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Walking on Treacle: Black and Minority Ethnic Groups' Experiences of Community Capacity Building

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Abstract

This paper seeks to examine Black and Minority Ethnic (BME) groups' experiences of community capacity building initiatives in urban and rural regions of England.

The contexts in which BME Voluntary and Community Sector (VCS) groups currently operate include reduced funding opportunities due to the economic downturn and continuing austerity measures, the impact of the Equality Act (2010) and the changed political environment. Racism remains an important factor for many groups and communities. These issues have been explored in two previous TSRC reports, "Very small, very quiet, a whisper…" Black and Ethnic Minority groups: voice and influence' (2013) and Working Paper 130, 'Black People don't drink tea…' (2105) which explored the experiences of urban and rural BME group and their voice and influence.

Community capacity building (CCB) has been defined as a process intended to strengthen groups and the communities that they work with to develop their potential and influence policies that affect their daily lives. It has also been viewed, more narrowly, as a less political approach, concerned more with organisational development in the voluntary and community sector. The literature review undertaken identified that the term CCB itself, and the manner in which it can replace and depoliticise community development, can be problematic. The aim of the research, which was undertaken in four regions of England, was to understand how CCB was perceived by Black and Minority Ethnic activists and the communities that they were involved with. The findings are intended to analyse the position of BME communities and community groups in relation to current and future community capacity building initiatives. With the recent Government Civil Society strategy publication (HM Government, 2018) this research is of current relevance to BME groups and communities.

Key Words

Black and Minority Ethnic, BME, community capacity building, building capabilities, community development, voluntary and community sector, VCS.

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Background

The main aim of the research was to understand the relationship between BME groups and community capacity building initiatives – both historically and in the current context of reductions in infrastructure support. The research is distinctive in that it examined the position of BME groups in relation to community capacity building over time. The term BME relates herein to people not born in the UK, as well as second and third generations and, therefore, includes white European migrants. A further aim of the research was to discover if there was actually an aspiration for front line BME community groups to build their capacity, rather than focus on service delivery, and whether this purpose was shared with funders and suppliers of capacity building support.

This paper builds on two previous research papers from the Third Sector Research Centre (TSRC). Working Paper 103, '"Very small, very quiet, a whisper…" Black and Minority Ethnic groups: voice and influence' which explored the experiences of urban Black and Minority Ethnic (BME) community groups in relation to their ability to exert voice and influence on local, regional and national policy and Voluntary and Community Sector (VCS) development (Ware 2013). A subsequent working paper (130) 'Black People don't drink tea…' sought to examine the position of the rural Black and Minority Ethnic (BAME) VCS and BAME communities in rural and less diverse areas of England (Ware, 2015).

The paper explores the definitions and the changing context of community capacity building, before outlining the research methods used. The findings section examines the experience of BME groups in relation to CCB initiatives, identifying their capacity building needs, the nature of and barriers to BME capacity building, BME/Non BME capacity building differences; CCB impact on the BME VCS, and capacity building for statutory bodies and mainstream organisations to enable them to effectively support community groups from all backgrounds.

Context

The BME VCS has developed to represent BME communities over the past 60 years, and emerged in the wake of the host community's VCS. Whilst the existence of the sector is contested (Mayblin and Soteri-Proctor, 2011) in terms of organisation and leadership, the sector is distinctive in its experience of racism. 'Its development has lagged behind that of the third sector more generally, partly because of relatively recent arrival…and partly because of

racism both in state policy and within the third sector' (Craig, 2011, p.367). Over this period the BME population in England and Wales rose from 74,500 in 1951 to 4.6 million in 2001 and 7.9 million in 2011. The latter figure represents 14% of the total population of the two nations (Office for National Statistics (ONS, 2012), an increase from 7.9% in 2001. Further 'over the past two decades England and Wales has become more ethnically diverse' (ONS, 2012, p.4), due to increased migration from the Middle East and Africa, as well as from Eastern Europe. Indeed as one interviewee said 'BME communities are now really complex and people don't understand it' and that 'there are many different BME communities and they don't necessarily identify with each other.' This 'super-diversity' (Phillimore, 2011) has implications for the complexity, and potential fragmentation, of the BME voluntary 'sector' into a series of ethnically or culturally defined sub-sectors.

The growth of the BME VCS has been identified as a response to two main factors. Firstly, the lack of culturally appropriate provision of services by the state and mainstream voluntary organisations, and secondly as a response to 'the toxic tide of British racism, oppressive policing and fascist politics' (Afridi and Warmington, 2009, p18). Potentially it has, as noted, been constrained by a pre-existing set of structures and practices, in that the VCS has already developed ways of working that may not necessarily suit the BME VCS and that new groups did not understand the pre-existing rules of the game (Kendall J, 2003). New Labour was also in the process of developing a compact specifically to address the exclusion of BME groups from participation in strategic initiatives. Lowndes and Sullivan (2004) found that 'those who wear the 'community' hat on partnership boards are not promoting the interests of the most socially disadvantaged groups'…'for example members of minority ethnic groups'. In an attempt to address this New Labour developed a compact (Office of the Third Sector, 1998) specifically to address the exclusion of BME groups from participation in strategic initiatives. The extent to which the BME VCS Compact was adopted, or enforced, at the local level is, however, unclear.

There was also an ongoing debate about whether the BME VCS existed as a distinct 'sector' or 'entity'. It was also questionable whether the sector was effective in making itself heard and having an impact on policy and practice both within the wider voluntary sector, and also statutory bodies at local and national level. In the current political and economic climate after 2010 the ability of BME organisations to maintain services to communities, whilst also being able to have a political impact, has been debated (Mayblin and Soteri-Proctor, 2011). Additionally it was debateable whether the BME VCS, if it existed, ever had a significant voice on policy (Craig 2011). Writers have argued that whilst the sector has much in common with mainstream/small community groups, the unifying factor remained their experience of racism

(Craig 2005, Afridi and Warmington, 2009). These issues are addressed in more detail in the discussion sections of the report.

Community Capacity Building: Definitions

The term capacity building was first used in the mid-1990s and was defined by the UN Commission on Sustainable Development in 1996 (Craig, 2007). Initially the main focus was providing training on a formal basis for voluntary groups and organisations. Since then, a range of funding regimes have supported UK capacity building programmes, including the European Social Fund (ESF), the Single Regeneration Budget (SRB), the BIG Lottery Fund and government funded programmes such as ChangeUp, managed by Capacity Builders. Craig (2007) argued that here were problems with the ways in which capacity building could be seen as addressing a deficit model for communities and/or their organisations, as defined by those who were the guardians of power and resources. There were capacity building definitions that were close to the community development model. For example the Churches Community Work Alliance (CCWA, 2011) which defined capacity building as a process by which organisations could address their development needs from a self-defined starting point. Also Skinner and Wilson's 'Starting from Strengths' paper (2005) recognised this power relationship. These definitions sought to support communities in achieving their own aims, rather than those that met the agendas of local and central government, such as New Labour's Think Smart, Think Voluntary Sector (Home Office, 2004). This was an example of a programme that sought to professionalise the sector, scaling up the level of organisational capacity of groups and encouraging them to take on the running of public services. This was discussed further in Craig G. (2005) and is relevant to the discussion of community capacity building in this paper.

The interpretation of the terms 'capacity building' and 'community capacity building' has been the subject of considerable debate (Simpson *et al.,* 2003; Craig, 2005; Mowbray, 2005). It is not the intention of this paper to extend that debate, but to clarify the terms as they are used here. There were attempts to move CCB on from being a deficit model of community group development – e.g. community groups failed to 'scale up' as they lacked skills and knowledge (McCabe, 2017). In this context the definition of community capacity building was widened beyond organisational development to include communities addressing their needs through a process of learning that would enable them to address social and economic policy issues.

However, community capacity building has also been defined as 'Developing the capacity and skills of the members of a community… to help meet their needs and to participate more fully in society' (Charity Commission, 2003). This referred to the development of communities,

as opposed to individual organisations. It was closer to definitions of community development that involved the development of the skills and knowledge of individuals to be better able to engage with political processes to and respond to the needs of their community/communities (FCDL, 2015). The Take Part/Every Action Counts programme (Miller and Hatamian, 2011) was an example of a programme focussed on individual and community, rather than organisational, capacity. In this respect there was also the aim of reducing the democratic deficit, so that CCB was caught up in two slightly different and competing agendas.

Taylor (2015) developed a more sophisticated framework for capacity building. Writing in relation to health promotion, she identified nine domains for capacity building and asserted that 'active community participation in decision-making to lead to social and political change is essential' (Taylor 2015, p140). The domains were: community participation, leadership, organisational structures, problem assessment, resource mobilisation, asking why, links with other, the role of outside agents, and programme management. As Taylor argued it was important to bear in mind who was building whose capacity, given the power imbalance that was implied by the deficit model of CCB. It was important for community groups that they had a long term investment in the outcomes of any CCB initiatives and that they would want to see the benefit to the community that they were working with of any time spent on capacity building. Since 2010,and the effective end of Government sponsored capacity building, the Big Lottery Fund have developed a Building Capabilities for Impact and Legacy initiative, which looked at how Front Line Organisations (FLOs) could be encouraged and empowered to build their skills, knowledge and confidence. Research commissioned by the Big Lottery Fund found that capability building was a complex process and emphasised the importance to organisations development of 'diagnosis, tailoring interventions, supplier expertise, and the need for a pre-requisite capacity and readiness among the organisations seeking support.' (Macmillan and Paine 2014, p2).

The Changing Context of Community Capacity Building

The capacity building priorities for funders over the past two decades have been varied. For example, the Big Lottery was clear that two of its three priorities for capacity building were 'to ensure organisations are able to apply, receive and spend a BIG Lottery grant' and 'deliver agreed project outcomes' (IVAR 2010, p76). The BIG Lottery also developed a 'Fair Share' programme designed to increase the number of applications from poorer but under-represented communities, in terms of those successfully accessing Big Lottery funding. Early literature on capacity building identified that a key purpose of the process was to enable

community organisations to participate in the regeneration process with statutory partners (Coventry and Warwickshire Partnership Board,,,, 1998). However there were found to be difficulties in engaging with a representative range of partners. For example research by Russell (2010, p.32), for the Equality and Human Rights Commission (EHRC), found that 'fewer than 40 per cent of LSPs [Local Strategic Partnerships] included ethnic minority groups or individuals among their partners'.

Increasingly programmes, including the Big Lottery, also envisaged a more self-defined approach to capacity building and a move away from formal training to tailored and peer-to-peer learning. The third aim of Big Lottery funding was 'to support wider skills development within the voluntary and community sector' (op. cit., p76). The ChangeUp programme's goals included 'Improve the quality and effectiveness of support for third sector organisations' and 'Influence funding policy and practice to ensure sustainable support to third sector organisations' (TSRC 2009, p6). The emphasis moved from capacity building that enabled groups and organisations to 'do more' to the concept of building capabilities – being able to 'do things better' (TSRC, 2009). Both these approaches have been criticised as being top down, patronising and predicated on the assumption that small community groups want to increase their size and range of operation (Craig 2007, McCabe 2017).

There have also been attempts to move from a supply side capacity building to a demand led approach (Dayson et al, 2017). Under New Labour, between 2004 and 2010, funding was used to strengthen mainstream capacity building providers' (predominantly Councils of Voluntary Service and Rural Community Councils) abilities to deliver support – through government funding such as ChangeUp, and subsequently the Big Lottery's BASIS programme (Building and Sustaining Infrastructure Support). From 2010, the Coalition government attempted to introduce the notion of a 'capacity building market' with, for example, the Transition Fund in 2010, which provided 'resources for front line organisations to pay for support directly' (Dayson et al, 2017 p.152) and the Transforming Local Infrastructure initiative though the Big Lottery Fund (2011). One aim was to give control of the areas of capacity building received and choice of provider(s) to the groups wishing to access capacity building.

Further, there was a change in emphasis on capacity building in the context of austerity from 2010 onwards, in that groups were now struggling to survive rather than grow. Consequently, there was increased focus on capacity building to promote income generation approaches and diversifying funding sources, rather than on what was perceived as 'grant dependency' or contributing directly to policy development. This was against a background of substantial disinvestment since 2010. In the 2000s the ChangeUp and BASIS programmes

resulted in an overall investment of £231 million nationally, with the BASIS programme providing £157 million. These figures excluded further capacity building investment though organisations such as the Faith Based Regeneration Network, and local area based funding such as the Single Regeneration Budget, New Deal for Communities and the Neighbourhood Renewal programme. Subsequent funding streams have been substantially reduced with the Transition Fund providing £100 million over 5 years and the Local Sustainability Fund £1.7 million. (Dayson et al., 2017)

One impact of this process was the reduction in number and activity of infrastructure organisations and their support for community capacity building activity, particularly in respect of BME groups and communities. The period since 2010 has seen the closure of Community Development Exchange (CDX), Community Matters, and the Community Development Foundation (CDF) at a national level. Further regional and sub-regional organisations such as voluntary service councils and rural community councils have had to reduce their level of operation and/or have closed. NAVCA (2016, p7) found that 'while the sector's income has grown by 3.3% since 2007/08 in cash terms, in real terms it is 3.6% lower in value'. For the BME sector there has been an even greater reduction in that now there are few regional BME infrastructure organisations and a severe reduction in the number and scale of operation of local organisations and groups such as Race Equality Councils (RECs). For example in the South West the number of active RECs had been reduced from nine to three by 2015, although one had managed to continue as a restructured local network, supported by considerable voluntary input (Ware, 2015).

Another outcome was the apparent reduction of face-to-face and peer learning. Phillimore and McCabe (2017) found that cuts to sector infrastructure nationally and locally meant that 'physical' training events had been increasingly replaced by online learning materials. One aspect of the research was to consider whether BME community groups were able to take advantage of the on-line opportunities if they were offered, or whether there was actually a reduction in the opportunities for capacity building available to BME groups. Additionally it was to ascertain whether these opportunities were a sufficient replacement for the previous face-to-face CCB activities.

One trend has been the move to 'light touch' support. It was started in the Joseph Rowntree Fund's (JRF) Changing Neighbourhoods project, which worked with 20 neighbourhoods in England, Scotland and Wales to test out an 'arm's length' approach to supporting community groups. This was an early example of a peer learning project which was later picked up by Big Local. Whilst not being referred to as a capacity building project, it had the features of one. It

recognised that a strengths-based capacity building approach requires those in power to identify their own needs when engaging with communities and community organisations to achieve effective outcomes (Taylor et al., 2007). However despite the apparent preference for peer learning for community capacity building there has been a continuation of some of the more formal approaches to delivering CCB, including training (now often fee paying), advice delivered by professional and experts, rigid diagnostic toolkits, and the requirement for groups to travel to the provider, rather than vice-versa (Phillimore and McCabe, 2017).

It was also the case that, whatever the delivery and funding of CCB, it continued to be short term in nature, financed by European funding, regeneration schemes, and more recently through Government sources and the BIG Lottery. Crucially, for BME groups there is the question as to whether they ever received effective CCB support and development. Research by Afridi (2007) and Equal to the Occasion (ETTO) (2010) found that BME groups were already at a disadvantage prior to the full impact of the social and economic downturn of 2008 and subsequent austerity measures. The ETTO report said “Most organisations recognise that it would be unrealistic, unsustainable and unnecessary for every “equality strand” to have its own organisational development support. There is a marked convergence of opinion that it is more important to invest in skills, technical expertise and specialist knowledge than it is in identity.” Whilst this is true, in reality specialised support is required because the mainstream does not address the specific needs of the BME groups.

Afridi’s survey of BME frontline organisations found that ‘Only 14 (28%) of the 50 frontline organisations interviewed had received any form of performance review support.’ (p18). In 2004 Needham and Barclay’s research for the Government Office for London identified that for BME groups ‘the support of the local CVS [Council for Voluntary Service] was too low level for some, particularly for those working across several boroughs or London wide…’ (p18).

The evaluation of the ChangeUp programme itself also raised questions about barriers that BME groups faced in attempting to access appropriate capacity building support. ‘In particular, there was widespread failure to embed BME projects in consortia programmes’ and ‘Some consortia reported difficulties in obtaining core funding to carry out the community development work needed. In some, there was simply a reluctance to allocate ChangeUp funding to these needs as a priority.’ (TSRC 2009, p91-92) It had become a priority for groups to maintain front line services and cut second tier provision, particularly when there was a requirement from funders to provide quantifiable evidence of activity and to demonstrate impact for service users.

Additionally the emphasis on fewer but larger contracts favoured larger organisations and increased the difficulty for small groups in accessing them. Research produced by the Lloyds Bank Foundation, for a House of Lords Select Committee (House of Lords, 2017), found that the income of small and medium sized charities, defined as having an annual income of between £25,000 and £1m, from local and central government had fallen by 38% between 2008 and 2013. Lloyds also quoted IPPR North who had observed that 'those working in deprived communities are more likely to have been affected, as well as those who work with BAME communities'. For BME organisations this was a double disadvantage as they tended to be predominantly small groups with a shorter track record of delivering public services.

Research Methods

This section outlines the methods used in the research. The project began with a literature review and was followed by semi-structured interviews with participants, primarily working directly for BME groups and communities.

Literature Review

Research sources used included academic publications, relevant legislation and policy documents, as well as articles produced by BME organisations themselves and individual articles in journals and newspapers. Key words searched were BAME and BME Organisations, Voluntary and Community Sector, community capacity building, equalities, ethnicity, race and racism, culture and identity. Whilst there was a considerable amount of literature on service delivery, there was far less on development/learning needs and even less on the learning/development needs of BME community, groups which made it important to investigate this subject.

There is generic literature on capacity building and this review identified a limited range of publications from voluntary organisations, academic sources, and grey literature, which specifically highlighted issues affecting BME communities and the Third Sector in relation to community capacity building. This included publications from Birmingham Race Action Partnership (brap, 2007), academic work by Craig (2005, 2007, 2011), Ellis and Latif (2006), Equal to the Occasion (ETTO, 2010), Needham and Barclay for the Government Office for London (2014), Taylor and Wilson (2007, 2015) and Ware (2013, 2015, 2018). The research has examined the current position of a range of BME VCS groups within England, in order to

complement the existing research and writing on the subject, but also to address the current gap in research and literature, specifically in relation to BME communities and CCB initiatives.

Primary Research

Primary research was undertaken with representatives of BME groups in England about their experience of community capacity building in 2016/17.

Interview schedules were developed addressing the following themes: -

- The changing policy context – from multi-culturalism to Preventing Violent Extremism (PVE), targeted funding, and integration/assimilation agendas; the recession and funding limitations; the Equality Act 2010.
- CCB needs of BME community groups and its relevance to them.
- Barriers to accessing CCB and how relevant the provision of it was relevant to BME groups.
- The distinctiveness of the BME VCS. Are the issues for the sector different from non BME groups, or is there convergence with the 'mainstream' VCS?
- Have capacity building and funding programmes been drivers for the direction of BME groups, or have they been able to follow their own agendas?

25 semi-structured individual interviews were carried out between November 2016 and July 2017, with a total of 26 individuals (see Table 1). In one instance there were two interviewees from the same organisation present. Of the 25 interviews: -

15 interviews were undertaken with representatives of groups actively working with BME communities in four areas/regions, in the East Midlands, in the West Midlands, a small town in the South West, and a group based in Essex. Table 1 identifies the main focus of each of the groups. 10 organisations could be described as strategic, in that they engaged with a number of member organisations over a defined geographical area and undertook some representation in relation to policy, at a regional/sub-regional level. Part of the research also utilised the analysis of previous research interviews undertaken by the author for TSRC papers 103 and 130, which added data from a further 47 interviews.

Given limited research capacity, interviewees were selected through discussion with colleagues at TSRC and key strategic organisations. There was also the 'snowball' effect of the selection of interviewees, as groups referred others for interview or a key person was able to identify a range of participants covering different BME backgrounds. These groups were

selected so that we could explore their experience in dealing with the impact of the current political and economic changes. Agencies were selected to give a range of types of organisation and issues that they were working on, but also to cover a range of communities of geographical origin.

Table 1: Interview Summary Profile

Locality	**Interviews with community groups**		**Interviews with Strategic Organisations**		**Total**
	Local established BAME groups	Refugee and new migrant groups	Regional policy networks	Statutory Organisations	
East Midlands	1	1	1	0	3
Two areas of the West Midlands	4	4	2	1	11
Two areas of the South West	1	3	1	0	5
London/SE/National	1	0	5	0	6
Total	7	8	9	1	25
Interviewees					
Female	2	4	5	1	12
Male	6	4	4	0	14
Total	8	8	9	1	26

Strategic organisations were interviewed to offer an overview of the changing environment for, and issues faced by, the BME VCS. One challenge faced in this approach was that it had become more difficult to access small groups via national membership bodies with BME community networks due to the closure of a number of them, including for example Community Matters and Community Development Exchange. For BME groups national organisations, always few in number, were even more limited.

The research did not seek to engage a representative sample of BME groups in the identified areas. Such an approach would have been impossible given the time and resources available, the super-diversity of communities in England and the absence of a complete list of BME organisations in England from which to sample[1]. Within these constraints, attempts were made to interview members of groups representing as diverse a range of BME communities as possible. As such interviewees, and/or their groups, represented communities originating

[1] Even in the charity sector, specifically ethnic data is not kept by Charity Commission on the profile of trustees, although a recent House of Lords report (2017) notes an apparent lack of diversity in the make up of charity boards.

from geographical backgrounds including Africa, the Caribbean, the Middle East, the South Asian sub-continent, and South America. Of the interviewees there were 12 female and 14 male – see Table 1.

Two of the interviews were undertaken on the telephone and all were recorded and then transcribed. All quotes used are anonymised and taken directly from the transcriptions.

The selection of the sample was to attempt to achieve a mix of organisations in relation to the delivery and receipt of CCB. Overall 10 groups could be characterised as offering strategic infrastructure support. Of the 15 community based groups, 10 offered support/advice for individuals and five predominantly organised social and cultural activities (See also Table 1). Additionally three of these community groups included policy/campaigning as part of their remit. One was predominantly faith based, and two were concerned with influencing policy on specific health issues. Six of the community organisations are included in more than one of the above categories. Within these headings specific activities undertaken included:

- Advocacy and advice with individuals on domestic violence, hate crime, mental health and addiction issues
- Education, recreation and integration with young and elderly people, including sport, trips. dance and annual events
- Employment and training
- Protecting culture and traditions, promoting community cohesion and positive achievements
- Anti-poverty work, combatting disadvantages facing BME communities, race equality
- Raising awareness of female genital mutilation (FGM)
- Organisational development/ community capacity building; community based research
- Networks – faith and/or BME focussed.
- Policy engagement with statutory bodies.

Findings

The findings, presented in the following section are broken down into four areas –

- BME capacity building needs;

- How capacity building needs are met;
- barriers to BME capacity building, including funding, racism, lack of relevance, time and travel, statutory bodies and the mainstream VCS;
- its impact on the BME VCS;

The findings under these headings cover the main areas of investigation of the research.

BME Capacity Building Needs

Fifteen respondents discussed capacity building needs and of these eight referred to funding, resources and/or premises as being their main concern. This supported the findings of the ETTO report 'Equal Support', exploring organisational development, which found that 'the most frequently cited reason for seeking external support was help in securing funds.' (ETTO 2010, p21) This was in line with other research findings for the sector as a whole, such as Birmingham Voluntary Service Council's 'State of the Sector' report (BVSC, 2012).

Other responses, mentioned by up to three interviewees, included language, particularly for new migrants; management procedures, including health and safety, policies and procedures for all members of groups; demand led education and training; and sustainability. A particular issue was that while language may have been spoken as a second language it was less frequently written.

Five interviewees commented that needs were different for BME communities, one referring to the importance of recognising that racism played a part, as 'funders and even fellow voluntary sector partners who are from the mainstream side of things…are becoming more reactive and responsive to the political developments of the day, i.e. Brexit.' A respondent from a small group said that 'crime, hate and politics are still visible' and another, from a London based strategic organisation, that 'Race is a key issue, but no-one wants to talk about race now.' One participant replied that the needs were not different and funding was there, but the main difficulty was a lack of capacity. Increased diversity was referred to and it was said that the needs of groups representing migrants and refugees were greater due to language and a lack of familiarity with systems and procedures for managing a community group. Participants also said that they perceived that small BME groups were excluded from allocations of funding received by strategic mainstream organisations for work with BME groups.

The ETTO report (2010) reinforced this and found that other needs that were likely to apply to organisations working with a marginalised community included the finding and management

of volunteers and lobbying on mental health issues in certain instances. Needs specific to BME communities included language, understanding how systems work in the UK, instability in refugee and asylum seeker organisations, and 'dealing with perceptions that funders monitor BME groups more than others.' (p24) Whilst all small organisations find the need for support with funding applications as being a key area for support, the specific issue for BME organisations is that there was evidence from an interviewee with a strategic organisation that funders do not understand/trust BME groups.

There was antipathy towards the mainstream VCS sector, particularly from two strategic BME respondents who said, for example, that 'people take credit for what the small organisations are doing' and that 'voluntary sector partners who are from the mainstream side of things are becoming more reactive and responsive to the political development of the day, i.e. Brexit and hostility towards anything that was to do with migrants.' Others identified that the Government had changed the nature of community capacity building, 'wanting more for free', and that diversity was not addressed by traditional capacity building models. A tenant participation worker said that BME tenants were under-represented because they were not welcome in groups that were predominantly white and elderly. Macmillan, evaluating the ChangeUp programme, also found evidence to support this statement at an organisational level saying that 'there was a widespread failure to embed BME projects in consortia programmes.' (TSRC, 2009, p91)

The current literature on the subject of BME small group CCB needs confirmed the findings of the primary research. A report for the Government Office for London on the infrastructure needs of BME organisations in London found 'some needs in particular were identified as high priority by BME organisations (more so than for all organisations in the sample)' including, in order of prevalence – income generation, improving effectiveness, skills development, technical support, marketing and publicity, and secure access to premises. (Needham and Barclay 2004, Executive Summary)

Ellis and Latif (2006), in the evaluation of the Council of Ethnic Minority Voluntary Organisation's (CEMVO) London pilot capacity building programme, identified four key challenges facing BME organisations – a lack of resources, a limited access to support, low involvement in civic matters, and racism and discrimination. They argued that many BME groups experienced exclusion from traditional CVS structures and government decision making, combined with a more stringent level of scrutiny, 'reflecting the racism experienced by the communities themselves.' (p4)

Whilst there were similarities with the capacity building needs of non-BME communities, there were also differences, particularly due to language and lack of familiarity with English culture, policies and procedures. From the research and the available literature, the needs of BME communities for capacity building were also found to be complex and not of a 'one size fits all' nature. The diversity of BME communities in England made it difficult to generalise about the community capacity building (and other) needs of those communities. A range of factors including country of origin, length of stay in the UK, and reasons for migrating to the UK all impact on the CCB needs of communities.

How BME Community Capacity Building needs are met

Respondents identified that that capacity building needs were being met in the following ways: -

- Through a local 'mainstream' organisation, although this was only referred to by one interviewee, from the West Midlands. Two groups in this region, having moved from London, said that their impression was that there were more resources for capacity building in London.
- Through local networks and consortia. This was identified as a key method of receiving and delivering capacity building support by five organisations that were members of two networks, one in the West Midlands and one in the South West, both of which were facing funding difficulties. One group receiving support in this way was unaware of their local Voluntary Service Council.
- On-line training was mentioned by one organisation, indicating that this was not a widely used method of accessing capacity building support.
- Training sessions were referred to, but were not readily available and the majority of them would require payment that groups didn't have the resources to meet.

There were other responses on this subject. Two interviewees said that people who were volunteering needed recognition and/or accreditation for the work that they undertook for their group/community, but that there were not the resources available to be able to deliver that accreditation or training. It was said that women were less involved in certain groups, e.g. tenants associations, and also that it was difficult to engage young people who were frequently disillusioned. Needs, and therefore responses, varied in different communities, but interviewees argued that it was important to build relationships between groups, where there were common issues, e.g. housing. Certain funders, such as the Big Lottery, were specific in the type of capacity building that they would support, i.e. that it should be focussed on the future sustainability of organisations, which they required as a funder. For new and emerging

groups, many of whom are representing specific BME communities, particularly those who are newly arrived in the UK, this meant both that were excluded from accessing the CCB support and also, even if they could access it, that they would not be at the stage of development when it would be relevant.

Participants in the research emphasised the importance of capacity building being culturally appropriate and frequently referred to the ability of BME groups to deliver CCB to BME communities, particularly taking into account the diversity of the communities. One group said that some white mainstream organisations were delivering for Black communities and 'treading on our toes' without having the understanding to do it effectively and appropriately. Previous research found that the B.STRONG (Birmingham Skills Training Reaching Organisations and Neighbourhood Groups) programme, employing predominantly staff from BME backgrounds, was able to engage with community members of whom between 65% - 89% of the total project number were from a diverse range of BME communities within Birmingham (Ware, 2018).

The research reinforced previous findings including the Government Office for London report (Needham and Barclay 2004) which highlighted the fact that Councils for Voluntary Services (CVSs) appeared to be the main providers of support to BME groups but said that more specialised support was required for some groups including refugee community organisations, some migrant communities, and (emerging) social enterprises. It also argued that 'BME specialist organisations are likely to be better placed than a CVS to offer support in… capacity building, representation, partnership development…' (p32) Interviewees confirmed this, identifying language and culture as being key factors in relation to working with BME communities. They said that there was a tendency for some mainstream VCS organisations and statutory bodies to lump all BME communities together and therefore they tended to deliver in a culturally inappropriate way and in English only.

Barriers to Accessing CCB Support for BME Groups

Respondents were asked whether they thought it was more difficult for BME groups to access capacity building support. Half of the 16 responses on this subject identified the lack of resources as the main difficulty in accessing support and said that it was more difficult for BME groups. The range of reasons for the difficulty included: -

- **Funding and resources issues**.
- **Racism and the differences between BME and non-BME groups.**
- **A lack of relevance and limited accessible information**

- **Time difficulties**
- **Travel.**
- **Statutory bodies and mainstream VCS**
- **Other Barriers,** including immigration issues and the lack of involvement of women and young people.

Whilst each of the following headings refer to specific barriers there is cross referencing to other barriers within headings where they were interconnected.

Funding and Resource Issues

Respondents identified reasons why funding and resources had reduced for their group(s). It was said that capacity building had become specifically focussed on existing funding recipients for funding streams such as the Big Lottery. The move to contracting, especially for local government funding, had adversely affected small BME groups. One network said that funding was a major barrier now that there was no Local Authority (LA) support and that they were surviving on very small grants, and that little free training was now available. An interviewee said that the BME VCS was seen as dealing with difficult policy issues, which were not seen as priorities for statutory funding, and also that it could be hard for it to be taken seriously with Big Lottery and public sector contracts. Commissioning was referred to as barrier by another interviewee.

The lack of funding opportunities for BME community organisations was adversely affected by the fact that much of the money for community organisations was neighbourhood based. BME communities were often organised at a town, city or regional level. Groups reported that although grants had been reduced, their group was largely self-sufficient and therefore could survive in the current context.

However alternative views put forward were that there was more pressure on the BME VCS to deliver due to statutory cuts and that new and emerging organisations were struggling as they were 'facing the same barriers as in the 1960s' (interviewee from strategic organisation). It was argued that it was groups and organisations that were dependent on income to employ staff and/or meet substantial overheads, e.g. premises, that were struggling, as they had been dependent on grant funding and were struggling to access funding through contracts for reasons outlined above. Another factor was the Equality Act 2010, meaning that

it was ‘harder to get funding now than 15 years ago for something ethnically focused’ (Strategic interview)

Organisational development work, such as CCB, policy and campaigning work, were adversely affected by a lack of funding, as groups said that they needed to focus on the immediate needs of their communities, one interviewee saying ‘Delivering services on a shoestring makes it hard to think long term.’ This applied in particular to refugee and other newly arrived community groups, where their members faced fundamental issues such as the right to remain, lack of funds and housing. Previous research had found that representatives of these communities and their groups argued that longer established BME communities themselves did not recognise these difficulties sufficiently (Ware, 2013).

Racism

A total of 15 barriers were mentioned, the most frequent of which were funding and racism, referred to by six respondents each. Racism was referred to by two of the four groups interviewed in a small town in the south west, supporting previous research by the author who had found that predominantly rural areas suffered significantly higher levels of overt racism than urban settlements (Ware, 2015). Racially motivated problems were seen by these two interviewees to have increased since the Brexit referendum in 2016. One community worker with a regional strategic brief said ‘So, that is the case within the BME communities and underlying that there is – I hate to say this out loud – but there is racism.’ and also ‘… I know funding applications are seen differently when they are presented by certain types of organisations, and I’ve seen it and I’ve heard it and it’s been discussed in informal settings.’

In addition to references to overt, individualised, racism, it was also articulated that there was institutional racism as ‘the system discriminates’ and that the ‘the BME VCS can be typecast’, i.e. that BME groups were expected to excel in certain, stereotyped and limited, areas. An example was given by one group that funding organisations expected them to do certain activities ‘if you are from BME and African [background] …they are looking at things like if you want to do dance, sports you see.’ A strategic organisation said that groups were ‘Dancing to the tune of funders’ and that ‘People like cats. Black people not so much, you know!’ A medium sized BME group was told that provision was restricted [by a mainstream organisation] because ‘…we don’t really get funding to work with BME organisations.’

Of 17 responses to a question regarding differences between BME and non-BME groups, all respondents agreed that there were difficulties in accessing community capacity building

support and that it was harder for groups representing BME communities, although in two instances this was based on needs of BME groups being greater. One respondent said that it wasn't only the understanding of language itself but also jargon and bureaucracy which required a further level of comprehension on both sides, and that there was an 'unconscious bias' that kicked in.

Race was still a factor. It was said that crime and hate politics were still visible and, separately, [that it was like] 'Talking to a brick wall in terms of moving equality issues forward.' Institutional racism and a lack of access to justice were also referred to by one interviewee. Despite this it was said that 'no-one wants to talk about race now' and 'if race is talked about the data can be misleading.' (This was a reference to educational attainment.) It was also reported that BME communities were treated as a homogenous group despite the huge increase in the superdiversity of BME communities (Phillimore, 2011).

A lack of relevance and information

One interviewee, representing a strategic organisation, said that those involved in delivering capacity building may also feel disempowered, due to the fact that there was less access to funding for CCB and more restrictions in what can be delivered when funders identify their needs, rather than the groups themselves. This referred to the situation where funders identified what they required from grant recipients in terms of capacity building. Consequently the CCB deliverer was providing what the funder required rather than developing a programme in partnership with the group. However this person also looked at the situation through the eyes of the BME group members, '…if you're part of a BME group that has experienced exclusion and hostility for many, many years, then why would you want to turn up to a predominantly white-led organisation… if your experience has been exclusion and hostility in many parts of society?'

Participants in the research referred to a lack of familiarity with processes for managing community groups and knowledge of social policy within the UK as a significant barrier particularly for newly arrived communities. Access to informal networks was also seen as an impediment to accessing capacity building activity.

Research undertaken by Afridi for NCVO's Performance and Race Equality report (2007) supports this view. Afridi found that only 28% of the frontline BME organisations interviewed for the report had received any performance improvement support, few had asked for support and they also demonstrated a lack of awareness of what was available from infrastructure

agencies. This contradicted an earlier survey carried out in London in 2004 which had found that 83% of BME organisations had received support in at least one area from the local CVS. (Needham and Barclay, 2004) The fact that the London survey was carried out some four years before the economic downturn of 2008, the relatively small sample sizes and the design of the surveys are factors that could account for this discrepancy. Additionally it is possible that there were more resources for capacity building in London, as was said by two participants in the research.

ETTO (2010, p26) found that barriers included the fact that groups tend to work across more than borough and this affected their ability to access capacity building due to distance/time and cost. 'Several groups reported that they had been refused help by a local CVS or equivalent, as they are only funded to work with groups within the local authority boundary'. Needham and Barclay (2004) also identified challenges to accessing support as including 'a number of BME organisations work across several local authority boundaries', which confirmed findings in the research in other areas of the country (p.22).

Afridi's research found that barriers included: -

- Many BME organisations found it difficult to find time and resources to focus on performance.
- Negative perceptions of performance improvement, which some organisations saw as an imposition by funders.
- A volatile and rapidly changing environment for BME organisations as 'conceptions of diversity become broader and more complex.' (Afridi A. 2007, p5)

The findings of the current research confirm the findings of these previous reports and indicate that the environment in relation to funding and resources has become more restrictive for community capacity building.

Time

Time was referred to by three respondents, one saying that 'Time is a big issue for BME groups, due to socio-economic challenges such as part time and shift working.' Groups needed to try other meeting times such as evenings and weekends, but this brought different challenges. It was also argued that 'People in the community have high expectations of BME organisations to deliver on events such as Carnival, as people feel that they have a stake.' Consequently respondents felt it was more difficult to recruit trustees, and that inevitably some

trustees were on several organisations. This may not have actually been different to mainstream groups and organisations, although it was also argued that there were fewer professionals, e.g. accountants and lawyers, within BME groups to provide expertise in these areas.

One strategic organisation said that within BME communities volunteers may find other areas to support such as faith or race, where the impact can be more visible, rather than general issues. It was also reported that it was less easy for Black organisations to attract legacies. Only one organisation referred to the possibility of accessing capacity building support through the internet as an alternative given that face-to-face training was either non-existent or too expensive for many small and/or BME groups.

For one group it was explained in the following terms, '…the white person will get that goal faster, because the BME person would be as if they're walking on treacle…because it's more difficult to do the every step.' The reasoning behind this was that for the white person they will already understand the 'rules of the game', whereas for Black community representatives there is an area of knowledge that needs to be learnt first, even if it was simply knowing the person to contact. Within this context participants in the survey found that time for CCB was a luxury that they didn't have.

Travel

Participants in this, and the previous research papers, identified that there could be problems in attending training due to difficulties with transport, but also because there was the expectation that they would have to go to an unfamiliar building and location. Apart from the time factor and the lack of knowledge about the venue and other participants, there were also safety concerns, due to a fear of attacks and/or harassment on racial grounds. The impact of distance was more relevant in less diverse regions. For example a participant in the rural voice and influence research said that most training sessions took a whole day for participants due to distances travelled. (Ware, 2015)

The B.STRONG project, based in Birmingham, was able to overcome this barrier and reach its target audience, mainly small BME groups, by meeting groups in their own venues and working with them on a one-to-one basis (Ware, 2018).

Statutory Bodies and the mainstream VCS

One proposition was that these bodies were actually a barrier to the development of the BME VCS. Eleven respondents commented on the suggestion that it may be advantageous for people working in statutory bodies and larger VCS organisations to have their own capacity built to enable them to engage more meaningfully with people in communities who were receiving capacity building and/or infrastructure support. One interviewee had actually provided capacity building training to a group of local authority managers to enable them to work more effectively with communities in their areas.

Two groups said that there needed to be more cultural and diversity awareness for decision makers, that would consequently be reflected in their plans, as 'the ethnic mix is changing and people just aren't aware.' However it was also argued that 'it was not just about understanding different cultures it was about institutional racism.' It was asserted that people, in one instance councillors, needed to feed back to people and not be dismissive.

Other Barriers

Immigration status was identified as an issue that hampered the development of groups representing refugees and asylum seekers. When groups were struggling to maintain their basic services they were prioritising these to the exclusion of any kind of voluntary engagement, let alone capacity building, which could only provide benefits in the medium/long term. Additionally it was these groups that were more affected by language and cultural barriers that impact more strongly on recently arrived communities.

There was also a concern that for many groups it was difficult to find effective **leaders**. Difficulties with leadership were mentioned by four interviewees. One aspect was self-appointed community leaders, who were the 'usual suspects' that many statutory organisations would choose to deal with, 'Phrases that came up regularly included 'the usual suspects', and meetings 'where nothing seems to be happening'' (Group representative interviewee in Ware 2015, p11).

Other participants identified the lack of involvement of **women and young people**. One strategic worker said that women were restricted by culture, other commitments and a lack of confidence. An employed respondent said that women tended to be excluded from meetings of tenants groups and other area representative bodies, such as ward committees. She argued that these were held in the evening when it was inconvenient for many women and also unsafe.

In some BME communities there was an expectation that it was the men that would represent the community. This is also reflected in the role of women across the community and voluntary sector in that men take stereotypical roles in relation to leading and dominating whilst women are in supportive roles. Another interviewee reported that there were intergenerational issues and a difficulty in interesting young people in community activity and that they were concerned for the future of organisations.

Whilst all groups are facing difficulties in accessing CCB support, the research has found that BME groups have different needs and also face barriers which non BME groups do not experience. These include covering a wider area (a lack of critical mass in a given geographical area); racism; language; and perceptions and expectations of what the benefit of the process was for them, in the face of competing priorities and lack of resources.

Strategies used to overcome barriers.

Interviewees were asked articulate strategies that they used to overcome barriers that they or others faced. Three groups identified strategies that they had used. One worker explained that they tried to ensure that small groups were included in strategic funding applications and the sharing of information '…at the moment we are working with the City Council and the xxx [name of City] Equal, where we got a small pot of funding to help with developing the capacity of small groups…' They also used a local festival to encourage the development of relationships between BME community groups and larger groups in the voluntary sector and statutory bodies. Another strategic organisation working with groups of a single country of origin, confronted with sub-divisions within the community, ensured that different sides of the community were represented on their board. However overall there were few examples and organisations were focused on survival and delivering their core services and activities.

Impact on BME VCS

There were varying responses regarding the impact of community capacity building on the BME VCS. There were positive comments about the short term impact and learning for individuals within groups, but the long term impact was reported to be limited.

Positives included the support to be able to set up organisations, generate income, improve confidence, and gain access to information. It was also seen as giving communities the opportunity to reflect, which is positive in relation to their development as they could otherwise

become complacent. Another provider saw the positive impact of key learning on structure and processes.

However other comments referred to the lack of impact and/or evidence of impact over any length of time. The question was asked of community organisations that had been 'capacity built' whether they were still viable in the current environment? Changing policy priorities and cuts in local authority funding meant that the impact on BME communities was less, due to organisations having limited resources and/or time for capacity building. It was also reported that the larger organisations (non-BME) were gatekeeping, saying 'so they'd support these smaller BME community organisations and then sort of keep them out the loop, so they'd nick their ideas or they would not support the organisation because of their own vested interests.'

Another participant referred to the fact that articulate BME activists who challenged policies would not 'get invited to certain things, they get systematically excluded.' They also said that 'the wider voluntary sector is still not fully appreciative of the contribution of BME communities within the sector…potentially I think there is still some discrimination within the sector.'

Discussion

The discussion in this section will examine the research findings on community capacity building in relation to BME groups in the wider economic, social policy and political contexts.

Austerity and Changing Funding Regimes

The available literature examined, and the interviews undertaken for the research, highlight the impact of the recession of 2008 and subsequent austerity measures, on the funding of the voluntary and community sector in general and BME groups in particular. In earlier research by the author, concerning the voice and influence of BME BTR groups, this impact was also identified by the participants (Ware, 2013 and 2015). Areas receiving Area Based Initiative (ABI) funding had been focused on communities experiencing high levels of social and economic disadvantage, with high BME populations, e.g. Single Regeneration Budget (SRB). Subsequent ABI programmes were ones that had not received earlier funding and therefore had smaller BME populations, e.g. New Deal for Communities programmes such as Hull, Norwich, Derby and Knowsley (ODPM - Office of Deputy Prime Minister, 2005). Additionally funders such as the BIG Lottery Fund also sought to provide funding in previously unfunded areas. An example of this was the Big Local programme, which provides funding for areas that haven't received previous ABI monies.

Some ABI initiatives had also included money for capacity building as part of what was perceived as long term development for areas of social and economic disadvantage, although in some programmes it was limited and predominantly supporting the 'deficit' model of CCB. Community capacity building was seen as part of the means of ensuring a sustainable future for regeneration areas. Although marginal, some new and existing community groups had access to funding for capacity building either directly or through strategic support established by the initiatives. At the conclusion of the ABI initiatives this limited support was lost and impacted particularly on BME groups.

Within the BME sector there were differences between small groups, typically operating without paid staff, and medium sized groups/organisations that would have some paid staff and receive grant aid/contract funding, rather than depending on members contributions/subscriptions and low level fund raising. The smaller groups were less affected by funding limitations due to the loss of ABI funding and the recession and were able to continue to deliver their services and activities. For the medium sized organisations there was a need to maintain their funding or reduce their services, and consequently a requirement, often from funders, to undertake capacity building and/or capability building development in order to access funding.

The Equality Act and the growing invisibility of Racism

A further factor was the impact of the Equality Act 2010, which the literature and respondents to the author's previous research studies argued was a factor in reducing the resources available to fund race equality, due to the dilution of monies available for equality work. For BME groups this meant that there was an overall reduction in resources as programmes could no longer be single cause specific, i.e. race/BME issues. A respondent said 'the perception is that we've done race, gender and disability, now let's look at all the others, when the reality is that all of them need to be addressed in a particular way.' In *Changing Faces, Changing Places,* brap said 'Gone are the days when you might have been funded because you are a BME organisation. This kind of identity funding is declining sharply.' (2011, p6) Participants in the research also argued that mainstream and larger organisations tended to receive the majority of the funding available. The lack of larger BME organisations with a significant track record of delivering large scale programmes also militated against successfully raising funding through contracts, where evidence of managing previous projects is required. One interviewee said that 'it was hard for them to be taken seriously with some of these big public sector contracts.'

The De-politicisation of CCB and Community Development?

As outlined in the introduction there are different interpretations, and applications, of the meaning of community capacity building. Respondents to the research argued that CCB may be seen as comparable to community development and queried the purpose of having a separate term for the process. Others queried its value as a term and argued that it could be seen as a means of de-politicising community development. One interviewee said 'the expectation from government level for voluntary and community sector organisations to go back to the role of bake sales and running their organisations from that type of funding rather than having a properly resourced voluntary and community sector.'

Responding to a question on their understanding of CCB, participants used phrases such as 'empowering individuals, families and communities', 'engage and empower', 'working with people and organisations to develop skills and confidence', and 'strengthening individuals to be robust, sustainable and better placed to continue'. Others focussed on 'individuals to be skilled up to be self-sufficient, employable' and 'training for young people in particular.' Some respondents identified a more positive political/policy role for the CCB process saying that it could 'build knowledge and awareness of what's happening in their area so that they wouldn't be left out of key decisions', and to provide 'support from infrastructure organisations to help them reach most marginalised in society' and to build resilience for future sustainability.

However others saw CCB as a epitomising a deficit model of community development. A strategic respondent argued that '[CCB] Assumes that communities need skills…rather than the other way round', and said 'I wouldn't use [CCB] out of choice as it implies a deficit mentality and is externally imposed'. Craig (2007) identifies four dimensions to his critique of CCB. Firstly the similarity with community development; secondly the use of the term CCB uncritically as a 'spray-on additive' for a wide range of activities, 'many of which have little to do with the development of skills, knowledge, assets and understanding of local deprived communities' (p16); thirdly that CCB can actually co-opt local activists and marginalise alternative views; and finally the deficit model which 'is based on the notion of communities being 'deficient' in skills, knowledge and experience.' (p18)

In relation to BME communities Craig (2007, p10) said 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.' Mowbray (2005, p262) argued that a community building programme in Victoria, Australia served to

‘depoliticise social problems’ and was ‘meant to bolster the standing of the state government’. This echoes the experience of projects in the UK funded by governmental organisations.

From the mid-1990s onwards to the recession of 2008 the amount of funding available for community groups and organisations had been skewed towards CCB, which encouraged organisations to ‘follow the funding’ in order to survive. This funding was target driven and therefore it became more difficult to access for qualitative work, such as policy development and campaigning, which are core community development activities (Harris 2009). The emphasis has been on developing technical skills rather than encouraging a more holistic empowering community development approach.

Overall findings from the literature and interviews conducted for this and previous research by the author indicate that CCB has de-politicised community development. Further the long term reduction in funding available to the VCS as a whole, and the BME VCS in particular, mean that few groups are able to sustain activity of a political nature, due to the imperative of resources being focused on survival to deliver services that attract funding. This reflected the fact that this was the policy priority from 2010 for the Coalition Government. Groups were able to make short term gains and develop skills, but few were able to engage at a strategic level or have an impact on policy.

Voluntarism, Localism and BME communities services

Part of the premise of the ‘Big Society’ was that local communities would be able to run their own activities, including some currently managed by statutory bodies and/or with statutory funding, and manage their own resources, including buildings, or ‘assets’. For many in the voluntary sector this was seen as a misunderstanding of the status quo, as it was already the case that the majority of community groups ran their own activities and provided services for local communities (Milligan and Conradson, 2011). It was also a lack of recognition for the amount of voluntary work that was already taking place.

However it was also about a shift towards an emphasis on neighbourhoods and a reduction in focus on identity and interest. For BME communities, and other communities of interest, this was a disadvantage as there was a tendency for BME settlement to be spread across a wider geographical area and not located within specific community or administrative areas.

Capacity building resources to support localism were made available through the Big Lottery Fund’s Power to Change programme, which has a community business focused approach,

and through Locality which was able to provide a specific support service to community groups and organisations considering asset transfer. Locality provided advice through a toolkit, on its website and through dedicated staff. Within the Locality Community Ownership and Management of Assets (COMA) programme Ubele and Voice4Change have worked in partnership with Locality and three BAME led organisations that are currently on the programme, based in Manchester, Kirklees and Lewisham. These organisations have developed community and organisational capacity in the areas in which they are based, through the asset transfer process. (Locality, 2016)

Asset transfer was a programme designed to enable the transfer of a statutory building or service to a management group of unpaid local people to run. The driver for the initiative was the need to reduce the costs of statutory services following the recession. The use of volunteers linked to the Big Society was also designed to have the same effect. The above examples showed that it was possible for BME organisations to benefit from the initiative.

However it was clear from the interviews undertaken with members of BME community groups in all three phases of the research that there was already a substantial amount of voluntary effort being expended on setting up, developing and maintaining this community activity. It was also apparent that there was real danger that without funding for some staffing, a meeting place or basic running costs, groups had reduced their level of activity and/or were in danger of closing down completely.

The opportunity to work on organisational or policy development was one of the first areas that groups were forced to reduce. One respondent with a strategic remit said ‘delivering services on a shoestring makes it hard to think long term’. In the context of the Locality report it was surprising that there was no reference to asset transfer by any of the interviewees, but the explanation was that the research was conducted with smaller groups and that Locality had made been proactive in contacting potential groups for their programme.

Disconnect with mainstream VCS

As with previous research on the voice and influence of the BME VCS (Ware, 2013, 2015) the issue of relationships with the ‘mainstream’ VCS was raised by respondents. There were examples of working partnerships with the VCS being acknowledged as positive. However there were more examples of people feeling excluded and undervalued by their colleagues in predominantly white organisations. One interviewee acknowledged that the position was

difficult for all, saying 'I think the voluntary sector's in a very, very weak position, and I think the BME voluntary sector's in an even worse position really.'

Respondents variously referred to 'not being welcomed by [non-BME] strategic partners', 'too much emphasis on charities and established organisations', and 'there could be a partnership but BME communities are pushed out.' One organisation said that they had met resistance from their CVS that had received a £1.2M contract to work with groups, including BME groups. It was also said that 'VCS organisations don't want to rock the boat too much by challenging decisions', referring to issues in relation to BME groups and communities. One interviewee said that '[CCB is] not just about understanding different cultures, it's about looking at institutional racism', with the implication that the majority of the mainstream VCS was not interested in doing this. It was also summed up in the following statement: 'the voluntary sector, the wider voluntary sector, is still not fully appreciative of the contribution of BME communities within the sector, and I think that might have to do with … potentially I think there is still discrimination within the sector.'

In 2006 the Big Lottery Fund launched its BASIS initiative with the. This supply led model was seen as subordinating the needs of frontline organisations to the needs of providers and it was suggested that existing infrastructure organisations were 'hoovering up the money' (Harris and Schlappa, 2008).

Respondents acknowledged the difficulties faced by the VCS as a whole, but said that they were being denied the same funding opportunities afforded to the 'mainstream' sector. It was argued that in some cases infrastructure organisations were taking funding to deliver services to BME communities and then being unable to do so appropriately, due to a lack of outreach staff that could network effectively with the diversity of BME communities.

BME groups and organisations were also disadvantaged by the nature of the commissioning process and few BME groups were able to evidence large enough turnovers over a sufficient period of time to meet the basic criteria to obtain contracts to deliver services to the communities that they represented. Whilst this was also true for many smaller non-BME groups, the larger organisations that delivered these services tended to be predominantly white led and, in the view of participants in the survey, unable or unwilling to deliver services effectively to BME communities.

However 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. Despite being a project managed by a statutory body, Birmingham City Council, B.STRONG was able to 'reach its target audience' and 'work effectively with refugee organisations and other communities of interest … training provision was high quality…with 65% from ethnic minorities' (McCabe, 2002). A later evaluation report found that the organisations interviewed were 'better able to secure funds, run services and generally improve performance as a result of support from the project' and that 89% of the members of the project groups were from a BME background (Goodwin 2006, p11). The project achieved this through having cultural awareness and an approach that worked on groups' own issues. It had a diverse staff team, reflecting the groups that it worked with. However the project suffered from a lack of investment, even when there was outreach money available. This affected continuity and in the long term the project was forced to close due to the limited availability of funding for CCB and local authority funding cuts due to austerity measures.

Small group identity

The perceived need for community capacity building by the state and the voluntary sector and its agencies was that there was a 'deficit model' in relation to skills, knowledge and information that community workers and other 'professionals' could help communities to overcome (e.g. Duncan and Thomas 2000, p15). However this has been challenged by writers such as Craig (2007) and Afridi (2007) who have argued that there is a wealth of skills and experience within communities but that they are held back by other factors, particularly that it is a depoliticised process which lacks a structural analysis of the inequalities that affect disadvantaged communities. For BME communities there were further barriers that affected their development including racism at both individual and institutional levels, an exclusion from decision making processes within the vast majority of institutions that affect social policy, and an excessive prevalence of BME communities in the poorest areas of the country (ONS, 2012).

Faced with an environment of reduced funding it was clear that many small groups included in the research had chosen to 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. It was argued that continuing to operate at their current level enabled them to offer the activities that they were founded on and left them less vulnerable to collapse in the context of reduced funding since the economic downturn in 2008 and subsequent austerity policies.

Organisations that employed staff and/or that had grown during the period of VCS expansion, including the BME VCS, in the decade from 1997 to 2007 subsequently

experienced substantial budget cuts and withdrawal of services. For example, one organisation interviewed in 2013 said that their staff had had to be reduced from 18 to four since 2008. Another interviewee in the same research noted that they, the last member of staff of the organisation were due to be made redundant at the end of the week (Ware, 2013).

The increased emphasis on contracts, as opposed to grants, was affecting the ability all small community groups to raise any funds from the statutory sector. For BME led groups this was a double disadvantage as they perceived the mainstream VCS as excluding them from funding to work with Black communities (Ware, 2015). A respondent from a strategic voluntary organisation said that in her experience volunteers were giving their energies to other things such as faith and race issues as they can see the impact, but not for more general issues of volunteering for activities to support their communities.

Lack of understanding of BME communities by statutory bodies, mainstream VCS and other funders

One area of investigation was the extent to which participants perceived the need for capacity building to be a two way process, whereby statutory bodies and voluntary sector 'capacity builders' and other staff had their own skills and knowledge deficit that may need to be addressed for them to work effectively with communities, not only BME communities. Of the 10 participants who addressed this issue, all were of the opinion that there was a need for capacity building to be a reciprocal process.: 'When delivering a capacity building programme there is a wonderful opportunity to learn, fine tune and improve delivery not only on individual courses and events but also to share this learning with funders and wider stakeholders, notably in the public sector. Our experience has been that learning [currently] is a one way process that does not extend beyond ourselves.'

However, the perceived need for this two way model varied. At one end of the spectrum interviewees saw it as a requirement for 'capacity builders' to be given cultural awareness training in the words of one group of North African origin for 'Council staff need help to understand community needs'. At the other end of the spectrum, one respondent said that there it was 'not just about understanding different cultures, it's about looking at institutional racism'. Another interviewee said that communities and decision makers may have different priorities and therefore it may not simply be about a lack of understanding. A group operating in a primarily rural/small town environment said that, referring to policy makers and implementers, 'They need to understand the struggles of small organisations, I don't mean just BME, but any small organisation.'

The need for understanding the struggles of BTR groups spreads beyond the capacity building/regeneration context where many community capacity building initiatives originated. Taylor and Wilson (2015), in their scoping study for the Baring Foundation on supporting organisations to adapt to demographic and cultural change among their beneficiaries, recognised the challenges in this process. For policy makers and funders to support capacity building effectively in communities within which disadvantaged communities operate, it is necessary for them to understand the reality of life for those who live in them, and the issues that they face. For BME communities this includes racism at a personal and institutional level, but for all communities it means recognising and addressing the power imbalance between communities and the institutions that impact on their area/community. It also means acknowledging the existing skills, experience and knowledge that exist within these communities.

Supply and demand side CCB

Dayson *et al* (2017) analysed the supply and demand led approaches to community capacity building over the period from 1997 to the present day. From 1997 to 2010, and in particular from 2004 – 2010, they identify a strong emphasis on the supply side in the period of New Labour governments. In 2004 a 10 year strategy, ChangeUp, was launched, aimed at improving the quality of support provided to frontline organisations. As identified above, it was suggested that existing infrastructure organisations were 'hoovering up the money' (Harris and Schlappa, 2008). The call was for a demand led approach which would allow frontline organisations to receive funding to buy the support they needed from the provider of their choice, a market based approach.

Towards the end of the New Labour government programmes began to emerge that started to use demand led mechanisms such as bursaries and vouchers for frontline organisations to purchase support. In 2011 the Big Lottery Fund introduced its Building Capabilities approach to support for supporting frontline organisations. Dayson *et al.* (2017) question whether there is sufficient evidence on whether a demand level approach leads to better outcomes. They argue that 'important parts of the supply side of the capacity market are embedded and that this has implications for the market –making aspirations of the demand led policy agenda' (p163) and conclude that 'the supply-led model will continue to predominate' (p164).

No participants in the research referred to the possibility of funding to purchase their own capacity building support. Where groups were aware of training, which was referred to most often, and other CCB possibilities, it was always in terms of supply side initiatives, i.e. where they would be able to access capacity building on the terms of the funder and/or supplier. For

the BME groups involved in the research this change of approaches had clearly passed them by. Overall it appeared that CCB had been an approach that was now forgotten, possibly as a result of the demise of regeneration programmes and area based initiatives.

New Technology

There have been advances in the use of new technology that have enabled radical changes in organising for social and political movements, including the delivery of training and technical information, the dissemination of group and community news, and the ability to inform activists of events, often at short notice. This immediacy and reach could potentially been of benefit to capacity building for BME community groups. However, within the research there were only two references to the use of new technology to facilitate the development and operation of groups, and to share information at community level. It was clear that groups were using new technology for personal communication between group members, and to provide information through limited website use, but there was a lack of on line usage and connectedness. Crowdfunding was only mentioned once and the only other reference to the use of new technology was by a group who used a site to access CCB information. It has been established that new technology can be effective for mobilising dispersed communities (McCabe and Harris, 2017).

Nevertheless, despite the dispersed nature of urban and rural communities that the participants in the research were working with, there were no references to the use of new technology to inform and mobilise communities. Groups were experiencing a lack of capacity to do capacity building and they had to focus on the primary and urgent needs of their members. One component of this lack of capacity was the lack of funding to purchase and maintain up-to-date equipment and also the lack of premises to accommodate it. There was also the issue of groups being unable to make the time commitment to train themselves to use new technology effectively for the development of their group to support their communities. Additionally, previous research had found that there were problems for rural communities with a lack of connectedness, in particular a lack of availability of high speed broadband (Ware, 2015).

Whilst there has been some increase in the use of new technology to deliver certain aspects of community capacity building, particularly where it is dealing with relatively straightforward factual matters, it can be limited in terms of less tangible issues where the answer(s), if there is one, may be more nuanced. Additionally there is no opportunity for any element of quality control in relation to what is learnt and how it is embedded in community development practice.

Conclusions

The main aim of the research was to examine the current position of the BME VCS in relation to community capacity building, following up the author's two previous papers which researched the BME VCS and voice and influence (Ware 2013, 2015). The conclusions of those papers were that the voice and influence of BME groups was extremely limited, particularly, but not only, in rural communities. The research on BME groups in relation to community capacity building demonstrates a similar lack of impact and a position that has become increasingly entrenched as structural racism and the austerity measures taken by the Government continue to hold back communities and their development.

It has also been questioned as to whether it is accurate to refer to a BME VCS, as there is extremely limited support now at a national, regional or even sub-regional level. One interviewee said categorically, 'There isn't a BME third sector'. Mayblin and Soteri-Proctor argued 'In the current political and economic climate the ability of BME organisations to maintain services to communities, whilst also being able to have a political impact, has been debated' (2011, p10). The sector that exists does so because of racism and there many BME organisations delivering, for example, social housing, day care, race equality and sports activities. BME people have taken this action because they are not operating in a situation of equality and fairness, but have had to create organisations to cater for their needs, aspirations and interests.

Another concern was that following the Brexit vote there an increase in the number and impact of racist incidents that were mentioned by interviewees. Again this was especially noticeable in interviews with groups operating in more rural or less diverse settlements. This had the effect of limiting the potential for groups to meet, organise and build their capacity due to the fear of being subject to racist abuse and attacks when travelling, particularly after dark. It also discouraged groups from 'other' backgrounds from being visible and having voice and influence. Additionally there was reference to racism at an institutional level by two interviewees from strategic organisations that had been aware of Black groups being discriminated against in relation to their funding applications. One described the process whereby they had heard, in informal settings, of Nigerian and Muslim organisations being checked out '3 times or 30 times more than the normal organisation…'

Alongside this were comments about the lack of and poor quality of support from the mainstream voluntary and community sector. The evidence provided by participants in this

research demonstrated that that this situation had deteriorated due to an increase in the diversity of communities, to a level of superdiversity (Phillimore, 2011), and an overall reduction in funding available to the voluntary sector as a whole, since 2008. There were also concerns that the Equality Act 2010 and the development of commissioning were militating against the funding of BME groups and organisations. Small groups had been able to survive on relatively small grants, but now were struggling to raise funds for local activities.

The key concern that groups had in relation to CCB was the lack of funding and resources for their core activities which rendered development of their group and/or communities as unattainable. Respondents referred to the fact that groups had to deliver their main services and needed to operate at evenings and weekends due to lack of funding to pay staff. They said that key individuals were being asked to support a number of groups and therefore could not offer sufficient commitment to any of them. Although groups were able to identify CCB needs, few were able to outline where this support had been available to them. The impression given was that there was a structure available to non-BME groups, delivered predominantly by a white mainstream VCS; BME groups did not have that opportunity available to them. There were two exceptions. One infrastructure organisation in the South West was hopeful of establishing a Race Equality Council to provide CCB support, and one network, also in the south west, was able to facilitate some capacity building between members, using their own skills, knowledge and experience. It may be that the Government's green paper on integration for newly arrived migrants will provide BME organisations with opportunities for capacity building (HM Government, 2018).

There has also been the recent publication of a Government Civil Society Strategy (HM Government, 2018). However this focuses on locality and does not recognise that many communities, particularly BME, do not reside in local communities but may be spread across a town, city or region. The Institute for Voluntary Action Research (IVAR) has also produced a report, The Future of Communities (2018), which again focuses on localism, although there is the recognition that 'city-wide allegiances of some groups, especially BME communities' need to be taken into account' (p31).

A development that might have been expected to have assisted groups in developing their capacity and reach, to offset the lack of other opportunities, was the use of new technology. However there was no evidence that this was taking place on a significant scale and it was only mentioned by two organisations as being a technique that they were using to enhance their development or influence.

The number of BME groups that have survived through a period of substantially reduced funding is testament to the commitment of those providing support to them in the face of significant adversity and shortage of resources; proof that they really are resilient organisations. The lack of an infrastructure developed from and of those BME groups is a major barrier to the development of those communities, both of geography and interest. BME below the radar groups lacked the opportunity to be heard on issues of social policy, as they operated within an extremely limited sphere of influence, without organisations that could have provided a means to articulate issues that were important to the communities that they worked with.

Within the VCS as a whole, the research has established that there were clear inequalities between the established/mainstream VCS and the BME VCS. It could be argued that there never was a significant benefit to the BME community and voluntary sector from community capacity building. Therefore the position identified by participants in the research is relatively insignificant compared to the wider societal inequalities faced by BME community groups and the communities they seek to work with. It could be argued that CCB could not demonstrate a positive impact for non-BME organisations and, if so, it could be irrelevant that BME organisations never had, or have, equal access. However, community development and CCB have the potential to raise awareness of inequalities in society and to give communities, and the groups that represent them, the tools to challenge these inequalities. The problem with community capacity building is that it is based on a deficit model that identifies the inadequacy of groups and communities as the starting point, rather than the structural inequalities faced by communities.

One respondent summed up their view of CCB in the following terms: ‘I think capacity building is great. I think that BME people in general are suffering in society because of inequality. Is capacity building the best way to help people address that inequality? I’m not so sure…’ This statement refers back to the section on the de-politicisation of community development through capacity building. It articulates the analysis and examples of Craig (2007) and Mowbray (2005), highlighted in the discussion section. Additionally CCB focusses on individual and group/organisation development ignoring the bigger picture and, as identified above, cannot address the structural inequalities faced by BME communities.

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Below the Radar

This research theme explores the role, function, impact and experiences of small community groups or activists. These include those working at a local level or in communities of interest - such as women's groups or refugee and migrant groups. We are interested in both formal organisations and more informal community activity. The research is informed by a reference group which brings together practitioners from national community networks, policy makers and researchers, as well as others who bring particular perspectives on, for example, rural, gender or black and minority ethnic issues.

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