

# TESTING DIFFERENT MODELS OF SUPPORT: CASE STUDY

## Surgery Sessions

<b>Provider</b>	Black Training and Enterprise Group
<b>Purpose</b>	To provide advice to organisations with a 'quick' issue they need advice on, such as writing a funding application
<b>Length of support</b>	Each session lasts 1-1.5 hours and BTEG usually sees each beneficiary 2-3 times
<b>How long it's been running</b>	2.5 years
<b>How many TSOs can be supported?</b>	Up to 5 groups per day
<b>Beneficiaries</b>	BME third sector organisations (TSOs) from London
<b>Main reasons for accessing support</b>	Fundraising; Policies & procedures; Planning; Monitoring & evaluation; Budgeting
<b>Needs assessment / health check</b>	5-minute questionnaire in the first session to understand TSOs' size and stage of development
<b>Development tools</b>	Policy templates Funding application guide

### Summary & background

The Black Training and Enterprise Group (BTEG) has been delivering 'Surgery Sessions' for around two and a half years. The main aim of the service is to provide advice to organisations with a 'quick' issue, such as writing a funding application or resolving a management issue.

### Beneficiaries

The service is targeted at frontline BME TSOs across London. The beneficiaries we interviewed varied in size – from three to 15 full time equivalent staff members – and included single-identity organisations and BME-led organisations delivering to a wider range of groups.

### Reasons for accessing support

Though in a majority of instances groups access support to tackle a fundraising issue, they also often require support on a range of other issues to ensure their sustainability or to make them 'funder-ready': policies and procedures; planning; monitoring and evaluation; staffing; and budgeting.

### What does the service involve?

The sessions provide a mixture of advice, guidance and action planning reflecting organisational needs - and in this way are highly flexible. They are delivered by a development officer who has significant expertise in third sector capacity building and who has built on experience of delivering a similar service in a previous role.

Each surgery session begins with a short questionnaire that gives the provider a basic assessment of organisational issues and needs. Typically, this is followed by a more in-depth discussion, which could include commenting on a document or exploring organisational development issues. Towards the end of

the session, which usually lasts 1-1.5 hours, follow-up tasks are identified for the TSO. Where appropriate the TSO is offered the chance to return to another session, for example so that the provider can comment on draft documents (e.g. business plans) that the TSO has developed since the session. TSOs typically return around two to three times for further support from the provider – though they occasionally return four or five times. This is usually enough time to resolve the issue.

In one instance, the provider delivered a programme of surgery sessions as an add-on to a programme of training for a 'cluster' of around 30 BME play associations and TSOs in Hackney, who had some common capacity building needs. Groups attending the training sessions were given the option of attending a one-to-one surgery session with the BTEG officer. Anecdotal evidence suggests that this model was effective for the organizations involved because the training was tailored to the particular needs of the 'cluster' and because it allowed attendees who required more intensive one-to-one support to access this at a follow-up surgery session. In addition, it was a relatively resource efficient approach as only those requiring more intensive support attended the surgery, whilst those requiring more generic support just attended the training. A local infrastructure provider observed the training and one-to-one sessions, gaining knowledge and skills about capacity building. This sort of 'shadowing' could be a useful model for embedding capacity building approaches locally, so they can continue to be delivered in the long-term.

### Outcomes

Our research suggested that the surgery helped to improve TSOs' success with funding applications and to improve their systems and procedures.

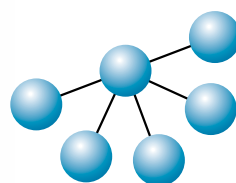
Of the two beneficiary TSOs we interviewed, one had won a bid with their local authority to fund two posts.

Prior to receiving support the group had had a number of applications for funding rejected by the authority. In this instance, the development officer met with the group one-to-one at their premises. She provided information about the funding bodies that it would be most appropriate to apply to, as well as reviewing and recommending changes to drafts of the funding application.

We also interviewed the infrastructure organisation that the provider worked with in Hackney. This consultee thought that a number of the beneficiary TSOs, which had previously struggled to secure funding, had submitted successful bids since receiving support. Part of the reason for this previous lack of success was thought to be that they were 'chasing funding... because it was available locally' and not necessarily because it was appropriate to the service they were providing. In this context, it was thought that the support from BTEG was effective because it included a mixture of different elements, such as suggestions for funding bodies to which beneficiaries could apply alongside intensive one-to-one support such as input into specific documents and advice on resolving management issues. The infrastructure provider also noted that the majority of TSOs who had received support had implemented new evaluation and monitoring processes using templates provided and explained by BTEG - this was also thought to have improved their success with funding applications.

### Critical Success Factors

- **The provider's individual skills and knowledge set** are crucial to the surgery sessions model, which requires the provider to respond to a wide variety of needs, and produce advice and guidance on a range of issues, all in a short meeting, with little preparation or follow-up. Our research suggested that key competencies included: ability to communicate with non-native English speakers; knowledge of the BME subsector; and experience of delivering similar types of capacity building.
- **Providing tools or signposting to resources** are key elements of the model in helping organisations to follow up on issues raised in the sessions. The development officer used tools including policy templates and funding application templates, and resources such as lists of funding providers and lists of specialist and generic capacity building support providers.



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