

Black Health Agency Case Study

Key Success Factors:

- **Market awareness and offering a flexible service to the customer.**
- **Visualising the future and planning.**
- **Working in partnerships and collaborations.**
- **Responding to and shaping policy.**
- **Accessing external expertise.**
- **Learning and communicating.**
- **Taking risks.**
- **Unity and focus across the organisation.**
- **Becoming sustainable and entrepreneurial.**

Introduction

The Black Health Agency (BHA), formerly called the Black HIV & AIDS Forum (BHAF), was formed in 1990 by a pressure group of five or six individuals working within the local authority, community development and drug related fields. They were brought together through their involvement with Black and Minority Ethnic (BME) communities in direct response to the needs of the local BME community, whose needs were not being met by the statutory and voluntary sector services available. It was felt that the AIDS hysteria at that time, racism and discrimination had prevailed with no effective and appropriate community response in challenging these issues.



A public meeting attended by around 100 people led to the formation of the BHAF as a vehicle solely for the purpose of raising awareness, educating people, and disseminating information about the issues facing the community.



Outline of Services

BHA and its projects exist to work with and for African, Caribbean, South and South East Asian communities as well as a diverse range of other marginalised groups. BHA is a key provider and stakeholder in the development of health policy, initiatives and services to Black communities locally, regionally and nationally. It further provides tailor made

training packages for voluntary and statutory agencies and the private sector around a range of issues such as anti-discriminatory practices, HIV and sexual health training, working with young people and community development.

Governance

BHA is a company limited by guarantee with charitable status. It is essentially a voluntary sector organisation supported by a range of statutory and voluntary funding sources, which include: Health Authorities, Local Authorities, the Department of Health and Charitable Trusts.



BHA is governed by a volunteer Board of Trustees who contribute their experience, skills and time to consolidate and further the agency's rewarding and challenging areas of work. The day-to-day

management and operations are run by a team of managers and co-ordinators including the Chief Executive, Deputy Chief Executive, Finance Strategy Manager, Services Strategy Manager and Modernisation Manager.

The Journey

From its beginnings in the corner of an office accommodating two staff, BHA now employs sixty-one people and is one of the leading Black community health organisations in the North West. BHA is recognised locally, regionally and nationally for its work with BME communities and other marginalised and disadvantaged groups and has grown its turnover less than £20,000 in 1991 to over £1 million in 2004.

The Early Years

After securing several small amounts of funding through AIDS Support Grants and the National AIDS Trust, the organisation began to grow. Evelyn Asante-Mensah, Chief Executive of BHA, recalls the hard work that was involved in the project from those early days: "This has always been much more than a job" – testimony to the spirit of the organisation.

Amongst all the hard work and day-to-day reality of working with the issues, BHA realised their work merely scratched the surface of the needs of the communities and that far more could be done to help. At the first annual review meeting the organisation as a whole recognised that the needs of the community were changing, and that BHA needed to adapt. Furthermore, grant funding policies were changing with an increased emphasis on accountability, unit costs and monitoring.

Building the Foundations

In 1994 all of the staff and management committee of BHA went on the first strategic away weekend. It helped instigate and visualise the agency's future and generated an impetus that would be realised in funding from the Health Action Zone, Comic Relief and Department of Health's Opportunities for Volunteering.

Key to BHA's success was the close partnerships and collaboration with a wide range of organisations and agencies, in particular the Department of Health. Although BHA at times had to bend its operations to help meet the Departments' agenda, its willingness to work with the grain of policy enabled the organisation to secure further funding to run a range of new government initiatives. A new confidence, engendered by the security of funding, gave BHA the impetus to diversify into other areas such as drugs abuse and mental health issues.

BHA's growth coincided with the introduction of the National HIV and Sexual Health Strategy and their proactive networking and attendance at meetings in London got the Agency onto the government's steering group: an acknowledgement of BHA's experience and knowledge within its sector.



A rapid growth from six to twelve staff and the diversity of the operation caused strain to build up within the existing organisational structure and capacity, and so the organisation sought advice from external consultants through the National Council for Voluntary Organisations' (NCVO) 'Managing Growth' Project. There followed in 2001 a major re-organisation. Strategically, the agency wanted to raise its profile to gain wider regional recognition and so, in a tactical move, changed its name to the Black Health Agency. The new image, ensuring a more consistent message, 'house style' and a brand image, were paramount and reflected the way the organisation now needed to promote and to market itself.

Strengthening Internal Capacity

In 2003 With a thriving organisation which had grown so fast, trying to stay focused, meet the needs of the community, and look after the employees became an increasingly difficult balancing act. In response a 'strategy away weekend' was organised with almost every employee and trustee in attendance, the outcome being a renewed organisational vision and a sense of unity, focus, confidence and togetherness installed in everyone.

The new objectives established for the business indicate a shift within the organisation from informal personal relationships and work arrangements to more formal, structured system of accountability. The quest to consolidate its internal organisation and ensure operational consistency led to the pursuit of the quality assurance standard, PQASSO (Practical Quality Assurance System for Small Organisations).

Building Networks and Relationships

BHA has readily adapted and remained flexible in order to take advantage of changes in government priorities and one of the key decisions made was to fund to assist non specific Black and ethnic minority communities. Although it has moved away from its 'comfort zones' and now looks to offer services to wider audiences, BHA has not detracted or compromised its core beliefs in any way.

Evelyn sees that networking and communication are key issues to the organisation now and in the future:

“Our flexibility and adaptability, our creativity in our approach to our work, the fact that we can access links and networks, the associations that we have, have provided us with information that not only lets us know that things are changing but also that we have also been involved in influencing some of that change as well – it’s about being a little forward thinking.”

This dedication to creating open communication paths and networks remains at the heart of BHA today and is evidenced through its relationships both internally and externally.

The Way Forward: Towards Sustainability

Sustainability has always been a key issue for BHA, its trustees and the management team, but as business continues to expand at a rapid rate, it has become even more paramount. BHA’s wish is to become less focused on external grant support and become more entrepreneurial within BME communities, identifying unmet needs and potential new



customer groups. The plan is to build an 'Enterprise Centre' to provide a community resource to incubate small organisations, providing support with space to grow. BHA also wants to develop a wider portfolio of services and new income streams by harnessing their acquired skills and experience, in areas such as training, consultancy, conferencing and developing interpretation services.

The 'catch twenty-two' is managing time and resources to generate new lines of business whilst remaining busy and focused on delivering the services that satisfy the contracted and funded elements of the service. To facilitate this process BHA has reshaped its organisational structure to move away from traditional hierarchical structures to more of a delegated project focused arrangement. Although there are reporting structures in the new arrangement, the relationship between managers and project teams is one of coaching and mentoring. Individual decisions and empowerment are not only accepted but encouraged, which leads to a higher degree of ownership and personal motivation, and greater organisational coherence.

BHA believes this new structure it will establish a more transparent culture promoting

active partnerships, better communication, and greater levels of consensus.

Conclusion

BHA has evolved and developed from a small voluntary organisation to a sustainable social enterprise with resources, credibility, and ambition. A strong managerial culture and excellent relationships between the staff, managers and trustees has emerged through a process of continuous assessment, review and change. BHA's flexible approach has enabled it to exploit opportunities and the organisation is now poised to branch out into new areas while maintaining a strong commitment to the needs of its core client group.



For the future, BHA has identified the need for improved marketing and further attention to quality: quality service, quality staff, quality relationships, quality patrons, the right structures and financial robustness.