



Making a Difference

Proposing Options for Effective Black and Minority Ethnic Voluntary and Community Sector Engagement across Yorkshire and Humber

Complete Report - March 2005



Acknowledgment

The Social Business Company (SBC) would like to thank all those groups and individuals who have contributed to this work through interviews, focus groups and the 'Making A Difference' seminar.

Special thanks also go to individuals in the Reference Group whose input has proved invaluable in assisting the SBC team members in road testing many of the initial ideas with regard to suitable options for black and minority ethnic engagement.

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EXECUTIVE SUMMARY

1. INTRODUCTION

The Government Office for Yorkshire and the Humber (GOYH) commissioned this study in June 2004, supported by the region's statutory partners: Yorkshire and Humber Assembly and Yorkshire Forward (the Regional Development Agency) and the Yorkshire and Humber Regional Forum for the Voluntary and Community Sector.

The Social Business Company was asked to develop a series of options that could potentially support the development needs of the black and minority ethnic voluntary and community sector in the Yorkshire and Humber region.

These development needs can be identified as:

- i. effective black and minority ethnic (BME) advocacy at the regional level; and
- ii. ongoing support that will enable sub-regional and local BME and non-BME voluntary and community sector (VCS) organisations to fully engage and benefit from wider VCS infrastructure support at a district, sub-regional and regional level.

A project Steering Group made up of community members and individuals from the regional partners mentioned above, and a Reference Group made up of community members oversaw the work.

2. STUDY AIM AND OBJECTIVES

The **aim** of the study was to develop a range of options for supporting the development needs of the black and minority ethnic voluntary and community sectors in the Yorkshire and the Humber region.

The **objectives** of the project were to:

- Review good practice approaches nationally for the strategic engagement and effective development of diverse BME communities.
- Examine the key lessons learnt (of a positive and negative nature) from the formerly funded Regional BME Network for Yorkshire and the Humber.
- Identify and engage with appropriate stakeholders from the public and voluntary and community sector, ensuring that the above process was inclusive and transparent.
- Work with key stakeholder statutory and non-statutory partners to evaluate suitable options that will enable effective BME representation, engagement and participation in district, sub-regional, regional and thematic community development activity and decision-making in current and future policy design processes.
- Prepare and present a report outlining the proposed options appraisal and recommendations to GOYH and its key stakeholder regional partners, ie the Yorkshire and Humber Assembly, Yorkshire Forward and the Regional Forum.

The **outcome** of the project would be a decision to progress the option that would best meet the development needs of the BME voluntary and community sector. The project steering group would make this decision following extensive research and consultation.

3. BACKGROUND: THE NATIONAL PICTURE

The key messages from the national research reviewed suggest at least the following:

- Funding is crucial to the success and continuation of the black and minority ethnic community and voluntary sector.
- Partnerships generally are lacking and the sector needs better recognition and response from funding regimes as well as local, sub-regional and regional partnership schemes.
- Many of its services are over-stretched and have limited organisational capacity.
- Faith is a crucial dimension to local BME communities and faith organisations should be included in engagement and representation.
- The sector is diverse and offers a diverse range of services that contribute to civic engagement and community cohesion.
- Engagement with BME communities needs to consider the diversity of what constitutes a BME community and consider utilising a range of options to engage with and involve local black and minority ethnic people.
- BME service provision is a valuable resource to the people who receive services. However, many of the services are over-stretched, have limited funding and organisational capacity.
- The BME community and voluntary sector is likely to continue its functions within local communities as a key service provider, advocate and motivator for change.

In June 2004, the Home Office Active Communities Unit (ACU) launched 'ChangeUp'¹. This is a strategy that aims to improve the infrastructure and capacity of the voluntary and community sector, in order to better support the needs of frontline organisations.

ChangeUp observes, "Many generalist infrastructure organisations have been slow to understand and respond to the particular needs of marginalised communities". As a consequence "A range of specialist infrastructure organisations have developed to represent and meet the needs of ... groups not well served by generalist provision".

ChangeUp calls for a "step change in the commitment and practice of generalist infrastructure in reaching beyond the mainstream to tackle inequality".

¹ *ChangeUp: Capacity Building and Infrastructure Framework for the Voluntary and Community Sector*, Home Office Active Communities Unit, June 2004

4. BACKGROUND: THE REGIONAL PICTURE

The BME Regional Network for Yorkshire and the Humber was launched in 2002 with the remit to:

- increase the effectiveness of the BME sector in the region;
- ensure the sector had an effective advocate at the regional level; and
- unlock further funds for the sector a regional level.

The Home Office Active Communities Unit withdrew its financial support for the Network in 2004. Key factors that hampered the Network's progress included:

- lack of adequate funding;
- limited income streams;
- low staffing resources;
- insufficient geographical spread; and
- lack of transparency.

As part of the ACU's VCS Infrastructure Early Investment Programme delivered in this region during 2004, the Government Office for Yorkshire and the Humber mapped the voluntary and community sector in the Yorkshire and Humber region². The mapping exercise found minimal BME VCS infrastructure activity, and little evidence of how the localised BME VCS is currently being served by the wider network of VCS infrastructure organisations.

Through ChangeUp, GOYH commissioned VCS organisations in North, West, South Yorkshire and the Humber to form inclusive sub-regional infrastructure consortia. The consortia are to develop and put into action sub-regional VCS infrastructure investment plans, which take account of the specific needs of more marginalised communities.

² *Voluntary and Community Sector Capacity Building and Support – Early Investment Programme*, JCF Ltd, April 2004

5. STUDY METHODOLOGY

The study collected and summarised the views of 136 participants from across Yorkshire and Humber through interviews, workshops and a seminar.

Specifically:

Fieldwork The Social Business Company held workshops in Scunthorpe, Sheffield, Calderdale/Kirklees and North Yorkshire.

Interviews The Social Business Company interviewed regional institutions, regeneration partnerships (eg Local Strategic Partnerships), generic infrastructure support organisations, BME infrastructure support organisations and the existing Regional BME Network for Yorkshire and the Humber.

Seminar The Social Business Company held a working seminar in Wakefield to discuss the options that the Social Business Company proposed.

External Reference Group The addition of this group to the study approach ensured that local knowledge and experience was at the heart of the study.

Project Steering Group The Social Business Company met the project Steering Group monthly.

Disseminating information Relevant papers and regular briefing updates were posted on the Regional Forum's and statutory agencies' websites.

6. STUDY FINDINGS

There is considerable support for a voice from within the BME sector that articulates responses and provides solutions to district and regional policies and strategies.

All respondents believe that no one is better placed than BME communities to speak on their behalf.

The larger the BME organisation the more likely they are to 'sit at the table' but it does not always mean the wider BME sector benefits from that presence.

The more independent the BME voice, the more marginalised it becomes and the less responsibility is taken by generalist organisations to address the sector's need.

The race equality frameworks are limited in generic and social and economic programmes. The BME voice is seen as separate and sometimes a distant relation to the wider VCS.

There is a gap between rhetoric and reality.

Engagement should not be about ticking a box or passing responsibility as too many assumptions are made that BME specialist agencies will fill the gaps.

There is limited involvement of BME VCS at all levels.

Often the least powerful groups and communities are excluded.

BME communities do not feel engaged.

There is a need to develop trust and show delivery to BME communities.

Mainstream organisations should utilise BME organisations in ways that build their own capacity and intelligence, to meet the needs of BME communities.

7. PROPOSED WAY FORWARD

From the range of options developed³, the research findings suggest a **BME VCS REGIONAL PANEL** as the recommended model for effective BME engagement in Yorkshire and Humber.

The aims of a BME VCS Regional Panel

1. *Effective BME advocacy at the regional level by:*

- Offering a perspective on the delivery of policies and programmes at regional level.
- Engaging in policy development with regional partners and influencing policy development and delivery.
- Addressing the issues of potential exclusion of the BME VCS from partnership working and ultimately the decision making process.
- Acting as a think tank and developing the business case for cultural diversity.

2. *Helping sub-regional and local BME and non-BME VCS organisations to fully engage and benefit from the wider VCS infrastructure support at a district, sub-regional and regional level by:*

- Providing a regional specialist forum for the exchange of ideas and good practice within the wider voluntary and community sector on BME issues.
- Through wider VCS and specialist partners, ensuring that BME and non-BME VCS organisations gain the capacity to deliver on social and economic programmes.
- Acting as a catalyst for change.

The objectives of a BME VCS Regional Panel

1. *Effective BME advocacy at the regional level by:*

- Improving collective understanding of the BME sector's diversity, varying needs and the multiple problems that they face.
- Working at a strategic policy level with regional partners from the statutory, non-statutory and voluntary sector, to ensure that an equality framework is not only built in, but becomes an intrinsic part of the region's strategic agenda for prosperity.

³ "Making a Difference" Discussion Paper on Options for Effective BME Engagement Across Yorkshire and Humber, Social Business Company, November 2004

2. *Helping sub-regional and local BME and non-BME VCS organisations to fully engage and benefit from the wider VCS infrastructure support at a district, sub-regional and regional level by:*

- Providing the BME VCS intelligence spoke to the regional hub. It is important that the Panel's work is not viewed as an 'add on' and it must work in collaborative partnership with the Regional Forum.
- Working through existing District networks to develop sub-regional hubs that interface with sub-regional consortia.
- Redressing the 'equality deficit' by ensuring through its sub-regional and district links, that resources are better directed to those priorities' areas of need within the community.
- Building links with sub-regional consortia and district infrastructure organisations (ISOs), to commission specialist support that enhances the ability of ISOs to work across BME communities.
- Ensuring that ISOs develop race equality action plans that demonstrate what impacts they have made in terms of the service they provided to engage and develop BME communities.

BME VCS Regional Panel - implementation process

An implementation process is provided as part of an initial programme to develop the necessary support at district and sub-regional level to progress the recruitment of Panel members.

1. Selecting Panel members

- An independent agent will recruit Panel members through open advertisement.
- The current suggestion is to have up to 14 representatives from practitioners/activists with practical experience of working with BME VCS organisations in the region.
- It is the intention that individuals will serve a term of office in their role as Panel members and are remunerated whilst undertaking Panel business.

2. Accountability

- One clear objective would be to evaluate the recruitment process to gauge whether there are ways of increase accountability of the Panel to the sector.
- The Regional Panel will need to establish close links at district and sub-regional level. It is important that the BME VCS organisations are able to access Panel members in order to provide the necessary communication flow.
- The Regional Panel will hold sub-regional Panel meetings on a quarterly basis.
- The Regional Panel will hold an annual conference to account for its actions and measure progress against objectives that have been set for the year. The conference also provides the opportunity to set objectives for the following year.

3. Secretariat

- The BME VCS Regional Panel would be housed in a host organisation, which would also provide the secretariat function for the Panel. The host agency is yet to be determined and this role should be subject to tendered commission, the costings reflect a 10% administration of the total costing less panel recruitment cost. This cost should include administrative support to the Panel.
- The host organisation will also act as employing agent for any personnel recruited by the Panel and provide the necessary payroll function.
- As part of the secretariat function, the host organisation would work across sub-regions and where necessary, with district partners to ensure connectivity within the BME sector with Regional Panel members. This would include organising events that ensure the sector is able to communicate with the Panel in order to inform Panels members' positions on particular policy areas of concern.
- There is clear emphasis on this option to ensure that generic infrastructure agencies at a sub-regional and district level utilise expertise that exist with the BME VCS. As secretariat the host organisation will act as a conduit to support district BME networks, forums and umbrella groups to develop intelligence spokes that enhance the ability of generalist ISOs and partnerships to work across BME communities.

4. Implementation

- It is suggested that an additional body of work is commissioned in order to set the groundwork for establishing the Panel. It is also suggested that during this phase a task group is set up, which would report to the current Steering Group.
- It is important to ensure that the BME sector is kept in the loop through this process and feel that the process leading up to recruitment of the Panel is transparent and open.

1. INTRODUCTION

The following report is the result of an extensive and detailed study by the Social Business Company (SBC), which highlights the process, findings and recommendations for options for effective BME engagement in Yorkshire and the Humber.

The Government Office for Yorkshire and the Humber (GOYH) commissioned this study in June 2004, supported by the region's statutory partners: Yorkshire and Humber Assembly and Yorkshire Forward (the Regional Development Agency) and the Yorkshire and Humber Regional Forum for the Voluntary and Community Sector.

The Social Business Company was asked to develop a series of options that could potentially support the development needs of the black and minority ethnic sector voluntary and community sector in the Yorkshire and Humber region.

These development needs can be identified as:

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- Examine the key lessons learnt (of a positive and negative nature) from the formerly funded BME Regional Network for Yorkshire and the Humber.
- Work with key stakeholder statutory and non-statutory partners to evaluate suitable options that will enable effective BME representation, engagement and participation in district, sub-regional, regional and thematic community development activity and decision-making in current and future policy design processes.
- Identify and engage with appropriate stakeholders from the public, voluntary and community sector ensuring that the above process is inclusive and transparent.
- Prepare and present a report outlining the proposed options appraisal and recommendations to GOYH and its key stakeholder regional partners, ie the Yorkshire and Humber Assembly, Yorkshire Forward and the Regional Forum.

The **outcome** of the project would be a decision to progress the option that would best meet the development needs of the BME voluntary and community sector. The project Steering Group would make this decision following extensive research and consultation.

3. BACKGROUND: THE NATIONAL PICTURE

There is ample evidence to suggest that the BME voluntary and community sector is a vibrant part of the third sector, offering services, advocacy and engagement with civic participation. This brief overview of i.) research and ii.) relevant national strategy aims to offer an insight from a national perspective on the position of BME voluntary and community organisations. The findings from national research mirror many of the issues and concerns that were expressed in the research undertaken across Yorkshire and Humber.

i. Research:

Civic engagement and capacity building

Three national research projects (Davis and Cooke, 2002, Farnell et al, 2003, Chouhan, 2004) undertaken with the black and minority ethnic voluntary and community sector and faith groups found:

- Small black and minority ethnic voluntary organisations find it difficult to access funding, particularly core funding, and the pursuit of grants take up a disproportionate amount of time.
- The black and minority ethnic voluntary and community sector plays an important role in capacity building, civic engagement and social exclusion of black and minority ethnic communities. This was not recognised by many funders, which focus primarily on service delivery.
- Partnerships were considered by the sector to be beneficial but often the strategic opportunity was lost to statutory agencies that used partnerships in a tokenistic manner.
- Black women's groups did not feel that they were sufficiently engaged with local and regional strategic partnerships.
- Faith communities make a significant contribution to their local neighbourhoods and often share many common features and concerns with other organisations within the community and voluntary sector.
- Many members of faith communities are active and challenging in their approach and require to be engaged not merely enlisted. Engagement with faith communities makes demands on official agencies for 'religious literacy' and long-term encounters, for which they are often ill equipped and ill informed.
- The benefits of a strong black and minority ethnic voluntary and community and faith sector were felt to be:

- A stronger voice in policy development;
 - Strengthened relationships with other agencies;
 - Effective consultation;
 - Community development and capacity building;
 - Offering a unique understanding of what is required;
 - The provision of informal settings and activities;
 - A commitment to listening to people.
- The value of black women's organisations was reported to be their ability to release benefits to black families, black communities and black women themselves. However, such organisations were not identified in local authority policies as a distinct sector of the voluntary sector and operated with limited resources and funding.

These research findings clearly indicate that black and minority ethnic voluntary, community and faith sector is a vibrant force within local communities. However, issues of funding, being networked, being in a position of influence and having access to decision-making forums is often lacking, which can lead to exclusion.

Further, often there was a discrepancy in recognition by the statutory sector about for example, the role of smaller minority and faith groups and women's groups. The black and minority ethnic voluntary and community sector is diverse and works with the whole range of people that make up local black and minority ethnic communities.

Overcoming barriers to effective participation

Recent research published by the Office of the Deputy Prime Minister (ODPM, 2004) suggests that common barriers to effective participation may be grouped into basic, intermediate and difficult:

Basic barriers include insufficient baseline information about BME communities and their key institutions and inadequate attention to the need for translations and interpretation.

Intermediate barriers are those that concern the organisation itself. Lack of trust by communities, an unrepresentative workforce taking on the task of involving BME communities and the practical problem of squeezing consultation within a short timescale are some of the issues that may need to be addressed.

Difficult barriers can arise where local BME communities are fragmented (eg by ethnicity, religion, culture, language). Authorities need to be aware of reaching all sections of a local community (for example, women and young people). Reaching fragmented communities requires a strategic and committed approach.

The process of engagement is unlikely to be successful through formal methods (eg surveys, focus groups). There needs to be a strategy in place that moves beyond the traditional and formal methods and utilises innovative and informal methods such as:

- Engaging BME staff and using their individual networks;
- Using venues frequented by members of BME communities such as shops, churches, community centres and schools;
- Door-knocking and word of mouth;
- Stalls and displays at community-focused events such as festivals and melas;
- Community radio and other media.

Having an on-going engagement strategy that can respond to the range and diversity of BME communities at a local, sub-regional and regional level is likely to be of benefit to networks across a region particularly if changes that are made arising directly out of a process of engagement are disseminated to local communities.

Discrimination and service provision

A recent review of over thirty research reports commissioned by the Joseph Rowntree Foundation (Chahal, 2004) relating to the generic topic of black and minority ethnic communities offers some useful insight into the extent of organisational change that is required even after further legislation, diversity drivers and performance targets have been established. The review found:

- Black and minority ethnic service users felt mainstream services were often inappropriate for their needs and that services made assumptions based on stereotypes and prejudice about what the needs of these users may be or what they may want to access.
- The experience of racial discrimination and prejudice in mainstream service provision often meant that what minority ethnic users were asking for was specialist, culturally competent services.
- There was few black and minority ethnic staff in mainstream services and some of the services had made little attempt to change this.
- There was a general desire for more information about services and entitlements from service providers.
- Religious and cultural identity was very important to many people from minority ethnic communities but mainstream service providers rarely responded to such identities.
- Common myths about informal family networks looking after each other cannot be taken for granted. The review showed that although informal support is available in certain circumstances this cannot be relied on.

Creating an inclusive service

The Joseph Rowntree review found that lessons could be drawn out from the research to create an inclusive service. A service that is adequately responding to the diversity of its users should aim to ensure at least the following:

- Have knowledge of the local community, including an ethnic, religious, gender and age profile
- Consult and build trust between services and minority ethnic communities
- Be a visible and proactive service provider
- Undertake effective ethnic monitoring of users and non-users
- Have adequate resources and minority ethnic staff
- Have appropriate and accessible information about the service and that is disseminated
- Be able to respond to linguistic, religious, gender and cultural identity
- Not work from assumption or stereotype
- Have strong leadership that is open to new ideas and flexible to change

Minority ethnic-specific services

The positive benefits of a strong minority ethnic voluntary and community sector were apparent in many of the reports reviewed. The range of services provided by the sector is vast and stretches from offering services to promote religious identity through to offering services to specific groups (for example, women) or for particular social problems (for example, racial harassment).

The key aspect of the minority ethnic voluntary and community sector is that it focuses on the specific needs of a group and often an individual - often in sharp contrast to the mono-cultural services provided by mainstream providers. Further, the review found that the sector was over-stretched and under resourced, often marginal to local policy debates and often involved in their own community politics.

Valued attributes of minority ethnic-specific services

From the range of research reviewed it was possible to gather positive attributes that users talked about which made minority ethnic-specific services responsive to their needs:

- Empathy and understanding – the response to the user is from a non-judgemental perspective
- Developing culturally specific and identity conscious services – this can reduce isolation and language barriers and enable effective communication
- A safe and empowering environment – assumptions and stereotypes are reduced or non-existent, oppression and racism are recognised and responded to

- Responding to failings in mainstream provision – offering a service that cannot be received elsewhere
- Signposting – the sector is able to respond to the needs of its users and offer relevant information to proceed with the issue at hand
- Advocacy – offering representation often to the most disenfranchised people in society

The Social Business Company's review of research clearly highlights that there is a gap between research as an activity that makes recommendations and influencing action in practice. The findings of research need to be responded to by policy makers, service planners and practitioners.

The common theme that has emerged from the review suggests that service providers, commissioners and the minority ethnic voluntary, community and faith sectors need to take a closer look at how they are responding to their local communities and the barriers that prevent access to, and provision of, effective services. The development of effective strategies to increase accessibility and make services culturally appropriate is needed.

The review seems to suggest that what is needed is less research but more evaluation of service provision and whether the needs that minority ethnic users have identified for themselves are being met.

A revision of service provision and the needs of a user may have to consider at least the following:

- Funding more minority ethnic-specific services, if these are able to achieve the outcomes defined by users
- The complexity of a user's identity beyond ethnicity
- A better trained and more responsive workforce to diversity that can facilitate prejudice reduction
- Effective and sustainable partnerships with the range of minority ethnic communities
- Developing strategies to recruit and retain minority ethnic staff
- Positive action measures that enable a minority ethnic management class in the care sector to emerge and promote the benefits of a culturally competent service and workforce through training, policies, practice guidelines and effective leadership

ii. National strategy - voluntary and community sector infrastructure

In June 2004, the Home Office Active Communities Unit launched 'ChangeUp⁴'. This is a strategy that aims to improve the infrastructure and capacity of the voluntary and community sector, in order to better support the needs of frontline organisations.

ChangeUp observes, "*Many generalist infrastructure organisations have been slow to understand and respond to the particular needs of marginalised communities*". As a consequence "*A range of specialist infrastructure organisations have developed to represent and meet the needs of ... groups not well served by generalist provision*". ChangeUp calls for a "*step change in the commitment and practice of generalist infrastructure in reaching beyond the mainstream to tackle inequality*".

Summary of the national picture

The key messages from the research reviewed suggest at least the following:

- Funding is crucial to the success and continuation of the black and minority ethnic community and voluntary sector;
- The sector offers a range of services that contribute to civic engagement and community cohesion;
- Partnerships generally are lacking and the sector requires better recognition and response from funding regimes as well as local, sub-regional and regional partnership schemes;
- Faith is a crucial dimension to local BME communities and faith organisations should be included in engagement and representation;
- Engagement with BME communities needs to consider the diversity of what constitutes a BME community and consider utilising a range of options to engage with and involve local black and minority ethnic people;
- BME service provision is a valuable resource to the people who receive services. However, many of the services are over-stretched, have limited funding and organisational capacity;
- The BME community and voluntary sector is likely to continue its functions within local communities as a key service provider, advocate and motivator for change.

⁴ *ChangeUp: Capacity Building and Infrastructure Framework for the Voluntary and Community Sector*, Home Office Active Communities Unit, June 2004

4. BACKGROUND: THE REGIONAL PICTURE

The BME VCS appears to have grown in the Yorkshire & Humber region over the past two decades or so. Much of this rise in community-based structural activity stems from perceived and/or actual gaps in statutory and non-statutory community support provision to members of the wider BME community within the region.

i. The Regional Black and Minority Ethnic Network

The Active Communities Unit (ACU) provided financial support to the BME VCS in Yorkshire and the Humber, to enable the sector to establish a formal network. This support was consistent to that offered to BME communities across the other eight government office regions by the ACU.

The BME Regional Network for Yorkshire and the Humber was launched in 2002 with the remit to:

- increase the effectiveness of the BME sector in the region;
- ensure the sector had an effective advocate at the regional level; and
- unlock further funds for the sector a regional level.

The ACU withdrew its financial support for the Network in 2004. It is important to stress that the withdrawal of support is not a reflection on the endeavours of those who worked to develop the Network.

Key factors that hampered the Network's progress included:

- lack of adequate funding;
- limited income streams;
- low staffing resources;
- insufficient geographical spread; and
- lack of transparency.

Learning lessons from the Black and Minority Ethnic Regional Network

- The BME sector is disjointed and to a greater extent, less coordinated than its generic counterpart. In order for it to develop to the levels needed to increase confidence in its value, the BME sector needs an appropriate level of financial and staffing resource.
- A committed and active membership base is of equal if not greater importance – there are a number of BME district hubs in the region, which should clearly have been the starting point for building up the Network's membership base.
- Governance should be strong as conflicts and differences can and will dissuade potential members from engaging with what seems a fractious, warring and unaccountable organisation. They are also likely to affect potential relationships and ultimately investments from key statutory agencies.

As part of the ACU's VCS Infrastructure Early Investment Programme delivered in this region during 2004, the Government Office for Yorkshire and the Humber mapped the voluntary and community sector in the Yorkshire and Humber region⁵. The mapping exercise found minimal BME VCS infrastructure activity, and little evidence of how localised BME voluntary and community organisations are currently being served by the wider network of VCS infrastructure organisations.

Through ChangeUp, GOYH commissioned VCS organisations in North, West, South Yorkshire and the Humber to form inclusive sub-regional infrastructure consortia. The consortia are to develop and put into action sub-regional VCS infrastructure investment plans, which take account of the specific needs of more marginalised communities.

⁵ *Voluntary and Community Sector Capacity Building and Support – Early Investment Programme*, JCF Ltd, April 2004

5. METHODOLOGY

i. Rationale

The Social Business Company met the Steering Group on the 4th June 2004 to confirm the scope of the study, agree the work programme and determine what additional elements needed to be added to the brief. Due to the scale of work and the time frame for delivering to the project brief, it was agreed that four areas with specific needs & strengths could offer a snapshot of the wider regional area. These were:

- **Scunthorpe/North & North East Lincs** – underdeveloped infrastructure and large rural areas.
- **Sheffield** – quite well developed BME infrastructure and affiliated BME communities but do they collaborate successfully and if so, how?
- **Calderdale/Kirklees** – Calderdale is non-Neighbourhood Renewal Fund supported and there are community cohesion issues in both areas.
- **North Yorkshire** – very rural and with issues around integrating refugees.

During this phase, discussion on the work programme was agreed and the interview format and topic list were developed. Further clarification was sought on three key terms, which were considered pertinent to the study namely: capacity building, infrastructure and engagement. SBC considered that it was important to ascertain the contextual links between each term and function.

This exercise also enabled the Social Business Company to develop a topic list and questionnaire for the interview schedule of the study. (Appendix 1 provides a full overview of the discussion paper generated via the Steering Group.)

It was agreed that **capacity building** is about playing an active part in a process along with a degree of power and control as:⁶

- beneficiaries of the programme and users of service
- consultees and representatives of local opinion
- a source of general community activity
- source of delivery for regeneration programmes
- potential long term partners in regeneration

Finally, capacity building was seen as development work that strengthens the ability of community organisations and groups to build their structures, systems, people and skills so that they are better able to define and achieve their objectives and engage in consultation and

⁶ Active Partners – Benchmarking Community Participation in Regeneration, Yorkshire Forward, 2000

planning, manage community projects and take part in partnerships and community enterprises".⁷

Infrastructure relates to organisations that provide capacity building support to voluntary and community organisations (VCOs), represent VCO interests and provide a voice for the sector in policy making"⁸ A more detailed list of functions delivered by infrastructure support organisations (ISOs) has been prepared by the National Council for Voluntary Organisations, which include:

- interface
- voice
- representative
- leadership
- policy analysis
- research
- information and advice
- developing and disseminating good practice material
- development
- broker
- networking
- signposting
- capacity building

Engagement relates to the sum of the level of participation in activity. This activity may be policy development, strategic planning and other civil renewal type activities or the delivery of services.

ii. Topic guide framework

The initial discussion on the contextual framework for the study provided a baseline from which to compile a topic guide and subsequent questions (see Appendix 2). It was agreed that the following headings would provide sufficient scope to formulate a questionnaire that could be used during structured and semi-structured interviews/workshops:

- Characteristics of effective BME engagement
- Profile of (local/sub-regional) BME engagement and gaps/weaknesses
- Activity to achieve it
- Barriers to achieving it

⁷ Skinner S, Building Community Strengths, Community Development Foundation, 1995

⁸ ACU, Voluntary and Community Sector Infrastructure – A Consultation Document, Home Office, 2003

- Role and functions of support provision to enable this to be achieved
 - priorities
- Gaps and weaknesses in support provision
- Functions to be delivered by generic and BME specialist infrastructure support organisations respectively.

iii. Study approach.

The Social Business Company used several approaches in the initial fieldwork stages of the study to invite comments based on experience from stakeholders on barriers to effective BME VCS engagement.

The study was complimented by input from an external Reference Group. The addition of the group to the study approach ensured that local knowledge and experience was at the heart of the study. The group also acted as a think tank as work progressed and fed into and commented on the early findings and final options paper.

In addition to the fieldwork interviews, SBC would undertake to deliver a series of seminars/workshops in each of the agreed geographical areas including meeting with the members of the BME Network for Yorkshire and the Humber.

Fieldwork

The initial aim of the fieldwork phase was to undertake 30 interviews that should include Local Authorities, Local Strategic Partnerships, Community Empowerment Networks, Neighbourhood Management, Primary Care Trusts, Councils for Voluntary Service and district level BME infrastructure agencies where they existed or could be easily identified.

The scope of agencies contacted can be broken down into the following categories, which were in keeping with the commission's requirements:

- Regional institutions;
- Regeneration partnerships eg Neighbourhood Management;
- Local Strategic Partnerships;
- Generic infrastructure support;
- BME infrastructure support.

Workshops

The initial aim in Calderdale/Kirklees and Sheffield was to get at least 25-30 attendees at each workshop. In the remaining two areas, SBC would seek advice on what constituted realistic numbers.

For the purpose of the workshops, SBC employed the 'H' model technique (see Appendix 3) as a potential measure for gauging participant's views on their perceived level of engagement with statutory and non-statutory partner agencies.

The exercise is interactive and would help participants to focus on key actions/interventions that may need to be taken into consideration when considering options.

However workshops in both Kirklees and North Yorkshire did not take place, but greater emphasis was placed on ensuring contact via phone or face-to-face interviews with key agencies working within those areas.

It is fair to say that one of the major issues encountered during the fieldwork stage was interview fatigue, in particular where a number of the individuals that were contacted, in both the statutory and voluntary sector, had been involved in different commission/consultation events, which were running simultaneously.

Seminar

The timing of the study also proved difficult and as a result, there may have been some organisations that were not contacted during the fieldwork phase of the study. In order to address this issue and ensure wider input from across the region, in November 2004 a working seminar was held in Wakefield to discuss the options paper ('Making A Difference'⁹) that had been prepared by SBC, which was also published on the websites of GOYH and the Regional Forum (bme.org.uk).

Disseminating information

In addition, the options papers were electronically distributed to 120 organisations/agencies, some of which included local generic and BME infrastructure bodies, in the hope that this would enable a wider contribution from the sector.

A questionnaire accompanied the 'Making A Difference' paper and sought people's views on the proposed options that had been developed from the study findings.

The conference report was also posted on the GOYH, Yorkshire and Humber Assembly and Regional Forum websites along with regular updates during the course of the study, to inform stakeholders on the progress of the study.

A good cross-section of agencies have had the opportunity to contribute to the study and the approach that has been taken is therefore considered by the authors of this report to be sound.

⁹ "Making a Difference" Discussion Paper on Options for Effective BME Engagement Across Yorkshire and Humber, Social Business Company, November 2004

6. STUDY FINDINGS

This chapter summarises the findings of 136 participants to the study, of which 55 were face-to-face semi-structured interviews with both black and minority ethnic and non-BME organisations. In addition, three workshops with 73 participants from BME VCOs were held to discuss issues on effective engagement across Yorkshire and Humber.

The findings from the workshops and face-to-face interviews informed the thinking behind the options that the Social Business Company developed. These were presented at the 'Making a Difference' regional seminar held in November 2004.

The chapter is organised in five parts.

In **Part 1** we summarise the findings from the workshops.

The key discussion statement used for each workshop session was " BME Communities Are Effectively Engaged". Participants' views have been summarised in a manner that points out the potential barriers to this statement. We then move on to look at what would need to happen to make engagement more effective.

In **Part 2**, we summarise the findings from the face-to-face interviews with BME and non-BME organisations. The framework for these questions can be viewed in Appendix 2

In **Part 3** we present an overview of BME VCOs' development needs identified as 1. voice and 2. infrastructure support, which led to the rationale for the initial options.

In **Part 4** we summarise the initial options presented in the 'Making a Difference' discussion paper. This was circulated for comment to BME VCOs, the wider VCS and infrastructure agencies in November 2004.

In **Part 5** we discuss the functions of an option for BME VCS engagement, based on the study findings.

Part 1 Summary of workshop findings

The following information is based on a series of interactive workshops at which participants were asked to consider if they believed that BME sector was effectively engaged with strategic partnerships, statutory and non-statutory agencies, directly or via generalist/BME infrastructure organisations.

It is apparent from Table 1 below, that the majority of individuals taking part in workshops felt that BME communities were not effectively engaged. Overall, 85% of individuals indicated this view.

This was the belief of all those at the largest workshop in Sheffield, where 100% of the 40 participants rated BME communities as not effectively engaged. On the other hand, the Scunthorpe workshop was the only workshop to not hold such a belief, as most felt that they were 'quite engaged'. Nonetheless, it is clear that the universal view is that BME communities are not effectively engaged.

Table 1: Number of participants in each workshop and how effectively engaged they felt BME communities are

Location	Number of Participants	Not engaged	Quite Engaged	Very engaged
Sheffield	40	40	0	0
Doncaster	6	4	2	0
Scunthorpe	27	18	7	2
Total	73	62	9	2

Participants in the workshops identified eight barriers to effective engagement and eight actions to progress effective engagement. These are summarised in the table below. The full findings from these workshops are detailed in Appendix 4.

Barriers to effective engagement	Actions to progress effective engagement
<p>1. Communication and Language Issues here include - poor information; lack of information; poor dissemination of information; ineffective consultation with BME communities; poor ICT provision; 'language difficulties'.</p>	<p>Communication/Information More efficient translation and interpretation service; communication process to be improved, formalised and transparent; need for sensitivity in how events are organised; partnerships and generic infrastructure agencies need to increase their knowledge base; electronic information must be made available in different formats and languages; develop some way of pooling information between BME and generic ISOs.</p>
<p>2. Funding Issues here include - lack of sustainable funding and lack of understanding on the part of funders.</p> <p>3. Capacity and Resources Issues here include - lack of resources, human capacity and time; lack of commitment from generic infrastructure organisations; limited capacity of mainstream providers; limited access to resources.</p>	<p>More Funding and Resources More funding to the local infrastructure; more transparent processes need to be developed in terms of funding; all communities resourced according to need; relationship building with funders.</p>
<p>4. Recognition and Understanding Issues here include - lack of understanding, knowledge and awareness by statutory and generic infrastructure organisations; lack of culturally appropriate methods of working with diversity; lack of recognition of BME groups and the work they actually do; lack of understanding by BME communities/organisations of mainstream and non-BME agencies and how they work; perception that public bodies pay little regard to the duty placed on them by the Race Relations Amendments Act (2000).</p>	<p>Development of Partnerships A vision or statement on engagement linked to partnership work; communities and agencies to working together; establishing a vehicle that could help coordinate and involve all BME frontline agencies.</p>
<p>5. Representation Issues here include - lack of representation of BME communities at senior levels in for eg local authorities and the workforce; no clear voice for the BME sector; limited capacity and size of BME groups means representatives have to choose which partnerships or structures to try and engage with; bigger groups have a greater chance of engaging and this creates a divide and rule situation within communities; no clear coordinated</p>	<p>Monitoring and Evaluating Monitoring and evaluation of generic infrastructure agencies on how they are meeting the needs of the BME frontline organisations; evidence of 'challenging behaviours' by authorities, and more proactive equal opportunities policies; more people from BME communities working within these agencies.</p>

Barriers to effective engagement	Actions to progress effective engagement
<p>mechanisms for articulating the interest of BME VCOs; no specific entity with a leadership role for the BME sector; representatives have a tendency to champion their own organisations as opposed to the wider BME sector, which provides little accountability on the whole.</p>	<p>Engagement Framework An agreement or statement around BME engagement that is public and all parties work towards; targets to measure and monitor performance in partnerships; increase the profile of the black and minority ethnic community and voluntary sector as an asset to local community cohesion and decision-making; celebrate success.</p>
<p>6. Training Issues here include – limited ongoing relevant training given to people from statutory and generic infrastructure agencies; diversity of black and minority ethnic communities in geographical locations was not known and therefore could not be responded to; lack of investment in developing the BME skills base. Under developed skills base of BME VCOs is a major factor in building the internal capacity of BME organisations. Key requirements mentioned were:</p> <ul style="list-style-type: none"> Financial management, Marketing and the media. IT support and maintenance Personnel issues/trustees training Governance Raising Funds Improving Effectiveness Start up advice 	<p>Training Support Training the statutory sector in race equality and diversity; better basic education for BME communities; developing the skills base of BME VCOs is a crucial factor for success; more consistent and culturally aware approach to training available via infrastructure agencies.</p>
<p>7. Politics and tokenism Issues here include – perception that a tokenistic and 'divide and rule' culture operates at the level of decision-making; fixed mindsets from statutory and non-statutory agencies on ways of working with the BME VCS; BME groups have far too many things done at them as opposed to being able to provide solutions; need for change to be evidenced, disseminated and celebrated; perception that BME organisations at the bottom of a hierarchy of need and have become politically apathetic; community politics potentially hamper the coming together of the sector as one voice.</p>	<p>Good community support Good community leadership supported via capacity building; supporting and creating a resourceful collective voice from the BME community; cluster groups around specific interest at district level could be a productive way of bringing together groups with similar interest.</p>

Barriers to effective engagement	Actions to progress effective engagement
<p>8. Attitudes to change Issues here include – a fear of change resulting from working with mainstream agencies; a lack of shared vision within BME communities; lack of trust amongst BME VCOs; statutory and non-statutory agencies show a reluctance to change their working practice with the BME sector.</p>	<p>Institutional Change Increased understanding of the cultural context of BME communities and the frontline agencies that serve them; ignorance no longer an excuse; mindsets need to change; develop new ways of engaging BME groups through current structures; increased numbers of people from BME communities working within statutory and non-statutory agencies; develop a mechanism from within the BME sector that can work directly with, and challenge GOYH, Yorkshire Forward and other regional and district strategic partners.</p>

Part 2

Summary of interview findings

<p>If BME communities had a more effective voice, what would this look like?</p>
<ul style="list-style-type: none"> • A structure that builds on what already exists and works hard to function as a team. A united forum with one voice, working, sharing and respecting each other and communicating effectively. • Strong BME infrastructure, advocating on its own behalf. • A structure that break downs cultural barriers by having multi-cultural leadership. • A structure with a high profile within BME and non-BME communities. • A politically smart structure. • A sustainably funded structure, viewed as important, with a role alongside the Regional Forum.
<p>If BME communities had more effective engagement in service delivery, what would be the impact?</p>
<ul style="list-style-type: none"> • Effective response to the aspirations of, and breaking down cultural stereotypes about BME communities. • A move beyond the focus on ethnicity and engaging people on their needs as part of a neighbourhood. • Reduction in the power imbalance between different organisations that would lead to the development of working partnerships. • Vigorous implementation of action plans where different views are accommodated and responded to.
<p>What are the main support functions that BME-led organisations need in order to have a more effective voice and more effective engagement in service delivery?</p>
<ul style="list-style-type: none"> • Sharing best practice. • Engagement in policy development. • Advice. • Engagement with mainstream networks and regional partners to actively represent BME issues. • Networking with local and sub-regional organisations. • Offering outreach work to less developed areas. • Inclusive working with all groups. • Access to the decision-making process, results and action. • Appropriate tools and skills to effectively work with communities to raise their willingness to participate. • BME VCOs informing and contributing to the development of service delivery.

Part 3

Development needs for BME voluntary and community sector organisations - a voice and infrastructure support

i. Developing a strategic voice

It is evident that the BME sector is most active at district level and comprises of relatively small groups/agencies, by that we mean one paid member of staff with voluntary trustees/volunteers. BME sub-regional and regional agencies are less noticeable at each of these levels although the Council of Ethnic Minority Voluntary Sector Organisations (CEMVO), South Asian Voluntary Organisations Network and the voluntary BME Regional Network are active with varying degrees of success.

There are concerns about the gaps in engaging the BME sector in the influencing of key decisions by regional partners, for example the 'Single Pot' regional economic strategy being developed by Yorkshire Forward. The BME VCS needs an option that could coordinate and articulate a contribution from the sector, as without it these processes are likely to be void of meaningful input from the sector.

There is a need for increased market penetration and sector effectiveness to address the historical issues facing the wider BME public. This can only be achieved by the BME VCS being viewed as coterminous with the needs of the wider BME community and therefore, an invaluable asset to district and regional public sector agencies that are charged with the responsibility for ensuring the equitable delivery of public services across the board.

There is a clear need for an option that will be able to forge practical relationships between the regional VCS and the wider key stakeholders, public sector and VCS bodies at district and sub regional level. This is considered as a logical approach to defining the appropriate interventions required to address longstanding issues of public service inequalities and social exclusion.

ii. The role of infrastructure support

The study findings have identified numerous issues and potential opportunities regarding the process of effective BME engagement. Clear emphasis has been put on the need for mainstream agencies including generic bodies, to utilise the expertise and experience of BME agencies to inform them on how best to engage and work with the sector. A substantial number of groups believe that agencies need to move beyond words to action.

Capacity building the sector is seen as an important element in strengthening and developing the way that BME agencies conduct their business, improve service delivery and increase their capacity to represent communities effectively.

A proposed option, by working with VCS infrastructure organisations, should be able to meet the following identified support needs of BME and non-BME organisations:

- Funding** Longer term funding to develop relations and forums. Income generation –again there is a need to continue to develop support for income generation at local level (this could be a BME specific agency or Council for Voluntary Service) with fundraising advice specific to BME organisations, supported by coaching. Outreach programme to offer advice on accessing funding. Better targeted funding.
- Training** Quality training on diversity. Developing positive action measures to increase BME representation in senior positions. Training and peer support/mentoring programmes in the following areas - recruitment, training and development of trustees from BME communities. As well as acting as trustees for BME organisations, there should be an increase of BME trustees in mainstream organisations and vice versa. Leadership development complemented by the development of networks/learning sets and some specific training eg change management. Start up support and training for new organisations.
- Communication** Translation and interpretation service to make information accessible and relevant. Exchanging information on what works. All partners need to find common ground and purpose. More effective 'marketing' of support services. A directory of capacity building support should be developed, both in hard copy form and as a website. This would classify support according to the type of support, target groups, location, in what form, provider and how to access. Marketing - there is a clear need to develop this at a local level.
- New voices** Communicating with communities and not just community leaders. Focused interventions where BME individuals form a critical mass, eg health, and employment. Targeting new communities via support services. Listening to and challenging disaffection of all local communities other than 'community leaders'.
- Accountability** Race Equality Schemes need to be more community focused to make organisations (statutory and non-statutory) more accountable.

Sensitivity	Recognition of cultural needs to create a climate of inclusion.
Mainstreaming	BME VCOs and services to become part of mainstream provision. New service developments should be influenced by BME sector. Policy development and influence, as there is a clear need to develop this at a local level, to support BME organisations in more effectively engaging with the local agenda.
ICT	A support area that is not BME specific, but which needs development. One difficulty is that it is not seen as a priority by many BME groups, perhaps as it is identified as supporting the organisation rather than interactions with users.
Partnership	Generic ISOs should be encouraged to more actively engage with BME ISOs and vice versa, to affect better working knowledge and coordination of support services.

Building BME VCOs' confidence in generic infrastructure support

The subject of infrastructure support through the ChangeUp process has been examined in detail by a number of sub-regional consortia and the BME sector should anticipate that many of the issues mentioned in the study would be picked up and addressed through emerging investment plans.

The BME VCS is a component part of the wider VCS and as such, has a right to expect support provision that is responsive, accessible and of equal quality to the support provision offered to their counterpart VCOs.

If this is not the case, then this reinforces the perception that is coming from the study; that generic infrastructure see the BME sector as some how separate and a distant relation. This would be to the detriment of the VCS voice as a whole, which is only as strong as all its sum parts.

The findings offer an opportunity through the ChangeUp agenda to take stock of infrastructure support, maximise its efficiency and accessibility, whilst reflecting and promoting diversity

On that basis, any suggested option would have a role in strengthening the voice of the VCS on the whole, by providing the unique perspective on anomalies that are pertinent to the cultural context of BME VCOs. In real terms this is about ensuring that infrastructure support works to the advantage of all the VCS, of which the BME sector is an important element - in particular were it has identified weakness and gaps in support provision.

There is a body of evidence nationally and regionally that suggest the confidence within BME VCOs towards generic infrastructure agencies and their ability to support and invariably represent its interest is low.

What is of greater concern is that if BME voluntary and community organisations are not represented adequately through generic agencies, there will always be a deficit inherent in any representation made on its behalf via a third party. However ChangeUp provides a real opportunity to redress that in balance.

Given the issues raised from the study regarding the need for generic infrastructure agencies to utilise BME VCOs, the option should become a conduit for developing and building relationships sub-regionally and at district level with generic and BME VCOs, to ensure that they are involved in developing, shaping and where necessary, delivering infrastructure support provision.

It is also important to build in an evaluation process for the capacity building support and provide adequate funding for this. Outcomes need to be SMART, for examples, changes could be assessed in terms of the following outputs:

- Funding and other non-staff resources;
- Number of staff and volunteers, range of services;
- Number of users;
- Quality assurance measures implemented
- Unit costs;
- Number of formal and informal partnerships.

The intermediate outcomes could be user satisfaction, however the level of representation by BME communities is a medium to long-term outcome. Any option developed should be well placed to monitor and measure the impact of outcomes.

Part 4

Summary of initial options

These options were presented at the 'Making a Difference' seminar and described in full in 'Making a Difference - Discussion paper on Options for Effective BME Engagement Across Yorkshire and Humber'.

Option 1 – Do nothing

There is a clear need to forge practical relationships between the regional BME VCS and the wider key stakeholder public sector and VCS bodies at a local and regional level. This is a logical approach to defining the appropriate interventions needed to address longstanding issues of public service inequalities and social exclusion, therefore the "do nothing option" is unrealistic.

Option 2 – the BME VCS Regional Panel

In the Yorkshire and Humber region a large proportion of the generic infrastructure support organisations are represented in partnerships at regional, sub regional and district level, with limited involvement from the BME sector. Given the importance of the regional agenda, the BME sector is not content with being involved as a passive partner.

A Regional Panel will provide a real opportunity to enable effective BME engagement and participation in local, sub regional, regional and thematic community development activity and decision-making in current and future policy design processes across the Yorkshire and Humber region.

A Regional Panel will develop a hub and spoke model (see diagram1), through which the sector's concerns, interest and contributions can be channelled effectively throughout the Yorkshire and Humber region. It will advocate on behalf of the sector through informed discussion at sub-regional and district level to ensure that it has a clear but informed understanding of the circumstance and position on the sector.

Sub-regional hubs linked to district intelligence spokes, will inform and influence the Panel's understanding and approach to area specific anomalies that impact on BME community engagement within the region. This would ensure regional partners implement coherent, direct and appropriate measures to address issues of inequality, which are firmly rooted on real needs.

Strengths:

This option will help statutory agencies and the generic VCS to develop an understanding of the strength and depth of individual organisations and service-sectors of the BME VCS across a geographical area, in order to plan and deliver services, which include effective participation from the BME VCS.

This option promotes an understanding of the distinctive features and

characteristics of the BME voluntary and community sector within other sectors active at a regional, sub regional and district level.

This option aims to remove barriers and support capacity building to maximise the distinctive contribution that the BME VCS can make to the service delivery agenda.

There is a clear emphasis on ensuring that the work of the Panel is linked to and supportive of the Regional Forum, which strengthens the message from the VCS sector as a whole.

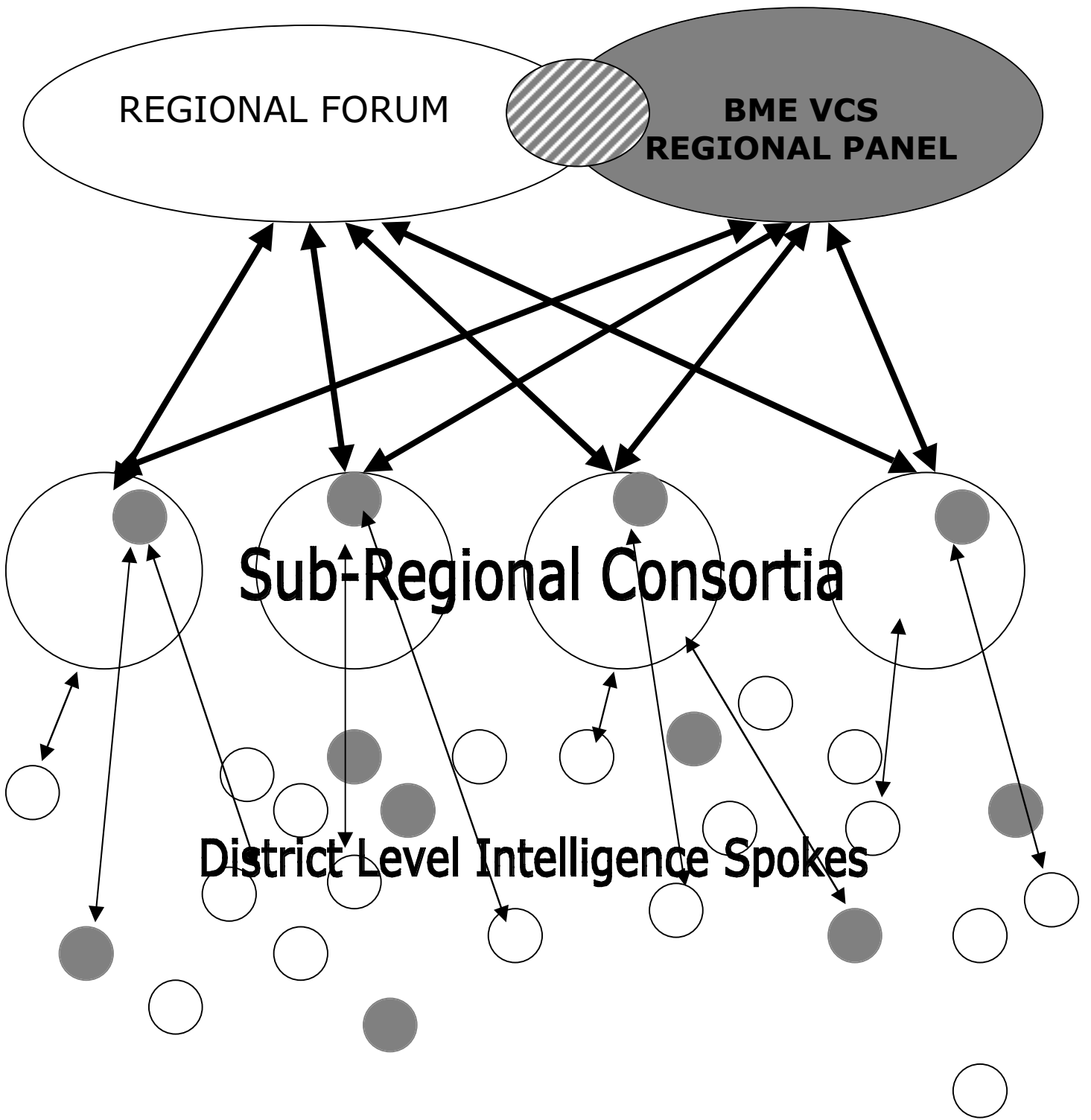
Weakness:

Key issue would be the ongoing sustainability of the option given the staff resource, panel recruitment and remuneration cost.

Risk:

As a direct result of the above intervention, programmes and services may have been planned on the expectations of there being capacity in the BME VCS to participate, or that this capacity can be built quickly. This could lead to unrealistic expectations of BME voluntary and community organisations, including some BME organisations over-stretching their capacity and putting themselves in a potentially vulnerable and risky position, particularly when there is a prospect of attracting resources.

Diagram 1
Option 2 – the BME VCS Regional Panel



Option 3 – BME VCS Network structure

The Network will be a regional collective of black and ethnic minority voluntary and community organisations and will provide a mechanism through which the sector's concerns, interest and contributions can be channelled effectively throughout the region.

The Network will be an elected body with an overarching Council Of Management at regional level, which is made of representatives who have been elected via sub-regional forums (see diagram 2).

It will advocate on behalf of its membership through informed discussion at sub-regional and district level, to ensure that it has a clear but informed understanding of the circumstance and position of the BME sector.

As a think tank, it will ensure a broad and all encompassing approach to long-term solutions, which are influenced and designed through consultation and community participation. In essence this will ensure a more proactive and informed contribution across the sector in particular with key partners responsible for implementation and delivery.

Strengths:

Opportunity to strengthen the organisational capacity of constituent BME voluntary and community organisations to provide access to information and networks, along with consultative and representative mechanisms that enable the BME voluntary and community sector to engage as a strategic partner.

Potentially the most democratic mechanism for ensuring BME representation that is accountable from district level through to regional level.

Weaknesses:

The desire to work in partnership with the wider voluntary and community sector across a growing range of policies is stretching the BME sector's ability to engage effectively if not resourced adequately. This could undermine the BME VCS confidence, as there is still frustration that the BME VCS remains a junior partner with little influence.

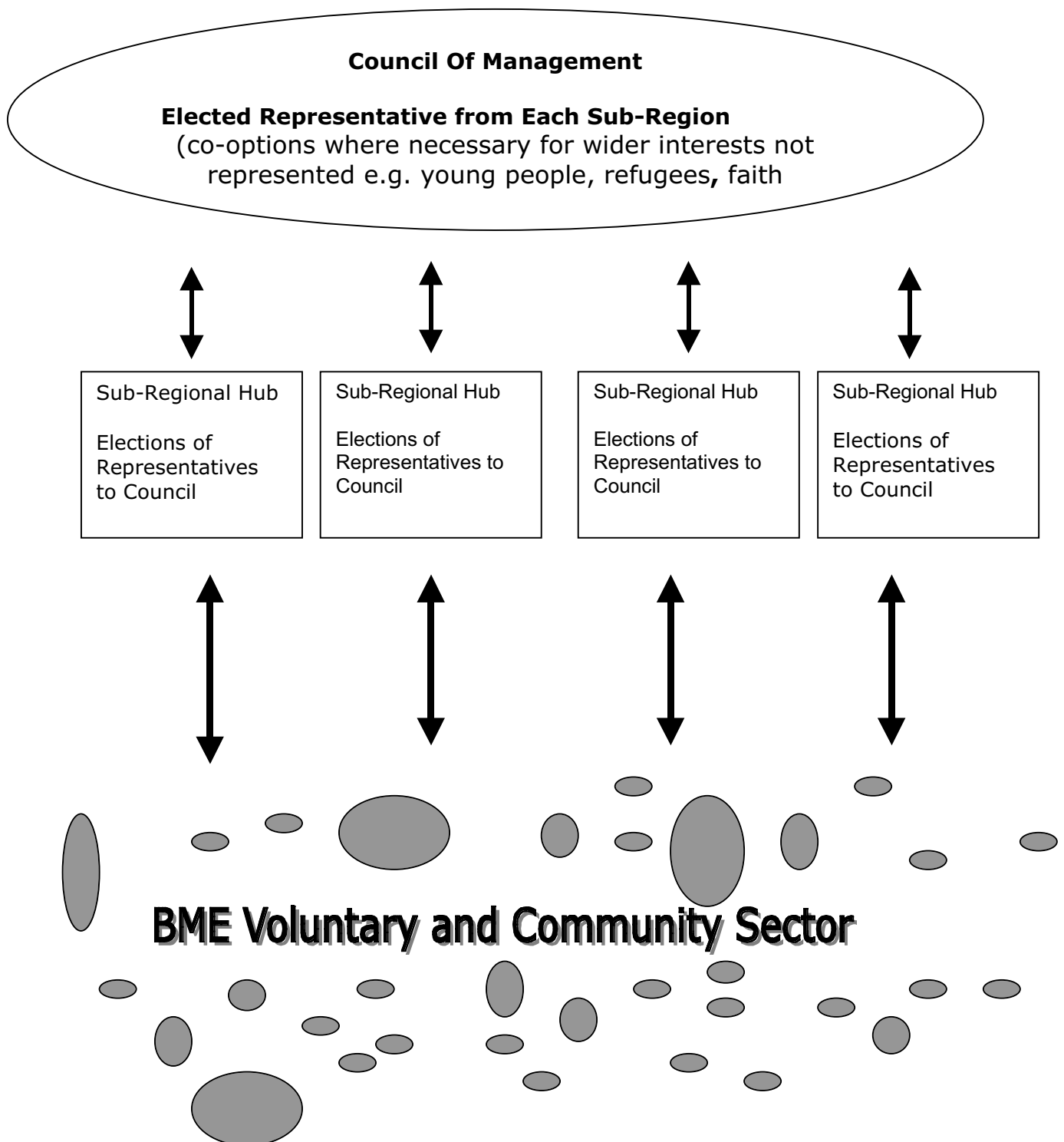
Any election is fraught with potential frictions, particularly when community politics come into play.

There is also a less chance for the smaller or lesser-known community representatives to be elected or actually get their voice heard.

Risk:

The cost of meaningful involvement in partnerships is also a problem. While BME organisations recognise the value of participation, many BME organisations are too small to devote much time or resource to partnership activity.

Diagram 2
Option 3 – BME VCS Network structure



Part 5

Functions of an option for BME VCS engagement

Respondents to the Social Business Company's study felt the following were key activities that the option should concentrate on:

- Generally, it was felt that any option should have at its core the promotion of racial harmony and the need for all communities to work more closely in partnership and strategically. This requires BME communities and organisations finding common ground and having a developed common aim and vision.
- It was felt that the option should have a strategic role that can effectively engage across the region with a variety of groups.
- The option should have the ability to be able to actively disseminate information to community groups and have expertise and knowledge of funding that can be offered to community and voluntary groups.
- The option should address why the original Network had problems and ensure that it is engaging with groups all over the region and is relevant to them.
- In order for the option to be meaningful it will have to recognise a difference between urban, suburban and rural settlement by minority ethnic families.
- The option should have a key role in empowering BME organisations through information exchange and good practice.

A number of themes emerged as a consequence of the responses and input from the Steering and Reference Groups. Each option developed was assessed against its ability to meet some or all of those themes. The themes were as follows:

- i. Vision**
- ii. Strategic direction/framework**
- iii. Institutional change**
- iv. Leadership**
- v. Representation**
- vi. Capacity building**
- vii. Information/Communication**
- viii. Structures**
- ix. Sustainability/Funding**

i. Vision

The study findings indicate that there is no clear vision for BME engagement, despite the commitment articulated by statutory and non-statutory agencies.

There is also no current baseline from which to measure. Our workshops identified that the impact of any vision should see a rise in the number of people from the BME VCS accessing funding opportunities as well as increased access to decision-making arenas, where they would have opportunities to influence priorities that are being set. That would also indicate an increase in the numbers of BME agencies involved in partnerships.

ii. Strategic Framework

The response from the study indicated that there is a perception that there is no clear strategic framework from which to engage BME communities. A number of the respondents questioned the validity of partnership intervention to engage with the BME sector. Some noted that their involvement is a tick box exercise or in some circumstance felt that they make up the numbers. Many believed that specific targets needed to be set in order to provide some measurement of performance within partnerships. These measurements could be linked to partnerships ability to make up the deficits in provision that meet the needs of the wider BME community.

Generally, engagement within the wider sector has seen improvement, given the more explicit direction and guidance from central government. Community Empowerment Networks and the generic VCS are having some impact in championing participation within some partnerships along with supporting the development of community engagement strategies.

However, the BME VCS relationship within such bodies is not as strong as is needed to ensure that their specific circumstance is articulated to the degree that is felt would influence partnership priorities. There is a potential concern that third party representation of those views does not carry the same weight as if the BME VCS itself represented such views directly to partnerships.

iii. Institutional Change

Many of the statutory and non-statutory institutions have statements on promoting equality of opportunity, however the study findings have led us to believe that respondents from the BME VCS are sceptical of the extent to which such bodies demonstrate this with current practice, in spite of the duty placed on public bodies by the Race Relations Amendment Act. Whilst the Act was cited in our responses, its use was not considered appropriate as the perception is that institutions should not have to be reminded through a legal process of its responsibilities to racial communities, but should undertake to deliver and engage with such communities in accordance with its duties as a public servant to the community as a whole.

In this instance, respondents viewed that an institution's actions spoke louder than words and their actions were unlikely to benefit the wider BME community if they did not engage appropriately. Additionally, respondents pointed out that partnerships are invariably run by those agencies whose track record was questionable in meeting BME communities needs through services. The views on equality of opportunity were not just directed at statutory institutions.

Respondents noted that any notion that the voluntary and community sector understands and works inclusively should be challenged, as in many instances the sector can exclude BME communities in the same manner that statutory sector can exclude the wider VCS sector.

iv. Leadership

Given the need to champion race equality, a specific leadership role at a regional level was perceived as pivotal to effecting change in the benefits that BME communities derive as service users. Respondents' views support the need for leadership at a strategic level within the region, which could assist in coordinating and monitoring the actions of partnerships around race equality.

Most noticeable in the area of leadership, respondents made the link between a regional body that interfaced with key strategic bodies like the Regional Development Agency and the Assembly to reinforce its potential and importance when prioritising services and resourcing their delivery once devolved to sub-regional level. The issue of community leadership is also rated as fundamental to the success of the BME sector's full engagement in particular at district level. Support in capacity building the BME VCS, through skills development is highlighted as a factor to its success.

However strong leadership regionally provides the basis to coordinate the support necessary to build community leadership and provide access to local partnership structures.

v. Representation

The issue of representation is pivotal to the positioning of the BME VCS. Many of the respondents from the BME sector noted the clear absence of a voice for the BME VCS. However, the time associated with attending different meetings to ensure the interest on the BME sector was being represented, sometimes outweighed the outcome. A number respondents from district level groups believed that they were not adequately resourced and needed to be selective about the time spent in trying to represent BME interest. In the main, Racial Equality Councils were almost certainly one of the first ports of call for statutory agencies when looking for representatives from the BME sector, to speak with authority about need and circumstance.

Other respondents believed that a thematic or cluster approach (eg grouping of agencies interested in health care or adult education) was more productive, but coordinating this type of activity was dependent on

the level of support available from BME infrastructure agencies at district level. At a regional level, there was a clear gap in a representative voice for the sector and again the issues of third party intervention was considered not fit for purpose. If the sector was to develop a vision for engagement, it needed a platform from which to articulate it. No one entity could reflect the aspirations of the sector, however, a body might be well positioned to coordinate and direct regional, sub-regional and district statutory and non statutory agencies, in the most appropriate direction of potential representatives.

vi. Capacity Building

Whilst there is a dearth of agencies at district level providing services that support, develop and build the capacity of the VCS, many of the respondents from BME agencies believed that generic agencies still struggled to support smaller BME groups and BME infrastructure agencies had a limited capacity and resource to deliver to the growing demands of the BME VCS. Coordinating agencies that provide capacity building support is also key to ensure a uniformed measure of quality within the services that are provided. There is a clear need for specialists who have an understanding of the position of smaller groups from the BME VCS. The issue of coordinating such provision is currently being addresses under the new government initiative, ChangeUp.

Capacity building is a vital element to strengthening organisational structures and management within BME groups. It is also viewed as an important step in helping BME organisations raise the standards of quality and performance within their field of work and move towards sustainable funding. However, capacity building was seen as one element in meeting a bigger problem, which was that of developing relationships with funders. In this instance enhancing the efficiency of an organisation and the services it provides is of little consequence if there is no funder willing to invest. It is clear that partnerships need to understand the nature of the communities that they aim to serve in maximising the potential that exist within BME voluntary and community organisations.

A small number of respondents noted that funders and BME groups alike were blinkered in their thinking as they normally funded BME organisations to deliver to BME communities, but needed to move beyond that type of thinking.

vii. Information/Communication

The range of different government initiatives and programmes provide a challenge for all VCS organisations in terms of interpreting policy directives and in turn influencing priorities, the design of programmes and resources allocated to deliver the desired outcomes. Whilst many of the VCS agencies provide very sound information via web based sites, newsletters and mail outs, if the BME sector is not within such information loops, there is a tendency for them to miss out or arrive late in the discussion and ultimately the decisions and measures that have been taken. An informal

process of communicating information is prevalent with the sector and so much is lost in the interpretation.

Secondly, and of equal importance, is the need for partnerships to understand more fully the circumstance and characteristics of the BME communities that they are working with as this should improve the impact of services to these sections of the community.

viii. Structures

Engagement within the array of complex structures from district level up to regional level is quite daunting. Whilst a significant number of these structures are opened out to communities, there are limitations to the level of involvement from the BME VCS due to the size of most BME groups, which is relatively small, and the time/cost associated with being involved. Some respondents from BME groups pointed out that involvement is almost certainly geared towards the larger BME organisations or through third party representation ie generic VCS agencies.

Structures within the BME sector itself to rationalise, coordinate and support involvement with partnership work is also limited given the sheer size and disjointedness of the BME sector equated to the capacity and resourcing levels of BME infra structure bodies. There is a clear perception that partnerships need to rethink/develop structures that promote BME engagement.

ix. Funding/Sustainability

Funding is a major issues for VCS organisations generally, however that issue can be greater if you have minimal access to influence potential funders. BME engagement is considered possible when specific levels of resources are made available to make that a consistent reality for the sector. Respondents from smaller BME organisations have noted that they are less likely to be involved in partnership and thereby influence priorities on programmes and spend, which makes the likelihood of sustainable funding remote.

Secondly the relationships with funders need to be established to change views and thinking about the nature and composition of BME groups. Improving the internal capacity and skills base of BME organisations is considered important to their ongoing success and ability to attract resources to continue their work. The clear gap is the need to develop relationships with funders and that can only happen if the BME sector is engaged.

7. PROPOSED WAY FORWARD

Options 2 and 3 were initially developed and tested through a working seminar ('Making A Difference') with the wider BME sector in November 2004. The findings from this seminar are presented in Appendix 5.

Option 2 - the **BME VCS REGIONAL PANEL** is presented as the recommended model for effective BME Engagement In Yorkshire and Humber.

The BME VCS Regional Panel will provide a real **opportunity** to enable effective BME engagement and participation in local, sub-regional, regional and thematic community development activity and decision-making in current and future policy design processes across the Yorkshire and Humber region.

The emergence of the Regional Panel will provide a collective **understanding** of the BME sector's diversity, varying needs and the multiple problems that they suffer. It will provide a clear opportunity to redress the 'equality deficit' by ensuring through its sub-regional and district links, that resources, be that current or proposed, are better directed to those priorities areas of need within the community. From the BME VCS perspective, it is important for the Panel to work where perceived exclusion of the sector has existed.

This option provides an opportunity to **build links** with sub-regional consortia and district ISOs, to commission specialist support that enhances the ability of ISOs to work across BME communities. An additional element to this option is ensuring that ISOs develop race equality action plans that demonstrate what impacts they have made in terms of the service they provided to engage and develop BME communities.

The BME VCS Regional Panel's priority will be to work at a **strategic** policy level with regional partners from the statutory, non statutory and voluntary sector, to ensure that an equality framework is not only built in, but becomes an intrinsic part of the region's strategic agenda for prosperity.

A clear focus for its work is to place **race equality** as high up the agenda as possible. Not as an after thought, or as a tokenistic gesture of goodwill, but as a meaningful and cost effective way of ensuring that programmes designed to address the inequalities in the region, ensure the needs of the BME community at district level, are addressed and delivered in a way that can demonstrate a clear and measurable impact on their neighbourhoods and lives.

The Panel will provide the **intelligence** spoke on the BME VCS to the regional hub. It is important that the Panel's work is not viewed as an 'add on' and so it must work in collaborative **partnership** with the Regional Forum. This approach can only strengthen the sector at regional level and reduces any in built competition for scant resources. This should maximise the overall capacity to develop the sector at regional level in a coherent and targeted manner.

At sub-regional and district level the Panel will work through existing district networks to develop sub-regional hubs that **interface** with sub-regional consortia. It is a fundamental aim to ensure that the long term selection of panel representative develops the most democratic process.

The Panel will undertake as part of its work programme, to determine whether the development of electoral colleges provide a more appropriate way of selecting panel members. However this is a medium term priority, which should be informed by district level BME district networks.

The aims of a BME VCS Regional Panel:

1. Effective BME advocacy at the regional level by:

- Offering a perspective on the delivery of policies and programmes at a regional level.
- Engaging in policy development with regional partners and influencing policy development and delivery.
- Addressing the issues of potential exclusion of the BME VCS from partnership working and ultimately the decision making process.
- To act as a think tank and to develop the business case for cultural diversity

2. Helping sub-regional and local BME and non-BME VCS organisations to fully engage and benefit from the wider VCS infrastructure support at a district, sub-regional and regional level by:

- Providing a regional specialist forum for the exchange of ideas and good practice within the wider voluntary and community sector on BME issues.
- Through wider VCS and specialist partners, ensuring that BME and non-BME VCS organisations gain the capacity to deliver on social and economic programmes
- Acting as catalyst for change.

The objectives of a BME VCS Regional Panel

1. Effective BME advocacy at the regional level by:

- Improving collective understanding of the BME sector's diversity, varying needs and the multiple problems that they face.
- Working at a strategic policy level with regional partners from the statutory, non-statutory and voluntary sector, to ensure that an equality framework is not only built in, but becomes an intrinsic part of the region's strategic agenda for prosperity.

2. Helping sub regional and local BME and non-BME VCS organisations to fully engage and benefit from the wider VCS infrastructure support at a district, sub-regional and regional level by:

- Providing the BME VCS intelligence spoke to the regional hub. It is important that the Panel's work is not viewed as an 'add on' and it must work in collaborative partnership with the Regional Forum.
- Working through existing District networks to develop sub-regional hubs that interface with sub-regional consortia.
- Redressing the 'equality deficit' by ensuring through its sub-regional and district links, that resources are better directed to those priorities' areas of need within the community.
- Building links with sub-regional consortia and district infrastructure organisations (ISOs), to commission specialist support that enhances the ability of ISOs to work across BME communities.
- Ensuring that ISOs develop race equality action plans that demonstrate what impacts they have made in terms of the service they provided to engage and develop BME communities.

BME VCS Regional Panel - implementation process

An implementation process is provided as part of an initial programme to develop the necessary support at district and sub-regional level to progress the recruitment of Panel members.

1. Selecting Representatives

The Regional Panel will be recruited through open advertisement. The current suggestion is to have up to 14 representatives from practitioners/activists with practical experience of working with BME VCOs in the region. It is the intention that individuals will serve a term of office in their role as Panel members and are remunerated whilst undertaking panel business.

An independent agent will undertake the recruitment. The agent would sift and shortlist prospective candidates on behalf of the Steering Group and take part in the interview process. An agreed process determined by the steering group would select other members of the interview panel.

Individuals would be recruited against an agreed job description and person specifications commensurate to the aims of the panels. They must also demonstrate that their contribution to the Panel could meet the aims and aspirations of its work across the Yorkshire and Humber region.

In order to ensure representation from each of the sub regions, the recruitment process would ensure that the following criterion is met:

- Representatives must live or work within the geographical sub regions/region. A target of one place should be earmarked for each sub-region.
- Individuals must demonstrate a working knowledge of the issues that impact on the BME VCS, its relationship to the wider VCS and key statutory partners. Particular emphasis will be paid to individuals who work with or are from the following groups: younger people, women, refugee and asylum seekers and older people.

Appointments

The appointments should be part time and will be for up to two years. Panel members would be paid £120.00 per day. The time commitment is expected to be approximately eight days a year, which will include occasional residential meetings. Travel, subsistence and other necessarily incurred expense will be paid.

Responsibilities of Panel Members

Members will need at all times to act in good faith and in the best interest of the Regional Panel. They must not use the information gained in the course of duty for personal gain or the promotion of personal or sectional

interest. The Panel will need to have arrangements for dealing with potential conflicts of interest.

Panel members would be expected to exercise reasonable skill and care in carrying out their duties but no more than would be expected from persons with their knowledge and experience. Members must both be and be seen to be beyond reproach.

2. Accountability

The Regional Panel will need to establish close links at district and sub-regional level. It is important that the BME VCOs are able to access Panel members in order to provide the necessary communication flow.

The Regional Panel will ensure that sub-regional Panel meetings, which are developed through developing links with BME district networks, are held within the sector on a quarterly basis. In this instance it is important that the quota of one representative from each sub-region is met as these individuals could lead on facilitating meetings in each of the sub-regions. This process would be enhanced once BME intelligence spokes to the sub-regional hubs are established as part of the sub-regional consortia.

The Regional Panel will hold an annual conference to account for their actions and measure progress against objectives that have been set for the year. The conference also provides the opportunity to set objectives for the following year.

One clear objective would be to evaluate the recruitment process to gauge whether there are ways to increase the accountability of Panel to the sector. It would be a key task to determine if another democratic process could be put in place to select panel members.

3. Secretariat

The Regional Panel would be housed in a host organisation. The host agency is yet to be determined and this role should be subject to a tendered commission, the costings reflect a 10% administration of the total costing less panel recruitment cost. This cost should include administrative support to the panel.

The Panel would be serviced by a secretariat, the host organisation will also act as employing agent for any personnel recruited by the panel and provide the necessary payroll function.

The role of the secretariat would have the responsibility for be the day-to-day responsibility business of the panel, representing the Panel at meetings where necessary, with regional and sub-regional partners. It would be their role to keep the Panel focussed on issues and coordinate responses to consultations with regional partners.

The secretariat would work across sub-regions and where necessary with district partners to ensure connectivity within the BME sector with Regional

Panel members. This would include organising events that ensure the sector is able to communicate with the Panel in order to inform Panels members' positions on particular policy areas of concern.

There is clear emphasis for this option to ensure that generic infrastructure agencies at a sub-regional and district level utilise expertise that exist with the BME VCS. The secretariat will act as a conduit to support district BME networks, forums and umbrella groups to develop intelligence spokes to enhance the ability of generalist ISOs and partnerships to work across BME communities.

4. Implementation

It is suggested that an additional body of work is commissioned in order to set the groundwork for establishing the Panel. It also suggested that during this phase a task group is set up, which should potentially comprise of individuals from the established or newly emerging BME networks, forums at district level eg Barnsley Black and Ethnic Minority Initiative, Conortia of Ethnic Minority Organisations, Rotherham Ethnic Minority Alliance, Regional Forum and sub-regional consortia lead organisations, which would report to the current Steering Group.

It is important to ensure that the BME sector is kept in the loop through this process and feel that the process leading up to recruitment of the Panel is transparent and open.

This phase also provides some scope to build some necessary links with the BME and generic VCS prior to the inception of the Panel. In addition, the development of a commission for the host organisation of the Panel is also necessary and this should be included as part of the commissions remit.

It is suggested that an independent agency with the necessary experience in the field of recruitment be commissioned to undertake recruitment of Panel members. However, the Steering Group has the option of undertaking this role from within its number.

APPENDIX 1

RECONCILING ENGAGEMENT, INFRASTRUCTURE AND CAPACITY BUILDING

Background

At the Scoping meeting with the Social Business Company, a discussion reigned about the relationship between the three processes, structures and activities identified above. Rather than aim to resolve the issue at the meeting, Steering Group members were invited at their discretion, to submit a one page discussion document describing their own respective views about the relationship between the trilogies.

Definition of Terms

Community engagement – “Playing an active part in a process along with a degree of power and control”.¹⁰ Skinner illustrates this through the concept of ‘five roles for the community’¹¹ –

- as beneficiaries of the programme and users of service
- as consultees and representatives of local opinion
- as a source of general community activity
- as a source of delivery for regeneration programmes
- as potential long term partners in regeneration

Infrastructure – “VCS infrastructure organisations provide capacity building support to Voluntary and Community Organisations (VSOs), they represent VCO interests and provide a voice for the sector in policy making”¹² A more detailed list of functions delivered by infrastructure support organisations (ISOs) has been prepared by the National Council for Voluntary Organisations (NCVO) –

- interface
- voice
- representative
- leadership
- policy analysis
- research
- information and advice
- developing and disseminating good practice material
- development
- broker
- networking

¹⁰ Active Partners – Benchmarking Community Participation in Regeneration, Yorkshire Forward, 2000

¹¹ Skinner S, Building Community Strengths, Community Development Foundation, 1995

¹² ACU, Voluntary and Community Sector Infrastructure – A Consultation Document, Home Office, 2003

- signposting
- capacity building

Capacity building – “Development work that strengthens the ability of community organisations and groups to build their structures, systems, people and skills so that they are better able to define and achieve their objectives and engage in consultation and planning, manage community projects and take part in partnerships and community enterprises”.¹³

Reconciliation

Engagement is a process not an outcome. It must be purposeful and not pursued as an end in itself. Those that do pursue it as an end in itself are often the ones subsequently labelled as ‘gatekeepers’. In the context of the Early Investment Programme (EIP), engagement is about two mutually dependent agendas –

- civil renewal and
- service delivery

GOYH sets a premium on how engagement contributes to national Public Service Agreements, again covering both civil renewal and better delivery and impact of public services.

From the forgoing definitions it is clear that capacity building is one of the functions delivered by ISOs. This function applies in different ways throughout each of Skinner’s five roles. Hence it links ISOs to capacity building as a means of enabling and supporting effective community engagement – ISO + CB = ECE.

An additional way of seeking the linkages is to consider ISOs themselves as a medium for engagement. Interface, voice, representation and leadership are all identified as ISO functions. Capacity building may be required as a means of improving the quality of engagement with the ISO and subsequently feeding in to mainstream public policy – CB ⇔ ISO ⇔ ECE.

Summary

Which came first – the chicken or the egg? Does it even matter? What matters is that we know that there is an intractable connection between them. The same applies to engagement, infrastructure and capacity building. We need to work towards strengthening each of these elements in order to effect real change. Let us not get bogged down in building any false hierarchy but maintain a focus on the job in hand – in this case strengthening the voice of BME communities and their role in delivering public services.

Michael Brown
Karl Oxford

¹³ Skinner S, Building Community Strengths, Community Development Foundation, 1995

APPENDIX 2

1 Characteristics of effective BME engagement

- 1.1 If BME communities had a more effective voice, what would this look like?
- 1.2 If BME communities had more effective engagement in service delivery, what would this look like?
- 1.3 What would be the impact of more effective engagement under these headings?

2 Profile of (local/sub-regional) BME engagement and gaps/weaknesses

- 2.1 Who is engaged - in what, form of engagement, quality of engagement, community accountability, impact of engagement on partnership, impact of engagement on partnership strategy, outcomes and impact
- 2.2 Perceived gaps & weaknesses e.g. by specific BME community, access to information, financial ability to participate (e.g. time out of the office, impact on host organisation's service delivery, preparation and de-briefing time)

3 Activity to achieve it

- 3.1 What are partnerships doing – including CENs?
- 3.2 How were their strategies/interventions informed e.g. by BME or non-BME-led organisations?
- 3.3 How are they resourcing it?
- 3.4 Reality checks

4 Barriers to achieving it

- 4.1 What else needs to be done?
- 4.2 Who else needs to be engaged?
- 4.3 Whose mindsets may need to change?

5 Role and functions of support provision to enable this to be achieved – priorities

- 5.1 Main support functions needed by BME-led organisations in order to have a more effective voice and more effective engagement in service delivery?

6 Gaps and weaknesses in support provision

- 6.1 Availability, accessibility to and quality of these support functions

7 Functions to be delivered by generic and BME specialist infrastructure support organisations respectively

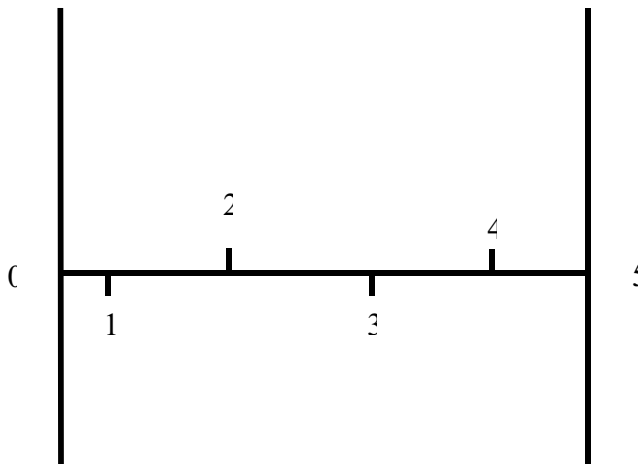
- 7.1 Priorities for improved delivery of support functions
- 7.2 Where/how can by generic infrastructure support organisations increase their impact upon BME communities?
- 7.3 How can specialist BME ISOs support generic ISOs to increase their impact upon BME communities?
- 7.4 What additional functions could and should be delivered by specialist BME ISOs?

APPENDIX 3

The "H" Model

The exercise is broken down into several stages, Stage 1 of the "H" model exercise starts with a statement. For the purpose of each workshop, the statement " **The BME VCS Is Effectively Engaged**"

Diagram1



Participants are then asked to score from zero to five, whether they agree or disagree with the statement, zero on this occasion being absolutely not and five being that they fully and unequivocally agree.

On completing this stage, facilitators and participants can see visually on a sliding scale, where people feel they are in relation to the statement.

Stage 2 of the exercise begins to tease out what the positives and negatives are behind why participants have chosen a particular score. It is from these statements that you begin to draw out real issue that are perceived as either hindering or enhancing their opportunity to engage and influence. Each individual is asked to give three reasons as to why they have given their particular score.

In most instances, on reading out participants responses, you are able to group points into common themes e.g. communication, governance issues etc.

If for example the majority of people have scored one, stage 3 of the exercise would then ask participants what would need to happen to make them consider moving their score from one to a four or five.

Once this has been completed and agreed by participants, this provides some basis for developing an action plan to begin to address some or all of the issues that have been identified.

APPENDIX 4

Summary of workshop findings

The following information is based on a series of interactive workshops at which participants were asked to consider if they believed that BME sector was effectively engaged. To qualify the statement participants were advised that this was as part of the VCS sector in particular with strategic partnerships, statutory and non-statutory agencies, or via generalist/BME infrastructure.

It is apparent from Table 1 below, that the majority of individuals taking part in workshops felt that BME communities were not effectively engaged. Overall, 85% of individuals indicated this view.

This was the belief of all those at the largest workshop in Sheffield, where 100% of the 40 participants rated BME communities as not effectively engaged. On the other hand, the Scunthorpe workshop was the only workshop to not hold such a belief, as most felt that they were 'quite engaged'. Nonetheless, it is clear that the universal view is that BME communities are not effectively engaged.

Table 1: Number of participants in each workshop and how effectively engaged they felt BME communities are

Location	Number of Participants	Not engaged	Quite Engaged	Very engaged
Sheffield	40	40	0	0
Doncaster	6	4	2	0
Scunthorpe	27	18	7	2
Total	73	62	9	2

Barriers To Engagement

Communication and Language

- There was a widespread belief among the majority of participants at the workshops that communication and language issues were crucial to disengaging BME communities.
- One of the major flaws regarding communication was highlighted as poor information or the lack of information. In addition, the poor dissemination of information was closely linked with this problem. Many noted that it was ad hoc or via word of mouth and much could be lost from the initial interpretation via this process
- Ineffective consultation with BME communities via generic support agencies and partnerships was emphasised as an additional issue, which was associated with feelings of being 'unaware' and part of a tick box process.

- Respondents felt that partnerships do not examine where and if information is reaching its intended audience, but rely heavily on generic infrastructure organisations to disseminate information via whatever routes.
- Information flow is sporadic and can be too late in the day, which means having to catch up. Many noted that web-based access is becoming much the norm, as is electronic information via email. Those who receive information believe that it is good and quite explanatory.
- However, downloading can take hours given the logos etc, and considerable emphasis was placed on the fact that a number of groups are still not connected to broadband. In addition, if groups are not in the information loop, they are less likely to be informed about what is going on, let alone comment.
- Finally, 'language difficulties' was highlighted as a key barrier, preventing the effective engagement of BME communities. Such difficulties would also contribute to poor communication.

Funding

- A number of workshop participants highlighted funding, or the lack of funding as a major barrier to effective engagement of BME frontline organisations. In many cases the lack of commitment to continue funding was also pointed out as important as the funding itself, with some suggesting that BME VCOs do not have such sustainable funding.
- Others noted that whilst the VCS sector as a whole did not fair well in the funding stakes, the BME VCS was less likely to have adequate funding to develop and deliver their service.
- Poor relationship and lack of understanding on the part of funders was cited as a barrier, as BME groups are less likely to be involved in environments that would allow them to influence funders or funding policy.

Recognition and Understanding

- It was suggested that often there is a lack of understanding, knowledge and awareness by statutory and generic ISOs, of culturally appropriate methods of working with diversity, suggesting they do not have clear evidence of BME needs. Similarly, there was a feeling of lack of recognition of groups and the work they actually do.
- Many participants felt there was a relationship between the lack of understanding and recognition of BME VCOs needs and the impact this has on providing financial support. In this instance there was a clear need to develop relationships with funders.

- It was also suggested that BME communities and organisations experience difficulties with understanding mainstream and non-BME agencies and how they work, which may be due to communication and language difficulties, or even cultural differences. For this reason it was suggested more support was needed for communities from within the BME sector to capacity build.
- Public bodies pay little regard to the duty placed on them by the Race Relations Amendments Act (2000), but some believed that the Act should not be necessary, given that public bodies should engage with and deliver, appropriate services in spite of any legal duty placed on it via the Act.
- Actions would and should speak louder than words and some noted that the Act reinforces to communities, is a lack of commitment to race equality. If public agencies took more time to understand the cultural context of communities, it may negate the need for such legislation.
- Partnership working via invitation was limited to a small number of BME organisations, given the limited knowledge base of what agencies/groups operated within the sector. There is little chance of adding value if strategic partnerships are not clear on what is that BME VCOs contribute or bring to the table.

Capacity and Resources

- The size of BME VCOs is very small and less able to participate due to lack of resources, human capacity and time.
- BME infrastructure agencies are over stretched and under resourced and are not always able to give the support needed to develop groups from the BME VCS, even though they are better equipped to understand the needs of the sector
- Generic infrastructure agencies are greater in number, but struggle to understand and meet the needs of the smaller BME VCOs. Too much emphasis is placed on leaving it to the BME sector to deal with it themselves
- BME engagement will always be hampered, as the level of resources needed to make engagement meaningful is never consistent.
- It was felt that there was limited capacity within both the BME sector and with mainstream providers, and therefore the BME community sector cannot function on its own and indeed the mainstream sector has to work in partnership.
- It was proposed that BME communities have limited access to resources, which was linked to the lack of sustainable funding.

Representation

- A number of workshops highlighted the lack of representation of BME communities at senior levels (predominantly within local authorities) as an important barrier to effective engagement. There was also seen to be a poor representation from minority communities in the workforce, in particular at a management level.
- There is no clear voice for the BME sector and past attempts have been under resourced.
- Lack of capacity and size of BME groups means representatives have to choose which partnerships or structures to try and engage with.
- Partnerships are too selective about who can be involved and it is probably bigger groups who have a greater chance of engaging when this is possible. This creates a divide and rule situation within communities
- Race equality councils are always asked to represent BME interest over community groups.
- BME interests are more likely to be represented via generic agencies, whose knowledge base on the sector is limited.
- There are no clear coordinated mechanisms for articulating the interest of BME VCOs or pointing statutory and non-statutory agencies in the right direction of the most appropriate BME groups that they should be speaking to.
- There is no specific entity with a leadership role for the BME sector, which could interface with statutory, and non-statutory agencies on the sector's behalf.
- Representatives have a tendency to champion their own organisations as opposed to the wider BME sector, which provides little accountability on the whole.
- There is a limited outcome in terms of the time associated with trying to access partnerships and apathy has set in.

Training

- It was felt that there was not enough ongoing training given to staff from statutory and generic infrastructure agencies on diversity, religion and cultural competencies.
- The need for training was also linked to participants suggesting that the diversity of black and minority ethnic communities in geographical locations was not known and therefore could not be responded to.

- Training of staff was seen as important in raising the level of awareness of diversity amongst BME communities.
- Lack of investment in developing the BME skills base
- Under developed skills base of BME VCOs is a major factor in building the internal capacity of BME organisations. Key requirements mentioned were:
 - Financial management,
 - Marketing and the media.
 - IT support and maintenance
 - Personnel issues/trustees training
 - Governance
 - Raising funds
 - Improving effectiveness
 - Start up advice
- Lack of support in how to develop the service provision to attract investment from funders

Politics and tokenism

- Participants felt that there is a tokenistic and 'divide and rule' culture operating at the level of decision-making that excludes or deprives BME communities of rightful participation and access to resources.
- The result of tokenism is BME people staying away from wanting to be engaged and influence the local agenda as they feel nothing will change.
- Fixed mindsets from statutory and non-statutory agencies on ways of working with the BME VCS, there are far too many perceptions about how the sector operates culturally and unwillingness to look beyond certain groups.
- BME groups have far too many things done at them as opposed to being able to provide solutions.
- There is a need for change to be evidenced, disseminated and celebrated.
- There was also a view that BME organisations are at the bottom of a hierarchy of need and that as a result of years of neglect many BME communities have become politically apathetic, attempts to engage with BME communities by partnerships and ISOs can seem like tick box exercises.
- Community politics potentially hamper the coming together of the sector as one voice

Attitudes to change

- Participants identified a number of factors that may prevent change. Some discussed a fear of change within the BME community and are therefore opposed to working with mainstream agencies as they may become consumed. On the other hand some believe that they are still in the same place as they were 20 years ago.
- Some suggested that non-BME led service providers feel superior to the BME VCOs and have a “we know best” mentality, therefore services are not developed according to need and they are untrusting of the BME sector and its ability to deliver on services. The wider VCS can and does exclude the BME sector, like the statutory sector.
- A lack of shared vision within BME communities resulting in negative attitudes, as they cannot see what could be achieved.
- Lack of trust amongst BME VCOs - funding and a perception of privileged relationships with statutory and non-statutory agencies exacerbates this issue.
- Statutory and non-statutory agencies show a reluctance to change their working practice with the BME sector.

Barriers To Achieving Effective Engagement- What needs to be done?

The following is an indication of the actions that participants believed needed to be undertaken in order to progress effective engagement.

Development of Partnerships

- Development of a vision or statement on engagement linked to partnership work was mentioned in many of the workshops as a good step towards overcoming barriers. In some ways it was suggested that this would mean thinking strategically in order to engage all sections of the BME VCS, which would be beneficial to both partnerships and between non-BME agencies.
- It was also stated that there should be an increased willingness of communities and agencies to work together, such as multi-faith partnerships and police liaison panels.
- Establishing a vehicle that could help coordinate and involve all BME frontline agencies was suggested as a possible starting point for developing partnerships.

More Funding and Resources

- More funding to the local infrastructure was highlighted as a method of developing effective engagement. However, in order to do this, communities should also be made more aware of funding streams and given more assistance in accessing these funds. In other words more transparent processes need to be developed in terms of funding, which will eradicate some of the 'divide and rule' culture, and make funds easier to access.
- It was also found to be important to increase the level of resources that BME organisations receive to strengthen the chance of sustainability. All communities should be resourced according to need and build on the existing resources in place (such as existing specialist BME networks).
- Most participants felt the need for relationship building with funders and whilst a two way process, funders still need to increase their understanding of the BME sector. The BME sector needs access to funders to influence thinking and a mechanism or mechanisms need to be developed or built on, to make this happen.

Monitoring and Evaluating

- Many of the workshops highlighted a need for the monitoring and evaluation of generic infrastructure agencies on how they are meeting the needs of the BME frontline organisations. This should also include the independent scrutiny of race equality action plans and equality statements.
- More evidence should also be produced of 'challenging behaviours' by authorities, and more proactive equal opportunities policies.
- Increasing the number of those working from BME communities within these agencies may help this as well as utilising BME agencies to assist agencies to develop and deliver programmes to the BME community.

Institutional Change

- Partnerships and infrastructure agencies alike need to increase their understanding of the cultural context of BME communities and the frontline agencies that serve them. BME infrastructure and frontline agencies can aid them in this process, so utilise their expertise.
- Ignorance is no longer an excuse; BME groups should not need to use legislation to gain seats at the table. This creates a perceived notion of confrontation well before any discussion takes place on policy or programme issues and means BME representatives are

seen as agitators as opposed to constructive members of partnership work. Mindsets need to change.

- Partnerships need to rethink and develop new ways of engaging BME groups through current structures. It is important that they realise BME communities still question the past performance of many partners' agencies in meeting the needs of BME communities in the past.
- There needs to be less representation of BME interest through generic agencies until the community is confident that they understand the issues that are important to them.
- Increased numbers of people from BME communities working within statutory and non-statutory agencies provides confidence within the sector. There are good examples in Sheffield of dedicated staff who have increased the reach of agencies into BME communities.
- Develop a mechanism from within the BME sector that can work directly with the RDA, GOYH and other regional and district strategic partners to challenge mindsets and state the case for the BME sector.

Good community support

- A strength for overcoming these barriers was highlighted to be good community leadership supported via capacity building, however increased utilisation of various individuals and not just 'community leaders' is also essential.
- Supporting and creating a resourceful collective voice from the BME community will link and unite it, increasing the strength of the BME sector. A strong Race Equality Council was also noted as important, as it advocates on behalf of a diverse BME community.
- Supporting the development of cluster groups around specific interest at district level could be a productive way of bringing together groups with similar interest although this is very much dependant on the scope of support available via BME infrastructure ISOs at this point.

Training Support

- Training the statutory sector in race equality and diversity was seen as vital, as knowledge of various cultures was highlighted as extremely beneficial. Efficient, effective and quality training programmes should be built into each organisation's training and development plan.
- On the other side, there should be better basic education for BME communities, to allow them to access information most effectively.

- Developing the skills base of BME VCOs is a crucial factor for success. However a considerable number were concerned that reinforcing the need for developing skills may heighten potential views that the sector is less able to participate or deliver services than the wider VCS. These concerns are linked to the need to change mindsets and institutional change.
- More consistent and culturally aware approach to training available via infrastructure agencies. BME ISOs cannot deliver everything, but do understand the cultural context of BME frontline agencies. This is not always the case with generic ISOs.

Engagement Framework

- Develop an agreement or statement around BME engagement that is public and all parties work towards.
- Set targets to measure and monitor performance in partnerships. How do we know that deficits within the BME communities are being met? It is important to celebrate success.
- Effective community engagement with black and minority ethnic communities could be enhanced by increasing the profile of the black and minority ethnic community and voluntary sector as an asset to local community cohesion and decision-making.

Communication/Information

- A more efficient translation and interpretation service was emphasised as essential in order to overcome the barrier of communication.
- The communication process needs to be improved and become formalised through transparent processes, as much of the information received by BME communities is through informal sources. The need for sensitivity in how events are organised and what needs are taken into account could also begin to change the culture of perceived tokenism and information sharing through better communication could begin to highlight where action does take place and contribute to change.
- Partnerships and generic infrastructure agencies need to increase their knowledge base on where BME groups are located within their areas. Utilising and resourcing BME ISOs adequately to support this process is a good starting point.
- BME infrastructure agencies need to enhance information chains within the BME sector and wider VCS, it is suggested that this can only become better if the necessary resources are in place to make this happen.

- Electronic information must be made available in different formats and languages. Infrastructure and statutory agencies must invest in the software to make this happen.
- Develop some way of pooling information between BME and generic ISOs about the groups that are on agencies databases. There is an acceptance that some groups may still remain outside of the information loop, but at present, information is still to ad hoc.

“Making A Difference Seminar”

Options For
Effective BME Engagement
Across Yorkshire and Humber
Conference Report
Wednesday 24th November 2004
Cedar Court Hotel
Wakefield

the
Socialbusiness
company

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1. Introduction

This Seminar brought together people from across Yorkshire and Humber region to comment and debate on key findings of on-going research undertaken by The Social Business Company.

From the current findings, a series of options have been proposed, two of which would enable black and minority ethnic (BME) voluntary and community representation to merge across the region to encourage decision-making, influence policy, raise awareness of funding and be better networked with both mainstream voluntary and statutory agencies.

A discussion paper was prepared and posted on the websites of Government Office for Yorkshire and the Humber (GOYH) and the Regional Forum. For further information see Appendix 1 and 2.

1.1 Conference Speakers

Yinka Yesufu chaired and opened the seminar with a speech that said the Conference was an opportunity for different groups to be heard and for each participant to contribute to the change that is required.

Caryl Agard, Director of the Social Business Company, set the scene for the day and made a presentation on the aims of the day, background to the study and some findings of the research so far.

1.2 Aims of the Day

The aims of the day were set as to:

- Give participants an overview of the purpose to the study - Proposing Options for Effective BME Engagement.
- Road test several options, as each of these options could be potentially chosen as a mechanism to develop effective engagement in the region.

1.3 Background to the Study

The Government Office for Yorkshire and the Humber along with the Regional Assembly and Yorkshire Forward has commissioned the study. The study is supported by a Steering Group, which includes the Regional Forum, Home Office and representatives from the voluntary BME Regional Network and wider BME voluntary and community sector (VCS).

The BME voluntary and community sector appears to have increased in the Y&H region over the past two decades. Much of this rise in community-based structural activity stems from perceived and/or actual gaps in statutory and non-statutory community support provision to members of the BME community within the region.

Over the same period central, regional and local government structures and programmes have sought to better support the BME communities and its VCS

structures through a range of tailored provision and legislation. In recent times the Active Communities Unit (ACU) within The Home Office provided financial support to the BME VCS in Yorkshire and Humber towards establishing itself in a formalised network. This ACU support was consistent to other BME communities across the other eight government office regions.

The BME Regional Network for Yorkshire and Humber was launched in April 2002. It was resourced with a full-time co-ordinator, support from management committee members and the wider VCS network. The main objectives of the BME Regional Network were to:

- Increase the effectiveness of the BME sector in the region;
- Ensure the sector has an effective advocate at the regional level; and
- Unlock further funds for the sector at a regional level

The BME Regional Network was one of the last to be created and the first to lose its support from the ACU. It is important to note that the withdrawal of support to the network is not a reflection on the hard endeavours of those who have worked to develop the regional BME Network.

A number of the issues that hindered the Network from reaching its potential are symptoms that have been experienced by most evolving networks. The Social Business Company was commissioned to research and offer a series of options that support the development needs of the Black and Minority Ethnic voluntary and community sectors in the Yorkshire and the Humber region.

1.4 Objectives of the Study

In developing the options this current study was asked to consider:

- Review good practice approaches nationally for the strategic engagement and effective development of diverse BME communities
- Examine the key lessons learnt from the formerly funded BME Regional Network for Yorkshire and the Humber
- Work with key stakeholder statutory and non-statutory partners to evaluate suitable options to enable effective BME representation, engagement and participation in local, sub regional, regional activity and decision-making in current and future policy design processes
- Prepare and present a report outlining the proposed options

1.5 The approach of the study

Due to the scale of the work and the time frame for delivering the project, it was agreed that four areas with specific needs and strengths would be selected. These were:

- **Scunthorpe/North & North East Lincolnshire** – underdeveloped infrastructure and large rural areas

- **Sheffield** – Quite well developed BME infrastructure and affiliated BME communities
- **Calderdale/Kirklees** – Calderdale is a non-Neighbourhood Renewal Fund and there are community cohesion issues in both areas
- **North Yorkshire** – very rural and with issues around integrating refugees

The Social Business Company (SBC) has used several approaches to the fieldwork to access the views and opinions from stakeholders on the barriers to effective BME VCS engagement. This is complimented with input from the Steering Group and external Reference Group, which SBC have established to test out the option findings of the research.

The methods used have included face to face and telephone interviews and three workshops that have been undertaken in Sheffield, Scunthorpe and Doncaster.

The types of agencies contacted can be broken down into the following categories, which are in keeping with the requirements of the research:

- Regional institutions
- Regeneration partnerships e.g. neighbourhood management, LSPs
- Generalist infrastructure support
- BME infrastructure support

This Seminar is part of the on-going process of finding what would be the most relevant option for the BME VCS across the Region.

2. Research Findings

2.1 Headline findings from the research

- BME communities do not feel engaged
- All respondents believe that no one is better placed than BME communities to speak on their behalf
- There is considerable support for a voice from within the BME sector that articulates responses and provides solutions to district and regional policies and strategies
- The more independent the BME voice, the more marginalised it becomes and the less responsibility is taken by generalist to address the sectors need
- The BME voice is seen as separate and sometimes a distant relation to the wider VCS
- Mainstream organisations should utilise BME organisations in ways that build their own capacity and intelligence to meet the needs of the BME community
- Engagement should not be about ticking a box or passing responsibility as to many assumptions are made that BME specialist agencies will pick up the slack
- The larger the BME organisation the more likely they are to be sat at the table, having noted that, it does not always mean the wider BME sector benefits from that presence

2.2 Proposed functions of a BME VCS option

- It must have a monitoring role in terms of ensuring that the aspirations and needs of the BME sector are being addressed
- Provide capacity building or support generic agencies in how best to deliver such services
- Broker at strategic and community level. It needs to sit with and influence commissioning bodies
- It must have sub regional and district presences. Some how it needs to know what's happening on the ground
- Provide intelligence on the BME sector

3. Workshops

A valuable part of the Seminar was a series of workshops involving participants and key representatives from GOYH. Four workshops were held and each concentrated on the same issue – considering the two Options presented in the Options paper by The Social Business Company.

Below are presented the amalgamated findings from the four workshops. Each workshop was lead by a trained facilitator and all notes were taken by a scribe. The facilitators explained that the key difference between the two Options was that amongst other things the Regional Panel would be created through a selection process, whilst the Regional Network would be through an elected process.

The participants were asked to consider each Option, decide on which was the most appropriate and then answer a series of questions about the two Options (see Appendix 2 for the questions that were considered in each of the workshops).

3.1 Choosing an Option

In each workshop participants generally felt they could not answer this without knowing other information or indeed without debating the available Options set against the realities of low recognition of the BME VCS sector.

The key issues that were apparent in this part of the discussion were; what was the **resource allocation** to each Option? How would each Option be made **sustainable** so that the Network was a permanent feature and not a 'project';

How would either Option aim to ensure that the BME VCS was seen as **part of mainstream VCS** and not an add on particularly given that BME communities were settled communities. Such issues were raised in most of the groups.

After the discussion the vast majority of participants felt that **The Regional Panel** approach to develop a BME VCS Network was the preferred way forward but with changes, including considering merging the two Options. The key findings from the Workshops are presented below.

3.2 Summary of issues from the Workshops

Options

- The two potential Options could be merged
- There is need for strong leadership and political will to effect change and develop trust
- There needs to be a programme of engagement at the operational level
- There needs to be service-specific outcomes that are BME-led
- Resources and funding to bring change
- The development of better relationships between BME and non-BME organisations
- There is a need to invest in sub-regional infrastructure
- Any Option should be able to influence policy
- There is a need for clear accountability and evaluation of impact and change from any Network developed

BME VCS Sector

- There is limited involvement of BME VCS at all levels
- Often the least powerful groups and communities are excluded
- Race equality frameworks are limited in generic and social and economic programmes
- There is a gap between rhetoric and reality
- There is a need to develop trust and show delivery to BME communities

3.3 Reasons and Issues for the Preferred Option

Question 2: Does your preferred Option provide the scope to represent the interests of the BME VCS?

Regional Panel – Selected	Regional Network – Elected
<ul style="list-style-type: none"> • How can selected person sit on LSP? • There can be more provision for selecting representatives from diverse BME communities • Provides a clear structure for GOYH to engage with BME • Could work more closely with other existing regional structures, therefore, the BME Panel would be locked into the decision making process • Could provide the scope for selecting people with particular specialist knowledge • Selected panel may be individuals who do not represent a particular group. This could have both negative and positive outcomes 1) they may only be interested in their own “kudos” or 2) they may actually present a more general view of BME needs • Engagement with BME communities has to be more structured at district level to influence engagement at regional level • Leadership and BME leadership would be crucial to its success • The political will to want change is crucial to the success of the Panel • The structure of the Panel has to be bottom up and link into rural dimensions of racial equality 	<ul style="list-style-type: none"> • Elected members can sit on LSPs at local level • However the elected person is not always the most capable • Provides a clear structure for GOYH to engage with BME so that their interests are voiced • Organisations can be self-serving but at least they are serving a group • The reality of grassroots BME organisations is the lack of capacity to link with regional networks • Will the diverse BME communities be truly represented?

Question 3a: In what ways do you think the option provides an opportunity for the BME VCS to engage with Regional Partners?

Regional Panel – Selected	Regional Network - Elected
<ul style="list-style-type: none"> • Their would be scope for BME representation • Selected member may come with their personal view/agenda and not representing community view • Could be more specialist representation e.g. health; education • Lack of credibility • Might not get the people you want applying • Provides a one stop shop for regional partners to engage • Would bring lobbying and influencing skills to a regional agenda and forums • The structure could engage with, for example, LSC to ensure that funds are appropriately used when designated for BME communities • However, sub-regional and regional layers could be absorbing resources that could be better applied elsewhere • Information can be gathered from the districts and moved upwards. But there has to be a political will and leadership for this to happen 	<ul style="list-style-type: none"> • Their would be scope for BME representation • More accountable • More general skills/background • Can choose who you want to be elected though can lead to popularity voting • One stop shop for Regional Partners to engage

Question 3b: In what ways do you think the option provides an opportunity for the BME VCS to engage with sub-regional institutions?

Regional Panel – Selected	Regional Network - Elected
<ul style="list-style-type: none"> • How can selected person sit on LSP? i.e this structure does not answer the problems at local level. As each LA cannot be represented need to put in provisos or systems to ensure they are each communities interest in put forward by selected member • Perhaps in a selected panel there can be more provision for selecting representatives from diverse BME communities e.g. refugees and asylum seekers • This could also be helpful for gender selection so that male candidates do not always speak for the communities • Provides a clear structure for GOYH to engage with BME • In both structures new emerging languages should be considered in providing interpreters etc. • This Option would lead to a democratic process in the long run • There is a need at sub-regional level to develop human capacity and knowledge that can in turn engage effectively at this level between BME VCS and sub-regional partners • There is still a danger of being tokenistic at the sub-regional level. There is a variation between districts in terms of their level of involvement. What will happen where there is no district infrastructure? • The Panel would need to be strong and consistent at all levels to advocate on behalf of the BME VCS • There is a recognised need and willingness to engage with change. 	<ul style="list-style-type: none"> • Can be represented on LSPs • COEMO in Bradford were not elected to be part of a Regional Forum in Kirklees so felt that this option does not necessarily create an opportunity for diverse BME communities to engage • Provides a clear structure for GOYH to engage with BME • Need to look at new ways to engage people in the networks more effectively, particularly those that are on the fringes at the moment like asylum seekers • Areas where BME communities represent only a small percentage of the total population should make BME engagement and needs more of a priority as currently services are not geared to cater for their needs because BME are not considered to be a “problem”

Question 4: Does the structure, which is described in the process section of your chosen option, provide sufficient scope to co-ordinate the BME VCS at sub-regional and district level?

Regional Panel – Selected	Regional Network - Elected
<ul style="list-style-type: none"> • With appropriate resources and people selected with the correct skills • People at the district level may not be interested but the opportunity should be given for involvement • Primary issue in terms of inclusivity is geography. Everyone in every area should have the opportunity to be included • Democratic accountability important to ensure a bottom up approach 	<ul style="list-style-type: none"> • With appropriate resources and training of individuals involved so that they have the appropriate skills to sit at the table with confidence!

Question 5: Are the proposed aims in your preferred option sufficient to represent the interest of the BME VCS?

Regional Panel – Selected	Regional Network - Elected
<ul style="list-style-type: none"> • Yes but need to be flexible, adaptable and open to change • There is a need to see progression and a robust evaluation tool that can measure the impact of the Panel • The two Options need to be amalgamated • The Regional Panel is necessary for the development of a process that would link with other regional panels nationally. This may then begin to influence institutional change 	<ul style="list-style-type: none"> • Yes but need to be flexible and adaptable and open to change • How do we build into this Option the real development of the mainstream agenda?

Question 6 Do you consider that the process for selecting representatives to be fair?

Regional Panel – Selected	Regional Network – Elected
<ul style="list-style-type: none"> • Difficult to say • People can be selected for their specialist knowledge but they may be self-serving. How do we ensure that they will consult and engage with a cross section of the community and represent their views and needs? How do we break down ethnic and religious affiliations? • At regional level: need to ensure there is a geographical spread of representatives selected • Would the Panel concentrate on a scrutiny role, whilst the Network focuses on operational issues? • There is a key role for monitoring and evaluation to get to the answer rather than simply electing and be 'representative' • How do we move away from selecting the 'usual suspects'? Is open recruitment likely to achieve this? • How will the Panel recruit young people, people with disabilities, rural communities? • There needs to be validity with grassroots organisations and be able to inspire confidence 	<ul style="list-style-type: none"> • More likely to be a popularity vote that gets people to be representative however as they would be elected by organisations or networks then perhaps they will be more accountable and be putting forward the views of many rather than a few • Need to ensure that process is put into place to ensure that individuals from particular communities of the BME sector talk to other communities in the sector about their specific needs e.g. Bangladeshis may need interpreters whereas Caribbean's do not

Question 7a: How would your preferred option benefit your organisation in relation to our effectiveness in working with BME Communities?

Regional Panel - Selected	Regional Network - Elected
<ul style="list-style-type: none"> • Helps achieve charitable goals • Gives GOYH a clear structure to contact end consult with BME sector • Commissioning public services- would give mandate to ask for funds and influence change • The Panel has to be well resourced with a vision 	<ul style="list-style-type: none"> • Helps achieve charitable goals • Gives GOYH a clear structure to contact end consult with BME sector Commissioning public services- would give mandate to ask for funds

Question 7b: How would your preferred option benefit your organisation in relation to your effectiveness in accessing the services provided by the generic infrastructure organisations?

Regional Panel - Selected	Regional Network – Elected
<ul style="list-style-type: none"> • Create more influence • Gives more credibility and access to the decision makers • More knowledge of what’s going on • Opportunity to exchange ideas • Build good working relationships with statutory sector • A lot of BME organisations are not in touch with mainstream services e.g. CVS's therefore important to have an overlap as shown in the grey area of diagram so that the dialogue is open with mainstream • This option may work better than the elected because it is integrated with the Regional Forum as long as the BME membership Panel is inclusive of all BME groups 	<ul style="list-style-type: none"> • Create more influence • Gives more credibility and access to the decision makers • More knowledge of what’s going on • Opportunity to exchange ideas • Build good working relationships with statutory sector

Question 7c: How would your preferred option benefit your organisation in relation to increasing your ability to access and influence the strategic partnerships at district level?

Regional Panel - Selected	Regional Network – Elected
<ul style="list-style-type: none"> • New culture for BME organisations by building partnerships and commissioning • Working committee approach under the Regional Forum example so that there is a thematic discussion that can happen to put forward the local needs for every aspect of community such as housing; education; health etc. 	<ul style="list-style-type: none"> • New culture for BME organisations by building partnerships and commissioning • Local groups would have the opportunity to engage with the regional network who should be “talking to those making the decisions which affect everyone in the BME communities and help to bring about changes in access to funding for BME organisations

4. Conclusion (Moving from the fringe to the mainstream)

“In this world of change up, we are playing catch up.” (Participant)

“We have an opportunity to affect the infrastructure.” (Participant)

4.1 Building trust

The first quote from a workshop participant seemed to sum up the overall feelings of the delegates on the issue of networks and engagement. However, the second quote indicated where the participants should be and was not necessarily seen as realistic by all the participants. Participants from all the workshops felt they *“have been round this windy road before”* and questioned whether *“this new concept would change anything”*. Indeed the level of cynicism that surrounds the issue of BME network developments and effective engagement requires a regional programme of trust building, awareness raising, resource commitment and evidence of change. The topic of funding and resources was raised in all the workshops discussions. The two following observations indicate the gap between the grassroots BME VCS and the regional bodies:

“There still seems to be a lack of confidence in the regional agenda, and lack of confidence in who will drive it and what leadership exists in the regional BME sector.” (Participant)

“The non-BME agencies present in the workshop showed more interest in the new proposed structure, it seems they want a regional BME body to interact with.” (Facilitator observations)

4.2 Recognition

The workshops highlighted a tension that exists in how the BME VCS sector is viewed and responded to:

"Is the sector [BME VCS] appreciated as a resource?" (Participant)

"Every discussion on BME communities ends up about language, when this is not the biggest problem. The issues facing BME communities are not seen in terms of service provision and delivery being in deficit but that the culture of people is in deficit." (Participant)

BME VCS, it was felt, should not be an add-on, viewed as helping a distinct group of people. But as a sector that is responding to needs expressed by people who are citizens of the country and whom contribute to the local economy. It is difficult to argue that the BME communities are anything less than settled, mainstreamed communities:

"BME communities deserve to have the services they need and have the right to services being made accessible for those in need." (Participant)

In order to achieve creating accessible services for all, that are culturally competent, the participants felt that change has to come from within mainstream organisations and that they are monitored on delivery and not able to make excuses for non-delivery:

"If that means mainstream services have to have interpreters as an integral part of society then so be it. Organisations that help BME communities to provide a culturally sensitive service should be supported with funds and mainstream VCS organisations." (Facilitator observations)

4.3 Action and change

Part of the process of moving from the fringe to the mainstream as discussed above is about recognition. However, another part of this process is seeing action that enables change:

"Every aspect of service providers has been researched – but they do not want to take forward the findings to implementation" (Participant)

Again there was a general view that BME communities are 'constantly' being consulted but the needs that have been identified over decades have not been actioned either with resources or political will and leadership.

4.4 Partnerships

It was recognised that there already exists excellent BME networks at the sub-regional level and that these need to be brought together. However, some felt that the BME organisations were still seen as a threat by mainstream service providers and the VCS. Such organisations should recognise some of the distinct needs of the BME communities and act in partnership to offer services. Any Network that is established should work with mainstream organisations to facilitate this. The separation between

the mainstream services and BME-led services should be dissolved. However, it was recognised that this may mean that BME organisations may not survive not least because of the criteria of funding is often too restrictive for BME organisations to equally compete.

Proposing Options For Effective BME Engagement

Questionnaire

We would welcome your feedback on the options in the "Making A Difference" paper (**pages15 to 29**), in order to aid the completion of the study. You do not have to give your contact details, but we would like to send you a copy of the final report once the study has been completed.

Name:

Organisation:

Address:

Telephone Number:

Email:

After reading the options paper which of the options do you prefer and why?

1. Does your preferred option provide the scope to represent the interests of the Black and Minority Ethnic Voluntary and Community Sector?

Please give an explanation for your answer.

2. In what ways do you think this option provides an opportunity for the BME voluntary and community sector to engage with:

a. Regional institutions (e.g. Yorkshire Forward, Government Office for Yorkshire and the Humber, Learning and Skills Council, the Yorkshire and Humber Assembly, Regional Forum)?

b. Sub regional institutions (e.g. Humber Forum, South Yorkshire Forum, North Yorkshire Forum for Voluntary Organisations)?

c. District level institutions (e.g. Local Strategic Partnerships, Voluntary Action Councils)?

3. Does the structure, which is described in the process section of your chosen option, provide sufficient scope to coordinate the BME voluntary and community sector at sub regional and district level? Please give an explanation for your answer.

4a. Are the proposed aims in your preferred option sufficient to represent the interests of the BME voluntary and community sector?

4b. Are there any additional aims you feel need to be included and if so why?

5a. Do you consider that the process for selecting representatives is fair? Please give an explanation for your answer.

5b. Do you have any other suggestions on how representatives could be selected?

6. How would your preferred option benefit your organisation in relation to:

a. Your effectiveness in working with Black and Minority Ethnic communities

b. Accessing the services provided by generic and specialist infra structure organisations

c. Increasing your ability to access and influence the strategic partnerships at district level (e.g. New Deal for Communities, Local strategic partnership, health Action Zones, Sure Start)?

7. Please add any other comments that you feel are relevant.

Please return your completed questionnaire by 5.00 p.m. on the 24th November 2004 to The Social Business Company, 27 Hollinhurst Avenue, Penwortham Preston. PR1 0AE. Or by email to info@socialbusiness.co.uk

APPENDIX 6

Participants involved in the study

Alan Bruce	Kirklees LSP
Jonathan French	York & North Yorkshire Partnership
Keith Dawson	North Lincs LSP
Vince Taylor	Sheffield First Partnership (LSP)
Julie Tasker	Sheffield LSP Community Safety
Carolyn Leary	Sheffield Children & YP Strategic Partnership
Karen Barnard	North Lincolnshire PCT
Steve Pintus	North Sheffield PCT
Mike Farrer	Sheffield Strategic Health Authority
Roger O'Doherty	Neighbourhood Management
David Hay	Nieghbourhood Management
	Pathfinder
Shazia Khan	Calderdale Council
Tahira Iqbal	Calderdale Council
Huda Ahmed	Sheffield Council
Stuart Bolton	Sheffield Council
David Walker	North Yorkshire Education Service
Paul Winter	Harrogate LEA

VOLUNTARY SECTOR AGENCIES

Judy Robinson	Yorkshire Forum
Khalid Hussain	Kirklees REC
Dr Darminder Chadha	Yorkshire Racial Equality Network
Rita Sanderson	Yorkshire Racial Equality Network
Jawaid Ishaq	Scunthorpe REC
Ali Qadar	Sheffield REC
Liz Carnelley	Yorkshire & Humber Commission for Regional Churches
	CEMVO
Rushi Munshi	Kirklees CVS
Dorothea Annison	York CVS
Colin Stroud	Scarborough CVS
Colin Barnes	Hull CVS
Dave Rogers	Calderdale Voluntary Action
Sajid Hashmit	Craven Voluntary Action
Paul English	Voluntary Action North Lincs
Carole Phillips	Voluntary Action North Lincs
Jane Chudley	Voluntary Action Sheffield
Sue James	Voluntary Action Sheffield
Paul Carnell	Connecting Communities Kirklees
Ranjit Kaur	Leeds Connecting Communities
Fawzia Mir	South Craven Connecting Communities
Sandy Millthorpe	South Craven Community Action
Milton Pearson	

Kevin Nurse Shazia Rehman	Connected2 CEN - Offer
Neil Irving	North Yorkshire Forum for Voluntary Organisations
Brian Redfern	South Yorkshire Voluntary & Community Sector Open Forum
Mohammed Ali Sajida Shah	QED SAVON Joint Chair BME Regional Network Yorkshire & Humber
Zahid Hamid Trenton Wigan	Black Community Forum S Yorkshire Black Community Development Programme
Peter Singh	Doncaster Ethnic Minority Regeneration
Barbara Harbinson Jim Brockbank Richard Breese	Halifax Opps Trust West Yorkshire Forward South Yorkshire Coalfield Partnership
Jane Leathley Linda Smithson Emma Grey Mohammed Gaas	South Yorkshire Funding Bureau North Lincs Multifaith Partnership Sheffield Refugee Network Sheffield Refugee Network

“Making A Difference Seminar”

Ishtiaq Ahmed	Voluntary Action Kirklees
Mike Biggins	QED
Ghazala Bi	REMA
Rita Corrigan	Federation of Irish Societies
Michael Dobson	North Lincolnshire Council
Muhammad Gaas	Northern Refugee Centre
Zahid Hamid	BCF Ltd
Ant Hanlon	Leeds Irish Health & Homes
Imtiaz Hussain	Huddersfield Young Women's Project
Mahmood Hussain	REMA
Cllr Tawaid Ishaq	North Lincolnshire BME Forum
Caroline James	Big Lottery Fund
Val Johnson	Voluntary Action Kirklees
Abid Kahn	North Lincolnshire BEM Sports
Lotif Miah	North Lincolnshire BME Forum
Sandie Millthorpe	Craven Connecting Communities
Denzil Nurse	Eagle Eye Enterprises
Kevin Nurse	Connected2 Ltd
Lloyd Pusey	Connected2 Ltd
Shazia Rehman	OFFER
Lilian Rose	North Lincolnshire BME Forum
Mohamed Salam	COEMO
Rita Sanderson	York Racial Equality Network
McMillan Serrant	ABCD
Trenton Wiggan	BBEMI

Workshops

Sheffield

Somali Community Association
Horn of Africa Blind Society
Somali Economic Development Scheme
Yemeni Community Association
Refugee Sports Development Ltd
Pakistan Muslim Centre
Arab Youth Association
Israac Somali Association
Bengali Women's Support Group
Northern Refugee Centre
Yemeni Refugee Women's Project
Roshini
Everyone Centre
Burngreave Ethnic Network
Arab Raining & Info Centre
Chakwal Welfare Association
Bangladeshi Citizens Neighbourhood Welfare Project
SSCAT Foundation
Chinese Community Project
Awaaz Association

North Lincolnshire BME Forum - **Scunthorpe**

BME Regional Network Members - **Doncaster**

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