

GIRLS HEALTH IN GIRLS HANDS
A girl-led movement to transform the lives of girls in Monterey County
Organization Narrative

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BACKGROUND

Girls' Health in Girls' Hands (GHGH) began in 2009 as a girl-led action research project exploring girls' preferences related to health and leadership. As a result of this research the Community Foundation for Monterey County (CFMC) made a countywide investment to support six youth-serving partner agencies that work to improve the status of girls. Agencies included Boys & Girls Clubs of Monterey County, Girls Inc. of the Central Coast, Monterey County Health Department, Planned Parenthood Mar Monte, Monterey County Rape Crisis Center, and YWCA Monterey County.

These six agencies were funded to work collaboratively to achieve the following organizational and policy change outcomes:

- Increase girl friendliness in services
- Increase collaboration
- Improve coordination among partners
- Include girls' voices and leadership more directly in addressing needs
- Develop policies and practices that support girls' health and well-being in identified priority areas

The Community Foundation for Monterey County (CFMC) coordinates the initiative, acts as a funder and intermediary, and leads the process to develop an integrated structure to provide support to the initiative. CFMC is complemented by a Collaborative Hub (HUB) composed of the executive directors or senior staff of each of the partner agencies; a Practitioner Learning Network (PLN) composed of partner agency program staff convened to provide a space for practitioners to receive tailored professional development related to serving girls and support in coordinating cross-agency programming delivery; and a Girls Leadership Network (GLN) that provides girl representatives from each of the six partner agencies with leadership training to support steering the direction, priorities and activities of GHGH. At the end of the 2014/15 school year 688 girls (participants) had engaged with GHGH through partner agency programs, 110 girls attended the GHGH Annual Health Summit, 12 girls were trained through the GLN, 14 practitioners were engaged in the PLN training and activities, and all six agencies participated actively in the initiative.

APPROACH

In Spring 2014 CFMC partnered with Fact Memory Testimony (FMT) to produce a qualitative narrative and digital media project to complement the regular evaluation conducted by Monterey Public Health Department. FMT's scope of work concentrated on collecting qualitative stories that would provide

nuance to the quantitative and survey-based data collected by the Public Health Department. The stories provide CFMC with more information about the participants' experiences and the organizational partners' experiences and a better understanding of the initiative's core outcomes--health, leadership and advocacy.

Fact Memory Testimony conducted a round of interviews with representatives from the PLN and the HUB in June of 2014 and again in June of 2015 to understand, document and share the factors that contributed to the collaborative's ability to function effectively, meet challenges, and grow towards independence and long-term sustainability. In each interview the main themes explored were collaboration, trust, process, outcomes and learning.

GHGH EXEMPLIFIES BEST PRACTICES IN COLLABORATION

What Does Effective Collaboration Entail?

GHGH, when designing its collaborative structure, sought to avoid common collaborative pitfalls. According to a study commissioned by the Wallace Foundation to evaluate the success of a significant investment in collaborations they had funded; the primary reasons found for which collaborations were not successful included; insufficient resources and funding, a focus tangential to mission, logistical difficulties, and contention between partners. (Ostwer, Francie. "The Reality Underneath the Buzz of Partnerships, The Potential and Pitfalls of Partnering" Stanford Social Innovation Review. Spring 2005).

CFMC knew that a new collaborative would need support and resources to get off the ground. CFMC served as the "backbone" for the collaborative and provided essential resources by assigning staff support from the foundation to provide administrative support; solicit and manage collaborative grants; facilitate meetings as needed; maintain a schedule; and manage communication. Setting clear expectations for participating in the collaborative was an area that became refined over time and resulted in positive relationships among collaborative members. Logistical difficulties appeared to be present, but not insurmountable. Mission alignment, which entailed a shared focus on lifting up girls' voices in order to improve health, appeared to be one of the primary factors that contributed to GHGH's success.

In the Wallace Foundation study, Ostwer notes that there may be an overreliance on collaboration in the non-profit sector without a clear focus on the true benefits. "A clear and consistent message is that foundations may be overusing partnerships" (Ostwer: 6). The report does not discount the potential value of partnerships, however, makes clear that collaboration should be used a means to an end, not an end unto itself. Two of the clearest benefits for collaborating according to this report

include; building organizational capacity and expanding reach. Other truly beneficial reasons from another source, “Managing Collaboration Risks, Collaborating with Confidence and Success” a review published by Nonprofit’s Insurance Alliance of California, include; information sharing and program coordination (pgs. 1-2). GHGH members were able to experience these benefits, which may have contributed to their success.

In order to understand GHGH’s evolution and how it aligns with research around effective collaboration, this report will examine the ways in which GHGH avoided common pitfalls by a) providing sufficient resources and funding, b) ensuring mission alignment, and c) fostering effective relationships. In addition, this report examines the benefits that surfaced in our interviews which align with the research. These benefits include, a) building capacity to become more girl led, b) expanding reach, and c) program coordination.

AVOIDING COMMON COLLABORATIVE PITFALLS

Providing Sufficient Resources

One of the aspects of GHGH that makes it unique is the three-pronged approach to collaboration. Decision makers participate in the HUB to set direction; a committee of girls from the “Girls Leadership Network (GLN)” set priorities and action areas; and the practitioners — the staff who work most directly with the girls —the Practitioner Learning Network (PLN) supports and implements youth action projects and programming, shares educator resources and participates in capacity building trainings (PLN).

“We have HUB members who are the decision makers and visionaries, the field educators also get together, and then girls from the various programs also come together to help us decide on the overall agenda. And the community foundation really is the backbone. So it is pretty successful.”

This quote notes a clear division of roles and clear sense of purpose for each of the three sub groups within the collaborative. In addition, mentioning the Community Foundation as the “backbone” is a clear indication that collaborative members felt supported by the Foundation.

By June 2015, significant change and growth had occurred. The HUB has taken over a significant portion of administrative duties, including more involvement in raising funds, setting the agendas and managing budgets. The collaborative decided that the Monterey Public Health Department will serve as a “lead agency” for the collaborative taking over some of the “backbone” responsibilities of the foundation. CFMC will continue to fund the collaborative, though their role will be transitioning towards more of a fiscal sponsor.

“There was a point where we had to ask ourselves, ‘Is this a time to stay or go?’, and all six of the agencies have continued in. There was never really anyone who considered leaving; we are all hanging in there. It speaks well of the whole thing. People would have walked with their feet and instead they stayed” (June 2015).

Ensuring sufficient resources became a shared responsibility of collaborative members over time. While foundation funding continues to be key, collaborative members are taking initiative to ensure their own sustainability.

Ensuring Mission Alignment

Many organizations participate in collaboratives because it is required of them, or because collaboration is connected to urgently needed funding. Participants in GHGH, however, began highly motivated to collaborate due to the clear focus on girls’ empowerment and health.

“We wanted to make sure we are all working towards the same goal: improving girls’ health in Monterey County” (June 2014).

“The community is benefitting from our collaborative. Services and resources are really hard to come by, funding for pregnancy prevention has basically gone away. In the collaborative we can pull together to get the needed information out there. The community can see different sides of organizations that are out there to help them. There are people out there looking [out] for their best interest and they can seek help from [them]” (June 2014).

These quotes demonstrate primarily mission alignment, however one can see that information sharing, and expanding reach were also benefits of collaborating. Most respondents shared a genuine interest in collaborating beyond the funding requirement. Over time this interest would deepen and become a shared commitment to each other and the work.

Mission alignment supports the next category - fostering effective relationships. When a group of people come together with a clear goal related to, but also outside their own organization, they are able to think more systemically.

“There is a clear understanding, in this environment, we are leaving egos at the door, leaving programs and departmental agendas at the door, and for the first time come together to talk about something bigger than our own agencies and programs but focus on moving our girls forward” (June 2014).

Fostering Effective Relationships

Ensuring mission alignment set the stage for more altruistic participation; however, a clear structure with expectations on roles, scope of participation, and benefits was essential as well. Developing this clarity of expectations happened over time and required some patience on behalf of participants.

“The first year – everyone is waiting for the hidden agenda to surface. You are on your best behavior. Even though a lot of us knew each other, and we weren’t always so trusting. I don’t think everyone was comfortable in 6 months. It took us 9 months – 1 year period and now we have honest-to-goodness talks” (June 2014).

One of the hardest things to talk about was funding. At the onset of the collaborative, each organization received different amounts of funding. Some organizations served more girls, some less and yet the rationale for the differing amounts of funding was not immediately clear to participating collaborative members, whereas the work of participating in the collaborative appeared to be roughly the same.

By June 2015, in our second round of interviews, it was clear much progress had been made in this area. Based primarily in HUB members openly discussing the issue of funding, they decided each organization should receive equal amounts of funding, despite their organization’s size and independent of the number of girls the organization served. The HUB decided to require regular attendance and participation in collaborative meetings in exchange for equal grant amounts. The foundation took collaborative members’ lead and agreed. Interviews demonstrated a strong sense of consensus that this was a positive direction.

*“We decided everyone is getting the same amount of money. We are not basing it on reach. It is about how many numbers we reach **together**. Not each agency for themselves. This is what we learned in 3 years. The air just cleared. You could feel shoulders drop, ok, this is good” (June 2015).*

THE PURPOSE AND BENEFITS OF COLLABORATION

Expanding Reach

GHGH’s primary purpose is to involve more girls as leaders in promoting health and wellness for girls in the community. While leadership development was already an aspect of most of the GHGH participating agencies, and for some it was their specialty, prior to GHGH leadership development happened at a program or single school level. To expand reach the representatives from the Girls’ Leadership Network (GLN) are trained in community action and serve as liaisons with the agency programs they represent. Part of their training includes creating, facilitating and implementing activities, such as the 2014 “Post A Smile Campaign,” the annual youth-led GHGH health summits and speaking with decision makers and presenting to decision-making bodies in the County who have oversight of

health resources in the county. These events and activities support girls from different geographic regions to come together and speak on behalf of shared health needs across the region.

The Post a Smile Campaign was an opportunity for girls to select an issue and develop a strategy for raising awareness around the issue themselves. Girls from the GLN were propelled to take action after a death of a classmate in their geographic area by suicide. Participating girls believed that lack of self-esteem and bullying were serious issues they and their friends face. They designed a campaign that involved spending a day at school sites throughout the county encouraging students and teachers to write words of encouragement and acknowledgement on post-it notes to be displayed across campuses. The campaign was ambitious and involved outreach, recruitment, division of labor and logistical coordination with school sites. Not only did the adults allow the girls to choose the topic of the campaign, the girls did most of the preparation and execution as well. Although the effort did involve staff support, most organizational representatives agreed that the project was “girl-led.” It also required the involvement of most of the participating agencies in GHGH. Afterwards the girls felt a strong sense of accomplishment and trust that the adults involved in GHGH really did seek to listen and allow them to lead.

“I think the girls really wanted to do it because they saw it as an issue [suicide prevention]. We were able to have the girls take the project on and see it to the end. Because they participated in the retreat – with our guidance – they took it and they did it. It was their project. They took [it] and saw it happen throughout the week, and the final activity – they felt proud of it” (June 2014).

In addition to the Post a Smile Campaign, GLN youth organize an annual summit on girl’s health where the girls from participating partner agency programs come together for the daylong event. During the event girls participate in health workshops and get a chance to share about issues affecting their lives. Many respondents shared that they were able to observe girls who were shy or previously opposed to speaking in public, take the microphone and speak clearly and confidently in front of an audience of more than 100 girls and adults. Respondents also shared that one of the most compelling outcomes of the Summit was to watch girls from different peer groups, different parts of the county, make friends with each other and create connections with girls they would not have otherwise been able to.

June 2014, discussing the Summit one respondent said, *“Seeing young girls feel good about themselves, meet other girls from Monterey County, have strength and unity. They got a lot of media this last year around the post a smile campaign and they put themselves out there; they are so proud” (June 2014).*

Policy Change was another goal of the GHGH. In Spring 2015, the collaborative organized their first foray into the policy arena. Girls decided they wanted to request more support for emotional health for students in their county. Because policy change is such a new area to most high school age youth, preparing a policy change strategy required significant adult support, even more than the previous awareness-raising campaign of “Post a Smile.” Ultimately a committee of girls made a presentation, which included speeches and visuals. All agreed the policy change effort was a valuable learning

experience; however, many had questions about whether policy is the best arena to initiate a girl-led process. In addition, policy change generally is a long-term strategy. Many of the girls stay with the organizations in GHGH for a short period of time. Therefore, the outcomes of their efforts may not be felt as directly.

“The positive [about our policy effort] was the girls got to learn a little bit about how policy is created at these different bodies, they got some appreciation from those folks” (June 2015).

“I don’t know that they will or have truly affected policy. Changing policy doesn’t come overnight, it takes a long time. The girls got an introduction, a taste” (June 2015).

Building Organizational Capacity or Becoming More Girl Led

GHGH designed two primary avenues to focus on building organizational capacity. First, the PLN or “Practitioners Learning Network” was designed to be a forum for practitioners working directly with girls to receive training and provide peer support to one another. The second avenue for building capacity around becoming more “girl led” was through the real life challenge of organizing regional events for which the girls determined the agenda.

The Practitioners Learning Network was a remarkable success. All of our interviews confirmed that the training practitioners received was relevant and high quality. Many of the trainings were around taking a youth (or girl) led approach.

“The Action Planning workshop was really good! It helped me realize the ways we are and not really youth driven. And we wonder why it didn’t work. You have to really ask yourselves – ‘Was it generated by youth initially?’” (June 2014).

A side effect of the quality trainings practitioners received was the opportunity to learn about each other’s programs and develop trust which led to increased program coordination, which will be discussed below.

“There is a lot of burn out in the work we do. In our practitioners meetings, it’s a safe space. We do similar work; we work with similar girls. People understand what you are going through” (June 2014).

The Practitioner Learning Network was highly valued by all of the respondents. Many felt that working in girl-specific services can be isolating and challenging. Often the unique needs of young women are not well understood or valued. Working directly with young women who have been victims of abuse, or witnesses of violence (a common experience shared by girls who make up the participants of GHGH), can create vicarious trauma for practitioners as well. The practitioners are a group of dedicated women who took on the charge of increasing coordination of services, participating in trainings to deepen their

approach to delivering girl-led services, and supporting each other by listening and sharing strategies. The commitment of the Practitioner Learning Network was constant throughout the collaboration.

When asked during the first round of interviews, if participating in GHGH deepened their understanding of what being “girl-led” meant and how it looked, many of the organizational leaders responded “somewhat.” Many organizational representatives asserted that they are leaders in the field and that being “girl-led” was a principle they have held from the onset of their work. Most would have agreed that there is always room for improvement and new techniques and strategies for deepening how to be “girl-led” but that, in general, this was an area of strength and that the collaborative had not had an impact on their understanding of this concept.

However, in the second round of interviews, one year later, the majority of organizations responded that “yes” the collaborative experience deepened their understanding of being “girl-led” and many questioned whether the collaborative was practicing a truly “girl-led” approach. Their understanding had grown to the point where they held higher standards for themselves. They were also expressing the need to provide girls opportunities to “lead” in a context of appropriate adult support. Many organizations stipulated that being “girl-led” does not necessarily have to mean that girls make all of the decisions all the time. Others thought they all needed to challenge themselves to step back more and allow girls to lead more of the time. Many agreed that adult leaders still fear the consequences of allowing girls to make mistakes.

“It is still really challenging for me. As much as we want to say GHGH is girl-led first, it is more in theory than in practice. We want them to be successful, so we are afraid to let them fail” (June 2015).

Others noted that in order for them to truly allow girls to make mistakes and learn from those mistakes funders also need to understand that girls’ development doesn’t always happen in a linear fashion. What might appear to be a step back for a girl, or a mistake, can pave the way for a step forward in the future.

Research confirms what the participants in GHGH shared about the need to include “girl-led” opportunities in a wider context of support. *“Too often youth workers assume that “empowering” is a synonym for relinquishing all guidance, control, and responsibility for a project to the young people with whom they work. “Empowering teens” refers to a process through which adults begin to share responsibility and power with young people.”* (Examining “Empowerment”: A How-To Guide for the Youth Development Professional, Angela J. Huebner).

In the second round of interviews, participants in GHGH had significantly more opinions about being girl-led. It appears their knowledge has deepened; they are holding themselves to higher standards, as well as exploring how to appropriately embed girl-led opportunities into a greater context of support and empowerment. Also of note, in the 2014 interviews, respondents reflected on their own program’s approach to being “girl-led;” whereas in 2015, respondents talk about the collective approach of GHGH. This indicates a strong sense of “we” or a coalescing of the collaborative into a cohesive unit.

Program Coordination

Program Coordination appears to have increased significantly, particularly through the efforts of the practitioners. Practitioners appear to have been able to identify the possible areas of coordination and because the executive leadership is involved in the collaborative as well, this has eased support for sharing resources.

“We would never have thought of co-presenting with [organization] but they asked for our model – we gave it to them, they are using it, we never would have done that before” (June 2015).

“We have been able to present to a lot of other agencies. Prior, we have never presented to them, now during the Fall, Spring, Summer – we present to their programs on reproductive health.”

“We see each other at other collaborative meetings, we work on projects together, we did the summit together, trainings together. I can pick up the phone, they are more than willing. For other collaboratives, I have to really hope; with GHGH it’s just expected, it doesn’t feel like a burden.”

While program coordination and sharing of models and information was not universal, some organizations were prohibited by their organizational policies from sharing copyrighted content or diverging from their own models, the vast majority of participating organizations were able through the relationships they developed and the common understanding of a shared purpose able to share widely and openly with each other.

OPPORTUNITIES

The future direction on which most collaborative members agreed, was the possibility of providing more support to girls once they arrive in college and throughout the college years. Respondents felt that so much effort is put into ensuring girls get to college and not enough support to ensure they stay in college. Many of the girls who make up the target population of GHGH organizations attend college in the county or relatively close locations, according to one respondent. She estimated 80% go to college in Monterey County. All agreed there would be a tremendous value to supporting the girls to stay in college.

“I think one of the things we should look out is expanding our program for older girls, once the girls graduate – there should be a program to help them be successful in college or whatever it is they choose to do” (June 2015).

On a related issue, many of the collaborative members were aware of the short-term nature of their work with girls. Often girls feel ready to consider taking on leadership in their schools or clubs when they

are a sophomore or junior or even a senior in high school. One respondent felt that engaging alumnae with younger girls could benefit the girls who have gone on to college as well as provide more continuity in their programming.

“Once we get a great cohort of girls, then they leave. I think we could really engage our alumnae in a different way. The amount of time it takes to mold these women – it takes a long time, then we start over, and this will be a cycle until we decide to change that.” (June 2015).

As the collaborative continues into the future, it will continue to deepen its understanding and delivery of girl-led empowerment opportunities for girls that address their own health needs as well as the needs of the community around them.

CONCLUSIONS

Overall, GHGH participants from the HUB and PLN are highly motivated and believe girls in Monterey County are receiving significant value due to the collaborative’s efforts. Many have shared that GHGH is the most highly functioning collaborative they have ever been a part of because they are able to speak honestly and openly about competition, have set clear expectations, and share a common vision and values. The vision that girls will be able to care for their health, access resources that they need, build their self-esteem and go to college brings collaborative members together. The way in which collaborative members have seen the girls transform is the primary motivator for the work they do. Collaborative members shared some of the moments in which they feel most proud to have been part of GHGH. Below are a few examples from interviews in June 2105:

“One of our peer educators, both of her sisters had gotten pregnant, she was really quiet and shy. Our program and GHGH helped her get to where she graduated pregnancy free. She’s going to school, to college, it is amazing to see those cycles shift.”

“One of the girls we worked with was a C student when she joined as a sophomore, but she graduated top of her class. She wants to be the President [of the United States]. GHGH is giving her that confidence, she had a role to play, and that helped her. She is going to college to study political science. She had a voice, and seeing how other girls started listening to her, she is going to be a politician, once she understands her eco systems – and where greater change could be made.”

“One of the girls, where I facilitate at a middle school, was a really hard person, a hard student to work with. [There were] emotional issues, drugs, violence at school. She was struggling, trying to get through. She was in one of my groups. She had a lot of potential and talent; she was articulate, knew how to state exactly what was wrong, but had issues with violence. She was also bored; she wanted to do more with her time. When I saw her 2 years later in the GLN, I was blown away how far she had come. She realized being violent isn’t the answer, she realized, ‘maybe I can voice my opinion instead.’ She was a

problem, but when someone pays attention, or provides the right resources [to] someone who wants to be different, good things can come from that.”

These examples demonstrate that the work of creating clear, consistent, mission driven systems in a collaborative can and do have a significant impact on the lives of young women.

APPENDIX A: Methodology

Date	Collaborative Structure	Participating Agencies	Themes
June 2014	HUB	Monterey Rape Crisis Center (MCRCC), Girls, Inc. (GI), YWCA, Planned Parenthood Mar Monterey (PPMM), Monterey County Health Department (MCHD), Boys & Girls Clubs Monterey (B&GC)	Collaboration, Trust, Process, Outcomes, Learning
June 2014	PLN	Smart Girls (B&GC), Echo Girls and Youth Leaders (GI), Postpone (MCHD), My Life (MCRCC), Peer Educators PPMM	Collaboration, Trust, Process, Outcomes, Learning
June 2015	HUB	Monterey Rape Crisis Center (MCRCC), YWAC, Planned Parenthood Mar Monte (PPMM), Health Department (MCHD), Boys & Girls Clubs Monterey (B&GC)	Collaboration, Trust, Process, Outcomes, Learning
June 2015	PLN	Smart Girls (B&GC), Postpone (MCHD), My Life (MCRCC), Peer Educators PPMM	Collaboration, Trust, Process, Outcomes, Learning

Citations

Huebner, Angela J. "Examining "Empowerment: A How-To Guide for the Youth Development Professional" December 1998.

Ostwer, Francie. "The Reality Underneath the Buzz of Partnerships, The Potential and Pitfalls of Partnering" Stanford Social Innovation Review. Spring 2005.

"Managing Collaboration Risks, Collaborating with Confidence and Success" a review published by Nonprofit's Insurance Alliance of California, and the Alliance of Nonprofit's for Insurance, Risk Retention Group. 2009. <https://insurancefor nonprofits.org/>