

Mapping Exercise of Black and Minority Ethnic Infrastructure Organisations in the East Midlands

Report for VCS Engage (East Midlands Region) July 2007

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Background

The Voluntary Sector has long been recognised as a key provider of services for children and young people. The Government's Children's Workforce Strategy, for example, highlights the particular role of the voluntary sector as "*the birthplace of many services now considered mainstream*". The 2005 report, *Engaging the Voluntary and Community Sectors in Children's Trusts*, notes a variety of strengths in the community and voluntary sector and this includes "*strong community roots*", "*the ability to be flexible and responsive to need*", and "*being trusted and valued by local communities*". It is no surprise then that the Voluntary Sector in the East Midlands plays a critical role in reaching and engaging people from diverse cultural and ethnic backgrounds, many of whom find themselves disenfranchised from mainstream service provision. The East Midlands is unique in respect to the amazing diversity in culture and ethnicity of the people living in the region. The Voluntary Sector reflects this diversity, with a vast array of vital services delivered by Black and Minority Ethnic (BME) voluntary and community groups. These organisations play a critical role in improving the outcomes for children and young people across the region.

VCS Engage was set up by central government to promote and encourage voluntary sector organizations to engage in the Every Child Matters (ECM) agenda, and to help them participate in the partnership and networking arrangements for the Children's Trusts. VCS Engage (East Midlands) is keen to see a level playing field around this agenda, and therefore it funded a mapping exercise of infrastructure organizations around the East Midlands supporting Black and Minority Ethnic (BME) organisations and community groups.

The purpose of the exercise was to:

- identify the BME infrastructure organisations and networks that exist,
- find out what barriers these organisations face,
- find out how easily these organisations are engaging in the ECM agenda,
- identify the barriers that individual BME community and voluntary organisations face, and
- identify the actions needed to ensure that they can fully engage in the agenda.

The report that follows describes the methodology of the research and process issues learned, a description of the sample database, and a summary of the findings against each of the key questions accompanied by corresponding recommendations.

Methodology

The project was carried out over a three week period in July 2007. Overall 74 organisations and 5 further individuals were contacted. VCS Engage had previously conducted a survey of mainstream infrastructure organisations and those organisations that had stated that they worked with BME communities were interviewed again. Specialist BME infrastructure organisations known to the author were contacted and interviewed, many of whom then provided contact details for further organisations. While the emphasis was on finding BME specialist organisations, other general organisations were included where they work with a wide range of BME groups or where they do targeted work with BME organisations. Organisations were compiled into a database and categorised according to the nature of the

organisation, either as general or BME specialist, as infrastructure providers or as network providers.

It was the hope of the author to visit all the organisations, given that face to face contact builds trust, makes the interviewee feel more respected and valued, and results in fuller information being provided. Given the time limitations on the project it was only possible to visit organisations in Nottinghamshire and Derbyshire. Contacts from the other counties were interviewed over the phone. Telephone contact was made, and a specific time arranged to phone back and go through the questions. In some cases it was very difficult to reach the correct person, due to illness, holidays or vacant posts. Despite making many attempts at contact it was not possible to conduct interviews with 16 organisations. For many of these organisations it was possible to find out broadly what kind of work they do, and therefore the contact details of 9 relevant organisations have been included in the database, permission being sought from the organisation.

Description of the Sample

Of the 74 organisations contacted, it was found that 20 did not qualify to be involved in the survey for a number of reasons, for example, they did not work directly with BME organisations, they only work with adults or because they are direct service providers only. As a result, 54 organizations were included in the database, and the questionnaire was completed with 45 of these organisations. Table 1 summarised the groups included in the database by type. The full list of groups and individuals interviewed is provided in appendix 1. Note that there are a great many organizations that provide a conduit into individuals in specific communities, and these tend to be service delivery organisations. I have only included infrastructure organisations in this database, and therefore only 2 organisations of this category have been included¹.

Table 1 – summary of groups on the database by type.

Category of Organisation	No. orgs on database	No. orgs interviewed
BME infrastructure Organisation	18	17
BME Networks	6	2
General infrastructure orgs	22	18
General networks	6	6
Access points into particular BME communities	2	2
Total	54	45

As would be expected the number of groups is unevenly distributed across the region, with more groups identified in Leicestershire and Nottinghamshire than in Northamptonshire for example. This partly reflects the difference in the level of development of the voluntary sector in the different counties, and partly reflects the different ethnic and cultural mix of the populations of each county. This is summarised below in table 2. Note that groups are allocated to the city if they only work in the city area. Groups covering all or any part of the county areas are categorised under county, for example, the Wellingborough Black Partnership is classed under Northamptonshire as this is the Children's Trust to which it relates, however, it only covers the Wellingborough area. The database details the specific geographical coverage of each organisation.

It should also be noted that there are no specialist BME infrastructure organisations in the Rutland Area. A new officer at Voluntary Action Rutland has just started a mapping exercise of BME organisations in that area, and working with BME organisations is on their agenda for the near future.

Table 2 – summary of groups by geographical area

Area	No. Orgs excluded	Area	No. Orgs excluded
Derby city	8	Lincolnshire	8
Derbyshire	2	Leicester	1
Nottingham	9	Leicestershire	8
Nottinghamshire	8	Regional	4
Northamptonshire	5	National	1
Total	54		

Description of the Database – technical details

The database has been set up in Microsoft access, such that it can be searched, amended and added to. Forms have been created to allow easier case by case review, and summary queries and reports have also been designed for ease of reference. Organisational contact information and qualitative information has been included against the names of organisations. Their comments on the issues relating to the broader BME organisations and actions required to help them engage in the ECM agenda have not been included against their names as some organisation expressed a preference for anonymity. These comments were compiled and are presented below. The individual comments from organisations about the barriers they face, how easily they engage in the ECM agenda and what would be required to help them engage better, are all listed against organisation names. Tick box indicators have been provided to indicate whether the organisation completed the full interview or not. A further tick box was provided for organisations which seemed particularly keen for further information and follow up.

Learning lessons about the Process

It is reasonable to expect some obstacles in a process such as this, however, the author was impressed by the willingness of organisations to engage with this research, despite there being no immediate benefit to them. It should be noted that many of these organisations have very limited staffing, and therefore answering detailed questionnaires such as this does present a burden on their time. The author would like to express her heartfelt thanks to all of the organisations that engaged in this activity.

It was disappointing not to have sufficient time to meet face to face with all organisations. A small number of interviewees did feel that this presented another example of tokenism in the wish of statutory agencies to consult with BME communities. Some wondered why consulting with BME communities always seems to be an add-on, rather than part of the mainstream consultation process from the very beginning. Indeed, in areas such as Leicester, where around 50% of the population defines itself as something other than white British, and where these individuals make up an even higher proportion of those experiencing poverty and multiple deprivation issues, perhaps they should be viewed as the mainstream, with extra consultation for the white community. Others rightly noted that there is no such thing as the BME voluntary sector and that attempts to lump together the widely different communities in the region, some of which are newly settled and others long term established, is a mistake. All of the interviewees agreed that the BME communities are struggling to a greater or lesser extent to engage in the ECM processes and therefore interviewees welcomed sincere efforts to ensure that the necessary help is provided to overcome these barriers. The author endeavored to take on board these concerns throughout this piece of work, and trusts that the issues expressed by the interviewees have been faithfully reflected in this report.

Findings and Recommendations

The findings are grouped according to the different question themes, firstly dealing with the way that the infrastructure organisations are accessing the ECM agenda, and the barriers which they face, and then going on to look at the barriers individual BME organisations are facing, how these may be overcome, how they can be best engaged in the ECM agenda and what needs to happen to help them engage fully in the commissioning process. The majority of the observations and recommendations come directly from the people interviewed, while some are from the author's interpretation of the findings. Where the author identified possible recommendations through the course of the research, these were discussed with several of the interviewees for their feedback before inclusion in the report. Text in italics represents direct quotations from interviewees' comments.

The questions asked related predominantly to the ECM agenda. However, for third sector organisations, this agenda does not exist in isolation. While some of the findings and recommendations are straightforward and relate directly to the procedures and practises around ECM, others reflect the complex and evolving environment that third sector organisations are immersed in, and therefore, many of the findings go well beyond the ECM agenda, delving into fundamental issues for the sector.

A. What barriers are the infrastructure organisations facing at present?

There was a great deal of variety across BME infrastructure organisations. Funding, however, was an issue of almost universal concern. Some organisations, like Integration Lincolnshire rely on members carrying out work as part of their "day jobs", with a coordinator post funded for only 1 day per month! Even better-staffed organisations, like the Derby Millennium Network, which has several funded posts, feels highly over stretched. Continual demand from the statutory sector for BME infrastructure organisations to represent the BME communities and contribute to strategic planning, often outside of their funded remits, is placing a burden on these organisations. While they are called on to contribute to a vast array of service areas, some struggle to keep up with often highly specialist agendas like the ECM. In at least three cases, funding for specialist posts to work on children and youth issues has been requested and refused.

Organisations are having to make tough choices. LEMP, for example, stated that it has only 3 paid posts and therefore it must either concentrate on a small number of issues in order to deal with them well, or it must spread itself so thinly that it becomes ineffective. Others are focusing their attention on the strategic work, and as a result may be neglecting to some extent the essential work of maintaining contact with and engaging their member organisations. Some fears were expressed in several counties that the BME infrastructure organisations risk moving ahead strategically, keeping the statutory bodies on board, but as a result are leaving behind the BME communities which they serve. This difficult situation challenges their validity as organisations and undermines their capacity to represent the broader BME communities.

Other infrastructure organisations face closure, currently being reliant on Neighbourhood Renewal funding (NRF). The entire infrastructure for Nottinghamshire, for example, seems to be founded on NRF monies which will be gone in April 2008. It was reported that no decision has been made regarding the future funding of these organisations. It would seem that this not only violates the principles of the Compact, but undermines the best interest of statutory services, who rely on the infrastructure organisations to reach out to the third sector on their behalf. However, in those places where infrastructure organisations are viewed as part of the mainstream, with longer term funding from statutory agencies, organisations spoke with greater confidence about the future. This commitment of funding not only ensures their existence but signals a commitment to these organisations, which will be necessary if they are to continue mobilising the voluntary sector around the ECM agenda.

Other operational barriers exist. Some infrastructure organisations are very well connected into the range of statutory bodies and seem to be well informed about significant strategic events. However, this is not the case for all infrastructure organisations. Several organisations from across the region stated that they receive notification of important events very late, with often less than a week to comment on important strategic issues. While one might expect all of the infrastructure organisations to have the capacity and commitment to make independent efforts to seek out opportunities to contribute, the late supply of information signals a lack of interest by the statutory agencies in engaging with them, discouraging them from making that effort. Further, many strategies are circulated when they at least appear to have been completely written. Across the board, a request was made for the BME infrastructure organisations to be involved from the very beginning, from the blank page. No doubt, failure to include BME organisations from the very beginning is a result of the complexity of the sector and heavy workloads of statutory officers, rather than any desire to exclude. However, some individuals, who state that they have seen this time and time again, feel that the failure to treat BME infrastructure organisations as professional equals is sometimes intentional exclusion. Many in the mainstream may find “conspiracy theories” of this nature frustrating, feeling that their best intentions to engage with the BME sector are rejected, however, it would be a lost opportunity if these sentiments were not taken on board.

The BME sector has changed considerably in the last few years, particularly in relation to the significant increase in the size of new asylum seeker/ refugee communities and migrant workers. This is particularly noteworthy in Lincolnshire where there has been a mass influx of migrant workers into certain rural communities. Voluntary sector organisations across the East Midlands are trying to respond to the needs of these new communities, however, it was noted that infrastructure organisations tend to be concentrated in urban areas. Many of the infrastructure organisations interviewed expressed concern about this, some of whom hope to expand their activities into the broader rural areas. However, some have noted that rural groups don’t want urban groups to “*come in and tell them what to do!*” Further, the newer communities are not formally organised yet. As a result, infrastructure organisations are not as well networked into these communities as they would like to be.

***B. Are the infrastructure organisations confidently engaged in the ECM agenda?
Do they feel properly networked in and informed?***

Of the 16 BME infrastructure organisations interviewed, only 4, or 25%, had a staff member or trustee sitting on the Children and Young People’s (CYP) Strategic Partnership Boards or on any of its sub partnerships or working groups on behalf of that organisation. Two of these were in the Nottingham city area. One further organisation felt well engaged because one of its board members, through his own organisation, sits on his county CYP Board. 5 organisations, (31%, not necessarily the same ones), felt well informed regarding the structures available, and were happy with the level of information they receive. Meanwhile, 11 seemed to have next to no knowledge of the agenda, or were aware of it, but did not seem to be getting sufficiently useful information passed down. 2 were well networked and sat on partnership boards, but still felt that information coming down didn’t really help them to feel up to date with the agenda.

In comparison of the 18 generic infrastructure organisations interviewed, 10, or 56%, were on CYP Strategic Boards or other sub partnerships or working groups. A total of 10 organisations felt very well informed, and only 6 felt that they were not very well informed. From this sample, it would appear that generic infrastructure organisations are twice as likely to sit on a strategic group around the ECM agenda, and are, again, twice as likely to feel well informed. While, no doubt, this sample has a considerable selection bias, it is concerning that the primary BME infrastructure organisations in 4 of the 5 counties are not

properly engaged into strategic networks around this agenda². This reflects the general picture discussed above, of BME infrastructure organisations struggling to engage in strategic processes.

The reasons given for this were numerous. Several organisations noted that statutory services “*pick and choose who they want, when they want and how they want*” in engaging with BME organisation on key strategies such as ECM. Several of the infrastructure organisations felt that the statutory agencies, for ease of working, always turn to the same organisations or individuals. As a result, meetings are often made up of the “*usual suspects*”. Some of the individuals represented, who are called on in this way, actively try to pass on the mantle to other organisations, and they hope that others who are selected to sit on the various ECM partnerships will do the same.

Some suggested that the partnership arrangements are too complex, with a vast array of working groups, strategies and targets³ making it difficult even for professional workers to stay informed. Several interviewees stated that while organisations providing specialist children’s or young people’s services might be able to keep up with the strategies around their working theme, infrastructure organisations, working on a number of different themes, could not. It may be the case that direct working relationships with the statutory sector make a big difference. 2 of the 4 BME organisations who felt well informed have directly delivered work for statutory bodies in recent months around the ECM agenda. One organisation, however, felt actively excluded by the statutory agencies, given that the local areas agreement had prioritised urban, predominantly white areas in its plan for children’s services and this appeared to be non-negotiable, thereby excluding BME organisations from any meaningful participation.

Some of the responsibility, however, lies within the sector. In 4 organisations interviewed, where individuals sit on strategic boards or networks for CYP issues, information was not filtering down to other development workers and outreach staff in the same small organisation. A number of people stated that those individuals sitting on boards are not passing information back through the sector they are representing as well as they would like.

It was unsurprising to note that none of the inter faith organisations interviewed were particularly well networked into the agenda, however, most were keen to get involved and would provide a very useful conduit to diverse BME community organisations, the vast majority of whom are actively providing children and youth activities. Further work could be done to engage these networks in a constructive way.

C. What do they need to become fully informed and engaged in the processes?

A number of organisations simply asked to be put onto mailing lists, particularly email. In certain areas, however, some stated that they are flooded with emails, containing information that isn’t directly relevant. Across the region people asked for tailored information, appropriate to the situation of infrastructure organisations which cover many themes. Some asked for more personal contact, feeling that if they were really wanted at the meetings, someone would speak to them directly. While this might be time intensive, this human approach could go a long way to building trust.

Backfill was recommended to support groups engaging in meetings. If there is a requirement for representatives on groups to feed back to member communities, provision should also be

² This being Leicestershire, Northamptonshire, Lincolnshire and Derbyshire. Note that the Wellingborough Black Partnership does sit on a Strategic Partnership and a new worker from the Derby Millennium Network should be attending the CYP Forum once they settle into their post.

³ Such as NFR floor targets, LAA objectives, ECM objectives, Learning and Skills Strategies, PCT Strategies, Council strategies and so on, all covering the same these but with different documents, working structures and targets.

made for the time that this takes. While some noted that it is not really possible to actually fill the gap created by 3 or 4 hours absence each month, the payment of backfill monies would certainly be a signal of being valued which in itself would pay dividends.

It was noted that community development workers could be key to disseminating information and therefore it was suggested a meeting of community development workers and outreach workers could be started. This could help to develop understanding around this agenda and mobilise their enthusiasm, calling on them to commit to seeing the ECM agenda embedded within their local areas. This could have a double result, in keeping them informed and in helping them to inform others. A user friendly package of information could be created for them to use in this work.

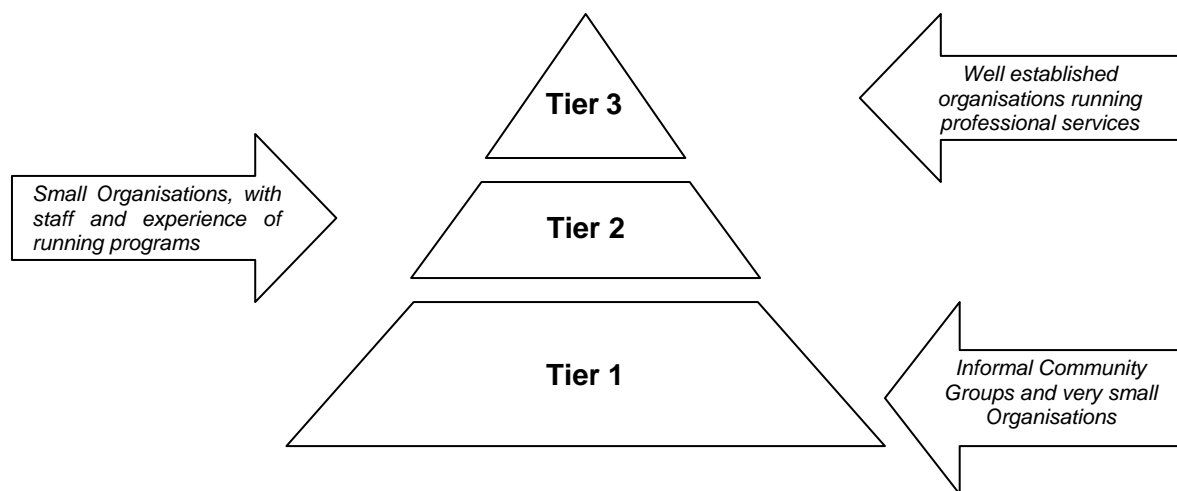
However, there appears to be no real substitute for ensuring that BME infrastructure organisations are placed on the key Strategic Boards. In one case it was noted that the BME infrastructure organisation was invited to join the Equalities Partnership, which scrutinises the CYP Strategic Plan. However, it was felt that this was a backdoor method for including BME organisations in this process.

It was suggested, that it is not appropriate to have only one person represent the entire BME sector on CYP's Partnerships. Firstly, it is hard for a single voice to make itself heard if it contradicts the majority view. More importantly, the question was raised as to whether a single person can really represent the BME community, as there really is no such thing as a single "BME community". In reality, there is no reason to believe that individuals will automatically have camaraderie, simply for not being white British! Rather, cultures that may be literally at war with one another, others characterised by age old rivalries, are expected to represent one another. Political divisions and rivalry within the sector exist, resulting in some tension and competition. However, at least part of this stems from the fact that groups have been fighting over scarce resources. Fearing for their survival, groups look out for themselves. The tendency of the statutory sector to pick on certain individuals to represent the sector, without the sector having delegated that responsibility to them, fuels feelings of distrust, disenfranchisement and resentment. A sincere and open debate about these issues is perhaps overdue.

D. What barriers are individual BME voluntary organisations and community groups facing at present?

It may be appropriate to look at the voluntary sector in terms of a 3 stage model, representing the level of development of groups. At each level, groups deliver vital services which play a critical role in the lives of their service users. The different stages, therefore do not represent the level of importance of services, rather they represent the different types of organisational structure and development.

The first tier of organisations represents community groups, running on a handful of volunteers with simple services developed in response to a need in the immediate community. The second tier consists of organisations that are more developed, which have been a number of delivering projects and programs for several years, they may manage small grants and may have a small number of paid staff. The third tier represents larger, well established groups that have been in operation for many years, have robust operational procedures, paid staff and long term plans to deliver professional services. The barriers each group faces will differ.



The constant battle for funding was consistently raised by interviewees as the primary barrier for BME voluntary organisations and community groups at all three levels. It is anticipated that funding will be cut due to the move towards commissioning. Many of the better developed tier 2 and 3 groups are still struggling with short term funding for staff which discourages strong applicants and promotes higher turnover. The cost of maintaining premises was also raised.

Many BME groups arise out of a natural concern for issues in their local community, which often contain multiple deprivation needs. As a result many BME organisations are trying to provide a number of different services covering different aspects of life from children to the elderly, health, education and play. As a result there may be fewer BME organisations in tier 3 as they have not specialised to the same extent as non-BME groups.

It was noted that many organisations, especially in tiers 1 and 2, rely on volunteer staff and trustees, many of whom lack the high level professional experience and competencies that are required to meet the new standards, especially in relation to funding management, business planning and quality assurance systems. It was suggested that the bar has been raised for children's services in particular, and that organisations must now develop technical protocols to qualify even for small scale grant funding. While this move to professionalise the sector was welcomed by some, it was also noted that many BME groups, currently offering excellent services, don't meet the newly required standards. The gap between the tier 2 and tier 3 groups is considerable in this respect. Great concern was expressed that the standards have been put in place with little funding available to help groups make the transition.

Some suggested that some capacity building services are available, but that BME organisations are either not aware of where to go to, or do not feel that they can access them. It was suggested that BME organisations continue to feel disenfranchised from the generic infrastructure organisations, the providers of much of this support. They are far more likely to go to organisations they know and trust, which may mean that they lose out on specialist support. Many capacity building services rely on groups coming in to their centres, so the psychological distance to these central organisations provides another barrier. Other organisations may simply not be able to access meetings or training sessions as they only have one member of staff. If that person were absent, the service would not be delivered, the centre would remain closed, for example.

While it was acknowledge that there has been great progress in statutory agencies tearing down barriers and working more closely together, the same kind of connection may not be achieved to the voluntary sector. In organisations across the region, it was felt that statutory agencies still do not understand the nature of the voluntary sector, and that there are few

opportunities for voluntary organisations to advertise themselves to statutory officers. It was felt by many of the interviewees that professional services are being demanded while the funding to run as professional services is refused. Some stated that there is little acknowledgement that the voluntary sector is contributing significantly to the meeting of a whole range of floor targets and strategic objectives. Many felt that, despite having a long track record of providing quality services, they are still met with suspicion and have to prove to the statutory services their worth. Meanwhile statutory services are funded year on year without in turn having to prove themselves to the public⁴. Many organisations stated that the BME third sector is tired of being consulted with very little evidence of any resources coming to the sector. Some expressed a strong belief that we will only make real progress in community development if we put more emphasis on grassroots initiatives.

At the same time, a wide range of individuals suggested that the BME sector is making a rod for its own back. As discussed above, divisions within the sector discourage efficiency and dissipates energies that could be better spent on service delivery. The networks within the BME third sector are still not sufficient to allow the free flow of information and support. In those areas where a great deal of effort has been made to engage with member organisations, infrastructure organisations seem to be able to mobilise a rapid response from members, and individual representatives on partnership boards are beginning to be represent the whole, rather than their own individual groups. Again, this takes time and required dedicated resources.

As noted above, the situation is far more complex for asylum seekers and refugees, with a lack of formalization of groups. These communities are struggling to develop even tier 1 groups. Many, seeking to simply make it through each day, are not interested in attending appointments and meetings with agendas. Language barriers compound these problems with people struggling to access basic services such as education and healthcare. The removal by central government of funding for free ESOL classes is compounding this problem. Natural advocates arise from within the communities, but quickly become burnt out with the overwhelming number of requests for help. These communities still need help accessing basic services, and experiences by some of the organisations interviewed suggest that pushing these groups to formalise procedures and policies at this stage may not be the best help for them. Rather, groups need to be allowed to deal with immediate problems develop in their own time.

There continue to be considerable misconceptions around programs delivered by faith communities. Despite much evidence to the contrary, there is still the perception that faith communities are only trying to proselytize. Statutory bodies are hesitant to accredit their programs which means they are denied certain sources of funding.

E. Are BME voluntary organisations and community groups informed and engaged in the ECM agenda?

The overwhelming consensus was that BME organisations are not properly engaged in this agenda. While a small number of the well developed tier 2 and 3 BME organisations may be informed and attending forum or network meetings on this theme, the vast majority are not engaged. Many of the interviewees noted that the current structures focus on bringing the voluntary sector in, to comment on statutory services. While large organisations may be interested to influence the statutory sector, this is simply not relevant for the vast majority of

⁴ It is recognised that statutory service do have their own quality standard requirements, however, these are agreed and evaluated within the statutory sector, not assessed through public scrutiny. If a service is found in need of improvement, structures are usually put in place to encourage that improvement. However, for the voluntary sector, funding may be refused or withdrawn if services are found wanting and as a result service cease to exist altogether. This imbalance in the assessment - funding relationship is the source of frustration, rather than the need for assessment itself.

groups who are focused on their own local needs and services. For holistic groups that provide a range of services this is particularly the case.

This is very sad, as BME communities are acutely aware of and concerned about the issues that their children face. One interviewee found the notion of ECM ironic, as of course people in the community know that every child matters! If they did not think so, why would they put so much love and effort into running voluntary service for them? ECM has, for many, become synonymous with a raft of regulation and protocol that they see hindering and restricting what that they can do, with services shutting down due to the lack of CRB checks or misunderstandings around child protection requirements. With no real understanding of what the ECM agenda and child protection legislation means, some groups go through the motions of introducing tokenistic child protection policies which are then shelved. For the newer communities, this issue is especially acute, as the policies and procedures are often completely alien to them, and the requirements contrary to their cultural norms. These communities feel the restriction aspect particularly keenly, leading to frustration. As a result, some activities go underground and links to potentially supporting services are lost. Other organisations have been providing quality services for many years, but have not documented their policies and procedures. Some of these groups are struggling to adjust to a world where everything needs to be written down. They also become frustrated and feel that their track record should be enough to prove their worth.

Some of the infrastructure organisations, who have made efforts to reach out, believe that this has helped some groups to be more informed. Some have used network meetings to do this, but noted that only the kinds of groups who attend network meetings will have benefited. This is likely to have reached the tier 3 and some of the tier 2 groups. Again, lack of time and resources to engage in meetings prevents many groups from attending information sessions. It was suggested that there is a Catch 22 in this process, with the groups most in need of the information, being the least able to attend information sessions.

Other infrastructure organisations have used quite innovative approaches to reach grassroots groups. Where outreach effort has been made, it seems likely that more groups will be more informed. Where larger organisations have a sense of responsibility for this agenda, and where imparting information on it become part and parcel of their mainstream work, information seems to be flowing down to the grass roots.

It was also suggested that groups may become aware, not through direct information to the group, but through individuals in the groups being exposed to information through their children's schools or their own working lives.

Example of Good Practise: Nottinghamshire REC

REC and Sneinton Surestart have been delivering a project with Pakistani fathers around play with their children. As part of one of the sessions, they gave an "easy-speak" presentation of the 5 outcomes of the ECM agenda, thereby providing information about a high level agenda, but in a natural and organic way.

F. What do they need to become fully informed and engaged in the processes?

It became clear that current structures are not adequate to ensure that all groups are engaged with the ECM process and therefore a range of new ways to engage groups should to be developed. This needs to respond to the different levels of development of groups and to build on the ways that people naturally engage and learn. On a cautionary note, it was stated that we need to be clear what we want to involve groups in, and more importantly, why. We need to be clear that it is both appropriate and fruitful for all involved. It was suggested that tier 2 and 3 groups will get involved in strategic processes if there is something tangible in it for them. While this might sound mercenary, rather, it reflects that

groups are focused on getting on with the job at hand. Where national strategies are shown to relate to their day to day work, these groups will become engaged. It was also noted that groups that are struggling to fund their activities don't have room for larger agendas, one interviewee suggested that "*we need to give smaller organisations the option of survival*" before we can expect them to think about anything else. Backfill payment was again recommended.

The overwhelming consensus was that targeted outreach is required, taking the agenda to individual groups and providing a tailored set of information that relates directly to the individual services and circumstances of each group. This needs to be conducted alongside tailored, outreach-based capacity building, such that groups can grow and develop at their own speed and build the ECM agenda into their development in an organic way. This goes well beyond signposting to organised training courses. The power of face to face contact on home ground was repeatedly stated as the key to building relationships and trust. In Nottingham, for example, the CVS has created such a service which has placed a great emphasis on going out to groups and providing bespoke training. This system seems to be working very well. However, some suggest that there needs to be specific BME targeted services, provided by BME organisations who should already have the networks and, more importantly, trust based relationships with BME groups. BME infrastructure organisations like the Derby Millennium Network are trying to deliver these kinds of services but they have limited staff resources to do so. It seems that a small number of individual projects are being funded in certain areas to provide this support, for example JET in Derby has been given a contract to deliver such services. It would seem then, that additional resources are required across the board to enable this to take place.

Example of best practise: Rosehill Surestart Children's Centre

They recognise that sustainable services for local people means sustained projects run by the community. As a result capacity building is a core part of what they do. They have 2 specialise community development/ outreach workers who work with grassroots communities. Then work with groups over a long period, helping them to develop constitutions, plans and so on. At the same time they feed in knowledge of strategic agendas, as they relate to the tangible activities that they are doing. For example, the Messy Tots project is an arts project for toddlers, set up by a group of African families. Over a three year period they have held the hand of this group and walked with them as they developed their ideas. They gave them ongoing support to deliver the service they wanted to create, but have also drip fed information and knowledge about strategic processes and agendas as they have done it, such that the group has been empowered to lobby Councillors and Directors of Council Departments in relation to issues about children's services.

They recognise that this kind of personal support takes a long time, but it is the key to developing people and ideas into sustainable organisations and programs. They also make an effort to help people link into other partnerships and relevant projects. Working at the grassroots with individual families they see themselves as a bridge between communities and higher level infrastructure organisations.

In relation to the new communities, again, tailored, outreach based capacity building was proposed. However, it was reported that these groups don't just need information and training. Rather the support they require consists of holding their hand and walking with them as they grow and evolve, supporting them as they encounter and overcome barriers and constraints. This kind of outreach based capacity building is time intensive and therefore costly, however, those interviewed were convinced that there is no alternative if we wish to embrace these communities and help them develop sustainable groups and organisations that will go on to provide quality children's services in the community.

It was also proposed that statutory organisations should be involved in this outreach to individual groups, rather than simply making general presentations at network meetings. It might be appropriate if they were accompanied by the BME outreach workers in order to be

introduced into the community in an appropriate way. The request was also made for statutory officers to learn first hand what the voluntary sector is all about, through shadowing or spending a period of time working in a voluntary organisation as a mandatory part of induction training. While the time cost associated with this might make statutory bodies hesitant to pursue such a policy, it was felt that this investment would be worth it in terms of the enhanced understanding of the sector and the relationships that this would build.

It was suggested that a wider range of networks should be used to reach BME communities and groups at all stages of development. In each of the counties more than one network or infrastructure organisation was found that connects with BME community groups and organisations. Greater effort needs to be made to engage these additional organisations. Faith networks could also be employed to reach tier 1 and 2 groups. It was also noted that community festivals and events could be used as a platform for disseminating information to both groups and individuals. It was stated, however, that standing behind a stall is not enough, and that engaging people in animated conversation is the only effective way to use these events. As many of the people running youth activities will be parents in their own right, information could also be sent out through local schools and youth clubs. It was suggested that a module around the ECM agenda could be built into schools PSHE and citizenship training programs, such that “this is how we work with children” is as natural a part of a presentation on life in this country as “this is how we vote”.

One interviewee stated that the existing fora and network meetings can be too centralised and suggested that mini networks could be set up in neighbourhood locations to discuss local children’s and youth issues. This might be more accessible for smaller groups and could be made more locally relevant. This could fit comfortably within the neighbourhood agenda but would need to be tailored to fit within existing structures to prevent duplication.

It was also suggested that communities could be contacted one by one, rather than looking for networks that cover a wide range. Community centres are often a central meeting point for not only individuals but also groups, and provide an information conduit into communities. Places of worship provide a similar function. It was also noted that there are often individuals who are well networked, and provide a channel into many different groups and communities. These people are not always from that community but they could be sought out to help in this information dissemination process.

Overall, however, it seems that there needs to be a commitment made by the well developed organisations to become champions for this agenda, and to take on the responsibility for reaching out into the community in a variety of creative ways in order to disseminate this information. To achieve this, however, these organisations will need to be empowered to do so in terms of both resources and mandate.

G. Are BME voluntary organisations and community groups going to be able to benefit from commissioning opportunities?

Again, the overwhelming consensus was that the majority of BME organisations will not be able to access commissioning and tendering opportunities. One person noted that while in theory they should be eligible, in practice they will not be able to engage. As noted above, capacity issues are prevalent across the third sector and this is particularly the case for BME groups. It was noted that there is a huge leap required for many groups to meet the new professionalised standards, but there are few services available at present to help them make that jump. As noted above, capacity building services aimed at preparing groups for commissioning are developing, however, they tend to be placed in generic infrastructure organisations and these may not be accessible for BME groups. Across the East Midlands it seems that the details around what will be commissioned and how the process will work is yet to be finalised, thus making it very difficult for groups to plan ahead and build the appropriate capacity.

Some feel that that their proven track record of providing high quality services over the long term should be enough. They feel undermined and quality of their work unvalued by the new requirements. Some are reported to be unwilling to develop all the policies and procedures required. While this may not be a sustainable response, it is also very understandable. Further it does seem that the benchmark is being set extremely high. It was reported by one interviewee that in Nottingham organisations must have 15 different policies in place to pre-qualify for commissioned services, including things like environmental sustainability policies as well as the more expected child-protection policies! Where it is known that none of the BME organisations can meet these requirements, the lack of support available to help them meet the new standards is in some cases being interpreted as intentional exclusion. Others feel that statutory bodies will never really be willing to contract out significant services, and therefore, organisations will be fighting over the crumbs. Whether this is true or not, the perception discourages groups from entering this arena. It was suggested that many don't see the relevance of contracting out, that it is not clear what it means for them. For some, the only information reaching them is a broad scaremongering about future funding disappearing, rather than a presentation of the relevant information. Broad, technical presentations on grant-loan arrangements are also leading to fear amongst groups as the implications for them on an individual basis are not available.

Many groups are looking at social enterprise as the bridge between grant funding and business style operations under commissioning. This is not what many organisations want and it was suggested that BME organisations are currently less likely to pursue this option. It was suggested that pushing groups into social enterprise is not the solution, as there should not be a one size fits all approach. Groups should only move towards social enterprise if that suits their mission and program of work.

It was suggested that groups needs to look to forming consortia. This was welcomed by many, however, it was noted that the divisions within the BME sector make this more difficult than might first appear. Managing new consortia also takes considerable time and effort, and the resources this requires is not generally recognised. Trust is required and therefore newer groups with less of a track record may be less welcome. As a consortium becomes bigger, overhead costs increase, which can make bids uncompetitive. Some of the BME infrastructure organisations have tried to help broker these arrangements but this requires commitment from larger, as well as smaller groups. An example was given from Leicester where a new consortia of BME groups collapsed. One of the individual BME organisation approached a larger non-BME organisations but was turned down, the larger organisation seeing no advantage in it for them and feeling no responsibility to foster the smaller group. Where larger groups are taking this responsibility, however, small successes are being achieved, and therefore a buddying system may be more fruitful in these earlier stages than large, complex consortia.

Example of Good Practise: Youth Voice in Leicestershire and LEARN in Nottinghamshire

Both orgs have started to bid for pieces of work and then sub contract to smaller organisations as a way to help them access funding for services, and to help them learn about commissioning processes and to build their capacity.

It was noted that the traditional working style of the voluntary sector, including BME groups, is to notice a problem in the community, design a program to meet the need, and then look for funding to support it. This responsiveness to community needs is what makes these groups so effective at reaching the hard to reach and it is this adaptability and responsiveness of the voluntary sector that National Government values. However, the commissioning process turns this on its head, with the problem identified and service designed by the public sector. Many interviewees were concerned about this reversal, suggesting that if the statutory sector were best placed to identify the right programs to reach

the hard to reach, then the voluntary sector would never have been needed in the first place! They note that this process stifles the creativity of the voluntary sector, and encourages mission drift. Some organisations will be unwilling to allow this to happen, and as a result they may find themselves under threat of extinction.

It was suggested that some have already had their fingers burned. These organisations have been awarded contracts but, as might be expected, hit problems in their first year, and the contracts were not renewed. Others, having made great efforts to submit bids, have been turned down with no real explanation and feel discouraged from trying again. Understanding the tender documents and writing the bids was stressed as being particularly difficult hurdles. An example was given of an Asian mental health organisation, more than capable of delivering the commissioned service, spending 3 days trying and failing to understand the tender document, after which it gave up. National organisations, however, are reportedly buying in specialist bid writers. Again, this demonstrates is a Catch 22. Only the richer organisations can afford to bid for funding. Further, it is through delivering services that capacity is built, but only the organisations who already have the capacity win the chance to deliver services. No wonder many BME organisations feel left behind.

A proportion of the responsibility must be placed at the feet of the commissioning boards. Numerous examples were given of work that has already been commissioned, in which BME organisations providing quality services, were not awarded commissioned services. The reasons given were numerous. There appears to be an automatic preference for national organisations, even when their applications are not the most robust. Knowledge of local communities is not being classed as a necessary requirement. County Councils are requiring county wide programs, which automatically prevent smaller scale or locality based organisations from bidding. Worrying examples were provided of services for BME communities being commissioned to generic national organisations rather than local BME organisations due to an unwillingness to break very large contracts down into manageable sizes, for ease of administration.

On a more positive note, one interviewee spoke highly of the commissioning team for CYP services in Northamptonshire. Some of the infrastructure organisations stated that they have places on commissioning boards and in Leicester they feel that this is starting to make a real difference. In Derby it was suggested that the intention is to do smaller scale commissioning on a local level, but there is still some concern that the statutory agencies will continue to favour larger nationals.

H. What needs to happen to help BME groups benefit from commissioning opportunities?

Ultimately, this comes down to one fundamental question. Is the statutory sector committed to commissioning services to the third sector? If so, is it prepared to take a medium to long term view and provide the necessary support to enable groups to make the transition? If that commitment is made, then the following steps naturally fall into place.

Example of Good Practise: Nottinghamshire Community Foundation

Some statutory organisations are actively taking responsibility for helping groups to meet the new standards. The Nottinghamshire Community Foundation has recognised that groups are struggling with children protection issues, and so rather than refusing funding to groups that don't have the required knowledge and procedures, they have provided child protection training to groups themselves. Thousands of individuals have benefited from this training over the last few years.

As noted throughout this report, outreach based capacity building, tailored around the individual group is essential if BME organisations are going to be able to access

commissioning. This should include the detailed technical requirements of managing large scale funding programs and writing bids. This program will take time, and therefore capacity should be built now, for services that will be commissioned in 12 months time. In order to achieve this, however, resources will need to be provided to the BME infrastructure organisations that are best placed to reach these groups. These infrastructure organisations need to help to develop buddying arrangements and consortia, but this is a slow process and should be treated as a medium term commitment, rather than a quick win.

Consortia, then, should be celebrated in the commissioning process, and some positive marks given to consortia bids. Full cost recovery should also be a requirement, and commissioners should not accept cheaper bids based on marginal cost pricing. Commissioning board should also actively value local knowledge and score this more highly in the commissioning process. They should be committed to providing locality based contracts, and be prepared to divide large contracts into smaller ones if this enable BME groups to apply, accepting the higher administrative costs this entails on the basis that far greater value added will be achieved.

It should be recognised and accepted that groups will make some mistakes in the early years of commissioned services, and therefore it is proposed that contracts should be set for a 5 year period. Built into this should be individual capacity building funds, which groups should be able to allocate to meet their individual capacity building needs. A project mentor should also be available to walk with the group and assist them in overcoming obstacles as the contract progresses. The aim, therefore, should be for initial teething problems to be welcomed as learning opportunities, such that, by the 5th year, programs are running smoothly and capacity is built for the future. This approach was strongly welcomed by a broad range of groups interviewed. Local Authorities also need to make a clear commitment to which services will be contracted out. It was suggested that a proportion of this should be earmarked for the BME sector in these early years of commissioning, in order to level the playing field.

Further training for Commissioning Boards is required, such that they appreciate the circumstances in which that BME voluntary organisations operate. This might include how to write user friendly tender documents and include a requirement for a minimum period of time for groups to digest these and prepare their bids. All Commissioning Board need to include voluntary sector representatives, including BME sector representatives.

Finally, it should also be considered that commissioning is not the only path, and that each group should be empowered to develop to the stage that best serves its clients, rather than assuming that all groups should formalise and quickly move up through the ranks to commissioning. A commitment to continue providing grant funding should also be made, to enable smaller and newer groups to make the transition over time.

Key Recommendations

The findings lead to a large number of recommendations, many of which are out of the remit of VCS Engage. The following section, therefore, summarises a number of key recommendations which the author hopes that VCS Engage might be able to act upon:

Supporting the Infrastructure Organisations

VCS should:

- 1) Seek clarification regarding the future funding of infrastructure organisations that are under threat from the loss of NRF funding.
- 2) Lobby for additional funding to be made available for specialist outreach posts to ensure that BME infrastructure organisations can properly maintain their member networks and reach into new migrant worker and refugee/ asylum seeker communities.

- 3) Lobby for specialist posts in infrastructure organisations to work on children and youth issues in order to create the capacity for informed commitment to this agenda.
- 4) Encourage statutory agencies to work with a cross section of BME infrastructure organisations, rather than focusing on a single representative.
- 5) Encourage statutory agencies to involve BME infrastructure organisations in strategic planning around the ECM agenda from the blank page stage and empowered them in turn to consult with their communities from the earliest stages of the process.
- 6) Help to clarify the roles and responsibility of representatives sitting on CYP Strategic Boards, sub partnerships and working groups. Help these individuals to see their roles as champions, and then capacity builders, to raise up others to take on leadership roles.
- 7) Ensure that there are several BME representatives engaged in these processes, on the main Strategic Boards, not just on equalities groups.
- 8) Promote backfill for time spent in strategic meetings around ECM, and for time spent disseminating the information back to member communities.

Spreading the ECM Message

VCS Engage should:

- 9) Meet with a range of BME networks and focal points to discuss how they might get involved in the ECM agenda and pass on information to groups, including faith networks and community centres.
- 10) Encourage networks of community development workers to mobilise enthusiasm for and commitment to spreading this agenda.
- 11) Encourage the development of outreach based work to take the ECM agenda out to groups, presenting information in a tailored way that is directly relevant to individual group's circumstances and services.
- 12) Encourage statutory services to do the same.
- 13) Promote the principle of tailored, outreach style capacity building for all levels of voluntary and community groups as the best method for developing these organisations and ensuring that the ECM agenda is embedded in services as they grow.
- 14) Promote the principle of using creative means to inform individuals in the community about the ECM agenda, e.g. through community events and festivals, through schools lesson and mail outs to parents, and through places of worship.
- 15) Open the debate around establishing neighbourhood networks for children and young people's services.

Commissioning

VCS Engage should

- 16) Call for a commitment from the statutory authorities for commissioning to the third sector and the changes in working style that this will require.
- 17) Encourage Statutory Agencies to clarify their commissioning procedures.
- 18) Encourage Statutory Agencies to make a commitment to commissioning a portion of their services and to make this proportion known.
- 19) Open a debate as to whether a portion of these services should be earmarked for BME organisations.
- 20) Call for all Commissioning Boards to include third sector representatives including BME representatives.
- 21) Lobby for funding to be provided to infrastructure organisations to help build up buddying systems and consortia for commissioning opportunities.
- 22) Encourage commissioning board to give positive points to consortia.
- 23) Call for commissioning board to only consider bids that are costed on a full cost recovery basis.
- 24) Call commissioning board to value highly local knowledge and to divide contracts into smaller units if this is necessary to enable local groups to access commissioning opportunities.

- 25) Open a debate on 5 year commissioned contracts, which incorporate a capacity building fund for each commissioned group, with a project mentor to walk with them through the contract and help them overcome barriers, as a commitment to capacity building the third sector.

Conclusions

It appears that some of the BME infrastructure organisations are not as well informed about the ECM agendas as might have been hoped. Many of those that are well informed lack the dedicated outreach resources to pass on this knowledge to groups in a sufficiently meaningful way. As a result, it is not surprising to find that the majority of BME organisations are not well engaged in the networks and structures around ECM. Both BME infrastructure organisations and the individuals BME groups they serve are struggling to survive, and unless the numerous barriers which they face are adequately dealt with, few BME organisations will be able to benefit from commissioning opportunities. What appears to be missing is a serious commitment to third sector BME organisations accessing commissioning. If this commitment were made, and the appropriate, outreach style capacity building provided, there is every reason to believe that the BME voluntary sector could go from strength to strength. The recognition that we are all working selflessly on the same agenda, for the sake of the same precious children would perhaps help us to unlock the trust and respect required to work together in true partnership.

Appendix 1 – List of individuals and Organisations Interviewed

Area	Organisation Name	Person Interviewed
Derby	Children and Young People Network	Hazel Simpson
	Derby Council for Voluntary Services	Matthew Allbones
	Derby Ethnic Minorities Forum	Pamela Thompson
	Derby Millennium Network	Bimmi Rai
	JET (Jobs Education and Training)	Muhammed Sharief
	Rosehill Surestart	Judith Szenasi
	Derby City Council	Susan Sanghera
Derbyshire	Derbyshire Learning and Development	Sabina Taleb
	Derbyshire REC	Mr Mistry
	Derbyshire REC	Geoff Noble
Leicester	Voluntary Action Leicester	Patsy Richards
Leicestershire	Charnwood REC	Varsha Parmar
	Leicester and Leicestershire REC	Chino Cabon
	Leicester Ethnic Minority Partnership	Parkash Panchal
	Leicester Youth Council for Voluntary	John Preston
	Leicestershire Council of Faiths	Ajay Aggarwal
	Lincolnshire REC	Nicky Archer
	Loughborough Council of Faiths	Varsha Parmar
	Youth Voice	Hamza Vayani
	Leicester Voluntary Sector Forum for Refugees and Asylum Seekers	Cecilia Jones
	Lincolnshirshire	Community Council Lincolnshire
Integration Lincolnshire		Lesley Chester
Lincoln Inter Faith Forum		Jim Ward
Melton Voluntary Action Centre		Joanne Burrows
Melton Voluntary Action Centre		Kathy Mickinley
South Lincs CVS		Debbie Belton
Northamptonshire	CEMC	Mehul Shah
	CEMC	Tony Michael
	Converge	Dvija Mehta
	Northamptonshire Black Partnership	Suzanne Mohen
	Northamptonshire REC	Anjona Roy
	Wellingborough Black Consortium	Mike Prescod
Nottingham	Dunkirk and Lenton Partnership Forum	Randeep Singh Aujla
	LEARN	Leslie Davis
	Meadows Partnership Trust	Jacky Dobson
	NDC	Jeff Buck
	Nottingham Council for Voluntary	Grenville
	Partnership Council	Ruth Greenberg
	PATRA	Una Wisdom
Bulwell Toy Library	Joe Pearce	

Nottinghamshire	Bassetlaw CVS	Michael Newstead
	NAVO	Nancy Elkins
	Nottingham Black Partnership	Muhaj Mohammed
	Nottinghamshire Community Foundation	Lee Broughton
	Nottinghamshire Interfaith Council	John Murray
	Nottinghamshire REC	Afzal Sadiq
	Nottinghamshire Rural Community	Carola Jones
	Rushcliffe CVS	Carolyn Perry
Regional	EMVY	Lindsey Allen
	SEEM	David Kelly
	Voice East Midlands	Shaheed Sharis