

**Evaluation of the Community Fund's  
Grant-Making for  
Black and Minority Ethnic Communities**

**'When things have to be translated  
you don't get the message'**

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# **Section A**

## **The Research**

**&**

## **Illustrative Case Studies**

# 1 Introduction

## 1.1 Background

The aim of the Community Fund is

“to help meet the needs of those at greatest disadvantage in society, and to improve the quality of life in the community.”

Black and ethnic minority groups form an increasing proportion of communities throughout the United Kingdom. Latest Census figures show that 7.9% of the UK population are from an ethnic minority (see Table 1). The largest group are Asian/Asian British of whom nearly half are Indian and about a third are Pakistani. The next largest group are those who identified themselves as of mixed ethnicity. There are similar numbers of Black Africans and Black Caribbeans, i.e. just over 10% of the ethnic minority population.

Table 1: Ethnic Minority Groups in UK

	<b>% Ethnic Minorities</b>	<b>% Total Population</b>
<u>Asian or Asian British</u>		
Indian	22.7	1.8
Pakistani	16.1	1.3
Bangladeshi	6.1	0.5
Other Asian	5.3	0.4
<b>Sub-total Asian</b>	<b>(50.2)</b>	<b>(4.0)</b>
<u>Black or Black British</u>		
Black Caribbean	12.2	1.0
Black African	10.5	0.8
Black Other	2.1	0.2
<b>Sub-total Black</b>	<b>(24.8)</b>	<b>(2.0)</b>
Chinese	5.3	0.4
Mixed	14.6	1.2
Other	5.0	0.4
<b>Total</b>	<b>100.0</b>	<b>7.9</b>
White		92.1

Note: %s may not apparently add to totals because of rounding to 1 decimal place

Source: ONS ([www.statistics.gov.uk](http://www.statistics.gov.uk))

Nearly half (45%) live in London. The next largest proportion is in the West Midlands (13%). There are similar proportions in the North East (8%), South East (8%) and the Humber (7%).

There is a variety of evidence that social deprivation is high amongst such black and minority ethnic groups.

“Taken as a whole, ethnic minority groups are more likely than the rest of the population to live in poor areas, be unemployed, have low incomes, live in poor housing, have poor health and be the victims of crime.”

(Cmnd 4045: Bringing Britain Together 1998)

Other statistics indicate that

“70% of Black and Minority Ethnic (BME) communities live in the 88 most deprived areas.” (Black Development Agency, 2002),

According to research for the Joseph Rowntree Foundation by McLeod et al (2001):

"Around 5,500 black and minority ethnic voluntary and community organisations currently operate in England and Wales. They provide a varied range of services...[including] education and training, health support, welfare and legal advice and advocacy, day care facilities, housing and accommodation, cultural, sports and other leisure facilities."  
(Joseph Rowntree Foundation, 2001)

Support for such organisations comes from a variety of sources, of which the National Lottery has been one of the most significant.

"...local authority grants were the most important source of income followed by grants from the National Lottery, charities and trusts and members' contributions."  
(ibid)

However, it would also seem that such BME organisations have remained underdeveloped and lacked the sort of support provided to other voluntary organisations.

“Many BME voluntary and community organisations continue to be excluded from the traditional structures of the voluntary and community sector.”  
(Compact Getting it Right Together, 2000)

Moreover there has been a recent reaction against separate funding for black and minority ethnic groups. Ideas of community cohesion, citizenship tests for newly arrived immigrants and the economies of scale entailed in providing integrated services have all militated against the idea that the needs of particular ethnic groups should be met through special provision.

Funding ethnic groups is also claimed to promote their ghettoisation, which may then encourage inter-ethnic conflict. This was one interpretation of the street conflicts in Bradford and Blackburn in 2001.

Allied to these arguments is the idea that to treat groups as different on the basis of their ethnicity is somehow to reify or essentialise their ethnic background and to ignore the complex sources of identity (Gilroy, 1997). Likewise Anthias and Yuval-Davis (1991) argue that the concept of ethnic ‘community’ glosses over class and gender differences, which are equally significant sources of material difference.

Understanding the ways in which minority ethnic groups are supported by funded projects and the processes by which BME voluntary organisations overcome the barriers that they experience is clearly vital. This research in addressing some of these issues is therefore intended as a contribution to the on-going debate

## 1.2 Aims

The research aims to find out how Community Fund grants for BME groups have affected the beneficiaries. In particular, it will seek to understand the ways in which the projects have significance for the users.

It will investigate the nature of the contribution that such projects make both to ethnic groups, other organisations and the wider community.

It will also seek to identify the key processes by which the projects achieve their outcomes.

## 1.3 Report Structure

The report is presented as 3 sections. As well as this introduction, **Section A** contains a chapter on the methodology. Chapter 3 then presents five case studies selected to demonstrate the variety of organisations, their activities, the ways in which they operate and their successes.

**Section B** presents the main findings of the research. Chapters 4 and 5 describe what the different organisations provide. The former describes the range of personal services and the latter the social facilities. Together these are seen as contributing to the 'Basics of Life'.

The next three chapters look more specifically at what are the outcomes or impacts of the funded projects. These are presented in terms of the changes that the projects are perceived as having brought about. Chapter 6 outlines changes for the individual, i.e. the users and (indirectly) their families. Chapter 7 focuses on how funding leads to changes for the BME organisations. These include consequences for staff and volunteers, some of whom may be (previous) users. Chapter 8 identifies the changes for the minority ethnic groups as well as other organisations and also the wider community. In each of these chapters, the analysis derives what are called the critical success processes (CSPs).

**Section C** represents a further review of the critical success processes. Chapter 9 considers each in terms of the associated difficulties experienced by BME organisations. The means or mechanisms, which the projects have used to overcome them, are also described. Some projects demonstrate that they have been able to advance further by going beyond the barriers. The analysis shows that each critical success process, whilst achieved by some projects at a basic or minimum level of achievement, can also be carried through in more innovative and effectual ways. Implementing such critical success processes at such a high or maximum level may be seen as a consequence of the projects being delivered by and/or involving people who are themselves from the minority ethnic group(s).

Chapter 10 presents the main points of the preceding analysis and the conclusions, which include the following key messages.



## 1.4 Key messages

There are 6 key messages arising from the research.

1. Due to the variety of organisations and projects there is a diversity of success. It is nevertheless possible to identify a number of key processes, which contribute to success - the critical success processes.
2. BME organisations are likely to be better than other, mainstream organisations at some of the critical success processes.
3. BME organisations are capable of providing support and reaching out to other minority ethnic groups as well as disadvantaged sections of the majority (white) population.
4. It is important for the organisations themselves to recognise barriers and how they will overcome them. Their identification and assessment should be part of the initial funding (application) process, on-going monitoring and review as well as evaluation. Reporting on failure (i.e. where barriers are not overcome and critical success processes not achieved) as well as success may be valuable to the development of other projects.
5. Various mechanisms have been used to overcome such barriers and hence carry through these critical success processes. The Community Fund could assist in supporting these mechanisms, both to help the organisations to develop and to enhance their existing funding policies.
6. Organisations need to formulate their own strategies for implementing the particular critical success processes. As these may be met at different levels, there are opportunities and challenges, which organisations should be looking for in order to improve their contribution to the well-being of black and minority ethnic groups and the wider community.

## 2 Methodology

The research was designed as a qualitative study, as originally proposed in the project specification by the Community Fund. It was based on the principles that outcomes should be understood from the perspective of the various beneficiaries. These include both users and staff who are volunteers.

### 2.1 The Sample

Grants, which were awarded for at least 2 years and of at least £50,000, were included.

Suitable organisations were identified by a combination of information obtained from the Community Fund's central database and information held regionally. Possible projects were mostly contacted directly by the researchers, though in some cases this was undertaken by the local officers (e.g. where the address of a project was not public).

On the basis of this, 23 organisations took part in the data collection, which was undertaken in 2002 and 2003. Three other organisations were approached but eventually did not take part.

The projects were often, though not all, located in cities or larger towns. Table 2 shows the regional distribution.

**Table 2:** Regional Distribution

London	5
West Midlands	4
North West	3
Yorkshire & the Humber	3
East Midlands	2
Scotland	2
North East	1
Northern Ireland	1
South West	1
Wales	1

The ethnicity as determined by the intended or typical users of the projects is shown in Table 3.

**Table 3:** Main Ethnic Group of Users

African / Caribbean	4
African (including Somali)	2
Asian (Bangladeshi, Indian, Pakistani)	4
Bangladeshi	2
Chinese	2
Indian	2
Iranian	1
Kashmiri	1
Travellers	1
Vietnamese	2
All minorities	2

## **2.2 Data Collection**

Visits were undertaken to each of the selected projects. These were, where appropriate and possible, arranged to take place on days when users would normally be attending (some projects provide support/services away from their main location/offices). In some cases it was possible to make the arrangement to coincide with general meetings, e.g. a management committee or a celebratory event.

The researchers usually pre-arranged to see a cross-section of staff. A semi-structured interview schedule formed the basis of discussion with managers, staff and volunteers. Some staff were interviewed on their own, others in groups.

Users were also asked questions based upon a semi-structured schedule. Some users were seen during part of a regular session or activity, e.g. lunch clubs or training. Others were specifically invited by staff of the project to come for a group discussion. In some cases people who happened to attend the project on the day, e.g. for an appointment or advice were asked if they were prepared to talk to the researchers after they had seen the person at the project.

Some users spoke a language other than English (or Bengali, which was the other language spoken by a member of the team). In these situations either an interpreter was arranged by the researchers or, in some cases, local (known) people were used. Where possible the interpreters were asked to carry out the interview asking the questions and then translating the responses for the researcher(s). However in some cases the interaction involved the researcher asking a question, it being translated, a reply being given, which was then translated for the researcher. This latter process generally led to shorter, less personalised responses than where the interaction was in the control of the native language speaker. The latter tended to achieve more rapport being more like a conversation.

In the subsequent analysis staff and users' statements are included. Where the responses were recorded verbatim, quotation marks are used. As interpreters often did not translate word-for-word (particularly for long answers) some data are presented in the form she (he or they) said...

Further documentary information was provided by the projects, e.g. publicity, reports and external evaluations, as well as by Community Fund offices, e.g. project applications.

## **2.3 Data Analysis**

As outlined in the previous chapter, the findings are presented in 3 main ways:

- (a) Illustrative case studies are presented for 5 projects. These are intended both to show the complexity of the work done by the projects and to portray each as a meaningful whole. The views of staff, users and, where available, external sources (e.g. other evaluations) are quoted. As well as representing the array of activities undertaken and the detail of the processes involved, these point towards the main themes, which are developed in the following sections.

- (b) The main findings are presented in Section B. These describe both the main project activities as well as the changes perceived as resulting from their work. From these are derived what are called the critical success processes
- (c) These (11) critical success processes are then related to barriers experienced by the projects and the mechanisms that have been employed to overcome them. Some projects show that they have been able not simply to surmount but to go beyond the barriers. Each CSP is therefore analysed in terms of both a low (minimum) and high (maximum) level of achievement.

### **3 The Case Studies**

#### **3.1 Case Study 1 - A Mental Health Project**

The organisation was set up in 1987 in response to the disproportionate numbers of young African Caribbean people suffering or at risk of mental ill health. The service focuses on the high levels of unemployment and social deprivation experienced by many young African Caribbean people resulting in feelings of depression, alienation, isolation, anger and resentment. The organisation is also responding to the lack of economic and political power experienced by young people and in particular young black men which often results in psychological pressures leading to episodes of crisis.

The organisation offers culturally sensitive and appropriate services to its members and strives to develop, co-ordinate and deliver high quality, user-orientated day care, proactive outreach and supported housing to its members. Their resource centre offers various leisure activities, advice and counselling, help and support within the community, education and training, help with benefits, and a volunteering/befriending scheme. They commissioned an external evaluation in 1999, entitled 'Safe Space' and have produced a video about their organisation and the services it provides.

The principle that underpins and guides the service is 'Humanity and Holistic Health Approach'. One of the staff said, 'when an individual comes in we don't work on a medical model, we don't just see a 'schizophrenic' or a 'manic depressive' label of illness but a person who needs help'.

The organisation helps '...individuals with whatever problems they present'. Another staff member said the organisation is not just about mental health but looking at people as a whole. 'It's the main difference to other organisations, looking at social needs'. They also strive to meet people's cultural and spiritual needs.

'Safe Space' says the work '...is not centred around a 'therapeutic/counselling model'. Counselling is African-centred geared towards more practical problem solving. Both members and staff report that the majority of users (80% are men) were reluctant to engage in intrusive deep reflection of problems; they felt more comfortable talking about issues which they felt comfortable in disclosing'.

A culturally appropriate service is therefore fundamental to the approach of the organisation. As one staff member pointed out, she can pick up on things that people say and understand what might be strange to a non African Caribbean worker. The organisation feels that 'we are giving our members a choice'. They can go to other centres 'but it's the meals, atmosphere, the music, the pool table etc that they like here. People feel comfortable here'. It was felt that people's rehabilitation is aided because they are being supported within the community. Other ethnic groups are also using the centre. This has occurred through, for example, a client related to another client and a friend of a client who met on the wards telling them about the service. A staff member said, 'we have learned how not to alienate them and be true to our own core beliefs'.

The members of staff look at the service from a user's perspective and try to empower people. A staff member said, '...individuals helping themselves, that is the key issue for

me'. 'Safe Space' says that 'Reviews and service objectives at [...] have a real emphasis on the service needs of members rather than the members needing to fit into the service objectives in an inflexible way'.

The organisation views everyone as members, '...we don't have clients.... It breaks down 'us' and 'them', and gives ownership of the service'. All members are involved in the decision making. One staff member said, '...we have members' meetings when users tell us what they want or how they feel about something, or they just come into the office and say 'what about this' or tell us if they are not happy about something'.

'Safe Space' says that the '...project takes a very practical/activity based approach to its empowering strategies; [the organisation's] members are pro-active partners of these plans which are designed to foster Self-Help. The formula appears to be reaping positive results as people reduce admission/relapse rates; report 'feeling better' and healthier; take up voluntary work in the community and many other positive outcomes'.

The organisation looks to get users to be able to help themselves. 'Safe Space' says that members reported 'finding that the awareness and education based on healthy living skills helped and informed them to survive in society without resorting to self-harm. An example of this is the education/advice received about alcohol and drug abuse, and the possible resultant negative effects on psychological functioning, behaviour and coping mechanisms'.

One user said '... the help with living on my own is most useful to me I appreciate the cooking class [cooking for one] and the help they used to give me in my house. I'm alright now I can look after myself. I just visit here once a week for the company and nice West Indian food'.

The organisation provides an assertive outreach support service '...in both practical and therapeutic ways'. Practical ways would include, for example, assistance with setting up a new home. The aim of the outreach is 'to enable clients to cope with and maximise their daily activities, which will enhance their independence and actively work towards preventing relapse'. They work to enable clients '...to make their own choices and decisions on issues that affect their lives'. They aim to contact clients at target times 'such as evening, weekends, and bank holidays'. They also work with the family, carers and friends of the client, offering them advice and support.

A member of staff said that it was through the outreach work that they could show the need for sheltered housing. A project has been set up in partnership with 3 housing associations. The project has 8 flats with attached housing support workers from the organisation and one of the housing associations. There is one property that provides 24-hour intensive care for 18-22 individuals who have been totally excluded from mental health services in the area. The project aims to '... assist the client in all aspects of making a good transition and setting up in their new home'. Promoting and encouraging the client's self-sufficiency allows '...for a positive life within the community'.

One staff member said that before housing projects such as this, they were meeting the mental health needs of the client but not the social needs, that if someone moves to a safer area they feel better. They pointed out that homeless hostels would not have helped these

clients and generally when they were in hospital they would be in the locked wards. It is an open-ended service [no time limit] and they are continuously in touch with members even when well, so they can pick up on signs that they are getting ill. They can access people who cannot access the centre. Furthermore they said that other outreach projects are not engaging with the organisation's client group.

The experience of statutory services has often been poor for users. One staff member said '...there are other day centres but the client group doesn't feel comfortable there; that is the reality of it'. A staff member said that around 50% of their members are termed 'difficult to engage with' by statutory services and that many of their members don't want to engage with statutory services, as they are suspicious of them. The organisation feels that the majority of their clients have nowhere else to go and would not receive the service they need if the organisation was not there.

One user said she had tried 3 or 4 different day centres, one for a year where the hospital referred her. She said she didn't like it at all, but had to continue as it was part of her care plan conditions. She said they were all English and that it did not fit her cultural background. She said they were drinking a lot of tea and talked to her like she was a child. She said she didn't appreciate it, that 'they just see you as someone with illness'. The 'Safe Space' research said many users '...expressed their feelings of relief with the fact that they are 'understood' by Care Workers at the Centre and not perceived as 'strange' when they naturally discuss feelings about their spirituality'.

A CPN might be late in going to give a Depo injection at a client's house, and if the client is on their own they may not wait and go out. The CPN can meet the client at the organisation so if they are late the client will be prepared to stay. They have a minibus going to the hospital everyday. Consequently they have increased the percentage of people going to appointments. Staff said that through past experience they haven't liked CPNs and social workers, so the organisation interfaces with them on behalf of clients to ensure they receive the service.

The organisation works with other mainstream agencies. It provides School of Nursing and Social Services work placements at the centre. The organisation feels that it enables the people on placement to see clients in a more natural setting and see them as a person, therefore when they see them on the ward they are less likely to stereotype them. Those doing the work placement develop friendships that they may not have done had they not been on the placement. The organisation said that this project leads to a greater understanding between statutory services and the African Caribbean community. The organisation feels that partnership working is important particularly where a person's life can be improved by doing so.

They have received a NHS Beacon Award in recognition of the invaluable partnership work between themselves and the [...] Health Care Trust. Several Beacon days are happening this year.

In order to try and combat the 'revolving door' syndrome, the organisation has set up a Befriending Scheme. It aims 'to alleviate the oppressive and destructive feeling of loneliness by matching trained befrienders with black people who have or had problems'. They provide training and continued support for the befrienders with the aim that the

relationship with the client will ‘...develop their own self respect, self confidence and self worth’. They ‘...particularly welcome volunteers who have a cultural understanding and acceptance of the African Caribbean Community’.

Both ‘Safe Space’ and our research shows how users value the type of service they receive and that it is culturally appropriate. ‘Safe Space’ says that prior ‘to being referred/or the conception of [...], all members voiced a recurring theme that ‘...those other services had plenty of people running around (staff) and activities but they did not suit me’, that they felt ‘...unwelcome and isolated – they did not understand where I was coming from’.

One user said the atmosphere here is different, it is warm and friendly, ‘it's like coming to my second home’. Another said ‘Yes, I like everything – the activities, the people, the music, the atmosphere, the food and the flat which they help me to get. I haven’t had a relapse for 2 years and I don’t feel like I will again either’.

A staff member said that sometimes people come in and it is not the staff that start to help them but other service users. Patients meet in hospital and people who come here tell others about the service and say ‘*Go and see X*’, they help each other out’. ‘Safe Space’ observed users ‘to actively support each other, and fellow members who were newcomers or who were in a more severe state of illness than themselves’ and that ‘some members reported, simply, ‘feeling better’ just by entering the project and meeting up with staff and other members’.

The organisation has helped users stay out of trouble with police. They accompany people to court and go to the police station when a client needs help. A member of staff said that there was a client who the prosecution described as ‘dangerous’ who was released into the care of the organisation, and that there are others who would never have got bail without the organisation. A user said that when he was at the police station, ‘X advised me to stay calm, he reassured me and helped me in this way’. A member of staff said, ‘...the service has worked so well. We have kept people out of prisons....’.

The organisation has appointment of benefits of some clients. The clients' benefits are paid direct to the organisation and staff help them to manage their money. The scheme was set up for people who can't manage their money, for example for those that have a drug problem or are exploited by others. The scheme works because the staff have ‘...built trust over a long time and they [the clients] know we do not take advantage’. When clients are able to manage their finances the benefits are no longer paid direct to the organisation.

Users commented on the outreach work. One user said she has a social worker that she has not seen for a long time but that X (an outreach worker) ‘comes to see if I am coping and doing alright’. Another user said the staff are friendly and they listen, that ‘sometimes they come to visit me at home, they come to keep me company’. A user said that the outreach worker has helped her to cope with her bills’. Another said ‘...I am alright now, I have friends here who understand me [members and staff] I feel a lot better and they help me at home when I need help’.

An outreach worker explained how she got one of the clients into sheltered housing, for older people. She said they never used to take people with mental health problems but the organisation got them to take the client because they promised to provide support.



The organisation has helped clients with personal relationships. One user explained how her husband became ill and that it was the first time she had experienced his illness. She said it put a lot of stress on their relationship and they separated, although they are back together now. She said the organisation helped her cope. That the outreach worker would come up and sit with her and phone her up, she would keep inviting her to places, for example, to the pictures [an activity provided by centre] and kept her involved with the centre and what was going on, 'I bonded with her'.

The organisation has also assisted people in terms of their identity. The organisation reinforces 'Positive self esteem from a Black perspective...in educational information, positive peer and staff role modelling and practical work experience'. Members reported finding the approach 'empowering'.

One user said 'I was living in distress in the community, I had lost my job, my home, friends, then hospitalised. Life stresses. Pressures, not being able to cope, no one to acknowledge my experiences of racism. I was also confused in my Black identity. I found the Centre and a Black man who could relate to me (staff). I can see the light now, even after 3 weeks of coming here'.

Another said, 'I feel frustrated as a Black man with not being able to reach my true human potential but after 10 years out there (in the community) I am now moving up. The spiritual 'help' I get here is now bearing fruit'.

### 3.2 Case Study 2 - A Disability Group

The group was set up in 1993 to work with African Caribbean disabled people to take action to redress the inequality in the allocation of resources to this community. The aim of the organisation is to raise awareness of the issues with decision-making bodies and to report back to its members.

They applied for lottery money to fund consultancy work to develop the management of the organisation and to pay for a project co-ordinator and information workers. The bid also aimed to address the lack of a voice of black disabled people with service providers as well as raising awareness within the African Caribbean community of services available and opportunities for raising their concerns.

The areas of work that the action group aimed to undertake with the lottery funding included campaigning, education and information and sign-posting to services. The services they provide are membership (there were 246 members in 2002), a newsletter sent to members and other bodies, such as social services, GPs and faith groups. The Friday club (for older people providing various activities, including outings), advocacy services, representation of views of black disabled people, referrals, campaigning/lobbying, examining the unmet needs of black people and organisation of activities and events. They also assist people with benefits.

One of the organisation's aims is that the beneficiaries '...will be able to articulate and voice their concerns more effectively and assertively than before...'. Another is to '...reduce the isolation, stigma and disabling barriers experienced by being black and disabled'.

However the organisation recognises that there are problems with achieving this. Many people in their client group are unaware of what they are entitled to and there is poor take up from the African Caribbean community of DLA and other benefits. Further issues are that people '...within the black community do not want to be seen as keeping asking for help...'; there is the view within the client group that 'you work for everything you have and don't get hand outs'. The organisation has said that it is '...difficult to get members to speak for themselves and claim benefits. Many are too proud to ask for help...'. For example a volunteer said some retired women have not 'been paid their full stamp but they are too proud to say'. Also the organisation's work with disabled men '...has been slow because of some reluctance for the men to become engaged...'. A staff member said that this client group, particularly when it comes to assessments '...don't sell themselves, they say they can cope, they won't admit to people in authority...'. Furthermore, they '...tend to accept when people in authority say No', if they think they have been refused they are reluctant to try again, if at all. 'They are very proud and very private'.

The organisation expressed concerns about statutory services. They felt that statutory services are not culturally sensitive. For example, some of the volunteers said that one of the great difficulties is that social services do not take into account cleaning. They said hygiene is very important to them and that people won't eat if the place is dirty 'to see that place dirty that will kill them more'. Another person said that if a person is disabled they might be encouraged to wash in the kitchen. She said because hygiene and cleanliness are so important many people would be reluctant and refuse to do this.

These volunteers also felt that cultural needs are not taken into account in terms of providing meals to clients, whether meals-on-wheels or at the hospital. 'They have a different culture and people are not always provided...with something they like, they are given food they are not used to'. They felt that social services may try but it is the way they express things that needs to change.

Someone who works closely with the organisation said that agencies such as the PCG and Social Services do not have the rapport with the African Caribbean community. They have policies concerning how to work with the African Caribbean community but that these policies are 'not proactive ones'. A member of staff said one of the problems they have encountered with social services is that a social worker visits a client and the client tells them they are fine and then 'the social worker takes it as gospel and goes'. Another person commented that even if the client is aware of the services available, which often they are not, they 'have to demand it, it's not a matter of course'.

A staff member said that the establishment see that the African Caribbean community can speak English, are mainly Christian, have been here a long time and that they have also, to some extent, become part of it. Therefore the establishment has not seen there has been a particular need. Also older people, in particular, don't ask for much.

Concern was expressed about other services such as the Citizens Advice Bureau. One of the volunteers expressed the view that the CAB 'give bad advice, that they don't really help'. Another person said that the CAB is within a formal setting and so people feel they have to behave in a certain way and say the most 'appropriate thing'. A member of staff said part of the reason that people are unaware of what they are entitled to is the fault of the Local Authority and the CAB because people are not given one-to-one personal care, to fill in forms for example, and that they do not understand that black people are often reluctant to discuss health issues.

One of the volunteers felt that because there are not enough services for older people, that as their English is not always very good, and are unwilling to admit they cannot do things, they are 'suffering in silence'.

The organisation feels that it provides a culturally appropriate service. One staff member said that everyone has a right to access services and information appropriate to them. The organisation feels that they have helped users overcome many problems '...on an individual basis and now by word-of-mouth...'. Although staff said that users often depend on them, the organisation does not wish to develop a dependency culture where people are totally reliant on them. They suggest to users other organisations and people to contact apart from themselves.

One staff member said that part of their success is that clients have people they can identify with at the organisation, another said that the organisation understands their culture. This person also said that help and assistance can in fact happen informally, that sometimes this is a more appropriate way to assist people in the community. The organisation also has white and Asian clients 'who have been amazed they have taken time with them'.

Another member of staff explained how they had gained the trust of their users. As an organisation they stress the confidentiality of information. Through their outreach work they gained a 'confidentiality track record' and built up trust, so people became happier to get help from them. Some clients gave them information about their problems that they had not told family members, for example, someone had a problem with incontinence and had not told their daughter.

A staff member said that the organisation has made people more aware of things they are entitled to, that it has given them a voice to speak about issues or ask for help and information. She said, 'some of the members have got more articulate'. The organisation felt there is still much work to be done. As one of the volunteers said 'they are still trying to educate people, it's a long process'. They are in process of setting up a men's group, who have been more reluctant than the women to participate. The interest has been significant. It was also felt that the work of the organisation had helped to reduce the isolation experienced by some of their clients.

A member of staff thought the organisation was better for their client group than statutory services because there is no language barrier, it's jargon free, the clients are more able to explain what they mean, and that they don't feel under pressure, it's 'an environment with a comfort zone'. One member of staff said there was a need for organisations outside the statutory sector to 'give the ideal base as a starting point for providing appropriate services', then '...the Local Authority can take off and run it from there'. Another member of staff felt it was important to work in partnership with statutory bodies. They felt that Social Services and the Health Authority should value their service and that they as an organisation should market a service that will enhance as opposed to criticise the work of the statutory sector.

The organisation now has greater contact with statutory services. They '...meet with service providers to ensure appropriate culturally sensitive services are made available. We are now consulted by the Local Authority, Health Trust and Primary Care Group on their Service Plans'.

A staff member said that the working relationship with social services has improved. They have made statutory bodies more aware of the cultural needs of the community, for example, that people will not prepare food in the same room as bathing. They also work with other organisations '...to ensure the needs of the black community are met'. They are involved in groups such as the Carers Network, which covers all disabled people.

A member of staff said they have 'built enough credibility to have made the case the community is better for it', for example that the service take-up is high. Another staff member said 'a project like this is a valuable asset – it's needed'. One of volunteers felt the organisation 'has contributed to the community 110%'. Another said that younger people don't care for the family so the service is needed. Also that it has helped her personally because she knows the organisation is helping others.

The members of the Friday Group said they receive help and advice and get assistance with filling in forms. One person said the organisation had helped her get adjustments made to her home.

They said they come for company, chatting, laughing, socialising and that 'it's a day to look forward to'. They felt the group brought people together. Some said that the group sustains their friendship, for example they now call each other to find out how they are. If someone didn't come because they were ill someone would ring them, 'this didn't happen before ...it brings us all together'; it's 'not just saying hello in the street'.

Members of the group said they were happier now that they were coming to the group, that it relieves tension. One person said that before the group started people were at home and lonely. Another person said she got very depressed sitting in the house and since joining this group the depression has gone. Someone else said that the group 'brings people out of their shell'.

They said they 'don't feel they fit in' with other groups. One of them said she had been to a lot of groups but never stayed. One person said, 'this is there for us'. People appeared to greatly value the organisation and services it provides. Someone said that 'it is spot on' and 'if we didn't have this group I don't know what we'll do'.

### 3.3 Case Study 3 - A Women's Project

The group started 10 years ago, as a support group for Somali women, first with getting together and talking then story telling. The person who started the group felt there was a need to do more for the community, so applied for money from 'Basic Skills for English'. They then applied for funding from the lottery to expand the project.

The organisational mission '...is to develop solidarity between Somali women of [...] so we may support our children, develop ourselves and contribute to the community as a whole. Further we seek to:

- Develop self-confidence and create learning opportunities for young and older Somali women through the pursuit of education and cultural activities.
- Offer guidance, training and support to Somali women seeking work or developing businesses.
- Support young Somali women morally, emotionally and socially through structured advice and practical youth initiatives.
- Work with Somali women so they may support their children in education.
- Explore, exhibit, celebrate and develop Somali culture in a modern setting.'

The organisation also aims to develop communication skills, particularly with English, develop modern industrial skills, and improve educational and career support for the women in this community.

The area in which the organisation is based suffers from many aspects of deprivation. A staff member said one of the problems with the 'culture' of the area is that there is little interest in education. The problems encountered specifically by the Somali community were identified as underachievement of young people and cultural misunderstanding, i.e. that Somali people may not understand the culture in this country. Furthermore that there are communication barriers for women because they do not speak English. This can mean that they do not know their neighbours and become isolated.

A member of staff said that many members of the Somali community do not know how to use services. One of the reasons for this is that they have come from a culture with neither GPs nor a Social Security system, and that 'to understand it exists is a major thing'. They said that not being able to speak English might lead people to suffer from intimidation and humiliation. Although 'there is talk about equal opportunities.... systems push you to one side – there are posters in Somali but no interpreters'.

The services offered take place at the organisation's Training and Resource centre. This centre is resourced with equipment such as ten computers, a television, a video, a music centre, a mini-laboratory and an overhead projector. It is also a drop-in centre for young people seeking to set up e-mail addresses and use computers to send e-mails, develop web-pages, access the Somali-net, do their school or college work, practise word processing and so on.

There are a number of Education and Training projects. The Sar Mentoring Project prepares young women of 14-25 to undertake voluntary work in the Somali community.

The Somali Mothers and Grandmothers Project offers English for daily use. The Swimming Project is for young Somali Muslim women for health and education. The Sewing Project is for older women for personal and employment reasons. The English for the Management Committee course aims to increase management capacity. The IT and multimedia project is aimed at young people. The Junior Youth Group is a three-year project to work with the younger girls. Computers for Everybody is a project where computers are loaned for home use. Education advice and support is also offered. Homework support is given to the young people.

The organisation's Arts projects '...set out to enhance educational and moral pursuits, celebrate Somali culture in the British context and suggest employment opportunities'. They include: a three year Arts Project to introduce learners to multimedia skills and film-making, music and song writing, reading and writing, story-telling and poetry. The Weaving Project is for older women to share traditional arts with younger women. The Music Project is targeted at young people as leisure and education. Storytelling and Hairdressing classes are both recreational and educational, targeting girls of twelve to fourteen.

The three-year Guidance and Counselling project for young people '...cascades training, knowledge and advice to other young people and directs them to appropriate agencies'. They also offer support for those seeking employment or wishing to start businesses.

The organisation does extensive work with young people. The organisation feels that responding to the needs of young people in their new environment in the UK will enable them to achieve educationally and in employment. They recognise that sometimes it is difficult to motivate young people. They are always looking at new ways of encouraging participation and projects to engage them. For example, they set up an essay writing course, but were not able to run it due to a lack of interest. One staff member commented that 'people are very proud...they feel intimidated by it, so we then changed it into a personal development course and ran that'.

The organisation has carried out a piece of Community Action Research identifying the educational needs and issues facing young Somali people city-wide. The research was carried out with a university in the area. The organisation trained and utilised young people to carry out this research. The benefit these young people gained '...has prepared them for other work we hope to put their way in the future'. The research looks at these young people's aspirations and makes recommendations to the LEA and schools. The organisation feels that valuable data was collected and important issues were raised. A conference was organised by the staff of the organisation to take further the findings of the research. A range of people attended the conference including the Chief Executive and Education Director of the council, the young people and their parents, many heads of public authorities, schools, the local college, universities and the Somali communities in the city.

The Mentoring Scheme, initially funded by the Community Fund, is aimed at young people aged between 14-25. Each trained mentor works with around 3 mentees of a similar age group. The Programme runs for 20 weeks a year, and if completed the mentor gains an OCN Accreditation. The aim is to enable the young people to increase their knowledge of the careers service, mainstream training providers, the college and higher

education provision. Furthermore the project aims to raise educational opportunities and attainments. The organisation feels that the mentors and mentees have gained confidence and their awareness of careers, training and employment opportunities, health services, and youth organisations has been raised. The organisation has observed that both the mentors and mentees have made excellent use of the IT equipment and resources at the Training and Resource Centre and this has tremendously increased the young people's knowledge of IT and the internet.

A staff member said that the mentoring project is seen as more important than accreditation. The people in the project get really involved in the community and visit various organisations as part of their training. She said '...it takes them a long time to feel they are worth something...there are issues around identity'.

From coming to the organisation, staff feel that young people have become more aware of what qualifications they need to pursue certain careers. One staff member said that some young people didn't realise how long it takes to qualify, for example, as a doctor. They said that the young people have become more realistic, '...they are not dampened by it - they do go for it as opposed to nothing at all'.

Staff said that schools are commenting on the improvement in the young people's educational achievements. The college also recognises that they have helped get people there, they have said that the Somali people are now always on the computers. The IT project, funded by the Community Fund, was very popular, a staff member said 'they didn't want to be taught - they wanted access'. One staff member felt that if the organisation were not there, people wouldn't have been able to use other services, they would not have had the courage to go. The organisation speaks the same language as them and knows what people's problems are.

The young people have become involved in more and wider activities. They have helped organise events, for example Somali Independence Day, Eid celebrations, a fashion show for Children in Need, and a cultural festival. A member of staff said that 2 years ago they wouldn't have been able to do this. She said 'you can see how the young people have transformed - they are more settled, more responsible and confident...they are completely different young people to the ones that started'.

The organisation has explored opportunities for employment for Somali women. They worked on developing a strategy for helping unemployed Somali women. Part of this work involved another piece of research with a university and the women themselves. The aim of the research was to identify specific problems Somali women face in this country in terms of employment, education and training and sought to identify solutions to these problems. The report pointed out that the '...findings confirmed many of our initial assumptions. In particular these women endorsed the idea of working with them to establish nursery businesses'. They are working to develop and offer training to the women in basic management, financial management, specific business knowledge and English support. The organisation has helped them open new businesses, one of which will be a café, open to the public, within the organisation's centre. The aim is that this will increase the employment opportunities of these women.



The organisation carried out a number of diagnostic meetings with Somali parents to identify ways in which they can support schools and their children to deal with the under achievement of Somali children. The Somali Mothers as Partners project was set up to raise the mothers' awareness of how the school system works in the UK and aims '...to develop Somali mothers so they become school governors' and become involved with their children's learning. They are also encouraging the women to set up and manage a Somali Women's Action Group for schools.

Books based on the experience of the women have been published. These publications have sought to give a voice to the older Somali women and record the richness of their culture. The books are entitled; Shells on Woven Cord, How the Meat was Divided, and Footsteps.

The management committee is all women, some of whom are users. The organisation would like more of the centre's users to be involved. However many of these women lack the necessary skills, hence the English for the Management Committee course was set up. They have a crèche so people can attend the various classes on offer. To help the organisation develop in the future the organisation would like to get more young people involved in the management committee.

The organisation holds monthly discussion meetings for members/users. They can raise their views about what they think needs to be done at the centre. The organisation, by asking for the support and guidance of the members, see the users as involved in the organisation and delivery of the services provided. In terms of the young people, one staff member said 'the sessions are theirs' and that as staff they try 'not to impose our ideas'.

Staff encourage as many people as possible to come to the centre and make use of the resources by getting the women and young people who have already made use of the resources to undertake outreach for the organisation. Volunteers are recruited for outreach in the community.

The organisation works with various groups, for example with the council and the police to make sure their users 'get what they need'. A staff member said that initially they did not know how to approach the statutory sector but that they have moved on a lot. The combination of experience and appointing a director who formerly worked for the local authority has helped the organisation make 'our network stronger', increase their contacts and develop 'a very strong system' in terms of organisational management.

One staff member said that they see consistency as important as it develops confidence with the users. However, they also said that it is necessary to be professional rather than bureaucratic. Being professional shows respect for people and means that users can respond in a similar way, for example, by turning up to class on time, 'a professional approach helps to improve the quality of provision'.

As an organisation they feel they have learnt more about the needs of the community. They review courses because they work closely with the community and make changes according to need. They also feel the research projects have helped to focus their work. One member of staff felt that they know the community needs essentially 'because we are

part of it'. A member of staff said that the centre is 'moving the whole community', making the community very active and challenging the idea of laziness.

Some users said that the organisation was the only place for girls they had seen, Somali or otherwise. The fact that it is a women's organisation was important to them. These users said that 'it is good for girls, they can be themselves, their parents are alright about them coming because it's a women's organisation, also they know the people working there'. They said that if it were more mixed (i.e. boys) girls wouldn't feel comfortable.

Although the projects are primarily for females some of the youth projects have involved a limited number of boys. They said that if the organisation closed they would not have anywhere else to go to and that people may get involved in crime, 'particularly the boys'.

Users felt they had learnt a lot about job opportunities and careers. One person said she now knows there is more than one path to university, another that showing them how to write CVs had been helpful.

The users felt the organisation had given them a lot of support and valued the atmosphere and ethos. One person said 'if you have got problems at home come here, they really boost your confidence, they are really by your side when you need something'. Another said 'you have freedom here, they treat you like adults'. One person said that she meets friends here, she feels comfortable and that in terms of the staff she 'trusts them'. Another user commented that 'it makes you feel important, that you are part of something'. The users felt the organisation was gaining recognition that 'it's starting to be known in the Somali community'.

It was also important to them that the organisation is targeted at the Somali community. One user said 'it is really friendly, a really nice place to go...you can come here with your problems, with your education or family, that sometimes you can't talk to friends or family about, they are like counselling, because they are Somali they can relate to you more. They are my mother's age so they can understand the problems from both perspectives'. Also 'it's better to have this in the Somali community – they are more open to them, they have more things in common, they have the same culture, they can talk in the same way'.

The organisation was also important to users in terms of establishing their identity. One person, born in the UK, said she got to know more Somali people from coming to the organisation, 'this is how I learn about my identity'. It has brought her closer to Somali people, she said she understands them more, for example tribes, she said 'I know what I am and that's what matters'.

### 3.4 Case Study 4 - An Advice Agency

The organisation describes itself as an ‘...independent, generalist advice agency which provides confidential information and support to local residents. We hope to enable people to make their own decisions about their life and future, and bring about improvements in their standard of living’. The organisation has been going for 25 years. It was set up in 1977 ‘...for the benefit of the people of [...], particularly to promote the advancement of education and health, and to assist in the alleviation of poverty, distress and sickness’.

The area covered by the centre has ‘...high levels of poverty and disadvantage with a large ethnic minority population, including the highest proportion of people of Pakistani origin in [...]. Unemployment is 3 times the national average and [...] has the highest proportion of Income Support claimants in [...]’. There is racism and harassment in the area and high rates of crime. A high proportion of the population are immigrants – ‘they don't understand the system and don't have English as their first language, or at all, they are unaware of their rights, there is no mercy for them’.

The demand on the centre is high. From April 2001 to March 2002 they had ‘...3050 client contacts, opened 476 cases, closed 380 cases and dealt with 4732 enquiries. The total amount of money gained for clients was £175,526’.

The organisation provides advice on a range of issues. These include; welfare benefits, debt, housing, immigration and nationality, asylum support, disability, legal problems, local information, consumer issues, family problems, and access to education and health services. They have appointment-based advice as well as a drop-in service. They carry out home visits and telephone advice for housebound clients. They also will refer people to other organisations and make appointments for them.

The organisation is now a registered charity and in 2002 it was awarded a Community Legal Service Quality Mark for their provision of help and casework for welfare benefits.

The overall aim of the advice centre is ‘... to give quality advice to the local community’. The staff at the organisation feel the centre enables more people to get advice because it is ‘... not just about quantity it's about quality, for example being able to provide a culturally sensitive service’. The organisation feels it is important that clients can be advised by someone from the same ethnic background as themselves.

They are able to provide advice in different languages, either directly, or through an interpreter. Their monitoring data on language shows that those advised in languages other than English/Urdu was 8; in Urdu 277; in English 2131. They interpreted in a language other than English/Urdu for 15 people and in Urdu for 3.

The Centre is ‘...very well known in the local community (our recent survey showed that about 80% of people asked in the local shopping centre knew of the Advice Centre)’. The centre liaises with ‘local community and statutory organisations to improve services for our clients and support the development of the local community’. They also try to represent themselves at local community meetings and events.

At present they are looking to recruit a paid Asian Urdu/Punjabi speaking advice worker to further strengthen links with the Asian community and support bi-lingual volunteers. However, '...in the past, [...] has been unable to find a skilled Asian Urdu/Punjabi speaking woman to appoint to a paid post, to meet this need in the community. The project therefore aims to enable Asian women in particular to develop advice work skills and potentially obtain paid posts in this field in the future'.

The organisation runs a volunteer advice project, funded by the Community Fund, training local volunteers to give advice. 'The project helps people to become more involved in their communities'. It aims to '...train volunteers to do advice work in the centre...it is there for people to gain training and skills to help them to get paid work'. It is '...a professional training route'. The project also assists volunteers to go into further study.

The project supports '...the involvement of people from diverse ethnic, cultural and linguistic local communities as volunteers at [...]'. It particularly aims to recruit Urdu and Punjabi speakers.

By recruiting such people the aim is that the project '...will enable local people to be more involved in the running of the advice centre and will make it more representative of, accountable to and better able to meet the needs of the community'.

It is intended that '...the contribution of volunteers will enable the Centre to offer more advice and in ways that better meets the needs of the community e.g. advice in Urdu/Punjabi'. The organisation feels that being able to offer advice in these languages has meant more of the Asian community now comes to the centre. Also that the work with volunteers has enabled them to become more representative of and responsive to the needs of the community.

In 2002 they had 100 enquires for information and took on 18 people, the highest number they have ever had. The ethnic makeup was:  
White British 7, Black African 1, White Irish 1, Black British African 2 Asian British/ Indian 1, Asian British/Pakistani 2, White Other 2, Mixed White and Black Caribbean 1, Black British/Caribbean 1.

The organisation feels that the volunteers provide an important link to the community, breaking down barriers, by utilising their own life skills and understanding of community languages. Currently volunteers speak 11 languages other than English. 976 people directly benefited from the volunteer project – 948 clients and 28 volunteers.

The recruitment of volunteers is not only better for users but also for the community. The '...skills, experience, qualifications and confidence...' gained by the volunteers '...will also remain in and support the development of the local community'. Those who have gained skills and work experience can put something 'back into the community'. 'As more people are involved in [...] as volunteers, more people hear about the project through word of mouth'.

Volunteers become part of the project for different reasons. However the organisation feels they 'generally place a strong emphasis on developing their confidence and obtaining

recognised skills and experience'. Their last set of volunteers all left and got jobs in a variety of employment.

'In addition to our own trainee post, 1 volunteer has become an advice worker with young people, 1 an asylum seeker/refugee support worker, 1 a Benefits Agency worker and 1 runs a Post Office. 1 Volunteer has begun a Law Qualification and 4 have undertaken external accredited training in advice work issues through the project in Year 2.'

The organisation does face a number of barriers, both in recruitment and retention of volunteers, which are often a reflection of the community. Family pressure, particularly for women, dissuades them from volunteering. For men there may be even more of a stigma attached to volunteering. The organisation recognises that their values 'do not fit in with Asian orthodoxy – they are about individuality, empowerment, confidentiality – they are not the values out there...'

Some of the volunteers have experienced domestic violence and volunteering was a route out for them. However to try and overcome these barriers and to work effectively with the volunteers, especially from a range of backgrounds, cultures and languages '...requires a great commitment from the organisation'. They '...must be committed to the development of volunteers skills as part of the centre's role in the community for its own sake, not just as a means of providing more advice'.

Staff said that for almost all volunteers, the more structured the training and support offered, the more attractive and satisfying volunteering is. This way '...people can see what they will get out of it - it's not volunteering in a willy-nilly sense, they get a qualification. This has more status; it's then easier to clear it with the family'.

'We are the only advice centre and the only organisation offering voluntary advice work training opportunities in the [...] area. To the best of our knowledge we are the only organisation in the area offering structured accredited training opportunities to volunteers in any field'.

The two Volunteer Development Workers (a full-time post that at present is a job share) are responsible for the recruitment, selection, training and support of volunteers. Paid advice workers '...act as mentors, enabling volunteers to gain specialist advice work skills, enabling them to compete for paid work in this field'.

During the final year of the project they have tried to develop '...the role of experienced volunteers to support new ones. This will enable us both to sustain the volunteers' work and enable experienced volunteers to gain supervision and training skills'.

Due to the diversity of the volunteers they 'will be offered a range of voluntary work options according to their experience, aptitude, interest, goals and circumstances. They can work as interpreters, advice support workers, full advice workers or admin workers. Volunteers will undertake an accredited Advice Work Training Programme. The Project also aims to develop specialist training for interpreting and bilingual volunteers'.

'All received one-to-one support with each case they dealt with, as well as having monthly individual supervision sessions to discuss their development and training needs'.

‘We will try to ensure that the opportunities available to volunteers through the project are accessible to all. We will do this by taking account of people’s educational, employment and cultural background and offering a flexible, supportive and developmental approach. Volunteers can choose different options depending on their circumstances and can progress to different roles as their skills and confidence increases. No volunteers should have to incur any costs in the course of their volunteer work’. All volunteers are paid out of pocket expenses, including childcare.

The organisation has a Volunteer Participation Policy which ‘...sets out a process for volunteer involvement in the development and management of the project and organisation. Volunteers attend regular volunteer meetings where they agree representatives to attend Management Committee meetings. Day-to-day running of the Centre is done through weekly staff team meetings and volunteers are welcome to attend the first one of each month on an equal basis with other staff. Volunteers will also be invited to have a representative on the group, which monitors and evaluates the Advice Work Training Programme’.

The management committee is relatively small: at present there are 3 white, 1 Pakistani, 1 mixed race (Pakistani and white), 1 black African (Sudanese). They are working to increase the number of people in the Management Committee who are local and from ethnic minority communities. The Volunteers Development Work is seen as a means of achieving this.

‘Three former volunteers are now members of the Management Committee. Experienced volunteers participate in the recruitment, selection, training and support of new volunteers...It is hoped that volunteers who have progressed to other things may wish to stand on the Management Committee’.

From speaking to the volunteers it was possible to see how personal and community development were linked. The volunteers felt the project has assisted with their professional development. One said, ‘it’s a starting point to paid work, to getting into advice work’. One person said that if the centre were not here she would have gone for a factory job.

One volunteer speaking for others as well as herself said ‘it’s good to come and gain good experience and skills in order to achieve what they want afterwards. Keeping up with the job market is hard – a lot has changed – this gives me a better chance for a job’. The set of volunteers in the previous year was mentioned by one of the volunteers. She said that the reason they have now all got jobs is because of volunteering at the advice centre. She said ‘...there is no way they would have got jobs otherwise, it’s impossible – it shows commitment to employers – there is more to it than just money’.

Volunteering also had an impact on personal development. One person said ‘the advice work is good for your own life, it’s good for your research skills’. Another said this voluntary experience has helped with her confidence and English language skills. Another volunteer had experienced some difficulties in her personal life. She felt the volunteering had helped in that it made her aware that ‘...there are people with worse problems than herself - but that they can be overcome with help and time, a lot of time’.

One person said that if she had known about the centre before becoming a volunteer there 'my life would have been completely different'.

The volunteers felt positively about the organisation. One said, 'the centre is excellent, well run, well managed'. They felt the training they receive is of a high quality, it 'is the best training'.

The volunteers commented on the style of working. One said 'paid and unpaid workers work as a team - they ask us about our ideas'. Another said there are 'very supportive staff - they give you a lot of help and information - I am not shy to ask for help'. One thought the way everyone got on was 'remarkable'. Another commented that the staff are tough on the volunteers, but that 'when you have got through it you have learnt something by it – it only works if it's 50/50'. The volunteers felt that without them the paid staff would not be able to run the centre, also that the staff '... have learnt a lot from us – we have been very outspoken'.

The volunteers felt that they were helping the community, to 'show them what's out there for them, empowering the community'. They said the community needs the centre, especially the Asian community and asylum seekers for whom English is not their first language and 'don't know the law'. They said that for clients 'to be able to relate to workers in their own language is a real plus'.

The centre has 'worked well with all communities, no community has stood back, everybody utilises it'. One said that people come back to the centre and that 'new clients come because of the old clients'.

They felt that the job can be tough, one person said that 'it's hard work – clients can be difficult – it takes guts but it's well worth it'. Another said that you can '...put something back into the community'. One person felt the volunteer project is about empowering people. '...they are up and coming - the younger generation, particularly of ethnic minorities, are coming up. Until you get into it, parents in particular don't think it's worthwhile, they don't understand it, they think maybe it's advising people against their culture'. One person said, 'it makes the difference that needs to be made'.

One volunteer commented that the project is definitely beneficial. It '...opens doors to other things, you can go on to other courses run by the council'. Another said she has learnt a lot and is enjoying it, that every week she is developing new skills in new subjects. Another person said she had some spare time and didn't want to be frustrated at home. She said the centre has been helping her develop her knowledge, she never thought she would be doing this, she didn't think it would be very interesting but said that it is.

Volunteers who have been users of the centre also felt positively about their experience. One of the volunteers explained how the centre assisted her with a court summons regarding her housing benefit. The advice centre helped her to resolve the problem, which turned out to be a mistake by the housing association. She said 'she realised that lots of people like her might be stuck, thinking that they can't argue with the authorities and thinking that it is their own mistake - especially people who can't speak English'.

Volunteers/users also felt that the project has put something back into the community, one person said, 'it has assisted people to help themselves'. Another said 'it has broadened the community's knowledge and has helped them - people can function better at home and so encourage their children to get on'.

'There is so much to learn here – from office skills to (much more difficult) people skills. It is a real privilege to help people, and the more complex the problems people bring in, the more rewarding it is to help them find solutions. I get a tremendous thrill every time I achieve a positive outcome for a client. I have also found that as a volunteer I have been able to work out what my strengths and weaknesses are...I have gained invaluable experience...'



### 3.5 Case Study 5 – A Carers of Older People Project

Research conducted by the organisation and SEMRU in 1996 into the needs of minority ethnic carers of older people provided evidence that existing health, social work and voluntary sector services are often inaccessible and inappropriate. In 2001 it established Scotland's first dedicated Minority Ethnic Carers Centre. The Minister for Community Care – spoke at the official launch 'paid tribute to the hard work and dedication that enabled [...]’s vision to become a reality’.

The mission statement is:

‘By working in partnership with carers, the voluntary and statutory sectors, [...] will actively seek to challenge and dismantle barriers which deny black and minority ethnic carers access to health, social work and other social care services in [...]’.

The organisation works specifically to:

- Support black and minority ethnic carers of older people to access supports and services appropriate to their caring situation.
- Develop a strategic response to identified gaps in service provision.
- Assist service providers, both statutory and voluntary, in the development of ethnically sensitive/culturally responsive services and practice.
- Develop opportunities for the active involvement of black and minority ethnic carers in community care planning and consultation.
- Raise the profile of black and minority ethnic carers and their needs in Scotland.

It offers a free and confidential service to black and minority ethnic carers of older people (aged 45+), a multi-lingual advice and information service, advocacy and casework support, individual and group support to carers, education and training opportunities.

There are social and recreational activities, drop-in facilities, and a carer's well-being service with therapeutic and health orientated activities as well as outreach work. There are also talks, workshops and outings.

They provide specialist advice and information to older people as well as health, social work and voluntary sector staff and students. Enquiries have ranged from benefits advice and accessing services to how to work effectively with minority ethnic carers and users.

‘Staff have also been working hard to raise awareness amongst our health, social work and voluntary sector colleagues about the Carers Centre and what support we can provide. This has been very successful with a growing number of referrals from these agencies’.

The centre is also developing as a community resource from which a number of smaller organisations regularly run activities and events.

They have secured funding to develop guidance and training materials on culturally sensitive assessment and hospital discharge procedures. This is to be piloted in [...] and then offered across the whole of Scotland. ‘The aim of this programme is to reflect the diverse needs of minority ethnic carers and those they care for as a way of enhancing the quality of health and social work services they can access.

The Diverse Assessments Programme will work with primary healthcare staff and social work teams in both hospitals and the community.

In 2001 they launched a Directory of Resources aimed at workers wishing to access materials available in community languages, 500 were produced and distributed to health and social work staff. They wish to update this resource, produce a Carers Information Pack in community languages and also six monthly 'trends' bulletins to inform service planners.

The organisation is a member of the National Care Standards Committee and has chaired working groups, e.g. on Short Breaks and Respite. They have also contributed to the development of standards for other service areas. They participated in the Scottish Users Conference – a number of carers also attended a 'Carers Reception' with the First Minister as part of National Carers Week. Locally they continue to be represented on a number of joint planning groups ensuring the needs of minority ethnic carers are recognised.

Between April 2001 and March 2002, there were 3 six week courses aimed at increasing carers' knowledge of health services and also housing options. 14 Chinese carers and 11 Asian carers participated on the 'Coping and Caring' course. They reported that their knowledge and confidence in approaching the health service had increased. A number of carers subsequently have requested and received additional support. More 'Coping and Caring' courses are planned.

9 Asian carers and older people participated in the 'Housing Options for Older People'. Visits were made to 5 housing providers to view the accommodation and to learn more about the various forms of housing support available.

There have been other opportunities for Asian and Chinese carers to meet, e.g. a joint outing to a Safari Park, a 3 day photography workshop with the Workers' Educational Association and a day of healthy activities held during Older People's Week.

The Chinese carers group has been attended by up to 40 people. They have been on outings, social events, information sessions on health and social work services, participated in a conference and community events.

The group also played an important role in helping develop the services by providing a regular means of consultation and communication. It is planned to take this further through a course in 'Developing Evaluation Skills' for users, so they feel able to say that there is something they 'don't like' and not be worried that this may mean it will simply be taken away.

In terms of staff, there is a Chinese worker for the Chinese carers and a Bengali worker for the Asian carers amongst whom are also Indian and Pakistani carers. The wellbeing workers are both Asian – all are women.

Part of their aim is to reach out to the wider community, to identify hidden carers and to make a significant change in the lives of carers. The project has helped to recognise what had previously been unrecognised needs of carers. As one worker said, 'the more I go into it the more needs and demands I find'.

The worker said that 90% of the Asian community in the area are Pakistani, that they are different to Bengalis. The Bangladeshi community is very hard to reach; Bengalis are not comfortable coming to groups. Chinese people find it difficult to live in someone else's house, older people mainly want someone from the family to look after them as opposed to someone from outside. 'They [carers and cared for] prefer to provide the service themselves, 24 hours a day, it's just the culture'. Carers are often isolated and it takes time and effort to involve them.

Some had been losing out on benefits, being fearful of asking for anything. They have gained in financial terms.

There have also been barriers to accessing various services. Some voluntary organisations were not catering for their needs. The RNIB in Scotland had had no groups for ethnic minorities, as they didn't have any BME clients on their list. They have now set up a group and recruited bi-lingual volunteers.

For mainstream services, language has been a problem. 'When things have to be translated you don't get the message, the emotion is lost'. There is also a problem of cultural understanding, as people from another background won't understand the significance of what is being discussed. As a consequence carers may feel too embarrassed to raise personal issues. Thus speaking the same language and being part of the same community is vital to reduce such barriers.

Another carers' forum, which had just started, invited some of the carers who participate in the organisation. For them it was not an easy event to follow. The project worker provided language support and feels the experience gave the carers a 'wider horizon'.

In order for the project to carry out the advocacy and casework, it needs to establish contact, build relationships, assess need, make links to other services. In particular it provides support through a bi-lingual worker not simply someone to be an interpreter. At the project the ethnic groups can communicate directly and at anytime, so the carers feel more confident to express their feelings properly.

They try and break down barriers. They seek to make carers feel they are part of society to use their rights to get access to resources. 'We are more approachable...to empower them to go and ask for the services'.

They are trying to develop services with other agencies, including mainstream services. Before the image has been that Asian families are looked after by their own relatives. This has begun to change. Social services have identified a key link person. There has been a significant increase in social services uptake. Strategic development groups responsible for developing carer plans now take account of BME carers and the organisation is now a part of the implementation team. To have any influence they know that they need to be seen to 'engage as equals' and that they have to keep stating the case. Now they feel they are perceived as a professional organisation and get 'taken seriously'.

The project has also managed to raise the confidence of the community. Carers have spoken at a national conference – which may help bring down barriers to asking for help.

However working with some groups has continued to prove difficult, e.g. GPs, though there has been some improvement. 'People see positive things happening so it makes them confident in the process'.

Listening to carers has been important and they actively consult with them. 'It's peoples feedback that keeps us going and encourages us to do more'. They are looking for ways to involve them in decision-making. At present the management committee has little user representation – they feel this is not the appropriate place for their input at present, i.e. for both the users and the organisation. They have considered a carers' panel as a management committee training ground but it didn't work as well as they had hoped. They remain keen to involve more carers in the management and development of the organisation and shall be exploring a number of ways to achieve this (see above).

According to the carers, there has been a range of benefits. They spoke of the organisation 'getting things going'. One user said that whereas organisations such as the CAB provide information, '[...] helps her practically'. This sort of help may be quite basic e.g. getting a bath seat for a carer's mother.

The project has raised their own awareness. Though some had been carers for years, 'they didn't know they were carers'. They feel they know more and 'can apply for appropriate benefits'. 'They have found out about so many things'.

The Chinese carers access more services and can get support from a worker e.g. going 'to the hospital with them' and not just being an interpreter. They particularly value the fact that the worker is not just bi-lingual but understands their culture, which is very important to them.

The Asian carers think that in a non-Asian group, Scottish people would be offended by them speaking Punjabi and Hindi. So they won't go. It is language more than culture, which is their main concern – they are multi-cultural and have different faiths. At the project they can speak the same language and speak with and about each other.

'It helps the community – it helps day-to-day not just week-to-week'.

They also think that it has made a difference. At a new hospital there is now a choice of menu, 'maybe it is a coincidence but it is progress'. Through the project they feel that other organisations are changing.

# **Section B**

## **The Main Findings**

## **4 Providing the Basics of Life (I): Personal Services**

As the case studies show, the voluntary organisations receiving Community Fund grants provide a wide range of services and facilities. Some contribute to people's basic, everyday survival needs and others help maintain and improve their general social well-being.

Much of the provision is intended primarily for users as individuals. These essentially personal services will be considered before analysing the facilities that are aimed at groups, i.e. by offering social activities.

### **4.1 Information & Translation**

A common activity is the giving of information. This takes place in a variety of ways.

Some users come and obtain information such as leaflets, their particular value being that they are available in their own language.

Some bring letters, which they want translated. They may then need help to reply. This can involve project workers writing letters or making phone calls on their behalf.

Such activities are often fairly brief encounters between users and the project, so users' problems may be dealt with quickly. However, for some the problems are experienced on a recurrent basis, so that they continue to return to the project to use the service.

### **4.2 Accompaniment**

Not all problems can be dealt with by letter or phone. In cases where users have to attend interviews, meetings or tribunals then workers may accompany them. Typically this is where the user does not speak English as their first language. Not only does the worker provide the necessary translation but also gives an added sense of support and security for people who neither understand the system nor what is being said.

### **4.3 Advice**

For some users it is not just a matter of finding out what they have to do and how they must do it, but of choosing between alternatives. For this people may first need help in understanding in their own terms the nature of their problem. Then they may need help in making sense of the options, i.e. advice or support in making a decision.

#### **4.4 Follow-up Assistance**

The complexity of people's problems may require the contacting of a number of agencies. This can be essentially a matter of assisting people to navigate through the system.

- 'When people first arrive [in the UK] [...] is the only bridge to reach mainstream services'.

However, users may also experience difficulties in the way they are dealt with by mainstream services. They find that both statutory and voluntary sector services seem to work independently. BME projects assist their users by making a series of contacts and thereby effecting a joining up of the otherwise disconnected services.

#### **4.5 Advocacy**

In situations where users have had difficulty e.g. obtaining benefits, then projects may do more than offer advice. Where users experience difficulties, project workers may contact other services, make a case and then continue to follow the matter up on a user's behalf.

- 'Interpreters are just interpreters; they left the council to deal with it. Here they advocate on your behalf until the work is done, they argue the case on your behalf, the council takes it more seriously when people call from here as opposed to calling myself'.

Some projects are funded not only to provide advice and advocacy but more direct forms of assistance for users to obtain what they need, e.g. accommodation. An example of such tangible assistance is the provision of money for the deposit on rented accommodation.

#### **4.6 Casework**

Working on behalf of the individual may be a matter of ensuring that mainstream services deal appropriately with individual (or family) problems. For some communities there is evidence that such responsiveness is lacking. This may be a result of a number of factors; services being provided inappropriately e.g. in terms of culture (or faith) or not being accessed e.g. because of perceived stigma.

In the case of health, particularly physical impairments and mental illness, users may therefore benefit from organisations that not only work for them but with them. A number of projects provide such 'intensive' services. They are able to offer their own assessment and then direct support, e.g. counselling. Typically this involves caseworkers or keyworkers.

Their importance is seen to lie not just in their competence but their understanding of the users' cultural background and hence their greater ability to work with the users as well as other people in their own community. This cultural sensitivity, which recognises users as members of particular communities, as well as the ability to help provide a joined-up

service provision together contribute to what is a fundamentally holistic capability of BME projects.

#### **4.7 Recommended Critical Success Process (1)**

##### **CSP1 - Focusing on the Person**

This requires the organisation to find ways of **providing culturally responsive support or services**.

The effectiveness of the projects may be seen by the numbers of people who receive advice and support and whose problems are solved. Some projects do this successfully by their own dedicated services.

A rationale for funding BME community organisations is that they are better able to reach a group of people who otherwise are likely either to fail to access services or to be unable to use it effectively.



## **5 Providing the Basics of Life (II) Social Facilities**

Many projects are funded to provide social activities and facilities. These take a variety of forms. Some are relatively open access and unstructured, e.g. provision of drop-in facilities, such as places to eat, relax (listening to music or reading) or to use IT/internet equipment. These are important opportunities for people to meet together and socialise.

Some activities are more structured, e.g. classes, health and lunch clubs. The most organised activities include sports and training. In the latter case, there may be the opportunity to obtain some sort of certificate.

Their contribution can be judged from the perspective of the users who clearly value a variety of aspects of such provision. A user's first reaction is often to the place itself, where it is and what the staff and other users are like.

### **5.1 Location**

A typical reaction is concerned with how easy it is to go to. Convenience is highly valued. This may be all the more important because it is seen as the only accessible provision in the area:

- If it wasn't here he would be very disappointed especially as there is nothing else.

### **5.2 Staff**

Users appreciate staff who are friendly, helpful and good listeners. In particular showing understanding is important. It may therefore matter that staff are like them. Being able to talk naturally is important, so having a common language and a shared background is vital.

- 'I can't read or write – they provide a service here – in my language, they are the same ethnicity as me'.

For some it is important that staff respond quickly, though it may be that the amount of work being done is appreciated. Based upon how staff respond, users may come to value a project's reliability. Hence expectations of staff may build up so they come to be seen as being there for the users, taking a special interest in the person.

- 'Sometimes they come to visit me at home, they come to keep me company'.

In general, the fact that staff can be trusted is ultimately what matters, because users feel able to open up and deal with their problems.

- 'You don't have to hide your problems here'.

### 5.3 Other people

A user's sense of well-being is likely to be enhanced by more than the way that their problems are dealt with. They value the experience of being with other people, in particular having someone to talk to. Such projects offer friendship and the opportunity to share experiences and problems.

- He comes because he likes meeting people and talking to people with the same problems and who have had a similar experience.

As with the staff, it matters that other users are people like them.

- They said it was important that it is only women, that women hesitate when men are there.

### 5.4 Atmosphere

The way that staff and other users mix together contributes to the overall atmosphere of the project.

- You can '...sit down talk and relax...it has a good atmosphere and is peaceful'.

### 5.5 A Sense of Place

Taking all these aspects together makes the project somewhere users want to go. It may be seen to be not just a comfortable and safe place to come.

- 'It's my home, it's like family here'.

The project is more than a facility as it becomes a centre of the person's life. It both occupies a place in the community and is somewhere that stands for the community. It therefore contributes to the community because it offers the minority group, not just individual users, its own sense of place.

- 'It's hard to get the X community together because they are so dispersed around. [...] is a focal point'.

### 5.6 Recommended Critical Success Process (2)

#### CSP2 - Making a Place

This involves the organisation in **being in a place that is right for the group**.

From the perspective of the users, projects matter because they are always there when they need it. They are reassuring places to be.

The value to the group is enhanced when users feel able to get actively involved and they begin to make their own contribution. The importance of such facilities for their own and

the wider community, e.g. becoming the heart of the community, is further analysed in Chapter 9.

## **6 Changes in Individual Well-Being**

In order to reduce levels of deprivation and exclusion it is necessary to deal with people's socio-economic circumstances. It may also be vital to remove barriers, which may be a consequence of a person's self-image or perception. This may include feelings of insecurity, which may be due to their state of housing, income or personal safety. Changing someone's background circumstances may therefore depend upon dealing with these perceptions too.

Whilst there is no simple formula for how people may be enabled to live a less deprived life, the projects clearly are seen as helping personal well-being in terms of a number of dimensions.

### **6.1 Security - Housing, Finance, Language & Safety**

Before someone can begin to improve their life, it is obviously essential to have the basics for survival. Whilst the projects typically do not deal with people who have life-threatening problems, e.g. due to illness, they may well help people secure a place to live.

- The organisation got him got him a flat.

For some it is also a matter of being supported so that they do not lose their home or job.

- 'We have kept people out of prisons, for example by going with them to court'.

Survival depends on being able to feed and clothe oneself, hence income (benefits) are vital. It is also necessary to be able to communicate with others. For those who do not speak English, funded projects offering English classes are beneficial.

As well as one's social circumstances, some people may find it difficult to survive because of feeling unsafe or 'unable to go on'. So overall some projects may offer a 'lifeline' to their users.

- If the centre hadn't been here 'God knows what I would have done'.

### **6.2 Isolation**

Those who have suffered some loss, trauma or have little support, may experience social isolation. Some of the projects have provided encouragement to begin to take some action. This may be, as a first step, to get out of the house. It may also mean that a person begins to socialise and to feel less lonely. Then they may begin to do things for themselves.

- One person had been made redundant from work due to ill health. They said it was good for them mentally and socially – it has helped them to get out of the house.

### **6.3 Coping**

Provided people have security and are able to get out, then they can tackle the problems of everyday life. The projects make a difference by helping them to cope in a variety of ways.

- The difference it has made to his life is 'getting up on my feet and coming here' – he feels he would be in hospital if the organisation wasn't there.

### **6.4 Confidence**

Coping is likely to be closely associated with a user's sense of self. Many valued the community organisation for how it boosted their confidence.

- She said the organisation had made a huge difference to her life, that coming to the Centre has built her confidence greatly. She now gives talks about her experiences, she said she is a completely different person now.

### **6.5 Esteem**

To begin with, projects may provide a form of security. This is not just a means to dealing with one's most basic needs but, particularly for those experiencing loss or social exclusion, a sense of esteem. This is likely to involve the development of a feeling of social belonging.

- 'People say I am just a mum - but [...] encourages people that they have got skills to offer'.

### **6.6 Engagement**

Feeling comfortable, confident and part of a group allows some users to become more positive in the way that they deal with their life. They become more involved or engaged.

- 'It's about having members at the heart of what you are doing and engaging them'.

### **6.7 Skills**

Provided people have the fundamental 'necessities of living' and also are able to engage with others, then acquiring new skills may enhance their quality of life. Some projects achieve this through training.

For some users of the projects, they are able to regain or have recognised capabilities, which they already possessed.

- She is a solicitor...she had children and lost her confidence...she became a volunteer then was offered paid work this has given her the opportunity to do things she would never had is she hadn't come to the organisation.

## **6.8 Employment**

As a result of involvement with the project, whether through training, taking part in job clubs, or simply being there and gaining confidence, users may go on to find work.

- The organisation has helped him and he has been working for the last three months as a health care professional, working in a residential home for people with learning difficulties – he is proud of the achievement of gaining employment.

Sometimes the first step to work is with the project itself.

- 'Volunteers/members can shadow people – for example one person shadowed the treasurer and has now got a job in finance. Volunteers/members can sit as co-opted members of the committee – opportunities can spiral'.

In some cases people become self-employed, running their own business.

## **6.9 Learning**

Whilst it may seem most useful to obtain some qualification, so that people can secure a job, it is likely that for some people there will not be such a direct outcome of undertaking training. However the value may well be obtained in the very process of learning. This is recognised as the skill of 'learning to learn'.

- He said he 'can learn here', that some people may think he is too old to learn but here they don't and he attends the adult education classes.

## **6.10 Self-reliance**

They may then provide for the improvement of people's life skills. This may in part be a matter of helping people to maintain an involvement and commitment to an activity.

- '...confidence building, raising awareness - people are now more aware of being able to appeal. Before people would just reapply and ignore the appeal and so get the same result – people now come prepared with their appeal forms'.

Earlier it was indicated that some people suffer recurrent problems and hence tend to return to the project for support. Some projects aim to and are apparently successful as they encourage users to develop so that they can begin to take responsibility for solving their own problems.

- ‘The lottery money has helped tremendously and many users are now aware of statutory services and are in the best position to help themselves’.

### 6.11 Participation

Greater self-confidence and self-reliance may also lead to greater involvement in the work of the project; users being able to participate and influence the direction of the funded work.

- ‘...people are taking it on themselves – they are telling us what to do’.

### 6.12 Personal Identity

The improvement in confidence, already referred to, may lead on to people having a much better self-image or identity. This may mean understanding the nature or background to some of their problems, and thereby overcoming what are stigmatised views.

- ‘GB born teenagers can doubt their identity and experience confusion. The youth project helps them and courses provide them with an opportunity to learn about their culture...’.

### 6.13 Recommended Critical Success Process (3)

#### CSP3 - Enabling Users

This requires the organisation to find ways of **building up trust and engagement**.

All the classical levels of need, which have been suggested by psychologists such as Maslow and Alderfer (see e.g. Hannagan 1998), have been seen as relevant by the users of the community organisations. At the fundamental level, there is the need to be secure and to feel safe. Next is the need to have self-esteem and a sense of belonging. It then is possible to achieve personal growth and development.

The key to meeting such needs is that people feel not only able to access services but supported, e.g. because of trust in staff (see 5.2), so that they are more likely to engage fully.

## **7 Changes for the Organisation**

Whilst the impact of the grants can be gauged in terms of their impact in terms of the beneficiaries who are the users, there are also likely to be an important range of benefits for the community organisations, including their staff some of whom are volunteers from the community.

These are particularly important because of the recognised lack of and barriers to the development of BME voluntary organisations (see Chapter 9).

### **7.1 Identifying Needs**

Whereas projects may have begun with some knowledge of the extent and nature of the need experienced by particular ethnic minorities, in many cases the process of working with users has led to both a more comprehensive recognition and a better understanding of community needs.

- Through the outreach work they could show the need for sheltered housing.

In some cases greater need has been matched by higher than planned activity levels.

- 'Our outputs exceed what is required in the bid'.

### **7.2 Aims**

Along with the better grasp of need, many of the projects demonstrated an awareness of the importance of redirecting or focusing their work. They have become more sophisticated in their planning, e.g. by clearer specification of the scope of their work.

- 'We learnt that you can't be all things to all people'.
- They are now going to provide courses that are not traditionally 'Asian' e.g. DIY, carpentry.

### **7.3 Staff**

The main expenditure of many projects is on staff. Whilst staff numbers, both voluntary and employed, have, as would be expected, increased, there are some important changes in the way staff are managed and motivated.

Staff have more opportunity for training. Where users become volunteers there is a double gain in such training, since not only do the volunteers benefit but so does the organisation in terms of its improved 'human resource' capacity.

- 'I have better things to do than work voluntarily but I do it because it's a good organisation'.



However such developments are not without their difficulties or challenges:

- She said 'the perception of volunteering needs changing'. She said people who work often start as volunteers, and that the young men in the community need to understand the value of volunteering and so being suitable for employment.

#### **7.4 Leadership and Participation**

The culture of the organisation is perhaps epitomised by how it is run overall. Often projects when they start can draw on little expertise (a particular problem recognised for BME organisations).

Successful projects have been able to attract more expertise onto their management committees. They have also been able to broaden the involvement of people from the community group, e.g. through involving their volunteers and users.

- 'The management committee is very strong and includes many professionals and also students and elderly members'.

#### **7.5 Funding Security and Continuity**

A major problem experienced by many voluntary organisations is the lack of secure funding and premises. Community Fund grants have helped community groups extend their membership and staffing. For some this has led to an improvement in their expertise in forward planning and in particular fund-raising.

- 'The Community Fund grant was needed to expand and develop the organisation and to get more funds. It has been successful in this'.
- He felt that the Community Fund money made it harder for social services to pull their funding. It demonstrated the need for the project that an external body recognised that need and responded to it.

Some projects remain dependent on grants. Thus, not all projects have been able to develop effective continuation strategies. More difficult still has been the creation of 'real' exit strategies, e.g. seeking to change the way that other organisations work, or joining together into some form of partnership rather than seeking further grants to do more of the same work themselves.

Such strategies require the projects to be engaging with or working in partnership with other sections of the community or other organisations.

- 3 local organisations got together in order to put in a bid around increasing volunteering in the community.
- 'The Director's main role is networking which is very important'.

## 7.6 Recognition

The effectiveness of the organisation both depends upon and contributes to the status or profile of the community organisation. The greater standing of the organisation in the community should be seen as part of the success of the grant-funding.

- 'A bid has been put in partnership with another organisation because they were so impressed by what the organisation is doing'.
- She said they have quite a high profile both locally and nationally, for example by gaining the Beacon award, and that this is due 'to the kind of innovative work we do'. They have been used as a model of good practice nationally and cited in a national report.

If future planning and targeting of services for BME groups are to improve, this cannot be achieved by such community organisations alone. They therefore need not only to become better known but also to be able to influence the wider strategies e.g. of statutory authorities, local strategic partnerships and neighbourhood renewal programmes. This is discussed further in the next chapter.

## 7.7 Recommended Critical Success Processes (4-7)

The first requires decision-making to develop consultative processes with the users.

### **CSP4 - Involving Users**

This involves **ensuring that the views of users are sought and that they can make a contribution.**

The second is concerned with staff development and the opportunity to provide wider gains by taking on users as either volunteers or employees.

### **CSP5 - Developing Capacity**

This involves **linking personal, organisational and community development.**

Essential requirements for the organisation are being in a position to utilise initial project funding and ultimately either to be able to obtain continuation funding or to have a strategy for development, i.e. an exit strategy.

### **CSP6 - Securing Funding**

This involves **providing the basis for present and future operation.**

Such funding security and/or the ability to influence other providers and stakeholders who work with the BME group will depend upon the recognition achieved by the organisation.

### **CSP7 - Gaining Recognition**

This involves **becoming known by both users and other organisations.**

There are a series of core organisational processes that are required for effective operation of voluntary organizations. Together these contribute to organisational development rather than mere survival.

## **8 Changes for the Group & Wider Community**

As previously indicated the successful provision of services and facilities goes beyond the immediate group(s) of users and indeed the voluntary organisation itself.

### **8.1 Working within Communities**

Some projects seem to be successful because they are able not just to help particular users within an ethnic minority group, but because they are gradually altering the perceptions of their particular ethnic community.

- 'Older people are not brave enough to do something new - but the younger people are helping the older people'.
- 'More [...] people are coming out and asking for help and not waiting until they are desperate'.
- They are building links with their own community, raising awareness and dealing with stigma.

### **8.2 Changes in Mainstream Services**

The successful projects are not simply taking the place of existing mainstream services, but forming a bridge to these services and then engaging in ways of working that have led to changes in the way that these services operate.

Changing service delivery may therefore involve bringing the providers to the project.

- 'Statutory services and the local authority now come here and ask us to organise focus groups for them so they can reach the [...] community and hear their voice'.
- The organisation has students on placement, from nursing and social worker courses. He said it means that they see clients in a more natural setting and see them as a person. Therefore when they see them on the ward they don't put them in a stereotype. They develop friendships that they wouldn't have done before. This leads to greater understanding between statutory services and [...].

### **8.3 Working across Communities**

A number of the projects have been able to work across different communities.

- 'The cross cultural interaction has been amazing – other organisations can be very cliquey. [...] encourages cross cultural participation...Asian, Somalian, Afro-Caribbean, English people all attend'.
- 'It's not only for Asian people, Black people come as well – Bengali, Pakistani and Indian people go – a wide variety of languages are spoken'.

## 8.4 Community Influence

By taking part with other groups and agencies in the delivery of services, the visibility and recognition of the ethnic minority group is enhanced. Through these the organisations are able both to encourage people to express their views and to find ways in which these can be heard.

- ‘..even if not all people have been helped, issues have been raised’.
- 'Gradually more people are attending consultation meetings in the Town Hall – the organisation is encouraging users to participate'.

## 8.5 Impacting on the Wider Community

In some cases the projects are contributing to the level of economic activity. In other cases the work of the projects contributes to the general social vitality, e.g. through the holding of local events. Such activity may be crucial for the development of social cohesion.

- They are ‘bringing energy and innovative ways of doing the above [helping women into jobs and training] in the area and community’.
- One of the success has been integration work ‘...but it's not labelled as such. People should keep their culture but they should know more about what is going on in England, it makes them feel more safe and empowered’.

Successful projects may help dispossessed or minority groups to reclaim their past achievements and heritage.

By giving them a voice, they may succeed in providing the group with a clearer social identity.

## 8.6 Recommended Critical Success Processes (8 -11)

### **CSP8 - Understanding Attitudes & Stigma**

This involves **recognising people's own perceptions of their conditions as well as those held by the community.**

### **CSP9 - Working with Others**

This involves **acting as a bridge to other, particularly mainstream, services**

### **CSP10 - Exerting Influence**

This involves **giving a voice to unheard groups.**

### **CSP11 - Enhancing Identity**

This involves **supporting individual and cultural identity.**

For individuals and organisations, successful development, i.e. personal and organisational, usually begins with learning to focus on and work within one's sphere of influence (Covey, 1992). Learning to understand and capitalise upon one's own strengths

and weaknesses is crucial. Seeking to operate outside of this, i.e. within one's sphere of interest, may not only be ineffective but prevent achievable outcomes from being obtained.

However long term development necessitates that there is such an engagement with the wider social, economic and political environment. This is the basis for community development. There are a series of key activities and wider group and organisational interactions that are therefore vital.

These four processes are likely to be the most difficult to achieve because they require not only interaction and participation with other groups and organisations, but challenging either preconceived attitudes and expectations or the existing distribution of power and authority. These issues are considered further in the next chapter.

# **Section C**

**Review**

**&**

**Conclusions**

## 9 Overcoming and Going Beyond Barriers

What do the earlier case studies and the preceding analysis demonstrate in terms of how funding can contribute to the well-being of ethnic minority groups and communities?

The report has argued that a series of key elements - critical success processes - are vital for the effective delivery of services and the improvement of the economic, psychological, political and social circumstances of black and minority ethnic people.

Achieving these 11 key processes often involves finding ways of overcoming a range of obstacles, some of which have been outlined in previous chapters. Previous research has also identified such barriers and how they may be worse for BME organisations than other voluntary organisations. Indeed, some of these are seen as particularly problematic by the projects, which we have visited. Some projects are either being constrained or indeed failing because they have difficulty overcoming them. Others have been successful not just by overcoming these barriers but also by finding means to go some way beyond them.

This chapter therefore highlights such barriers in order show how important, both for organisations and the Community Fund, the mechanisms for overcoming them are. These are now presented in relation to each of the identified critical success processes.

### 9.1 Focusing on the Person (CSP1)

This was summarised as **providing culturally responsive support or services**.

There is overwhelming evidence from research reports (e.g. Modood, 1997) confirming inequalities between white and BME communities in terms of access to and discriminatory treatment at the hands of mainstream services.

One of the most obvious messages from users of the projects is that black and minority ethnic groups are not well served by many existing, statutory and voluntary services. These include the statutory health and social services as well as the national advice-giving organisations. Despite the evident policies and missions of such agencies, it is clear from the users that in relation to these mainstream services, they often do not feel 'comfortable'. The provision, however expert, does not really relate to their own experience of their problems. This requires a more sophisticated understanding of the person's cultural background. This partly depends on a shared language of users and workers. It also results from the greater awareness of culturally significant norms. The Community Fund supported projects, which are particularly valued by users, are those that offer such a whole person approach.

Sometimes the application of mainstream rules, norms and practices and the perpetuation of work-based cultures disadvantage BME communities. This may be not so much the result of intentional discrimination as a failure to acknowledge and then tackle hidden forms of ethnocentrism and bias.

This is illustrated by the following comments:



- 'Patois isn't recognised, nor is religion recognised as being separate and valid'.
- 'A barrier for users is time, many are working so hard, 6 days per week, that although they want to come and study it's difficult to find the time'.

The projects have dealt with such problems in a number of ways, including:

- Providing services in an appropriate language.
- Having staff who have experienced similar issues themselves.
- Outreach work.
- Responding to needs as identified by the community itself.
- Commissioning evaluations by independent consultants.
- Carrying out and publicising their own research.

### **Summary**

Organisations offering services should therefore be distinctive from existing, typically mainstream, ones. Minimally they must be able to demonstrate an unmet need and how they can be sensitive to people's own perceptions of such needs. Whereas mainstream services are experienced as compartmentalised and detached, the successful BME organisations are more holistic.

#### **9.1.1 Being sensitive to perceived needs**

- One organisation holds a weekly discussion group around women's health issues as opposed to distributing leaflets. As many of the women cannot read, this empowers them to decide themselves what they would like to discuss.
- One organisation took older people swimming – the group is pressing for a walking club

#### **9.1.2 Working with people holistically**

- Another organisation provides a crèche for the people that attend English classes – otherwise they could not come.
- Organisations targeted at mental health or domestic violence also deal with, for example, people's benefits and family relationships.

### **9.2 Making a Place (CSP2)**

This was summarised as **being in a place that is right for the group.**

Issues around location and particularly premises can be problematic for users, as well as development of the organisation and the staff.

- '...we have just one room – disabled access is a problem – this may put people off. Sometimes there are 6 people in the room, this isn't good. A new place would be inviting, good for visibility and more accessible'.
- 'People can't always use the services provided by the organisation at the organisation – they have to go elsewhere due to lack of space [but] it would be better to provide these

services at the organisation where they could sit down and support them while they were using say the computer'.

- 'One of the main barriers has always been property, there is not enough space for staff and they have to 'hot desk'.

Unless such fundamental problems are met, or indeed planned for, projects may well fail. Being in an appropriate and accessible location or building can be achieved by:

- Refining bids to include resources for location.
- Working in partnership with other organisations to gain more space.

### **Summary**

This process requires the organisation to be in the right location for the users. Minimally a project's location must be accessible or convenient. More significantly, it may then become the place people want to be. Where minority groups are dispersed or excluded, projects can aim to become not only a centre for their particular ethnic community but also somewhere users can make their own, valued contribution.

Being at the 'heart' of the community may also be a means to providing a safe haven for some people. This may be particularly important for newly arrived groups who are fleeing torture and persecution, are isolated partly but not wholly through lack of English as a first language, are a target of media attack and, more widely, racial abuse. For these groups, the safest haven to begin to re-build confidence, establish contact with people from the same country, if not village, and to access mainstream services, is a separately funded BME organisation (see e.g. Bloch & Levy C. 1999).

#### **9.2.1 Being convenient**

For convenience, the location of either the organisation or its service has to be sufficiently near, e.g. by walking, public or another accessible form of transport.

- Some organisations which have moved to less convenient locations have mini bus services to transport people.
- Some organisations provide services not at their base, for example, luncheon clubs or life skills classes.

#### **9.2.2 Becoming the place people want to be**

This may not necessarily mean that it is convenient in terms of location, rather it is about people feeling both safe and comfortable. It is about people wanting to be there not somewhere else, i.e. having a welcoming and attractive atmosphere.

- In some organisations users will just 'pop in' even if they do not require a specific service at that time.

### 9.3 Enabling Users (CSP3)

This was summarised as **building up trust and engagement**.

The provision of more responsive and well-placed services may not be sufficient for the long term improvement of the quality of life of individuals and groups experiencing various forms of deprivation and exclusion.

Many health and welfare problems are dealt with by a process of assessment or diagnosis that requires compliance with a prescribed regimen. However such problems are often recurrent and will require a continuing curative or maintenance function - for acute and chronic conditions respectively. At worst this is evidenced by the so-called 'revolving door' and 'recidivism' syndromes, associated with mental health and offending.

It therefore seems necessary to plan for on-going provision as well as adaptation. This implies an ever-expanding demand for services, i.e. the traditional services have to be maintained and at the same time there has to be new provision too.

Sustainable service provision might be better achieved by projects which, whilst responsive and adaptive, are also able to encourage users to manage their own problems, i.e. to become less dependent. Achieving this aim requires not only a sophisticated understanding of the needs of the client group, but that the users can themselves achieve a separation from the service, which they might otherwise come to rely upon. This may be achieved by a commitment to get people to help themselves, i.e. enablement. This requires the development of a way of working that ensures that there is security. Providing a trusted environment is likely to encourage them to take on responsibility for themselves. When users know that they can rely on the service, then they will be more likely to try to sort things out for themselves. Should they fail, they know that they can still come back at a later stage and try again.

This may involve:

- Having less restrictions than the statutory sector – less bureaucracy and being less intimidating to service users.

#### **Summary**

This process relates to the extent to which an organisation gets users to engage. Successful BME projects by being more understanding, enable people to be more confident, open-up and build relationships with staff and/or other users. Through engaging more, they may then become more self-reliant. Any organisation must minimally provide a service that users trust. More successful projects may also enable people to begin to take control for themselves.

#### **9.3.1 Being trusted**

- Many organisations have developed as a response to concern expressed by the community itself.

### 9.3.2 Enabling people to take control themselves

Helping people help themselves has involved:

- ❑ Accompanying people to tribunals – some have then gone by themselves on other occasions.
- ❑ It is sometimes about giving people an option or a choice. For example, some people who have experienced domestic violence may return to their partner, but are now aware that a service is there and is accessible to them.
- ❑ Users organising and running a business within or with the organisation. For example, one organisation is opening a café from which there is also an economic contribution.

### 9.4 Involving Users (CSP4)

This was summarised as **ensuring that the views of users are sought and that they can make a contribution.**

This has been recognised as a particular aim of ethnic minority organisations. According to the Compact Getting it Right Together, the BME voluntary and community sector

“empowers users through involvement in the design and delivery of services; advocates for community needs; helps alleviate poverty; improves quality of life; and actively involves some of the most socially excluded people and communities in England.” (Compact, p2)

However for some ethnic groups such involvement is either poorly established or does not fit in with their culture.

This may be developed by:

- ❑ Involving users in identifying needs and in how to deliver them.
- ❑ Encouraging volunteering in ways that aren't seen as volunteering.
- ❑ Providing training for management committee members.

#### **Summary**

The organisation should involve users in its work and direction. Minimally this is achieved through feedback. Perhaps more importantly, user participation is promoted on a regular basis by some projects, e.g. by having users on management committees or by bringing in (ex)users as part-time workers or volunteers. In some cases this is not the term that is used, e.g. all users and volunteers are called members.

#### 9.4.1 Involving users through feedback

- ❑ Evaluation forms have been given to users
- ❑ Annual events can provide a forum for informal discussion

#### 9.4.2 Promoting user participation

- ❑ Volunteering is sometimes not called volunteering [since] for some communities it is seen as a white middle class activity.

#### 9.5 Developing Capacity (CSP5)

This was summarised as **linking personal, organisational and community development**.

There are very often basic issues around staffing. These include recruitment and retention of staff, the workload they face, working together and the recruitment and supervision of volunteers (particularly in projects that are not dedicated volunteer projects).

- ❑ 'Staff and accommodation are serious issues – we are living on good will – we are struggling to survive'.
- ❑ Recruitment is a big problem. It is '...difficult to find well qualified experienced English and [...] speaking staff who will work for low pay, including at weekends especially when the funding is short term'.
- ❑ 'Continuity of staff is an issue – pay is also an issue – we can't pay enough ...'
- ❑ 'They have so many ideas, it's the resources they fall down on – a lot has been achieved by part time staff'.
- ❑ When discussing volunteers they said that they had done a lot of work and have done the work of a paid worker '...however there are issues here in terms of qualifications also how much responsibility can you place on them?'
- ❑ 'Equipment, it has been a huge task to get systems in place, volunteering is also a problem, it's hard to recruit'.
- ❑ Salaries need to be on a par with the statutory sector 'as often we deliver more than them. The statutory sector is compartmentalised in the voluntary sector you have to do everything'.

and also more generally,

- ❑ We need '...proper training, professional training so we can pass skills on – to get to a level where we are able to pass them on – if we do it by ourselves we may do the wrong thing'.
- ❑ 'We have the power to address the community but not the skills'.

Attracting, retaining and developing staff have been achieved by:

- ❑ Having a less hierarchical structure.
- ❑ Promoting training/education.
- ❑ Valuing peoples' work.

A further way in which they succeed is to take advantage of the users' developing skills and competencies by drawing upon them as a resource for the organisation. Involving users as volunteers is not just a convenient recruitment procedure. The process ensures

both that an individual's personal development continues and also that the cultural sensitivity of the project's staff is retained.

Thus the organisation's capacity is developed at the same time as volunteers gain experience and in some cases accreditation. This may then lead to people going on to obtain employment. This may in turn be a means to contribute to the developing social capital of both the group and the community. As indicated by the Compact,

“Capacity building within BME organisations should also be directed towards policies and initiatives that enhance the skills of individuals within organisations.”  
(Compact, p15)

### **Summary**

Successful projects encourage their users to take on the role of volunteers so the organisation not only continues to provide appropriate services but also is contributing to its own and the community's capacity. The organisation must have a structure within which staff not only work but also can become better at what they do. This then provides a basis of capacity development. This may be based on a well-defined structure with explicit job descriptions and responsibilities. The nature of the work typically requires a flexible division of labour. Staff may be more likely to be motivated and capable of development by having a devolved or team-based system of working. Some organisations not only develop their staff but also contribute to the wider ethnic group and community.

#### **9.5.1 Working flexibly**

- By staff seeing themselves as part of the organisation as opposed to working ‘for’ it. For example, one organisation sees everyone as members; staff members or user members.

#### **9.5.2 Developing community capacity**

- Supporting people in volunteering which builds the capacity of the individual, the organisation and sometimes the community. Volunteering is likely to be a means to survival; at one organisation volunteers felt that it would not be able to survive without them.

Capacity development process is vital but problematic. This may, in part, reflect what is recognised as poor organisational support for BME organisations.

“Previous work from SIA indicated that the black and minority ethnic voluntary sector is primarily composed of small community based organisations...Most local development organisations were best at providing services to more developed voluntary sector organisations and not as good at supporting community based organisations.” (Joseph Rowntree Foundation)

This issue is returned to (see 9.9) and then reconsidered in the final section (9.12).

## 9.7 Securing Funding (CSP6)

This was summarised as **providing the basis for present and future operation.**

“To date, funding for the BME voluntary and community sector... has been significantly below that of similar organisations in the mainstream voluntary and community sector. This is all the more detrimental given that the BME sector does not generally have the windfall legacies, income streams and leverage opportunities that the more established mainstream sector attracts.” (Compact, p10)

Funding is for many organisations the major issue that influences many others, e.g. suitable premises and sufficient staff. Issues around amount, length and nature of funding arose.

- ❑ Lack of funding meant that they had to close the women’s hostel.
- ❑ ‘...if it [funding] finishes the capacity building won’t get done nor will the economic growth but people's existing needs will get met – getting together will just be a social function’.
- ❑ ‘You can’t just leave it at 6 years – these problems don’t go away, it needs to be a long term issue’.
- ❑ ‘One of the problems with funders is not understanding the services - they will give money to build it but not run it’.
- ❑ ‘We are probably five years ahead – you can’t get innovative funding, non-traditional health benefits are not ‘in’.
- ❑ It was said that in order to get funding organisations have put in a bid in order to fit in the Community Fund’s current criteria – that people don’t fit into criteria, their needs may be ongoing as opposed to changing in line with current policy agendas.

When short of funding, projects are forced to rely on:

- ❑ Dedication of key staff, particularly in overcoming barriers, e.g. particularly in terms of lack of job security and low levels of pay.

This may be because,

- ❑ ‘They haven’t strategically planned funding, they lack experience...’.

### **Summary**

The successful organisation requires a robust system for obtaining funding and handling its finance from the point of the initial planning application. Minimally there should be plans for both setting up the project and when the funding finishes. The latter might be based upon obtaining further funding for continuation of the work. Better still would be an exit strategy that involves the organisation working with other organisations either to maintain or adapt the delivery of services.

### **9.6.1 Having an initial funding and implementation plan**

- ❑ Employing ‘professionals’ to help fill in bids.

### **9.6.2 Formulating an exit strategy**

- ❑ Greater levels of funding, and greater length of funding, have allowed organisations to employ more staff to deliver services, leaving space for other staff to work on the organisation’s strategic development and infrastructure.

The problematic nature of securing funding is reconsidered in the final section (9.12).

## **9.7 Gaining Recognition (CSP7)**

This was summarised as **becoming known by both users and other organisations.**

From speaking to users in particular, organisations have raised awareness by using the networks and various methods of communication used by the ethnic group, for example, word-of-mouth.

It has also been achieved by:

- ❑ Outreach work.
- ❑ Partnership working.
- ❑ Lobbying.
- ❑ Attending conferences.
- ❑ External evaluations.

Many organisations have said the Community Fund money has helped their organisation to gain recognition and status. They have commented that in some cases this has led to other bodies being more willing to fund them and has also increased the organisation's recognition status and reputation within the community itself.

### **Summary**

The organisation must be well known. Minimally there must be awareness. Awareness may be achieved in a number of ways; one successful means has been through faith groups. Awareness needs then to grow and become reputation.

#### **9.7.1 Ensuring awareness**

- ❑ Some ethnic groups that are dispersed geographically as opposed to concentrated in one area – have been aware of the organisation.

#### **9.7.2 Gaining reputation**

- ❑ Reputation is also about the community’s opinion – the stronger the reputation the more confidence the community has in the organisation and vice versa, i.e. the more the organisation has confidence in itself the greater the ability to create a reputation.



- ❑ One organisation obtained Beacon status from the NHS.
- ❑ The organisational structure of one organisation has been recognised by other community groups in the UK and abroad.

## 9.8 Understanding Attitudes & Stigma (CSP8)

This was summarised as **recognising people's own perceptions of their conditions as well as those held by the community.**

There is much evidence that in all areas of service or benefit provision, people are reluctant to become clients. This, in part, reflects the difficulties of following the procedures to assess eligibility of recipients for (state) benefits, e.g. disability living allowance, housing benefit, income support, special educational provision, etc. The other, probably more significant, obstacle is the attitudes and expectations of the potential users. To become users they must see themselves as 'in need' or a 'claimant'. In some situations this is not too problematic, i.e. certain conditions are associated with rights rather than benefits. However the dividing line between what is accepted as a right and what is seen as a benefit is socially determined. All cultural groups differentiate between groups of people who are seen as conforming not just to the norms of behaviour but also to capability and disadvantage. In such situations people seeking help and support may have to come to terms with being seen by others around them as not just different but no longer normal. Those who fall outside of such norms may therefore experience various forms of stigma.

Improving the quality of life and well-being of groups requires being both cognisant of such labelling processes and capable of overcoming them. Mainstream provision, whilst aware of such problems, does not have the same cultural capacity to deal with them as BME projects. These succeed because they understand the cultural background and appreciate what the experiences of users mean to them. They are better able to recognise what may be unsaid and to help users to come to terms with what are taken-for-granted preconceptions.

It may be vital to find new ways to develop culturally sensitive services, and thereby

- ❑ Making people feel safe.
- ❑ Empowering people from their own perspective.

The history of organisational development within different BME groups also indicates the importance of differences within ethnic communities, hence the importance of funding, for example, women's organisations separately or of funding activities specifically for women within a community-based organisation.

### Summary

The organisation may have to overcome preconceptions within ethnic minority groups. Minimally it must overcome personal resistance. It may then develop ways of challenging stereotypes in the group and community.

### 9.8.1 Overcoming personal reluctance

- Support to reduce fear, lack of knowledge, access to services and /or information, overcome cultural or religious stigma. For example, one organisation has assisted many people claim DLA, this particular group felt that claiming benefit was not an acceptable practice and hence admitting that they need help is very hard.

### 9.8.2 Challenging stereotypes in the group and community

- An organisation has helped many women to recognise that they do possess skills – even if those skills are not recognised within their own community.
- Raising awareness and creating an environment where it is possible to discuss, more openly than before, taboo issues, such as domestic violence and care for the elderly.

## 9.9 Working with Others (CSP9)

This was summarised as **acting as a bridge to other, particularly mainstream, services.**

As has been seen there are often problems of lack of appreciation by mainstream services of the needs of ethnic minority groups. These arguments will not be repeated (see 9.1 and 9.8).

Ensuring that users can make appropriate use of these services is vital. This may be reasonably straightforward, i.e. a matter of linking them to the right service. However, as the case studies illustrate, there appear to be many situations in which the service is not seen as relevant. This may, as already described, be the result of people being unwilling to access a service to which they are entitled, due to reluctance or stigma. There are also clear circumstances in which the service provision is not sufficiently responsive to the needs of ethnic minorities, e.g. due to cultural misunderstandings.

Some BME projects do aim to refer on their users to appropriate social and health care, benefits and housing agencies. This may involve making appointments and accompanying users. This improves the process of service delivery which users experience.

More significantly, some projects are working with other organisations to help both the planning and the delivery of services through e.g. improving the cultural awareness and understanding of staff. They do this by:

- Approaching statutory sector services with their ideas, suggestions, and needs of their users.
- Compiling resource packs for statutory bodies.
- Working with other groups whose services are targeted at the same or different ethnic group. By developing and participating in umbrella organisations, or supporting smaller BME organisations to capacity build.

### Summary

The organisation should therefore endeavour to work collaboratively with other groups and mainstream services. Minimally this requires some degree of joined-up working. It may then be the basis for establishing new ways of working.

### 9.9.1 Working together

- Taking people to the GP.

This may lead to, e.g.

- The statutory sector approaching them, in the light of improving the cultural sensitivity of their service, referrals, service uptake, consultation and access to funding.

However, there may then be a danger that

- Staff can be seen by organisations, particularly from the mainstream, as experts on **all** aspects of the culture or religion of the particular groups they are working with.

### 9.9.2 Establishing new ways of working

- One organisation has established a link with the local college; the college was having problems getting this particular ethnic group to access the IT, the organisation got people using computers at the organisation and this group then began using them at college.

## 9.10 Exerting Influence (CSP10)

This was summarised as **giving a voice to unheard groups**.

The implication of the preceding arguments is that the improvement in individual, organisational and group well-being is inevitably dependent upon the way in which the main providers of services are relevant to the needs of ethnic minorities. The successful projects are not seeking to side-line or replace such services.

However, the feeling of not being heard by other groups or organisations was a common one. This is in part but also more than a lack of political representation. It was expressed as:

- 'A lot of people are totally disempowered and the issues of the [...] community are not taken seriously'.
- 'Having to prove yourself and not being allowed to make the mistakes that others do. This has an effect on [the staff's] emotional, physical and psychological wellbeing'.
- It is about confidence in their ability and the community's confidence in their ability – thought they were 'set up to fail'.
- 'Our own confidence based on perceptions, we don't want to take risks'. She said people think they are doomed to failure and that if you are confident and clear you can be seen as subversive or arrogant.

Even when efforts are made to accommodate BME groups in partnership arrangements there is evidence to suggest that BME groups are marginalised vis-à-vis statutory agencies and larger voluntary bodies (Loftman et al 1998).

The projects nevertheless do illustrate a variety of ways in which they have been able to bring about change in the operation and planning of services. For individual users this may involve speaking on their behalf or improving the ways in which they are listened to. This may be achieved by bringing mainstream workers into the projects as well as being involved in the wider care planning systems.

### **Summary**

The organisation should give the group a voice. Minimally people are listened to within the organisation. As already indicated such organisations usually offer users the opportunity to speak their own language and feel that there is the time and concern to be heard. Through umbrella organisations, networks and partnerships, their voice may become established and influence priorities and decisions.

#### **9.10.1 Hearing users**

- ❑ People have somewhere to express their concerns

#### **9.10.2 Influencing priorities and decisions**

- ❑ Employing professionals who have contacts with statutory or private bodies that can assist the organisation, and high level skills.
- ❑ Utilising political figures, e.g. counsellors, specifically those who are from the same ethnic group.
- ❑ Lobbying various bodies on issues, especially where political representation is lacking.
- ❑ Targeting certain people to become members of the management committee – people that have ‘influence’ and can raise the organisation's profile in various contexts and settings, or who have skills that contribute to the organisation's development.
- ❑ One organisation is regularly contacted by statutory services, in particular social services with regards to the needs of their specific ethnic group. This organisation has had an impact on the provision of education for excluded children, for example the mainstream facility has been developed in accordance with many of their recommendations.
- ❑ Another organisation has influenced discussions around legal aid and tribunals.

The projects are variously helping ethnic minority groups to develop their own autonomy and exert more control. Being able to influence others involves a change in the nature of representation; there is a shift from a process of consultation to what might be considered the more socially valuable process of participation.

This raises the standing of the BME group to what may be considered the 'highest rung' on the ladder of participation (as originally proposed by Arnstein; 1969) and hence to citizenship.

## 9.11 Enhancing Identity (CSP11)

This was summarised as **supporting individual and cultural identity**.

The history of immigrant communities in this country has followed a similar pattern. A combination of discrimination and ignorance of cultural differences and needs has meant that newly arrived immigrants in the 1950s and 1960s from the Caribbean and the Indian sub-continent relied on churches and places of worship to provide initial points of contact. From these the communities built their own networks as well as a platform for campaigning for changes in mainstream provision (see e.g. Modood et al 1997).

Community cohesion is the latest in a succession of policy terms, the aim of which is to integrate communities of diverse ethnic origins. The danger with community cohesion is that like its predecessor, assimilation, the effect will be to reduce minority cultures to the dominant mainstream norm and to ignore continuing patterns of discrimination and inequality (Runnymede Trust).

Ideas of community cohesion may indeed be appropriate for well established groups where ethnic differences have shaped as well as been influenced by mainstream culture e.g. the Jews in New York. Yet even here, community ties are still maintained through separate religious institutions.

- She said that people say the community should be integrated by now, but that its about respect for culture, ‘we feel we are out there with a begging bowl and we shouldn’t be’.

Achieving such respect for culture is essentially a social and political process, which may be seen in terms of the concept of legitimacy. This needs to operate at two levels: internal and external. For internal legitimacy, the group of people must not only share a common set of values and norms - what management literature now refers to in terms of organisational culture and mission statements - but also have a firm belief in such views. This is vital because these views will be different from and indeed may be opposed by others. For the individual this means having a self-confidence which is based not simply on an ability to cope or manage for oneself but also a secure self-image and sense of personal identity.

For external legitimacy, the group must be able to work for itself and to do so in a way that is still acceptable to others. The group requires an acknowledged identity. For diverse groups each to have their own authority, the different cultures need not only to be visible and understood but also mutually respected. This may be encapsulated in the idea of heritage, which articulates the historical origin and development of a distinctive cultural formation. It is essentially a normative concept. Cultural identity should be conserved, respected and incorporated into people's everyday consciousness.

### Summary

Successful projects find ways for people and groups to recognise and build on their own identity and heritage. Through this they may then find their place in and be able to make a recognised contribution to the wider community. The organisation should contribute to the

cultural identity and heritage of the group and the area in which it is working Minimally it should encourage people's own sense of identity. Through all the preceding elements the organisation is likely to give the group a community identity.

### **9.11.1 Encouraging personal identity**

- ❑ For example one young person, who had been born and brought up in the UK, felt the organisation to be very important to them in terms of understanding their culture and identity.

### **9.11.2 Enhancing community identity**

The wider sense of community recognition was possible in cases where people with business skills were enabled to set up businesses and trading groups. Holding of open days, fashion shows and events whether broadly fun-based or linking to religious occasions may be crucial means for establishing not only the ethnic minority as a community in itself but as part of the wider local community.

## **9.12 Implications**

“An important lesson we have learned is that how we support the voluntary sector is key to ensuring the best use is made of the resources available.”  
(City & Parochial Foundation, 2000)

Whilst the above processes clearly depend on the capacity of the BME organisations themselves, it is apparent from discussion with the projects that funders may be able to support such processes.

It is therefore recommended that the Community Fund should consider ways of supporting capacity development and project funding. The projects indicated that they would welcome the Community Fund:

- ❑ Spending more time visiting organisations – and talking to users, otherwise they will 'get obvious answers'.
- ❑ Ensuring they remain accessible particularly to smaller organisations, e.g. not seen as essentially requiring bureaucratic procedures.
- ❑ Implementing a programme of getting directors from successful BME organisations to work with new BME groups to assist them.
- ❑ Setting up a forum to exchange problems, information, knowledge, skills, good practice – but not so as 'to arbitrate nor to find a balance from their perspective'.
- ❑ Funding administrative/core costs.
- ❑ Providing more support with exit strategies.

Some organisations also wanted the Community Fund to find ways of:

- ❑ Sustaining existing projects as opposed to having pressure to always be innovative.
- ❑ Working more closely with other funders.

## **10 Summary and Conclusions**

The research aimed to evaluate a sample of projects funded by the Community Fund that seek to benefit black and minority ethnic communities. In doing so it has addressed a series of questions. What if anything do BME communities derive from projects aimed specifically at addressing their needs compared with their experience of mainstream statutory and voluntary organisations? What do Community Fund supported projects provide at the individual, organisational and community levels? What makes such organisations more or less successful with regards to each of these levels and what strategies have been employed to take their organisations forward? The final aim of the evaluation has been to examine the implications of these findings for the Community Fund. Particularly significant here are the implications for identifying appropriate funding criteria and the kind of support offered to funded organisations.

### **10.1 Project Activities**

In reviewing the activities of the 23 case study organisations, there emerged two broad themes: provision of personal services and social facilities. Both contribute to the 'Basics of Life'.

In the case of personal services these could be broken down into: information & translation; accompaniment (e.g. to statutory agencies); advice; follow-up assistance; advocacy and casework. Associated with these activities is what we term a critical success process, i.e. a process that enables organisations to a greater or lesser extent to be effective. In this case the critical success process concerns focusing on the person (as opposed to the job) by providing culturally responsive support or services. Successive reports confirm inequalities of access and treatment between different ethnic groups, the sources of which are multiple and call for complex responses. In the case of organisations in our sample such responses included: doing outreach work; being flexible; responding to whole person needs; overcoming language barriers and employing staff of similar/same ethnic background as target communities.

In terms of social facilities, a number of factors are relevant: location; staffing; opportunities to meet other people and build friendships/share problems; atmosphere and sense of place. The critical success process here is making a place that is right for the group. A recurrent feature of poorer voluntary organisations is their lack of adequate accommodation. Some organisations have got round this by including costs of premises into their bids and/or working with partner organisations to increase space. Alternatively, where sites are inconvenient, some have arranged transport facilities and others run off-site activities closer to target communities. Some projects go beyond mere provision and become something much more important, that is a place people want to be.

### **10.2 Benefits for Users**

The impact of the funding can be assessed at three levels. In the first place the evaluation identified a number of ways in which organisations impacted on individuals through addressing issues of: security (e.g. housing, finance); isolation; coping; confidence; esteem; engagement; skills; employment; learning; self-reliance; participation and personal identity. Overall we associated these activities with the critical success process of

enabling users and building up trust and engagement. Statutory agencies are often perceived as off-putting, inaccessible and unresponsive to the needs of BME communities, hence providing services responsive to needs articulated by communities themselves and facilitating links with statutory agencies are common ways of addressing such obstacles. Again, some of the projects looked beyond this to enabling users to become more independent and develop greater self-reliance.

### **10.3 Benefits for the BME Organisations**

Secondly, there were a series of consequences for the organisations themselves and their staff, e.g. enhanced planning; commitment of employees and volunteers; leadership and participation; continuity and recognition. There were a number of critical success processes associated with the above. Involving users was particularly significant given wider patterns of social exclusion. This was achieved through anything from participation on management committees to user forums and other forms of feedback.

The second critical success process here is the development of capacity through linking personal, organisational and community development. At its best, it enables local organisations to provide opportunities for members of BME communities to gain skills in a voluntary organisation which not only benefit the organisation but also enhance individual employment opportunities. This also helps to ensure that the staff continue to be close to the community.

The third critical success process here has been securing funding through providing the basis for present and future operation. Local voluntary organisations are notoriously vulnerable insofar as they are reliant on fixed term project funds. Community funding has worked best in this respect when it encourages other (statutory) funders to maintain funding and where it has encouraged the growth of partnerships (through networking) thus providing greater opportunities and possibly a more secure base for funding.

The fourth critical success process, becoming known by both users and other organisations, is a challenge given the scope for publicising their activities and the lack of a community-based communications infrastructure. Organisations have built their reputations at a number of levels; through word-of-mouth and publicity generated through external success (e.g. Beacon Status) and/or through international visits.

### **10.4 Benefits for the Community**

Finally there were discernible impacts on both BME communities and the wider community. These included: working within particular communities and altering perceptions within that community; changes in mainstream services, particularly in the way the latter begin to recognise the expertise within local organisations; the capacity of some organisations to work across communities and hence foster new forms of inter-ethnic allegiance; enhancing the visibility of isolated and 'hidden' BME communities and forging new social identities entailing both recognition of the past and a new location within mainstream British society.



Underpinning these wider community issues were a series of critical success processes. The first entailed recognising attitudes and overcoming stigma. This meant understanding why BME communities might be reluctant to access statutory services, a reluctance sometimes born of discrimination and sometimes of community attitudes to such services as mental health and more generally to welfare.

Secondly critical success entailed acting as a bridge to mainstream services, not always straightforward given institutional attitudes and difficulties in recognising specific needs of BME communities. Organisations work best when they have developed strong relationships with statutory agencies, where activities are coordinated and where organisations are able to influence the shape of service delivery.

The principle of giving a voice to unheard groups is important but challenging, given the degree of social and public exclusion and the lack of familiarity on the part of some BME communities with political systems and practices. Organisations have developed various strategies to address this, including establishing forms of community representation (not without its own risks) and through umbrella organisations and /or partnerships with direct access to more influential interest groups and individuals.

Finally, one of the hardest obstacles to overcome is cultural because of the myriad ways in which white English culture is reinforced both overtly and in more unconscious, subtle ways. The challenge for organisations to which many in our sample have risen has been to empower BME communities through gaining a sense of shared identity in relationship not only to their own countries/regions of origin and/or faiths but also to living in Britain by building links across ethnic groups and enabling individuals to feel a stronger sense of belonging to the present as well as the past.

## **10.5 Conclusions**

The Compact argued that voluntary and community sector organisations

"...make a major and literally incalculable contribution to the development of society and to the social, cultural, economic and political life of the nation. They act as pathfinders for the involvement of users in the design and delivery of services and often act as advocates for those who otherwise have no voice. In doing so they promote both equality and diversity. They help to alleviate poverty, improve the quality of life and involve the socially excluded. The voluntary and community sector also makes an important direct economic contribution to the nation." (Compact Getting it Right Together, 1998 section 7)

Our research has shown that Community Funded BME projects are indeed capable of making such a contribution. It also reiterates the views of the Government's policy action team:

"The key lessons from a wide array of regeneration work in recent years have not been entirely helpful to those who seek simple solutions to complex problems. The first lesson is that the most effective approaches have emerged in an organic way: community self-help is not something that can be imposed. This has made it

difficult to extract prescriptive lessons, capable of application in diverse locations.” (Active Community Unit, Home Office, 1999)

Recognition of the existence of diversity is essential. The research has shown that though it is not possible to specify a universal set of determinants of success and failure, there are a series of messages, which can guide the development of BME organisations as well as their funding.

1. Due to the variety of organisations and projects there is a diversity of success. It is nevertheless possible to identify a number of key processes, which contribute to success - the critical success processes.
2. BME organisations are likely to be better than other, mainstream organisations at some of the critical success processes.
3. BME organisations are capable of providing support and reaching out to other minority ethnic groups as well as disadvantaged sections of the majority (white) population.
4. It is important for the organisations themselves to recognise barriers and how they will overcome them. Their identification and assessment should be part of the initial funding (application) process, on-going monitoring and review as well as evaluation. Reporting on failure (i.e. where barriers are not overcome and critical success processes not achieved) as well as success may be valuable to the development of other projects.
5. Various mechanisms have been used to overcome such barriers and hence carry through these critical success processes. The Community Fund could assist in supporting these mechanisms, both to help the organisations to develop and to enhance their existing funding policies.
6. Organisations need to formulate their own strategies for implementing the particular critical success processes. As these may be met at different levels, there are opportunities and challenges, which organisations should be looking for in order to improve their contribution to the well-being of black and minority ethnic groups and the wider community.

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