

“Walking on Treacle...” Black and Minority Ethnic Experiences of Community Capacity Building

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Introduction

This paper builds on two previous Third Sector Research Centre (TSRC)’s Working Papers on Black and Minority Ethnic (BME) groups’ [voice and influence](#) and the experience of [BME groups in rural England](#). The current paper seeks to examine BME (Black and Minority Ethnic) groups and communities in relation to community capacity building (CCB).

The term BME relates to people not born in the UK, as well as second and third generations and, therefore, includes white European migrants.

The research aimed to address the following issues: -

1. The changing policy context, including the impact of the recession from 2008 onwards and the Single Equality Act 2010.
2. The CCB needs of BME communities and their barriers to accessing it.
3. The distinctiveness of the BME sector and whether this has been influenced by CCB initiatives.

Research Methods

The findings draw on the available body of literature on the BME VCS and CCB in England, and 25 semi-structured interviews with a total of 26 individuals, 16 with community organisations and 10 with individuals working for strategic voluntary and statutory organisations. Interviews were carried out in four regions: - the East and

West Midlands, the South West and London. Of the interviews, 23 were conducted in person and two were undertaken by telephone.

Organisations were involved in a range of interventions including education, advocacy and advice for individuals, social and recreational activity, protecting culture and heritage, anti-poverty work, raising awareness of female genital mutilation, research and faith and/or BME networks

All primary research material was gathered between November 2016 and July 2017.

Context

BME communities comprised 14% of the population of England and Wales at the 2011 Census; 7.9 million people. Additionally the Office for National Statistics (ONS) found that this population had become more ethnically diverse from 1991. The BME Voluntary and Community Sector (VCS) developed to represent BME communities from the 1960s onwards.

The term community capacity building was first used in the 1990s and its interpretation has been the subject of considerable debate. It was seen as a way to move communities on from an externally defined deficit model where communities lacked skills, knowledge and experience. However others defined it as a process where communities could address their development needs from a self-defined starting point. Funding for CCB was initially linked to urban regeneration projects and

European programmes but subsequently, up to 2010, it was supported through Government and the Big Lottery.

Additionally BME communities, along with non BME communities, faced the impact of the post 2008 recession and reductions in funding through austerity programmes, which in turn impacted on CCB programmes. **Arguably the BME sector was affected disproportionately by the recession** as their representative groups were at an earlier point in their development and therefore less able to manage the situation. They also faced the impact of the 2010 Equality Act, which was seen to reduce the funding available to BME communities.

Findings

The research for the paper revealed that **engagement in CCB was for BME groups a peripheral activity**, due to barriers that limited their opportunity to engage in it. Additionally there was a perception that it was depoliticised community development which deterred groups and organisations prioritising it as not worth their investment due to a lack of tangible outcomes.

The main **Barriers and Challenges** to involvement in CCB, reported by participants, were lack of resources and racism. The recession and subsequent austerity measures had adversely affected the opportunities for BME groups to access funding. A majority of respondents reported that a lack of resources was the main difficulty in accessing CCB support. A key factor in this was the development of the **contract culture, which meant that smaller groups had lost their grants**, particularly from local authorities, and was unable to bid for contracts due to their size. This had a disproportionately adverse effect on the BME VCS as a **larger percentage of BME groups were small 'below the radar' groups**.

Racism was seen as a barrier by an equal number of equal number of respondents as resources. This

applied particularly to groups operating in areas of relatively low BME settlement in the South West. Racially motivated problems, such as hate crime, were seen to have been **aggravated by the Brexit vote**. A strategic respondent identified **racism within the funding application process**, in that 'applications are seen differently when presented by certain types of [BME] organisations.' Interviewees also argued that 'the system discriminates' and that 'the BME VCS can be typecast' as only engaged in cultural or sporting activity.

A lack of information, language and cultural issues were also seen as barriers, particularly for newly arrived communities. These communities were also deemed to be disadvantaged by problems over immigration status. These issues were perceived to be so time consuming and draining that it could preclude any voluntary involvement in community activity, let alone in depth CCB.

The lack of involvement of women in community activity and the difficulty in bringing in younger people were seen as concerns by respondents. Geography was also a barrier for BME organisations which supported communities dispersed across wider areas than administrative boundaries, (i.e. several boroughs or local authority areas). This created a barrier to accessing funding, frequently distributed at ward or borough/authority level and, consequently, CCB opportunities.

One respondent summed up **the barriers faced by BME groups as 'like walking on treacle'**.

Discussion

Throughout the interviews and available literature there were concerns that CCB represented a 'watering down' or depoliticising of community development. Although it was seen as an opportunity to 'engage and empower', and 'build awareness of what's happening in an area', ensuring that people would not be left out of key

decisions, it was also seen as a deficit model. It was said that it 'assumes that communities need skills rather than the other way round'. The literature supported this view; Craig (2007) argued that 'although CCB is a key issue for their organisations, [for BME groups] structural racism and discrimination often means that they have limited access to funding and sources of expertise on their own terms.'

From 2008, there have been reduced resources available to the BME VCS. Previously BME communities had benefitted from Area Based Initiative (ABI) funding as regeneration programmes which, although local, tended to be developed in areas of economic and social disadvantage, with high BME population. ABI funding included money for CCB. Subsequent more general funding initiatives prioritised localism, which disadvantaged BME communities that were based in larger geographical areas, such as a region or sub-region. This meant that localised funding regimes were not available to BME communities.

Faced with an environment of reduced funding it was clear that many small groups included in the research had chosen not to expand the scope of their organisation, had no expectation of developing into larger organisations and would continue to provide their activities with minimal resources. *In this context CCB was not seen as a priority.*

Despite this, the increased emphasis on contracts, as opposed to grants, was affecting the ability of all small community groups to raise any funds from the statutory sector. For BME led groups this was a double disadvantage. One respondent perceived the mainstream VCS as 'excluding them from funding' to work with black communities. There were examples of working partnerships with the VCS as a whole being acknowledged as particularly positive. However there were more examples of people feeling excluded and

undervalued by their colleagues in predominantly white voluntary organisations.

Respondents variously referred to 'not being welcomed by strategic partners', 'too much emphasis on charities and established organisations', and 'there could be a partnership but BME communities are pushed out.' One interviewee said that '[CCB is] not just about understanding different cultures, it's about looking at institutional racism', implying that the *majority of the mainstream VCS was not interested in that approach.*

The need for statutory bodies, the mainstream VCS and other funders to develop their understanding of communities that they worked with was recognised by interviewees. At one extreme, interviewees said there should be a requirement for capacity builders to be given cultural awareness training. Alternatively one respondent argued that it was 'not just about understanding different cultures, it's about looking at institutional racism'.

CCB was initially premised on a supply side approach, using a deficit model that Beasley (2004) saw as 'top-down, paternalistic and deflects attention away from changing the existing institutional and economic structures.' Towards the end of the New Labour government programmes began to change towards a demand side approach. None of the participants in the research referred to the possibility of funding to purchase their own CCB support and Dayson *et al* (2017) questioned whether demand side approach led to better outcomes, or even reached small single identity groups, e.g. BME groups.

Only two participants referred to the use of new technology to facilitate the development and operation of groups and to share information at local level. This demonstrated that new approaches to CCB had bypassed BME groups, despite the fact that the dispersed nature of many of these communities meant that there could

have been considerable benefit to using new technology to organise and develop.

Three interviewees reported that they had used strategies to overcome the barriers faced in engaging with CCB. One worker said that they ensured that small groups were 'included in strategic funding applications and the sharing of information.' Another had used a festival to bring small groups together with strategic organisations, and one had confronted sub-divisions within a community from a single country of origin.

In Birmingham the **B.STRONG project**, discussed in *Community Organising against Racism* (Ware 2018), was able to **engage with a diverse range of BME groups**, meeting them in their own premises or chosen location. B.STRONG was able to work 'effectively with refugee organisations and other communities of interest ... training provision was high quality...with 65% from ethnic minorities' (McCabe 2002). The project achieved this through having an approach that worked on groups' own issues and employed a diverse staff team. However the project suffered from a lack of investment, affecting continuity, even when there was outreach money available.

Conclusions

The research set out to examine the experience of BME communities of CCB in England, interviewing community activists and workers operating at

front line and strategic levels with BME groups. Participants in the research and the available literature found that **CCB was not relevant in a context of groups struggling to survive to deliver their core functions**. It was argued that this had always been the case for BME groups, but there was even less potential due to the reduction in available resources from 2008.

Additionally debated was the value of **CCB which was seen as a depoliticised version of community development**, by interviewees and in the literature. BME groups argued that they were excluded from participating in partnership with the mainstream, mainly white, VCS. Additionally, whilst they perceived CCB to be potentially positive, 'great' as one interviewee put it, whilst going on to say **'is capacity building the best way help [BME] people address inequality? I'm not so sure...'**

That a number of BME community groups had survived despite a lack of external resources is testament to their resilience and the severe disadvantages that BME communities are facing as a consequence of rising inequality and increased incidents of racism following the Brexit vote. For CCB/community development to be relevant for BME communities in 2018 **it needs to be reclaimed as a political process that addresses structural inequalities** rather than being based on a compensatory/deficit mode



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