

KINA-MNO-MAUD-ZHE-WIN  
HEALTH SERVICES

Implementation Challenges and Responses:  
A Planning Document

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## **INTRODUCTION: THE MEANING OF IMPLEMENTATION**

This is a planning paper for the next stage in the implementation of Kina-Mno-Mod-Zhe-Win health services. Although considerable preparatory work has already been done (eg. design of services, organizational structure, etc), attention must also be given to the human and organizational aspects of the change process.

The ideas in this document build on the implementation planning workshop held May 29-31, 1995 in North Bay. Workshop participants included the Board of Directors, the Executive Director, and the three Directors of Health Services.

This document may not “look like” the usual planning paper. It is more than a tool to give direction to management and staff for putting into place a complex health service design. Rather, it is a documentation of emerging knowledge for the organization, hopefully which can be used repeatedly in training, orientation and planning. In this sense, it is somewhat more detailed.

### **Plans into Action**

For purposes of this document, implementation refers to the processes of putting the plan into practice or action. Implementation processes work towards a goal, by translating a number of ideas into practice. Decisions need to be carried out; tools must be applied in practice. In common sense terms, implementation means “getting the job done”.

### **Working with the Vision**

The Kina-Mno-Maud-Zhe-Win vision for new services and organizational design is a direct response to the needs, wishes, and expectations of the three communities. This fact, in itself, strongly supports the smooth implementation of change. Unlike previous years the initiative does not come from “outside” the communities.

Despite this, managing the transition requires on-going work with the vision. This is true for the following reasons:

- For many people, both staff and other community members, the details of the vision only become apparent with time. Making a connection between abstract ideas (eg. “Prevention”, “community mental health”, etc.) and specific roles, tasks and techniques only happens over time. It is not an easy process.
- Some community members may not have participated in the needs assessment; they must learn about the vision for the first time.

- Because of the time gap, some details may be fuzzy; reminders and re-learning must be put in place.
- Turnover in Councils are inevitable; new, perhaps resistive members, must learn and perhaps be influenced.
- For a number of reasons, staff may not stay focussed on the vision. Kina-Mno-Maud-Zhe-Win must help them to learn the details, acquire the skills, prioritize their work, access resources, solve early problems, and stay motivated to do their work according to the vision.

### **Establishing Change**

Creating new services does not take place in a vacuum. A number of other changes, beyond services, will also occur. There will be changes among existing staff who have settled into specific work routines and service delivery over the years, routines which may or may not fit with the new service planning. Board members may also need to change in the way they do their work, since Kina-Mno-Maud-Zhe-Win serves three and not one community. Decisions must serve the “common good”, not only individual First Nations. Community members will also change: in their attitudes, in the ways they will receive services, and the ways they contribute to services.

These, and many other changes in the surrounding “context” of the service change, are necessary to support the new service initiative. These do not happen automatically, simply because they are needed. They must be planned for; actions must be taken to assure they happen. Implementation of new services will require making changes in a number of different levels.

### **Reactions to Change**

Implementing a new service initiative takes place within a larger context of people working and communities functioning. Inevitably, there will be a range of human reactions to the new ideas and plans. Some reactions will be quite enthusiastic and supportive. Other reactions will be less supportive and more negative. Board members talked about “resistors” and even “rejectors” of the new services. Others simply may have follow-up questions to the work that flows from the vision.

The fact that some people may react negatively to the new initiatives should not create bad feelings toward them. In a sense these are normal responses, since they may have very good ideas themselves about how things should be done. Or, they may still be confused about the new services, responding out of misinformation or misunderstanding. They may feel threatened by the prospect of doing things differently, or even fear losing their job. Low self-esteem at learning new things may be another reason. There are many other reasons.

Their reactions are symptomatic of complicated changes, and should be met with understanding and support. To do otherwise may increase their resistance, and complicate the management process further. It is important to separate which reactions are individual or “personal”, and which represent a broader pattern within the communities.

### **Readjustment**

Introducing a new service initiative over time is not a one-shot event, in which at one moment you have an exciting new plan and the next moment you have people carrying out the plan as it existed on paper. What is more likely is that the new service activities and the surrounding service organization will go through a series of adjustments and readjustments over time. The new initiative gradually “fits” with its surroundings, and the surroundings gradually get more in tune with the change.

Some people call this “fine-tuning”. Scholarly types call this “mutual adaptation”.

### **Role Changes**

Readjustments pertain to various role changes, not only related to staff work but to other key players, such as Chiefs and Councils. Councils will no longer be required to solve health problems as Kina-Mno-Maud-Zhe-Win becomes established. Instead they will refer or “re-route the problems to the appropriate persons in the health care system.

Councils also have the authority to make By-laws in support of new health care initiatives, after receiving recommendations from their Board members.

The role relationships between Councils and Board members will be enormously important, supported by good communications, sharing of health related issues, and generally keeping in touch with each other. Councils should assure that links to the agency through Board members are working well.

Councils will also be relied upon to enforce the new by-laws within their respective communities. The local Health Committees, comprised of community representatives, will be important instruments for carrying out local policies. They should be trained and supported in these functions.

### **Working Together**

Introducing the new Kina-Mno-Maud-Zhe-Win health services will require new ways of working together. This is true in many ways, but two are worth mentioning. First, the health delivery staff will work with others in new ways in the community. The idea here is that health services will be delivered through a **team structure**, such that services are delivered consistently, through mutual learning, effort, and without overlap.

The second way in which working together emerges as an important principle is in the early process of introducing the changes. Because implementing the new initiative will create many responses (some negative) and unanticipated consequences, Kina-Mno-Maud-Zhe-Win must organize its management and staff in the best way to surface these responses, understand them, and respond accordingly.

**Additional points: (i) clear separation of responsibilities (ii) role modelling of organizational functioning, service delivery, professionalism.**

### **Service Delivery**

Naturally, the early implementation of a new service design and organizational structure will involve the delivery of services. How does early service delivery differ from the services which may be in place ten years from now? Several important points are worth noting, ones which have tremendous implications for managing the transition:

- Services today are being introduced in communities where things have been done differently; the **quality of service delivery may be affected by all the other changes** that are going on. Services “down the road” may take place in a more stable environment.
- Because new expectations for work are being conveyed to staff, **the “meaning” of these services to staff and to the community may differ**. For one person, the new services may mean a welcome solution to long-standing health problems. Another may view the changes as a burdensome professional challenge. Some community members may respond with pride, as Aboriginal communities take one more step towards self-sufficiency. Still others may look at services in terms of “who gets the jobs”. For them, the significance lies in the flow of salaries to some community members and not others. Managing the implementation requires a sensitivity to these interpretations of services, as well as their intended purposes.

An obvious consideration concerning early service delivery is whether or not the intended services are reaching the identified people in the community. If not, management should assess the reasons and take immediate remedial steps.

### **Proving Supportive Organizational Structures and Processes**

Obviously a new service initiative will require a host of supportive organizational arrangements to go along with new service delivery. This is a major part of Kina-Mno-Maud-Zhe-Win's initiative, since many of these will be new to the staff who previously worked under the Band management and administration.

A clear separation should be made between the organizational support for the early implementation period and after Kina-Mno-Maud-Zhe-Win is "up-and-running" the way it wants. This section concentrates on the supports for early implementation.

### **Planning and preparation**

Thinking ahead about implementing the new services and the associated challenges is what the North Bay workshop (and this document) is all about. In addition, there should be on-going planning at various pre-determined stages at which time the results of formative evaluation (see below) and monitoring are considered.

### **Human resources**

Some management, staff and Board members within the organization should be assigned the task of taking responsibility for planning, monitoring the early implementation. An important part of this is problem-solving the issues that arise as these are identified by teams at the community level. Some organizations have established what are called "implementation" teams, sometimes involving outsiders.

### **Time**

The time framework for early implementation is very important. Three important ideas are worth noting:

- Be clear about various key stages of the implementation process; some services can be introduced gradually (Phase-in) and assessed before others are introduced.
- Do not establish tight time-lines during the early period; allow flexibility or time slack to respond to the challenges of introducing the new initiatives.
- For service providers, allow some time for reflecting about their new role requirements and tasks. These reflections "in the trenches" are valuable for others who are monitoring and assessing the over-all process.

### **Evaluation**

Still another way of organizationally supporting the introduction of new services is

through the evaluation process. **Formative evaluation** is used to help the development of a new program.

### **The Utilization of Information**

The implementation of Kina-Mno-Maud-Zhe-Win also requires the use of information. Perhaps the most powerful information that the organization has at its disposal is the community needs assessment. Not only does this facilitate useful program development, but also it is a strong source of legitimation for what the agency is doing. It provides clear evidence that the organization has strong links to its communities.

As indicated above, the agency will also use information for evaluation and problem-solving purposes, as planners receive feedback on how the organization and its services are functioning. To assure the necessary flow of information throughout the organization, attention must be given to organization communication, in terms of the opportunities and resources for communication, and also the staff's attitudes and skills concerning good communications.

## **ASSESSMENT OF IMPLEMENTATION CHALLENGES**

Given the complexity of introducing new health services, managing the transition from

the pre-health transfer situation requires a thorough understanding of what might be the main implementation challenges. The Kina-Mno-Maud-Zhe-Win Board of Directors assessed these challenges during the June workshop. The challenges are summarized in the following questions:

## **COMMUNITY ENVIRONMENT CHALLENGES**

### **1. Resistance to new policies and organizational practices**

- \* Will Councils' have a preference for policies or practices used in the community prior to health transfer?
- \* Will difficulties arise in making the shift in thinking about individual local community interests to interests shared by all three communities; in some instances, unified policies will be needed for the "common good".

### **2. Resistance to changes in decision-making**

- \* Will there be resistance to a shift from a local to a centralized management ; will the present control be seen as "endangered"?
- \* Will some local Councils try to change parts of the plan before it is evaluated?
- \* Will other aspects of the transition from Band operation to Kina-Mno-Maud-Zhe-Win be met with resistance?

### **3. Community expectations concerning appropriate services**

- \* Will there be resistance to Kina-Mno-Maud-Zhe-Win change in service focus?
- \* Will some community members question the changes in worker roles (e.g. a shift away from providing recreational programming).

### **4. Board\Community Communications**

- \* Will some Board members feel torn between serving community interests and making policies for the common good of three First Nations?

- \* Will some Board members find difficulty in carrying out Board collective decisions, perhaps conveying their individual disagreements to communities?

**5. Community Support of the Plan**

- \* Will community members not attend meetings which are designed to educate them about the plan?
- \* Will people resist the change because of a fear of the unknown, or a general fear of change?
- \* Will community support range from “too little interest” to “too much interest”?

**6. Lack of Community Trust in the New Organization**

- \* Will there be a challenge to regain community members’ trust and confidence?

**7. Community Denial Concerning Health Problems**

- \* Will some members be reluctant to use services because they believe they have no problems?

**CHALLENGES WITHIN THE ORGANIZATION**

**8. Challenges related to introducing the appropriate strategies for managing change**

- \* Will there be problems in giving people the facts behind the health

services plan, so that fear of change is reduced?

- \* What will be the challenges of maintaining on-going communication within the organization, and from the organization to the communities?
- \* What difficulties will arise in managing conflict?

#### **9. Challenges related to learning, growth and development**

- \* How can the organization maintain strong staff commitment and motivation to learning, through in-service and self-initiated outside training?
- \* How can a culture of learning be established within the organization and across communities?

#### **10. Challenges related to resources**

- \* What are the challenges to hiring the best staff?
- \* Will there be a lack of volunteers? Will the same people keep volunteering their time?
- \* Will there be funding limitations?

### **FACTORS RELATED TO STAFF FULFILLMENT OF NEW ROLE EXPECTATIONS**

#### **11. Resistance to new personnel policies and procedures**

- \* Will staff have difficulties in abiding by new standard operating policies and procedures (such as those related to leave, travel and expenditures)

which were previously set locally?

**12. Difficulty in functioning within a new supervisory structure**

- \* Will staff resist reporting to the new Director of Health Services when previously they may not have been accountable to anyone?

**13. Changes in Service Focus**

- \* Will staff resist a change in the service focus (e.g. shift from recreational programming, prevention)?

**14. The Principle of Confidentiality**

- \* Will staff carefully protect client rights to confidentiality?

**CHALLENGES RELATED TO TECHNICAL REQUIREMENTS OF NEW SERVICES**

**15. The challenge of getting staff to focus on the service goals**

- \* Will staff work “in different directions” according to what they think will work , and what they have done in the past?

- \* How can staff be directed to keep their focus on the vision, while at the same time respecting their experience and expertise?

**16. The challenges of educating the community about all aspects of health**

- \* What are the challenges of getting community members to live new healthier life-styles; specifically, to educate people about the benefits of things like walking, reducing air pollution, cutting back on smoking, garbage control, and valuing the environment?
- \* How can communities be helped to adopt a holistic life-style (mental, physical, spiritual, emotional), and produce community-wide changes in relation to health?

**CHALLENGES RELATED TO COMMUNITY MEMBER ROLES AS SERVICE RECIPIENTS**

**17. Participation in Prevention Services**

- \* Will community members be receptive to acquiring new information related to illness prevention and the promotion of well-being?

**18. Utilization of Staff**

- \* Will community members be willing to use staff in ways which are consistent with Kina-Mno-Maud-Zhe-Win 's organization of services? For example, will they go to specialized personnel instead of the same person for all problems?

**CHALLENGES RELATED TO OTHER HEALTH SERVICES**

**19. Provincial Health Care Services**

- \* Will the variation in Provincial health care services limit the possible changes and necessary referrals?

- \* Will jurisdictional boundaries become a limitation? For example, First Nations are able to access different services in different areas.

**20. Provincial Indian Health Services**

- \* Will the involvement of organizations such as the Union of Ontario Indians in health issues (e.g. Health Commission) present some challenges?

**IMPLEMENTATION PRINCIPLES**

A number of suggestions for addressing these challenges surfaced during the Board workshop, suggestions which will be summarized in the next section. Out of these suggestions emerged several implementation principles for planning and managing the change process.

“Principles” are general guiding ideas behind planning, decision-making, problem-

solving and other organizational activities pertaining to the early stages of implementation. These are as follows:

1. First and foremost, in managing the change process, **accountability must be to the community members**
2. The agency **should treat implementation as a planning issue in its own right**, much the same as planning for training or organizational structure or services. Efforts should be made to (i) understand what implementation involves (ii) assessing the potential difficulties or barriers and (iii) plan to avoid them.

Having a Board workshop on “implementation” is a good example of addressing implementation seriously. Other examples are designing specific implementation policies, assigning specific persons to carry out implementation activities, evaluating implementation and the like.

2. For Kina-Mno-Mod-Zhe-Win, an important principle is that of “**holistic planning**”, meaning that implementation is not done piece-meal. Planned change likely involves many different things. For example, adding a new service will have implications for organizational support, community attitudes and relationships, and assuring that staff are trained and receptive.
3. Planning for implementation also involves **responding to the potential blocks to implementation** and utilizing those factors which are supportive. (Eg. Special community groups)
4. It is also important that the organization **responds to the unanticipated consequences** of change, by for example, setting up problem-solving groups and procedures, and by allowing enough time and other resources to solve problems.
5. Implementation also requires that management **work with existing conditions** within which the new initiative will be introduced. For Kina-Mno-Mod-Zhe-Win, this means recognizing that staff have been working in a certain way for many years. As well, there may be local patterns of administration, decision-making, prior operating procedures and supervision in the Band office.
6. Finally, successful implementation requires the organization to **build an internal change capability** to take responsibility for the change. For example, the Executive Director, the Directors of Health services and one staff member may work together to oversee the change process, perhaps working with an outside specialist in organizational change.

## **AN IMPLEMENTATION STRATEGY**

The complexity of implementing new health services, and the many challenges anticipated by Kina-Mno-Maud-Zhe-Win Board members and management, suggest the following implementation strategy. The challenge identified by the Board of Directors and management suggest that Kina-Mno-Maud-Zhe-Win's implementation efforts should:

- **PROMOTE LEARNING AND RE-LEARNING**
- **BUILD AND SUSTAIN TRUST AND CREDIBILITY BY COMMUNITY LEADERS**
- **BUILD COMMUNITY SUPPORT OF THE PLAN**
- **RESPOND IMMEDIATELY TO PROBLEMS**
- **FACILITATE FEEDBACK**
- **PROMOTE COMMUNITY PARTICIPATION IN ON-GOING CHANGE**
- **CREATE A CHANGE AGENT CAPACITY WITHIN THE ORGANIZATION**
- **RESPOND TO THE RESISTANCES TO NEW POLICIES AND ORGANIZATIONAL PRACTICES**
- **ASSIST STAFF TO UNDERTAKE THEIR NEW ROLES AS MEMBERS OF KINA-MNO-MAUD-ZHE-WIN**
- **PROMOTE NETWORKING WITHIN AND THROUGHOUT THE ORGANIZATION**

The actions suggested for each of these are reviewed in the following section.

## **ACTIONS TO ACHIEVE IMPLEMENTATION OBJECTIVES**

### **To Promote Learning and Re-Learning**

- \* Strong orientation and in-service training opportunities for staff, new Councils, new Board members
- \* Develop in-service training to respond to early implementation difficulties

- \* Role model appropriate organizational behavior throughout the organization and into the communities
- \* Build a learning culture within the organization

### **To Build and Sustain Trust and Credibility**

- \* Refer to needs assessment often, as a community-driven statement of needs, program and organizational design; this is an important symbol and tool for sustaining the legitimacy of Kina-Mno-Maud-Zhe-Win.
- \* Support Board members with the Health portfolios as the key persons in the two-way communications between Kina-Mno-Maud-Zhe-Win and the communities.
- \* Hold community meetings for promoting social interaction and familiarity with Board members;.
- \* Hold open Board meetings, to promote visibility and involvement.
- \* Role modelling: appropriate exercise of policies, procedures and practices.
- \* Circulate information on programs and future events: monthly newsletters
- \* Organize skill training in such sensitive matters as confidentiality; strictly enforce policies related to sensitive matters.

### **To Build Community Support for the Plan**

- \* Consistently advertise the agency and its programs
- \* Build in social aspects to agency promotional activities, such as monthly community “meet the staff” luncheons
- \* Create more involvement with the youth and elders; help the youth (as the “future of our people”) become key players in the health team.
- \* Emphasize that the plan is based on community needs assesment with full

community participation

- \* Have door- to- door awareness initiatives
- \* Hold community feasts and meetings for up-date and in-put
- \* Emphasize, through education, that the change is beneficial
- \* Address the fears associated with change
- \* Encourage interest and participation

### **To Respond Immediately to Problems**

- \* “Nip problems in the bud”
- \* For the most part, identify and solve problems at the management level.
- \* Flag serious problems with Board and if necessary, involve them in problem-solving; maintain close relationship between E.D. and the President.
- \* Respond quickly to any issues which Council, as a whole, feels should be addressed
- \* Correspond through written communication to the Board, which is later discussed at Board meeting; acknowledge in writing any communications from Councils or other community members.

### **To Promote Feedback Within the Organization and Throughout the Community**

- \* Seek feedback concerning implementation problems and successes
- \* Document service practices which appropriately reflect the mission; use these as on-going learning resources
- \* Develop problem-solving teams within and across communities to address problems in implementation
- \* Conduct formative evaluation after a few years

**FORMATIVE EVALUTION COULD ASK:**

Are services being used? Are program activities in place?  
What are community perceptions? Unanticipated  
consequences? Are goals appropriate? Are there needed  
changes in organizational policies and routines? Are tools and  
resources workable? Are working relationships suitable? Do staff  
need more training? Are the reporting arrangements  
working?..... and many more!

**To Respond to the Possible Resistance to New policies and Organizational Practices**

**1. Negotiate compromise with Councils..**

- \* Reminding them that policies will promote fair treatment of all members in all three communities, where all peoples are treated equally.
- \* Discuss policies from all three Bands and try to come to a compromise that would be best for each local situation.

**2. Organize group presentations to Councils**

- \* Try to depersonalize any issues by having all three local Board members share all information at regular Council meetings
- \* Keep a regular flow of information to Chiefs, Councils, Band members

**3. Educate Communities about the Nature of Policies**

- \* Inform communities, Chiefs and Councils that only some policies will be uniform across the three communities; others will be specific to each community. For example, program policies and practices will be specific to each community.
- \* Make up a package containing the constitution and by-laws; review this with Councils.

**4. Encourage Community Participation in Policy Development**

- \* All new policies should be drafted and forwarded to Council for in-put before adopting by Kina-Mno-Maud-Zhe-Win Board of Directors.

**To Respond to Issues Related to Community Expectations of Services**

- \* Make communities aware of the principle of service flexibility, namely that 50% of services are agency services, and 50% are local community services.
- \* Educate communities about services in open community meetings
- \* Promote community accessibility by making them aware of program goals and services.
- \* Support and give direction to the local staff in their efforts to develop local programs, emphasizing the focus on prevention.

- \* Encourage and facilitate community participation in program change, thus building community empowerment and ownership of programs.

### **To Respond to a Possible Questioning of Worker Roles**

- \* Drawing upon the needs assessment, explain and educate the “how and why” of worker roles
- \* Make staff roles and services known to community members (eg. Newsletter)

### **To Assist Staff to Undertake their New Roles as Kina-Mno-Maud-Zhe-Win Members**

#### **1. Develop a supervisory support group across three communities**

- \* Directors of Health Services learn from each other concerning supervision

#### **2. Develop and support technical excellence through:**

- \* immediate orientation and on-going training of staff
- \* guidance and support from Directors of Health Services
- \* resource support: manuals and information
- \* support of efforts to develop and assess local programs

#### **3. Build staff commitment**

- \* build a sense of belonging
- \* involvement in planning and decision-making, particularly as regards local programming and work procedures
- \* pride in self, work an environment
- \* professionalism: dress code; appearance; conduct

#### **4. Adopt a supervisory style which:**

- \* provides direction through: guidance, support, assistance, and delegation
- \* encourages accountability and taking responsibility
- \* holds regular local staff meetings to keep the focus and promote: training, group planning, and networking;
- \* is sensitive to training requirements based on needs
- \* keeps the vision on community needs: banners and posters
- \* is consistent and persistent
- \* shows no favoritism, bias or stereotypes
- \* consistently clarifies roles
- \* deals with issues as they arise
- \* role models
- \* is a positive approach
- \* builds respect and trust
- \* shows sensitivity to staff needs
- \* works with their skills
- \* gives recognition: give what belongs to them
- \* is compassionate
- \* provides incentives
- \* leads, and is not bossy
- \* actively listens
- \* conducts staff evaluations based on purpose and positive outcomes; for the purpose of recognizing strengths and weaknesses, and identifying training needs.
- \* supports the confidentiality principle, even though there is an emphasis on caring and sharing

- \* coaches and supports staff in their new technical skills

### **To Promote Community Participation in On-Going Change**

- \* Organize focus groups on regular basis concerning implementation issues (eg. Poor use of services; disagreements about staff roles; confusion about services)
- \* Promote local development of programs through efforts of Directors of Services and staff
- \* Work to develop Local Health Committees to contribute to needs assessment, local program planning, promotion of the organization and its programs, volunteer recruitment, fund-raising, and resource development. Health Councils should be broadly representative, involving youth, elders and other community representatives.

### **To Promote Networking**

- \* Have training workshop on networking and team-building skills
- \* Promote immediate networking within local staff
- \* Role model networking among Directors of Services
- Establish networks with non-Native resource people for the immediate introduction of changes, always maintaining control of the kinds of influences coming into the organization

### **To Have Internal Facilitator of Change**

- \* Clarify what is needed to facilitate change during the initial implementation period
- \* Assign an individual or group to:
  - clearly define and re-define the future organization and services
  - decide what specific changes are necessary to get from the present to the future
  - identify and activate the possible supports to change

- identify and plan to respond to the problems in transition
- make a concrete activity plan for managing change, with ideas in this document as a starting point

## **BOARD AND MANAGEMENT ROLES DURING EARLY IMPLEMENTATION**

In previous sections, we isolated (i) some of the general processes during early implementation (ii) possible issues affecting the transition, and (iii) ways of responding as an organization. We now turn to a preliminary suggestions for how Board members and management can help respond to these challenges. Keep in mind that the focus here is the early stages of the transition, not the later stable operating period.

The roles of management are extremely important during the process of introducing changes into an existing situation and managing the transition to the future. In considering these, consider ....

- roles of Board members
- roles and role relationships within the management team
- roles and role relationships in relation to the Board of Directors
- roles and role relationships with staff

## **THE ROLES OF BOARD MEMBERS DURING EARLY IMPLEMENTATION**

### **Education**

- \* Education of Chief and Council concerning the agency and programs
- \* Communicating service and organizational changes as the agency grows and adjusts

### **Problem-solving**

- \* Help Councils and management understand issues from a broader perspective
- \* Assist Councils to re-direct issues and problems through the proper channels within the organization
- \* Work on serious implementation problems as identified by management

### **Policy-making and Board Development**

- \* Assist with development of new policies and/or fine-tuning old policies as issues arise during early stages of implementation
- \* Assist in the further development of Board Committees, roles and resources (Manual)

### **Management Support**

- \* Clarifying, interpreting and otherwise supporting management decisions and actions to local authorities
- \* Helping management stay focussed on the vision during the challenging times of early implementation

### **MANAGEMENT TEAM: ROLES DURING EARLY IMPLEMENTATION**

Most of these have been considered already in preceding sections. To summarize, the management team should ....

- Help community members understand the nature of the changes
- Help staff identify, understand and solve problems related to the changes in their work and organizational arrangements
- Identify staff training needs related to early implementation difficulties
- Role model appropriate organizational and service behavior
- Liaise with community concerning early challenges and community perceptions

- Participate in a strong cross-community management team which will act as problem-solvers during early implementation
- Establish and support local staff teams and cross-community networks
- Support staff in their development of local programs and program resources
- Adopt a suitable supervisory style for managing change at the local level
- Promote community participation in the change process

## **MANAGEMENT ROLES AND RELATIONSHIPS WITH BOARD OF DIRECTORS**

### **Problem-solving**

- \* Handle problems within the management team, but flag serious issues.
- \* Assure that serious issues are brought to the Board before they become extreme (eg. termination)
- \* Management is expected to judge whether issues are high or low risk
- \* Maintain a strong working relationship between the Executive Director and the President of the Board.
- \* Let Board know of any service or organizational changes

