. They were not developed to support the infrastructure or to support their member organizations; this was evidently true in other movements as well.

Yet respondents felt it was important to talk and learn from others; they organized it informally and did environmental scans as part of their planning processes. Very few had access to formal support mechanisms, aside from hiring outside consultants as a way of learning and growing in their work. The success of the use of consultants was mixed.

In my research and interviews, two ideas presented themselves and are discussed below: management assistance programs and formalized peer support networks. The peer support networks discussed take several forms and others might be possible. While there are hundreds of management assistance programs in the United States, there is only one in Canada, the Calgary Centre for Non-profit Management.

## **Management Assistance Programs**

Management assistance programs, or management support organizations as they are sometimes called, are nonprofit organizations whose purpose is the support of the management of nonprofit organizations. They deliver consultative and hard services to the voluntary sector. In the United States in addition to local programs of which there are hundreds, there are also national programs such as the Drucker Foundation.

The only management assistance program in Canada, The Calgary Centre for Nonprofit Management, was formed in 1994 as a bridge to bring expertise from the business community to the nonprofit community. As such, it serves a number of purposes: it connects interested individuals from the business world to the nonprofit community where they can volunteer either as consultants, board members, or in some other capacity. It therefore informs the business community while bringing volunteer support and expertise to the nonprofit sector. It provides a wide range of management consulting services to meet the individualized needs of nonprofit organizations. Like the Minneapolis management assistance program in the United States, it was started because the business community understood there was a need for business expertise in the nonprofit community.

Its 2000/01 Annual Report gives the mission as:

- “The Calgary Centre for Nonprofit Management is a leadership and knowledge management enterprise.
- We create value by linking together volunteer management consultants and clients.
- We connect people and resources to optimize productivity and build capacity.
- We help build a robust community where all citizens can thrive.
- We strive for quality performance.”<sup>89</sup>

The Annual Report goes on to state, that since 1996, the Centre has delivered services to 175 organizations in the arts, culture, health, education, environment, community services, social services, sports and leisure, and public service sectors through volunteer management consultants drawn primarily from the business community.

Their consulting service brochure states they deliver the following consultant services:

- organizational assessment
- board governance including such things as assistance with bylaws, policies, roles and responsibilities, reporting relationships, financial systems, meetings, recruitment, and organizational culture
- mission/vision retreat
- strategic planning
- marketing planning
- communications planning
- business plan development
- administrative and operations systems

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<sup>89</sup> *Building Bridges within the Community*. The Calgary Centre for Non-Profit Management Annual Report, p. 1.

- human resources assistance
- project management
- team building
- customer service strategy
- evaluation plan development
- technological support
- customized services.

In discussing their service delivery, Chief Executive Officer Sandy McArthur said that they provide services primarily through volunteer consultants although they do contract management consultants at a discounted fee for some services. He noted that the management assistance programs in the United States had originated as corporate-based volunteer organizations but had abandoned the exclusive use of volunteers to deliver services because using paid staff was more cost-effective. Despite the cost issue and the lack of adequate corporate support, the Calgary Centre maintains the use of business and corporate volunteers because of their desire to provide corporate expertise to the nonprofit community.

I first learned of the Calgary program through Deborah Hollins, of the CBCA: Sexual and Reproductive Wellness Centre, who had used this Centre as part of her organizational restructuring. She said:

The Centre for Nonprofit Management...they were our bigger supporters. And they were quite wonderful...the group of women, they had a group of volunteers who did an organizational assessment which was quite a large document; they were very thorough. And from that they did a list of what we should be focusing on and what we should be doing in the future. And so I went to the anonymous donor...and I got a nice chunk of money. And so I contracted with the Centre for Nonprofits to provide me with the expertise. So...I am currently working with the Centre and the board of directors on a strategic plan. We have just finished completely redoing our mission, our values, our objectives as an agency. But we have been doing it hand in hand with the Centre. And so they have been a tremendous help I must say...because the Centre is volunteer, it is not a lot, they don't charge a lot of money.

- Deborah Hollins, CBCA: Sexual and Reproductive Wellness Centre

I had contact with two other management assistance programs: Greenlights for NonProfit Success, a newly-developed program in Austin, Texas and I visited the Minneapolis Management Assistance Program for Nonprofits (MAPNP) serving the Minneapolis St. Paul metropolitan area. This program which has been in existence since 1979 has a narrower mission than the Calgary program, but it provides a greater scope of programming delivered through a variety of techniques. The MAPNP mission statement reads:

“Our purpose is to build the capacity of nonprofit organizations to achieve mission-driven results”<sup>90</sup>

Similar to Calgary, it provides services to health, human services, cultural, arts and other nonprofit groups. Also like the Calgary program it provides volunteer consultant services for a number of activities including:

- accounting and financial management
- governance
- strategic leadership
- human resources
- legal issues
- marketing and communications
- technology services.

In addition to the volunteer consulting service, MAPNP provides actual direct services to the nonprofit community. These direct services which nonprofits purchase include:

- MAPNP manages the financial records for smaller nonprofits. Their staff do the accounting usually in the organization’s facilities.
- MAPNP has information technology staff who provide on-site computer and Internet assistance. They provide an e-mail list service and e-base database support.

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<sup>90</sup> *Annual Report* (Minneapolis, MN: Management Assistance Program for NonProfits, 2000), p. 1.

- The legal staff of MAPNP provide direct services usually around human resource issues. For more involved legal issues, MAPNP will facilitate engaging legal counsel for the organization.
- MAPNP recruits and trains potential volunteer board members.
- MAPNP also provides assistance in recruiting acting executive directors.

In addition to these consulting and direct staff services, MAPNP delivers a wide variety of training and support programming. Leaders' circles and coaching support are two of these and are described below in some detail. In addition to those two, MAPNP provides extensive board and governance development and training. MAPNP's June 7, 2002 website update ([www.mapnp.org](http://www.mapnp.org)) listed the following board-related activities:

1. An information session to discuss current issues including:

- fundamental roles boards play
- consequences of board composition and board performance
- relationship between board and organizational effectiveness.

2. Board Boot Camp—held monthly and described as

“This is the first stop on your tour of duty as a board member. You will learn the roles and responsibilities of serving on a board and how boards and staff work together.”

3. Board chair training, covering:

- how to run a meeting
- handling conflict
- reaching consensus
- fundraising
- board versus staff roles
- establishing a nominating committee.

Beyond these board-related training initiatives, MAPNP also lists training opportunities around:

- technology: e-base database training and website development and maintenance
- financial management
- fundraising.

These are two examples of management assistance programs that operate somewhat differently. There are many other local and national programs in the United States and, in addition, The Alliance for Nonprofit Management “is the professional association of individuals and organizations developed to improving the management and governance capacity of nonprofits—to assist nonprofits in fulfilling their mission.”<sup>91</sup> The Alliance is a national organization that pulls together the “universe of nonprofit management and governance capacity builders” in the United States.

When asked what additional resources might have been useful in assisting them with the management of change, respondents cited the need, among other responses, for direct active assistance. Currently the only assistance available with the exception of Calgary is consultants and students. With one exception, respondents were clear that while students can make real contributions in some areas, they were not helpful with management issues. Satisfaction with the work of students around managing change, strategic planning, and leadership issues was very poor. Equally, while consultants provided the only available support and assistance, respondents often expressed frustration with the results.

We stopped bringing in external people, because we tried so many different things from so many different angles. We did a diversity thing, the grief thing, we did the strategic planning thing, I did two different team-building with the management team with two different people. Pssh. Always a little bit of good for a little while and than bam, you know. Now we are doing it ourselves, and it is working much better.

- Andrew Johnson, AIDS Vancouver

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<sup>91</sup> [www.allianceonline.org](http://www.allianceonline.org), June 10, 2002.

We need some support, some outside people to help us do. If there are only two employees there and our board members are either people who do have jobs or people who are looking for something to do but want to be trained as to how to do it. We need help to engage more people in making that change process happen.

- Maggie McGinn, Edmonton Persons Living with HIV Society:  
Living Positive

Subsequent to the above statement, Maggie McGinn then went on to talk about the need for communication expertise to disseminate “to the rest of the world” the work of the organization.

I believe that the development of management assistance programs adequately rooted within the nonprofit sector that is developed for and by the nonprofit sector are one potential solution by which support could be provided to organizations to manage the critical issues before them. The nature of the program might of necessity vary with the nonprofit communities being served. It is important that all stakeholders including the nonprofit sector be involved in the development of these programs. Effective service delivery is rooted in the principle of participation.

While it is undoubtedly useful for the corporate sector to provide expertise to the nonprofit sector, the nature of that expertise is of critical importance. The nonprofit sector does indeed contain within it the capacity to address the complex issues before it, but lacks adequate resources. From my experience and the experience of many of the interviewees, our learning occurred individually, rather than as Kofman and Senge suggest as part of a community of commitment that practices and tests its learnings.<sup>92</sup> The nonprofit sector does not always have access to sufficient resources to maintain ongoing quality learning for their staff, and this is particularly true for managers. Access to the technology-based learning techniques now being developed in the corporate sector could be the most significant contribution the corporate community could make. However, adequate participation of the nonprofit sector in the development of learning will be vital to the quality of such endeavours.

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<sup>92</sup> Fred Kofman and Peter Senge. “Communities of Commitment: The Heart of Learning Organizations,” in Chawla and Renesch, eds. *Developing Cultures of Tomorrow's Workplaces*, p. 40.

Kofman and Senge note three components to moving large organizations forward or, one could suggest, the nonprofit sector forward:

- “(1) finding those predisposed to this work,
- (2) core community-building activities, and
- (3) practical experimentation and testing.”<sup>93</sup>

The nonprofit sector has already achieved the first component because we have self-selected ourselves into the sector. We also do some community-building activities although the learnings particularly around organizational development issues tend to be largely haphazard and individualized. Practical experimentation and learning is limited to pilot projects and the small amount of research funding available although access to this is very restricted and requires some expertise. Sandy McArthur noted that most nonprofits make limited use of technology and do not use technology as an effective learning tool.

The challenge to develop and sustain learning strategies for the leaders in the nonprofit sector is perhaps an area where the corporate sector and funders can contribute to make the management of the sector stronger. These learning strategies must support both the community-building aspects of the nonprofit sector and provide practical applied learning opportunities so that the nonprofit sector can meet the challenges before it.

## Leaders Circles<sup>sm</sup> and Coaching

The Minneapolis MAPNP has run Leaders Circles<sup>sm</sup> since 1995. They currently run these learning circles for executive directors, board chairs, and other managers. These “self-managed teams of self-directed learners” provide an opportunity for individuals doing the same job to learn from each other, coach each other, and challenge each other in a structured confidential environment. In a 1997 research document produced by MAPNP McNamara wrote:

If the means for accessible and self-managed networks were established among leaders to help them solve real-work problems,

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<sup>93</sup> *Ibid.*, p. 39.

there exists the means for an exponential increase in leadership effectiveness.<sup>94</sup>

The web page<sup>95</sup> describes the benefits of Leaders Circles<sup>sm</sup> as:

1. **Substantial cost savings** because Circle members share ongoing low-cost feedback and materials.
2. **Problem-solving** because members share highly-focused coaching to help each member address a current, real-world need in their organization.
3. **A large foundation of practical materials** that have been tested by nonprofit staff themselves in their own organizations.
4. **A close-knit network of peers** that members can call on for help.
5. **Skills in leadership, coaching, and problem-solving** developed from ongoing actual practice and reflection with peers.

McNamara writes:

“The primary goal of the Leaders Circles is to meet the ongoing needs of circle members.”<sup>96</sup>

Based on research from a variety of sources “a philosophy for learning was established” which McNamara describes as:

1. Leadership development begins with the individual.
2. Fellow leaders and managers are true experts, in their own right.
3. If you know your overall goal, the learning will build its own structure and take its own form.
4. Courage occurs when people unite.
5. You make the road by walking—knowledge leads to actions and experiences and experiences leads to wisdom.<sup>97</sup>

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<sup>94</sup> McNamara, *MAP for Nonprofits Leaders Circles* (Minneapolis: MAP for Nonprofits, p. 17.

<sup>95</sup> [www.leaderscircles.org](http://www.leaderscircles.org), June 11, 2002.

<sup>96</sup> McNamara, *MAP for Nonprofits Leaders Circles*, p. 17.

<sup>97</sup> *Ibid*, p. 18.

Circles consist of approximately six members who meet at least monthly for 2.5 to three hours, although as noted, the group that Richard Burns mentioned in Chapter 4 is larger and meets more frequently with shorter meetings.

In each meeting, each member uses 20 to 30 minutes, or more time if negotiated from other members...to a) work on resolving a current major issue in their life or organization or b) to network with other members in their circle... Pursuing either of these two goals typically results in a wide variety of high individualized outcomes for members... Members help each other by providing highly-focused feedback, questioning, supportive challenges, counselling, practical materials and tools—whatever members deem to be most helpful...<sup>98</sup>

McNamara discusses at some length the needs of leaders and how Leaders Circles<sup>sm</sup> can accommodate these needs more effectively than other forms of learning. He also discusses authenticity as a requirement for participation. That is to say, true learning will only occur when each leader takes full responsibility and is truly authentic and honest in their participation. This requires the development of trust within the circle.

He writes:

Before leaders can effectively lead others, they first must effectively lead themselves, that is, they must effectively cope with the anxieties of leading, maintain a healthy balance in their lives, and be realistic about what they and their organizations can do. The most basic requirements is that they remain authentic in their dealings with themselves and others, including by being completely honest with themselves and others, assuming full responsibility to meet their needs, and fully engaging in processes to meet these needs. These requirements suggest self-development before, or at least concurrent to, other forms of leadership development... Centering a program around leaders' needs must start with each leader's courageous and honest expression of their own needs.<sup>99</sup>

Most of the leaders whom I interviewed had developed informal support mechanisms; these lacked the formal learning component built into Leaders Circles<sup>sm</sup>. They also relied on self-initiation rather than a built-in, ongoing structure. My own experience would lead

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<sup>98</sup> *Ibid*, p. 18.

<sup>99</sup> *Ibid*. p. 16.

me to suggest that self-initiation often occurs too late in the crisis. Also these informal networks tended to provide emotional support rather than actually initiate and support learning.

My immediate reaction to learning about Leaders Circles<sup>sm</sup> was “sign me up,” because I really need to learn, and my learning needs to be specific to the issues I am confronting now! Staff in an agency at least have peers and supervisory staff as a potential source of support and learning; most agencies build-in some educational capacity. The quality of the supervisory support is dependent on the relationship, the skill levels, time available for consultation and support, and the willingness and trust of the individuals to engage in honest reflection about their work. But even given that, the program manager at HIV Edmonton often spoke of her sense of isolation because she was the only person in the agency in her particular position and felt that as her executive director, I did not really understand the particular “squeeze” she was in. MAPNP has also developed Leaders Circles<sup>sm</sup> for both middle managers and board chairs.

Christine Hammes who managed the Leader Circles<sup>sm</sup> program for MAPNP, suggested that a critical component of the circles is that the participants in a particular group be genuine peers, *i.e.*, from similar-sized organizations and in the same position. She noted that cross-sector participation enables the group to focus on process rather than content and enlarges the potential scope of the group learning. Board chair circles tend to be shorter in duration than the other Leader Circles<sup>sm</sup>.

It may not be practical for all executive directors or managers to participate in learning circles. Several interviewees talked about individual coaching as a strategy that was useful for them in developing a better understanding of their work. MAPNP also offers individual coaching particularly for executive directors who otherwise may not have support. This coaching is provided by coaching professionals to which MAPNP pays a reduced fee. One other advantage to coaching is that it may be done on the telephone thus providing a source of support for isolated individuals.

Several of the interviewees had coaching available to them and spoke highly of both the learning and support this process provided. Among the resources that Brent Oliver had available to him as he managed the change process at the Ottawa AIDS Committee was a management coach.

It should also be noted that several participants used management students and were dissatisfied with that arrangement. Like the learning circles, several others expressed the desire to have coaching available to them.

In an article describing coaching entitled “Generative Coaching A Surprising Learning Odyssey,” Murphy describes generative coaching based on learning organizations principles as a “call for long-term, sustainable excellent performance that is both self-correcting and self-generating.”<sup>100</sup>

He delineates the relationship principles of coaching as based on mutuality (like the Leader Circles<sup>sm</sup>) of commitment, trust, freedom of expression, and respect. He describes respect:

Both coach and client must believe that the other is being authentic—their intentions are sincere and they put forth themselves and their positions without guise or hidden agendas. They also must have a positive view of the other’s position. This doesn’t (require) agreement—only that such a view is reasonable and acceptable.<sup>101</sup>

And he notes that this applies only to the dimension being coached.

The current lack of role-specific learning opportunities and support for leaders in the nonprofit sector could be seen as one factor in burnout and turnover. Leaders Circles<sup>sm</sup> and coaching are two techniques that could provide both during critical moments in the careers of leaders.

## Peer Support Systems: At the YWCA

As noted in the discussion above, participants felt their formal networks did not support them in the management of change. One exception may be the YWCA of Canada Peer Support System that was adopted by the YWCA’s national membership in 1998.<sup>102</sup> It grew out of a financial crisis when member organizations could no longer afford membership fees to support an overly large national office and requested downsizing. The national office in 2002 has five times

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<sup>100</sup> Kendall Murphy, “Generative Coaching: A Surprising Learning Odyssey” in Sarita Chawla and John Renesch, eds. *Learning Organizations, Developing Cultures for Tomorrow’s Workplace* (Portland, OR: Productivity Press, 1995), p. 203.

<sup>101</sup> *Ibid.*

<sup>102</sup> *Peer Support System* (Toronto: YWCA of/du Canada, 1998), cover page.

fewer staff than was previously the case. As part of this downsizing, the YWCA Members Associations adopted the Peer Support Program which enlists the work and expertise of the members to accomplish certain tasks.

The vision is:

The concept is that all Member Associations now share in the provision of National Core Services and are accountable to each other as peers. This will provide enhanced ownership in movement building.<sup>103</sup>

And the objectives are:

“The Peer Support System reflects a voluntary partnership of Member Associations with the overall objective of providing Movement Core Services and support to Member Associations across the country.

Specifically, the Peer Support System will:

- Create new synergy
- Enhance cooperation
- Cultivate exciting new linkages
- Maximize the sharing of expertise and resources
- Heighten responsiveness and flexibility
- Engage the movement in the evolution of the system.”<sup>104</sup>

The core services that are provided are: executive director/CEO searches, hosting of the annual membership meeting, sensitive issues support, and regional semi-annual meetings. Lead organizations for each function are selected either for each of three regions—western, central, and eastern or from one region on a pre-established rotational basis for the annual meeting. With the exception of the annual meeting, other tasks are undertaken on a two-year renewal term.

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<sup>103</sup> *Ibid.*, p. 3.

<sup>104</sup> *Ibid.*

Kelly Sloan, the executive director at Edmonton's YWCA, said:

The national office is still heavily involved in sensitive issues. Five years of "practice" with the peer support system evolution has demonstrated a need for the national office to be involved when the sensitive issue is something that could impact the entire movement. In addition to sensitive issues, the national office does many other things: obtain national sponsors whose money comes through the national office to local member associations, national advocacy/lobbying on a variety of issues, profile raising/visibility initiatives, *etc.*

Using a program logic model format, the process for each of the core service areas is defined so the lead organization has a clear understanding of the expectations for the work they undertake. Kelly Sloan of the YWCA described her experience of this process this way:

We call (it) a new way of work...and it has really, that new way of work for me has really helped mold my mindset on change. It is called the Peer Support system, and so that means if I am a YW that has a union, and there is a labour dispute, and I need to negotiate with the union and I don't have any experience doing that, then I check the directory or I phone the national office and I say, "What other YWs have experience doing this?" They give me five names, and I phone those five CEOs and say "help" and from that point we can either get their expertise through telephone or we arrange a contract and so they actually come here and do it.

## **The Alberta Community Council on HIV**

In a very real sense, this YWCA model is not unlike the Alberta Community Council on HIV (ACCH) whose 14 members are those organizations funded through the Alberta Community HIV Fund which is managed by ACCH. This provincial HIV/AIDS network is similar to other provincial AIDS networks throughout the country except ACCH manages the funding of community-based HIV/AIDS provincial and federal funds. A six-person board supported by two staff manages ACCH's affairs. Board members are elected from the membership serving two-year terms and their organization is reimbursed for their time.

ACCH holds three or four membership meetings annually (depending on the availability of funding) during which the

organization's activity is discussed. All members participate in some task groups which evolve over time; these have been evaluation, research, advocacy, policy, and bylaws, and more recently, community-based research.

Like the YWCA peer support program, the principle is that the work will be undertaken by the members rather than by a central body acting on behalf of the movement. Unlike the YWCA model, ACCH has grown into this model as a way of managing inter-agency advocacy and service issues. Member organizations bring forward issues that require a provincial response and work with the other organizations to develop strategies to address these issues.

An example of this has been the work with Alberta Corrections. While local ASOs provide both counselling and prevention services in their local prisons, that work was often hampered by disinterest and sometimes outright hostility from local prison authorities. Discussing prevention with prisoners was of little use when they could not access harm reduction materials such as condoms and clean needles. Any attempt to provide those materials was denied because of provincial policies. A provincial approach was necessary if these issues were going to be impacted and this was undertaken through ACCH. The first step in that process was to partner with other nonprofits who were dealing with the same issues, for example, the John Howard Society of Alberta.

As noted, ACCH manages the community-based AIDS funding for all the Alberta ASOs. This funding is pooled provincial and federal AIDS dollars; the granting decisions are made by a large interagency/governmental body consisting of 25 members of which ACCH has two representatives. One of ACCH's staff manages these grants while the other staff manages the work of the organization and provides organizational support to the committees. A third staff member is funded to develop community-based research capacity.

There is much similarity between the YWCA model and the ACCH model, although the tasks assigned are slightly different. Both are peers working together to accomplish the goals and objectives of a movement; both call on the expertise of their members to accomplish activities; both assume synergy between members. Both have small memberships—regional membership for the YWCA is 16 or less—which enables strong interpersonal relationships between most of the members making accountability personal and direct.

What ACCH does not do is enable the kind of deeper learning discussed as part of the Leaders Circles<sup>sm</sup>. Certainly there is considerable informal sharing, for example Kevin Midbo and myself, as the two directors of the larger ASOs in Alberta, often consult one another about issues. Midbo has worked in the AIDS movement longer than I have and has considerable wisdom and insight about the dynamics. I have called on that expertise. Other learning materials have been presented through ACCH; most notable was the protracted discussion about program evaluation. More recently ACCH has received a large federal government grant to advance community-based research. These learning opportunities however are directed at the AIDS organizations as a whole rather than at issues of leadership. Additionally, as noted in the beginning notes in this chapter, networks were not seen as particularly helpful in managing the change issues which leaders and organizations faced.

The AIDS movement contains within it the strongest collaborative efforts I have experienced in my career. And indeed in Canada, the AIDS movement has accomplished much. However, what it has not done systematically is support the leadership around issues of organizational development, like that described by Richard Burns for the lesbian, gay, bisexual, and transgendered community in New York. It would appear in fact, given the discussions about the politics of oppression in Chapter Two, that the leadership is more often treated disparagingly rather than supported. Given the tensions and conflicts highlighted in that chapter, support for leaders may in fact be critical if the movement is to sustain the gains it has already made and the challenges it has yet to face. This statement could apply equally to other sectors of the nonprofit community.

## **Concluding Remarks**

Adapting to the changing circumstances confronting nonprofit organizations will necessitate changing the approach we use in our work and will require some new ways of thinking. In Chapter Three management strategies based on quantum and chaos theories were explored and learning organizations described. In that material I talk about the application of Senge's material about learning organizations and quantum and chaos theory application to the AIDS movement and by extension to other aspects of the nonprofit sector. As I am only a beginning student in the application of this new

material to the nonprofit sector, this should be viewed as an introductory discussion.

In his 1990 book *Fifth Discipline*, Paul Senge argues that authentic learning that incorporates systems thinking can result in real change. With others he has further explored the concepts presented there. A 1993 paper written by Kofman and Senge stated:

Thus the nature of the commitment required to build learning organizations goes beyond people's typical "commitment to their organizations." It encompasses commitment to changes needed in the larger world and to seeing our organizations as vehicles for bringing about such changes.<sup>105</sup>

The nonprofit sector views its work as commitment to change! Our vision and mission statements are often about societal change. For example:

Recognizing that social change is a necessary response to HIV, the Alberta Community Council on HIV supports community-based responses and provides provincial leadership through collective action and a unified voice.<sup>106</sup>

The Lesbian, Gay, Bisexual and Transgendered Community Center provides a home for the birth, nurture and celebration of our organizations, institutions and culture; cares for our individuals and groups in need; educates the public and our community; and empowers our individuals and groups to achieve their fullest potential.<sup>107</sup>

In addition to exploring new management theories, however, the adequacy of resources to the sector is also a critical factor in how successful the sector can be in adapting and growing to meet the changing environment. The nonprofit community is being buffeted by change and is being asked to take on additional tasks. In addition to the change in thinking, the sector will need resources to undertake those tasks. The ideas already discussed above such as management assistance programs and collaborative peer support systems are some of the resources that should be supported. Additionally, there

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<sup>105</sup> Fred Kofman and Peter Senge. "Communities of Commitment: the Heart of Learning Organizations" in Chawla and Renesch, eds. *Learning Organizations, Developing Cultures for Tomorrow's Workplace*, p. 17.

<sup>106</sup> [www.1888stophiv.com](http://www.1888stophiv.com), June 19, 2002.

<sup>107</sup> [www.gaycenter.org](http://www.gaycenter.org), February 23, 2002.

are two other aspects for which funding will be needed—learning and organizational development which are interwoven.

Professional development money is often one of the first things taken out of over-extended budgets. This has several ramifications in addition to the obvious ones that people in those organizations do not get an opportunity to network with peers and review and renew their skills. They also do not have the opportunity to expand their skills or take time to explore new learning opportunities. Learning like other activities takes time—time to read, time to reflect, and time to dialogue.

But learning also takes energy; it takes having the space and the capacity to engage in thinking. It is very difficult to explore new ideas when the day-to-day responsibilities are seemingly overwhelming. It is difficult to learn when at the end of the day, the week, the month, exhaustion and despair are the norms.

I certainly have operated on the edge of exhaustion, as have many of the people I interviewed. Many also talked about the need for “new blood” in their organizations to create “new energy” so they wouldn’t be so stuck in the old ways of operating. Was it really new blood they needed, with the loss of critical experience and understanding about the issues or was it indeed “new energy” which would enable new understanding about the issues? Some of the long-term, experienced, committed, AIDS activists were able to reinvent themselves (see Jackie Haywood’s story in Chapter Six) though it took a lot of commitment and work; more left bitter, burned, and disillusioned. If we want to change our organizations, we have to change ourselves first, and we cannot change ourselves without time and some investment in the process.

If leaders in nonprofits are going to tackle the problems confronting them, additional funding to support learning will need to be found. The Muttart Foundation has committed considerable funding for staff development initiatives and now provides direct funding to individuals in organizations for participation in learning opportunities. It might also be appropriate for organizations to consider developing a learning plan for their organizations and seek funding to support it.

I strongly believe funders have to be willing to provide money for agencies to get healthy, because it certainly doesn't come out of the goodness of people's hearts.

- Deborah Hollins, CBCA: Sexual and Reproductive Wellness Centre

Similarly, funding to support organizational health and/or restructuring needs to be made available.

The ideas of learning organizations developed out of Peter Senge's seminal work *Fifth Discipline*,<sup>108</sup> i.e., systems thinking are strategies which the nonprofit sector could usefully incorporate. These ideas were further developed in material put together by Chawla and Renesch<sup>109</sup>, *The Fifth Discipline Fieldbook* and *The Dance of Change*<sup>110</sup> by Senge *et al.* These ideas are only beginning to infiltrate the nonprofit sector, and I believe they are critically important if we are going to meet the challenges before us. These were discussed in detail in Chapter Three.

A perusal of these ideas *vis a vis* the work in nonprofits would show that many of these ideas are inherent in our work. In fact, many who work in the nonprofit sector work there because of the values, commitment, engagement, compassion, tolerance, spirituality, principles, vision, and social unity within it. I have often reflected on the fact that my career as a social worker and a manager within the nonprofit sector is very sustainable exactly because the work is congruent with my personal values. Most of us earn less than we would in comparable work within the for-profit sector, and we do this work precisely because we cherish the capacity to work in a setting where we can do what we believe is right not just what we are paid to do.

We have the value base from which to operate; we simply need to begin the process to engage in more systemic thinking about our work and how we do it. The nonprofit sector has many of the qualities that Senge talks about—we are a community of commitment and we see the interconnectedness of various parts of our communities. However, applying systems thinking, dialogue,

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<sup>108</sup> Senge, *The Fifth Discipline*.

<sup>109</sup> Chawla and Renesch, ed., *Learning Organizations Developing Cultures for Tomorrow's Workplace*.

<sup>110</sup> Senge *et al.*, *The Fifth Discipline Fieldbook: Strategies and Tools for Building Learning Organizations*. Senge *et al.*, *The Dance of Change*.

and generative thinking, and challenging our assumptions are areas where the nonprofit sector could expand its capacities. This will require some paradigm shifts in our thinking about how organizations function.

Two partnership models, the Alberta Community Council on HIV and the YWCA's "new way of working" were discussed. One of the principles of both learning organizations and new management theories is that partnerships and relationships need to be strengthened if we are going to expand our problem-solving abilities. This is critically needed in the nonprofit sector which tends to be fractured and uncoordinated.

In addition to these partnership models, other strategies for both supporting organizational learning and strengthening relationships were described. Two techniques for supporting ongoing learning for leaders—coaching, and Leader Circles<sup>sm</sup>—were presented.

These ideas are presented with the belief that the creation and development of programs which support learning and leaders in the nonprofit sector will increase our capacity to manage the change challenges which lie ahead.

## Sherry's Rules

# for Managing Change

1. Leaders have the **power** to change people's lives.
2. Your **excitement** about change is not shared by everybody around you.
3. Slow down and **create space** for change.
4. You cannot **communicate** enough—or say it again, and again, and again. Say things clearly and often.
5. When the going gets tough, effective leaders **get help**.
6. Develop **self-care strategies** which help to maintain balance.
7. In managing change in human services, the **maintenance of relationships** is also an objective—perhaps even the most important objective.
8. Staff and others will think you know more than you are telling because you are the leader, and they need to have **confidence** that you know where you are going.
9. **Be prepared** for some people to be really unhappy no matter what you do.
10. In changing organizations, **learning** is your optimum option. If you aren't willing, then leaving is the other option.

## References

# References

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- Andriote, John Manuel. *Victory Deferred*. Chicago: University of Chicago Press, 1999.
- Basseches, Michael. "A Safe Place for "Not Knowing." in Senge, Peter, *et al. The Dance of Change The Challenge of Sustaining Momentum in Learning Organizations*. New York: Currency Double Day, 1999, pp. 260-262.
- Bebout, Rick with Joan Anderson. *ACT: Some History*. Toronto: AIDS Committee of Toronto, 1998.
- Block, Peter. *Stewardship: Choosing Service over Self-Interest*. San Francisco: Berrett-Koehler Publishers, 1996.
- Building Capacity from the Ashes: Self-knowledge as a Tool for Transforming the Experience of AIDS-related Loss through Facilitated Learning*. Toronto: AIDS Bereavement Project of Ontario 1999.
- Cain, Roy. "Environmental Change and Organizational Evolution: Reconsidering the Niche of Community-Based AIDS Organizations." *AIDS Care* 9, 3 (June 1997), pp. 331-345.
- Cain, Roy. "Devoting Ourselves, Devouring Each Other: Tensions in Community-Based AIDS Work." *Journal of Progressive Human Services*. Upcoming.
- Building Bridges within the Community*. Calgary Centre for Non-Profit Management. (Calgary: 2000-01 Annual Report).
- Cartwright, D. *Studies in Social Power*. Ann Arbor: University of Michigan, 1959.
- Carver, John, and Miriam Mayhew Carver. *Basic Principles of Policy Governance*. San Francisco: Jossey-Bass Publishers, 1996.

- Carver, John. *The CEO Role under Policy Governance*. San Francisco: Jossey-Bass Publishers, 1997.
- Carver, John. *Boards that Make a Difference, a New Design for Leadership in Nonprofit and Public Organizations*. San Francisco: Jossey-Bass, 1990.
- Carver, John. *John Carver on Board Leadership: Selected Writings from the Creator of the World's most Provocative and Systematic Governance Model*. San Francisco: Jossey-Bass Publishers, 2002.
- Change and Growth for a New Era*, (2000 Annual Report.)  
Edmonton: HIV Network of Edmonton Society, June, 2000
- Chawla, Sarita and John Renesch, eds. *Learning Organizations Developing Cultures for Tomorrow's Workplace*. Portland, OR: Productivity Press, 1995.
- Chopra, Deepak. *The New Physics of Healing*. Boulder, CO: Sounds True Recording (Audio Cassette), 1990.
- Cohen, R. and L.S. Wiseberg. *Double Jeopardy—Threat to Life and Human Rights. Discrimination against Persons with AIDS*. Cambridge, MA: Human Rights Internet, 1990.
- de Bruyn T. *HIV and Discriminations: A Discussion Paper*. Montreal: Canadian HIV/AIDS Legal Network and Canadian AIDS Society, 1998.
- Dube, G. and A. Smailes, ed. *AIDS and Human Rights: Sharing the Challenge*. Vancouver: Vancouver World AIDS Group, 1992.
- Eadie, Douglas C. and Alan Shrader: *Changing by Design: A Practical Approach to Leading Innovation in Nonprofit Organizations*. San Francisco: Jossey-Bass Publishers, 1997.
- Fairhurst, Gail and Robert A. Sarr. *The Art of Framing: Managing The Language of Leadership*. San Francisco: Jossey-Bass Publishers, 1996.
- Fisher, John, et al. *Gay and Lesbian Legal Issues and HIV/AIDS Final Report Impact of Stigma*. Montreal: Canadian HIV/AIDS Legal Network and Canadian AIDS Society, 1998.
- Freire, P. *Education for Critical Consciousness*. New York, NY: Continuum, 1987.

- Freire, P. *Learning to Question: A Pedagogy of Liberation*. New York, NY: Continuum, 1989.
- Freire, P. *Pedagogy of Hope: Reliving Pedagogy of the Oppressed*. New York, NY: Continuum, 1994.
- French, J.R.P. and B. Raven. "The Bases of Social Power." in D. Cartwright. *Studies in Social Power*. Ann Arbor: University of Michigan, 1959, pp. 155-50.
- Garber-Conrad, Martin. "Building Trust." Canadian Centre for Philanthropy. Annual General Meeting. Toronto, March 2002.
- Harm Reduction Kit for Professionals*. (also available on line at [www.hivedmonton.com](http://www.hivedmonton.com)).Edmonton: HIV Network of Edmonton Society, 2000.
- Hicks, Robert James. *The AIDS Network of Edmonton Society: A History*. HIV Network of Edmonton Society, 2002.
- Horton, A. *Highlander Folk School: A History of its Major Programs (1932-1961)*. Brooklyn, NY: Carlson Publishing, 1989.
- Hultman, Ken. *Making Change Irresistible*. Palo Alto: Davies-Black Publishing, 1998.
- Issacs, William and Smith, Bryan, "Designing a Dialogue Session" pp. 374-381 in Senge, Peter, et al. *The Fifth Discipline Fieldbook Strategies and Tools for Building Learning Organizations*. New York, NY: Currency Double Day, 1994.
- Kline, Theresa. *Remaking Teams The Revolutionary Research Based Guide that puts Theory into Practice*. San Francisco: Jossey-Bass Pfeiffer, 1999.
- Kofman, Fred and Peter Senge. "Communities of Commitment: The Heart of Learning Organizations." in Chawla, Sarita and John Renesch, ed. *Learning Organizations Developing Cultures for Tomorrow's Workplace*. Portland, OR: Productivity Press, 1995, pp. 15-43.
- Kramer, R. and M. Neale. *Power and Influence in Organizations*. Thousand Oaks, CA: Sage Publishing, 1998.
- Kretzmann, John and McKnight, John. *Building Communities from the Inside Out A Path Towards Finding and Mobilizing a Community's Assets*. Chicago: self-published, 1993.

- Levine, Martin, Peter M. Nardi, and John H. Gagnon, eds. *In Changing Times Gay Men and Lesbians Encounter HIV/AIDS*. Chicago: University of Chicago Press, 1997.
- Merithew, Marjorie A. and Loretta Davis-Satteria. "Protease Inhibitors: Changing the Way AIDS Case Management Does Business." *Qualitative Health Research* 10, 5 (September 2000), pp. 632-646.
- Martinson, Jeanne. *Escape from Oz: Leadership for the 21st Century*. Regina, SK: Martrain Corporate and Personal Development, 2001.
- McDaniel, Reuben R., Jr. "Strategic Leadership: A View from Quantum and Chaos Theories." *Health Care Management Review*. Winter 1997, pp. 21-37.
- McNamara, Carter. *MAP for Nonprofits Leaders Circles*. Minneapolis: MAP for Nonprofits, 1997.
- Murphy, Kendall. "Generative Coaching: A Surprising Leaning Odyssey in Chawla, Sarita and John Renesch, eds. *Learning Organizations, Developing Cultures for Tomorrow's Workplace*. Portland, OR: Productivity Press, 1995, pp. 197-214.
- Myers, Isabel Briggs. *Manual: the Myers-Briggs type indicator*. Palo Alto, CA: Consulting Psychologist Press, 1962.
- O'Hara, Bruce. *Working Harder Isn't Working*. Vancouver: New Star Books, 1993.
- Peer Support System*: YWCA of/du Canada, 1998.
- Perreault, Yvette and Val Gervais. *Project Sustain, Creating and Reinforcing Organisational Supports for ASO Workers Coping with the Impact of Multiple Losses*. Toronto: AIDS Bereavement Project of Ontario, 2000.
- Perreault, Yvette and Val Gervais. *Project Sustain, Project Sustain*. Toronto: AIDS Bereavement Project of Ontario, 2000.
- Planning for the Future Executive Summary*. Edmonton: AIDS Network of Edmonton Society November, 1998.
- Prochaska, J.O. *Systems of Psychotherapy: a Transtheoretical Analysis*. Homewood IL: Dorsey Press, 1979.

- Prochaska, J.O., and C.C. DiClemente. "Transtheoretical therapy toward a more integrative model of change." *Psychotherapy: Theory, Research and Practice*, 19, 3 (1982) pp. 276-287.
- Prochaska, J.O., J.C. Norcross, and C.C. DiClemente. *Changing for Good*. New York, NY: Avon, 1994.
- Prochaska, J.O. and John C. Norcross. *Systems of Psychotherapy: a Transtheoretical Analysis*. Pacific Grove: Brooks/Cole Publishing, 1999.
- Revens, R. *The ABC of Action Learning*. London: Chartwell-Brett Ltd., 1983.
- Rogers, C. *On becoming a person: A therapist's view of psychotherapy*. Boston, MA: Houghton Mifflin, 1961.
- Rolls, Jayme "The Transformational Leader: The Wellspring of Learning Organizations" in Sarita, Chawla, and John Renesch, ed. *Learning Organizational Developing Cultures for Tomorrow's Workplace*, Portland OR: Productivity Press, 1995, pp. 101-22.
- Seagal, Sandra and David Horne. *Human Dynamics: a New Framework for Understanding People and Realizing the Potential in our Organizations*. Cambridge, MA: Pegasus, 1997.
- Seagal, Sandra and David Horne. "Human Dynamics: A Foundation for the Learning Organization." *The Systems Thinker*, Building Shared Understanding 5, 4 (May, 1994), pp. 1-5.
- Senge, Peter. *The Fifth Discipline*. New York, NY: Currency Doubleday, 1990.
- Senge, Peter, *et al.* "Moving Forward Thinking Strategically About Building Learning Organizations," in *The Fifth Discipline Fieldbook Strategies and Tools for Building Learning Organizations*. New York, NY: Currency Double Day, 1994. pp. 15-47
- Senge, Peter, *et al.* *The Dance of Change: The Challenge of Sustaining Momentum in Learning Organizations*. New York: Currency Double Day, 1999.
- Smith, Robert. "Gay and Lesbian Parenting Group." *Times 10*. July/August, 1999, pp.14-15.

- The Live Wire, 3,5 (September/October 2001). Edmonton: HIV Network of Edmonton Society.
- Three-Year Plan, Preliminary Report*. September: HIV Network of Edmonton Society, 2000.
- Vaill, P. B. *Managing as a Performing Art, New Ideas for a World of Chaotic Change*. San Francisco: Jossey Bass Publishers, 1989.
- Wageman, Ruth and Elizabeth A. Mannix. "Use and Abuse of Power in Teams" in Kramer, R. and M. Neale *Power and Influence in Organizations*. Thousand Oaks, CA: Sage Publishing, 1998, pp. 261-285.
- Wheatley, Margaret J. *Leadership and the New Science Learning about Organizations from an Orderly Universe*. San Francisco: Berrett-Koehler Publishers, Inc., 1992.

### **Recommended Websites**

- [www.acch.com](http://www.acch.com) formerly [www.1888stophiv.com](http://www.1888stophiv.com)  
The Alberta Community Council on HIV
- [www.aidslaw.ca](http://www.aidslaw.ca) The Canadian HIV/AIDS Legal Network
- [www.allianceonline.org](http://www.allianceonline.org) The Alliance (for Nonprofit Management)
- [www.boardsource.org](http://www.boardsource.org)
- [www.csae.com](http://www.csae.com) Canadian Society for Association Executives
- [www.leaderscircles.org](http://www.leaderscircles.org)
- [www.mapnp.org](http://www.mapnp.org) The Management Assistance Program for Nonprofits
- [www.pfdf.org](http://www.pfdf.org) The Peter F. Drucker Foundation for Nonprofit Management

## Appendix A

# Appendix A

## Participants

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Putting together this material was only possible because so many people generously agreed to participate in an interview with me. I want to thank all of them for this generosity. I learned much from my colleagues; I hope and trust the readers will also glean useful information from the experiences they have shared with me. It is always a privilege to be given a gift of knowledge and information; I hope I have honoured that gift and conveyed the information as it was intended.

Individuals from the following organizations participated in this research and gave permission to be identified as participants.

Margaret Akan, Manager, All Nations Hope AIDS Network (Regina)

Richard Burns, Executive Director, The Lesbian, Gay, Bisexual, and Transgendered Community Center (New York)

Dawn Bryan, Executive Director, The Momentum AIDS Project (New York)

Nalda Callender, Executive Director, National Congress of Black Women Foundation (Burnaby)

Barbara Drainin, Executive Director, and Kristin Braun, Strategic Planner, The Family Center (New York)

Ron Fremont, Support Programs Coordinator, Youthco AIDS Society (Vancouver)

Arthur Gondziola, Executive Director, Schizophrenia Society of Saskatchewan (Regina)

Jackie Haywood, Director of Support Services, British Columbia, Persons With AIDS Society (Vancouver)

Raymond Helkio, Director of Development and Communications, Toronto People With AIDS Foundation

Carol Henry, Executive Director, Mother's Voices (New York)

Deborah Hollins, Executive Director, CBCA: Sexual and Reproductive Wellness Centre (Calgary)

Andrew Johnson, Executive Director, AIDS Vancouver

Maggie McGinn, Executive Director, Edmonton Persons Living with HIV Society: Living Positive

Ron McLeod, Executive Director, Greater Vancouver Community Service Society

Kevin Midbo, Executive Director, AIDS Calgary Awareness Association

David Nelsen, Acting Executive Director, Canadian Mental Health Association—Saskatchewan (Regina)

Kim Nicols, Development and Policy Director, African Services Committee (New York)

Brent Oliver, Executive Director, The AIDS Committee of Ottawa

Peter Richtig, Executive Director, AIDS Committee of Durham (Oshawa)

Rod Rode, Executive Director, The Family Centre (Edmonton)

Charles Roy, Executive Director, AIDS Committee of Toronto (deceased)

Maureen Sanders, Executive Director, Centre for Family Literacy (Edmonton)

Kelly Sloan, Executive Director, YWCA (Edmonton)

Chris Smith, Executive Director, AIDS Program of South Saskatchewan (Regina)

Marcie Summers, Executive Director, Positive Women’s Network (Vancouver)

Lorraine Teel, Executive Director, Minnesota AIDS Project

Doug Thompson, Resale Store Manager, Bissell Centre (Edmonton)

Karen Vance-Wallace, Executive Director, The Teresa Group (Toronto)

Helene Wirzba, Executive Director, Lethbridge HIV Connection

Keith Wong, Executive Director, Asian Community AIDS Services (Toronto)

Gerard Yetman, Manager of National Programs, Canadian AIDS Society (Ottawa)

Art Zoccole, Executive Director, Canadian Aboriginal AIDS Network (Ottawa)

In addition, individuals from other organizations participated in interviews and contributed to the information presented here. For one reason or another, they did not wish either themselves or their organization to be identified—it may have been that they were not in a position to give consent on behalf of the organization or that they wished to remain anonymous because the information they were conveying was sensitive. All participants were given this option. As well, all participants were given the opportunity to make certain segments of the interview anonymous; these requests have been respected.

In addition to the study participants listed above, I consulted with a number of resource organizations. These were:

Judith Alnes, The Management Assistance Program for Nonprofits (Minneapolis)

Michael Cohen, Partnerships for Community Health (New York)

Deborah Edward, Greenlights for NonProfit Success (Austin)

Wendy MacDonald, Resource Centre for Voluntary Organizations, Grant McEwan Community College (Edmonton)

A. B. (Sandy) McArthur, The Calgary Centre for Non-profit Management

Yvette Perreault, AIDS Bereavement Project of Ontario (Toronto)

I also did a number of “pilot” interviews primarily with my friends and co-workers. These individuals afforded me the opportunity to make mistakes in time to correct them—such as learning how to run the recording equipment. They also provided me with insight as to potential research directions. I wish to thank those individuals for their participation. As I did not obtain consents I am unable to list them.

As is evident from the above list, most of the people I spoke with worked in AIDS organizations; however, individuals from other human service organizations were also interviewed. The organizations varied in size, with an annual operating budget of nearly \$20 million to under \$100,000. And of course, the number of staff in the organizations also varied from the largest at approximately 550 staff to the minimum of 1.5 staff at the moment of interview. Staffing complements varied over time, and it was not unusual for agencies to both increase staffing because of new programs or decrease staffing because of budget cuts. These were sometimes quite dramatic changes of 30 per cent or more.

## Appendix B

# Appendix B

## Staff Turnover in Participating Agencies

Timeframe	Under 25%	26%-50%	51%-75%	76% - 100%	100%-200%
3 years		ACAS			
1 year					ACO
1 year		ACT U			
3 years			AIDS Calgary		
4 years	AIDS Vanc U				
1 year	African				
3 years	All Nations				
5 years		APSS			
4 years		BCPWA U			
2 years	Bissell				
2 years	CAAN				
2 years			CBCA		
4 years	CFL				
2 years	CMHA U				
3 years	Durham				
12 years	Family Centre				
1 year	Family Center				
3 years	GVCSS U				
3 years					HIV Edmonton
1 year				Lethbridge	
3 years					Living +
2 years			MAP		
2 years	Momentum				
3 years			Mothers		
5 years	NCBWF				
2 years	Theresa				
2 years		TPWAF U			
2 years	+ Women U				
11 years					SSS
2 years	CAS				
6 years					National Group
4 years					Youthco
3 years		YWCA			

Notes: Data was missing for LGBTCC. "U" indicates union shop

Shaded groups not ASOS



# The Muttart Fellowships



## **Sherry McKibben**

### **2001 Muttart Fellow**

Sherry McKibben has been the Executive Director of HIV Edmonton since June 1998. As executive director, she refocused the work of the organization to include in addition to the gay community, Aboriginal peoples, addictions, corrections, women, and youth.

Prior to joining the staff of HIV Edmonton, Ms McKibben was executive director of Norwood Child and Family Resource Centre and the Boyle McCauley Health Centre. As director of Boyle McCauley she oversaw the building of a new facility and the expansion of programming from 11 to 30 staff. As director of Norwood she managed to pull the agency from the brink of financial disaster.

Prior to these senior management positions, she worked as a social worker, volunteer coordinator, and Supervisor in a variety of child welfare services. In this capacity she initiated a number of new programs, participated in the amalgamation of services into the Vancouver Resources Board and ultimately their integration into the government.

She has a Masters of Social Work (UBC) and a Masters of Philosophy in Social Administration (London School of Economics). From October 2001 to 2002, she was on a Muttart Fellowship and was examining change management using AIDS service organizations as the model.