Third Sector Research Centre

Working Paper 103

"Very small, very quiet, a whisper…" – Black and Minority Ethnic groups: voice and influence

Phil Ware

October 2013

Abstract

The Black and Minority Ethnic Voluntary and Community Sector (BME VCS) in the UK has largely emerged and developed since the 1950s. This paper raises questions about the nature and coherence of a distinctive BME sector, if indeed it exists as such, and considers its voice and influence. The present political and economic climate has provided significant challenges for many third sector organisations, so this paper is about exploring how BME organisations are faring in this context.

Key elements of the current context are the economic downturn and the introduction of austerity measures which have impacted on funding opportunities, particularly from statutory sources as support from local authorities, in particular, has been adversely affected. Many organisations in the sector were originally funded, and subsequently maintained, through a range of Area Based Initiatives (ABI) funding streams such as the Inner City Partnership and successor programmes. Such funding streams have been completely curtailed. Additionally, the current political context has made many managers and employees in BME organisations feel their work is less valued than previously. For example initiatives such as the Single Equalities Act, have led to many in the BME VCS feeling their effective contribution has been constrained and diluted, through being one of a range of equalities covered by the Act, rather than being covered by specific legislation, as was the case previously.

The aim of the research was to test out how the BME VCS was faring in relation to voice and influence in the current context by interviewing a range of staff of BME voluntary and strategic organisations. Specifically the research set out to identify:

- whether there is a BME Sector as such and, if so, its characteristics;
- the extent of differences between longer established BME communities and those formed by more recently arrived refugees and migrants;
- the perceived extent of the voice and influence of the BME organisations, both within the Community and Voluntary Sector and wider policy circles;
- the resilience of BME organisations in the face of the current economic and political challenges. What strategies are they using to survive develop or influence?

Keywords

Acknowledgements

Contents

Background

There is a perception that the BME VCS constitutes a relatively unheard part of the third sector as a whole and there is a lack of research into the current position (Craig 2011). There is also a debate as to whether there is a BME VCS and, if there is, what its identifying features are (Mayblin and Soteri-Proctor, 2011). The consequences are that specific issues affecting BME organisations and the communities that they represent, for example higher levels of youth unemployment, are unaddressed, and their influence on generic concerns in society is disproportionately marginalised (Afridi and Warmington 2009; Craig, 2011). This research, therefore, examined the position of the sector in relation to the current economic, political and social context.

The BME VCS has developed to represent BME communities over the past 60 years, and has emerged in the wake of the host community's VCS. '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). 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 England and Wales (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, p4). This growth in diversity is due to increased migration from the Middle East and Africa, as well as from Eastern Europe. This 'super-diversity' (Phillimore, 2011) has implications for the complexity, and potential fragmentation, of the BME voluntary 'sector'.

The rise of the BME VCS has been identified as a response to two main factors. Firstly, the lack of 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). It has therefore potentially 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 (Kendal, 2003). There is also currently a debate about whether the BME VCS does exist as a distinct 'sector' or 'entity', and whether it is 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 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).

The policy context within which BME organisations operate has changed in the following ways:

1. from an emphasis on integration and assimilation, through multiculturalism to community cohesion and preventing violent extremism (Cantle, 2001);
2. trom diversity to super-diversity. Phillimore states that 'the past ten years have seen a shift from post-colonial migration to new migration, as people arrive in the UK from many different countries, with different immigration and employment status, ethnicities, rights and entitlements and spatial distributions, as Britain... enters an age of super-diversity' (Phillimore, 2011, p6);

3. from the identification and acknowledgement of a number of separate inequalities to the all-embracing Single Equality Act of 2010, which covers people with protected characteristics, including gender, disability and sexuality.

In terms of the current research, the context of the cuts and Government deficit reduction strategies has been framed within a debate about whether the BME VCS has been disproportionately affected by austerity measures, or whether it is that communities in all poor areas have been adversely affected and that Black Ethic Minority Ethnic (BAME) communities are disproportionately represented in those areas. Stokes (2011) and Lachman and Malik (2012), Abbas & Lachman (2012), the Council of Ethnic Minority Voluntary Sector Organisations (CEMVO) (Yeung 2010), and Race on the Agenda (ROTA) 2009 and 2011, have all highlighted the extent and nature of the impact of the cuts on BME communities. These authors have argued that there has been a disproportionate adverse impact on BME organisations per se, which, in turn, has reduced the capacity of the sector in terms of voice, influence and advocacy. In contrast, Mohan (2012) argues that the main disproportionality is due to the cuts falling on disadvantaged areas generally – where BME communities may be over-represented.

ROTA states that 'localised community groups serve the most disadvantaged members of the community and that the Black, Asian, Minority Ethnic (BAME) equality third sector is affected by the present recession in ways that need to be documented' (ROTA 2009 – Executive summary). In some cases, even in 2009, before the full impact of the recession was being felt, some member organisations had lost 20% of their funding. By 2011 many organisations that ROTA was in contact with had lost 25% of their funding and had ceased to deliver education services (ROTA, 2011, p4). CEMVO found that 61% of their respondents to a postal questionnaire said that they had experienced a reduction in funding (Yeung, 2010, p1). The majority of the organisations in the survey were small, 42% having an income of less than £10,000. Lachman and Malik, writing in a paper on the impact of public sector cuts on the BME VCS in West Yorkshire, found that local authorities in the region were facing cuts of 28% over four years and that '...the needs of the BME communities have not been championed by white infrastructure organisations and consequently the BME voice and influence around decision-making tables has slowly been diminishing.' (Abbas and Lachman, 2012, p42).

Many research participants echoed the above comments. Some said there was an element that 'we're all in it together' referring to all small VCS groups, whilst others felt that BME groups were adversely affected. Some felt that the gap may have closed due to the economic climate and widespread cuts affecting all small (funded) groups. However one respondent felt that white groups were better known and could get better references, and that organisations with long-standing funding still have problems but have the long term supporters with the commitment to pull the organisation through. Others said that the BME groups tend to get marginalised and that 'nobody listens to small fry.'

It is in this context that the paper seeks to identify and critically examine the nature and effectiveness of the 'Voice' of the BME VCS:

- within the 'established' Voluntary and Community Sector (VCS);

- in relation to exerting an influence on policy makers and potential funders.

Research methods

A multi-method approach was adopted, including a literature review, semi-structured interviews and focus groups convened, involving a total of 56 participants primarily working directly for BME organisations/communities.

Literature review

Research sources used included academic publications, relevant legislation and policy documents, as well as grey literature and materials produced by BME organisations themselves. Key words searched were BME Organisations, Voluntary and Community Sector, equalities, ethnicity, race and racism.

The literature review identified a range of publications from voluntary organisations, academic sources, and individual articles, which highlighted issues affecting BME communities and the third sector. The research has examined the current position of a range of BME VCS organisations within England, in order to complement the existing research and writing on the subject.

Primary research

Interview schedules were developed addressing the following themes:

1. the changing policy context – from multi-culturalism to Preventing Violent Extremism (PVE), targeted funding, and integration/assimilation agendas; the recession and funding limitations; the Single Equality Act;
2. influence and involvement within the VCS as a whole;
3. the ability to exert influence on policy making and funding as it affects the sector;
4. the distinctiveness of the BME VCS. Are the issues for the sector different, or is there convergence with the 'mainstream' VCS?
5. have capacity building and funding programmes been drivers for the direction of BME groups, or have they been able to follow their own agenda?

In total 21 individual interviews were carried out, and two focus groups organised with regional/sub-regional networks. Of the 21 interviews:

- 14 interviews were undertaken with representatives of groups actively working with BME communities in three major population centres, London, Birmingham and Manchester. Table 1 identifies the main focus of each of the organisations. Additionally one organisation had a specific arts focus;

- five organisations could be described as strategic, in that they engaged with a number of member organisations over a defined area and undertook some representation in relation to policy, two at national level and the others at regional/sub-regional level;

- two of the interviewees were representatives of a government department. These staff members were interviewed to provide a government perspective on the issues being addressed.

Given the limited research capacity, interviewees were selected through discussion with colleagues at TSRC and key strategic organisations in Manchester, London and Birmingham, in order to provide as wide a range of BME organisations as possible in relation to diversity, size, focus and faith. These groups were selected to use the experience of organisations 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 number of different communities of geographical origin.

Table 1: interview summary profile

Locality	Interviews with BME community groups				Interviews with strategic organisations	
	Local established BME groups	Refugee and new migrant groups	BME women's groups	Government departments	Regional policy networks	National organisations
Birmingham/ West Midlands	6	1			1	1
London		1		2		2
Greater Manchester	3	1	2		1	
Total	9	3	2		2	3
Interviewees						
Female: 10	4	1	2	1		2
Male: 11	5	2		1	2	1

Strategic organisations were interviewed to offer an overview of the changing environment for, and issues faced by, the BME VCS. It was felt important to speak to senior staff of 'mainstream' strategic organisations in order to attempt to assess the extent (if any) of the disconnect between the mainstream and BME voluntary sectors.

The research did not seek to offer a representative survey 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 lack of a complete list of BME organisations in England from which to sample. Within these constraints, attempts were made to interview members of groups representing as diverse range of BME communities as possible. As such interviewees, and/or their organisations, represented communities from backgrounds including African Caribbean, African, Middle East and North Africa, the Asian sub-continent, and China, as well as new migrant and refugee

communities from the Middle East and Africa. Of the interviewees ten were female and 11 were male – see Table 1 for breakdown.

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

Focus groups

In addition to the interviews, two focus groups were held, one in the North West and one in Birmingham. Participants in the two focus groups represented a similar range of communities with the addition, in the Birmingham group, of Irish communities (see above). In total 35 individuals participated in the focus groups. The rationale for undertaking this element of the research was to reach a wider range of BME organisations and to provide an opportunity to review and feedback findings from individual interviews.

All primary research material was gathered between April and November 2012. Interviews followed a standard range of questions/topics, with further questions asked to extend the understanding of the responses. The focus groups also used a standard range of questions/prompts.

It is worth outlining a number of areas that the research has not explored in any detail, due to a lack of capacity:

- *inter-sectionality*: see for example Bassell and Emojulu (2010), who discuss the relationship between race, gender and class in terms of understanding disadvantage and discrimination. This was highlighted in two interviews but requires more in-depth examination.
- *super-diversity*: including organisations of recent arrivals from the A8 countries (Phillimore 2011). As discussed earlier there was a need to interview staff from a diverse range of community organisations, but the capacity wasn't available to study a representative sample given the super-diversity of communities in England.
- *rurality:* issues for BME groups and organisations in small towns and rural areas. Again this was not looked at for reasons of capacity, but several respondents and other contacts highlighted the marginalisation and isolation felt by BME communities in areas where they were very much in a minority (de Lima 2001).

Further research in these areas would be helpful to consolidate and extend the findings of this paper.

Context

The majority of the issues being worked on by respondents and their colleagues in BME organisations, particularly those from the non-strategic organisations, were related to direct service provision, whilst trying to 'voice' the identified needs of the communities that they were working with. These included a range of service specific interventions –advocacy; gender issues, including domestic violence; support for newly arrived communities, asylum seekers and refugees; educational and capacity building programmes; faith issues; mental health; and the provision of social and recreational activities. Some were geared, although not exclusively, to communities of a particular origin, for example an organisation working primarily with people of Yemeni origin in the West Midlands. Nine of

the organisations, including some of the smaller, more localised groups, recognised a need for partnership and working and consortia, seeing it as a priority to maintain their services.

The research focused on the wider context for these organisations:

- a significant (and increasing) reduction in funding and resources, as a result of the economic downturn and the political response to that downturn which has reduced funding available from both national and local government sources, but also from charitable sources and individual giving (Clarke et. al: 2012);
- the impact of the Single Equality Act 2010, which is widely seen as having diluted the funding (and other support) available to minority communities;
- the perceived reduction in commitment to racial equality by the current coalition government.

Is there a BME sector?

As noted, there is an academic debate about the existence of a distinct BME VCS and, if there is a sector, what its identifying features are (Mayblin and Soteri-Proctor, 2011). This is also an issue for those working in and managing BME voluntary organisations. A lack of resources and the Single Equality Act raised questions, for some respondents, as to whether there was, or can/should be, an identifiable sector.

Although, on balance, respondents identified a BME voluntary sector, there were a wide range of views on whether it existed and, if it did, the level of strength and leadership within it. The unifying factors within this debate were seen in terms of racism and a need to build structures that would counter it. Divisive factors were identified as super-diversity and religious difference. Those who perceived that there was an identifiable sector still viewed it as a sector without a voice that was marginalised, both from the mainstream third sector and from the relevant policy making processes at local, regional and national level. Craig (2011) has argued that the BME VCS has struggled to develop a coherent identity whilst criticising the racism inherent in state mechanisms with which it has to engage.

Mayblin and Soteri-Proctor (2011, p10) debate the distinctiveness of BME third sector and conclude that 'there are those who consider the BME third sector to be unique', but also 'however, the extent to which there is a BME third sector that has special needs and attributes, or that labelling a cohort of organisations as such will benefit them, remains contested.' and 'there is comparatively little evidence to understand the nature of this sub-sector.'

A participant from a strategic organisation expressed the view that the sector emerged as a response to gaps in statutory and mainstream provision: another that 'our experience is that BME organisations are still substantially excluded from a lot of activity that happens'. These views illustrate a perceived lack of willingness of the mainstream to address the issues affecting the BME VCS or to involve BME representatives more strategically.

At the other end of the spectrum a focus group participant said 'There is no BME sector. Rather loads of black people wanting to do things in their community. That does not make it a sector'.

Neither of the two mainstream strategic voluntary organisations interviewed were convinced that there was a distinct sector. One of these interviewees said, 'It's mad to talk about BME. That's anything from our Orthodox Jewish community, which has been here since the middle-ages, right through to the Irish and the travellers. And then your recent Polish immigrants or people coming from Syria in [an] appalling state... it are almost quite insulting to think all of those groups of people have got a similar issue, just because they're not an indigenous white population. If indeed, there is such a thing.'

Interviewees from BME strategic organisations commented on the changes to the sector over time, saying that there is less solidarity and more diversity than there used to be. They identified the 1970s as a decade during which there was a more common approach to issues, particularly racism, often amongst first and second generation immigrants. They argued that now there was, or was perceived to be, a range of priorities for members of BME communities, covering income, employment, racism and religious intolerance, depending on their country of origin, their length of stay in the country, their immigration status and, increasingly, their faith.

The majority of the organisations interviewed, and the participants in the focus groups, would identify that there is a BME VCS. However it is one that is dynamic, has changed over time, but increasingly marginalised and lacking in strong strategic leadership, both regionally and nationally. Primarily this was seen as a result of reduced funding for strategic organisations and limited capacity within other BME organisations, particularly in the current economic and social climate. Consequently participants said that their ability to commit to supporting strategic approaches and policy initiatives was reduced, as they had to prioritise the management of the immediate challenges in relation to their organisation and the delivery of its objectives.

Strategies

In light of challenges faced by BME organisations it is important to examine the strategies used by staff and management of organisations to maintain their services and, where possible, develop them and to take action in relation to policy changes. This section therefore explores at the strategies adopted by organisations to influence at all levels. These are:

- demonstrating need
- capacity building and education
- politicisation
- partnerships – strategic.

A wide range of strategies for operation and development were identified by respondents. Some were outward looking but, for many organisations, survival dictated a more inward looking approach particularly in relation to activity and priorities than many would have chosen. As survival was a priority they were concentrating on this rather than engaging in more strategic activity. One strategic respondent argued that 'BME communities need to be much more visible and astute. There is a good knowledge within BME organisations about what is happening to communities, but they are not able to

connect up and present the bigger picture'. This implied that they were identifying that there was a need to operate at a more strategic level but that there were barriers to achieving this.

Demonstrating need

One approach that many VCS organisations use is to demonstrate need for a particular service by piloting it and identifying the value that can be gained by its delivery. Traditionally a voluntary organisation would develop the service, identify unmet need and the benefit to a statutory body, which would then accept the responsibility of funding or managing the service, e.g. a refuge for Asian women. An interviewee said 'We set out to meet the need, not follow the money...' and elsewhere 'we seek to run it [the service] for a while...' '[We] pioneer services and demonstrate the need to the statutory sector'. The approach valued the innovative nature of the voluntary sector.

Whilst some participants in the research were familiar with this model there was a concern that, in response to a series of funding initiatives, some in the VCS had ignored the issues that were important to their own communities and been diverted from their mission by using one of the many funding programmes available including, recently, the Preventing Violent Extremism Initiative (PVEI). The model outlined above now appears to be in reverse or under threat. In the current climate, statutory bodies are not in a position, or have no desire, to take on new services. Indeed, rather than innovating and offering culturally sensitive services some organisations in the sector, BME and mainstream, are in the position of having to bid for contracts to deliver what were core public services in order to survive. From another stance one strategic BME organisation respondent identified that a lot of good work isn't recorded because people are too busy doing the work.

A national BME organisation argued that it was essential to use case studies to evidence the value of work being carried out by the BME VCS. Another organisation used casework, to demonstrate a need in relation to the street homelessness of migrant communities, saying that 'academic research can often lag behind rapid changing reality.' The argument being used was that casework can help to 'ground' policy recommendations in the real experience of an organisation's work, in order to enable an organisation to improve its ability to quantify needs and to identify the impact that they can have on meeting those needs.

Capacity building and education

Capacity building, a process by which organisations address their development needs from a self-defined starting point (CCWA, 2011), was only identified as a strategy by two respondents. In one case this referred to capacity building work for which they were no longer funded, and therefore was an aspiration rather than a reality. Afridi (2007) found that of the 50 BME frontline organisations interviewed for brap's Performance and Race Equality Project Research Report only 14(28%) had received any performance improvement support, but that 'the majority of respondents could point to specific issues that they would like assistance with...' (p4). Barriers that the report identified included a lack of time and resources; negative perceptions by organisations about performance improvement; and 'more BME organisations seeking to operate in the mainstream' (p5).

Some interviewees from smaller organisations identified a need for continued organisational development:

'We are very good at delivery, we are excellent at knowing the needs of the groups who we work with, we are fantastic at having an impact on people's lives and taking them to another level, but we need support in enabling that to be sustainable, resilient, and something which can enable us to do this year after year after year after year. So then we can show that we are changing people's lives, we are having an impact, and our service is valuable' (from a community organisation in Greater Manchester).

Strategic respondents variously saw the lack of uptake of capacity building opportunities as being about language or culture, but one also said it was about the length of time the community had been in the country and their understanding of policies and procedures in the UK.

However the context is that funders, particularly statutory funders, have deemed capacity building to be out of favour (Cabinet Office, 2010). This seems to be partly based on the premise that organisations only need to build capacity once and therefore, given that there have been several previous such initiatives, the need should now be limited. This ignores the fact that there may be a high turnover of trustees, staff and volunteers in organisations. Volunteers currently working with VCS organisations may not have been in their role at the time of the original capacity building initiatives in the 2000s. Additionally organisations and groups are facing different challenges in terms of mission and governance. It also fails to recognise that new communities and their representative organisations are not only unused to UK political and legal structures, but also systems for funding and operation. The TSRC evaluation of the ChangeUp programme identified the need for the continued funding of capacity building, but this was has not implemented (Capacitybuilders, 2009). Additionally there is little capacity building that is now funded by the EU.

This lack of funding for capacity building ignores the reality that some BME community organisations are at a pre-governance stage. Namely, they are in the process of coming together and developing an organisation and gaining support within their community/ies. Additionally BME groups identified that Government Capacitybuilders and ChangeUp funding was 'captured' by mainstream third sector organisations and ignored BME organisations' development needs (Craig, 2011).

Education is a two way strategy and in this context can refer to the education of the host community and policy makers about BME communities and/or BME communities about mainstream policy and practice. Five organisations used an educational strategy as part of their approach, sometimes in relation to individuals or in their work with other organisations. In contrast to capacity building this tended to be education of others about their purpose, or of individuals within the organisation to enable them to gain skills and knowledge for their own development, rather than that of the organisation per se. One interviewee, from a faith based community organisation, argued that education was important in relation to faith and tolerance and saw it as a key part of their organisation's mission to work with organisations of other faiths in particular to promote mutual understanding. They related this substantially to the agenda that has demonised Muslim communities since 2001 and the perceived need to address this. It did not seek to identify the racialised nature of such demonisation or address it as part of a wider system of prejudice that covers a wide range of race issues, including migration/immigration (Allen, 2010). Their educational strategy was '...the big issue is to make the invisible visible.'

As part of the educational process a further interviewee in the West Midlands had arranged a visit to Westminster for community representatives from local organisations to help increase their awareness of the political process. A women's organisation saw education as a key part of their mission, primarily in order to empower women in the community that they were working with. This was to be achieved through the women gaining experience and qualifications that would enable them to increase the employment and other opportunities available to them. In all these instances the educational work was with people in their own communities.

Politicisation

Politicisation, the development of focus on having an impact on policy at a local, regional or national level, was generally felt to be a lower priority for many organisations than previously. However some participants argued that it was important to mobilise the black vote in areas with substantial BME communities. At the North West focus group there was the view that the Bradford bi-election was 'a wakeup call for mobilising BME communities in terms of political process.'

Craig (2011) identifies a mainstreaming of race issues as a means of controlling the agenda by the state. Organisations such as Race Equality Councils (RECs) were funded, and to a large extent controlled, by the state and therefore were seen as relatively ineffective in campaigning, and frequently distrusted by BME activists. Subsequently, there has been a move away from race as a specific equality, particularly as a result of the Single Equality Act and a perception that the Government considers race issues have largely been addressed. Consequently many RECs and regional and national strategic organisations have now folded. Craig (2011, p369) also highlights a move back to a focus on assimilation as in the immediate post-war period, 'current state policy is rowing back towards the language and policies of assimilation; those who challenge this perspective are increasingly marginalised'.

A perceived lack of leadership in the sector was seen as a major reason for the lack of politicisation, partly due to the above factors, but also due to the steady dismantling of most structures that might be able to provide that leadership through removal and/or reduction of funding and structures. This had left the sector ill-equipped to respond to the assimilation agenda. Also it was identified in a focus group that there was a lack of representation at a formal political level – 'less than 30 MPs in the House of Commons'. Also, it was identified that 'access to power has been difficult...', 'power is white and patriarchal...' and 'there is a long history of BME communities being sold out by BME representatives within the political system.'

Macmillan and Buckingham (2013, p3), discuss the nature of legitimacy in relation to the sector as a whole. 'There are concerns about whether it is really possible to 'speak for' such a diverse sector, particularly at the national level where the representation given was considered by some to have a strong London/South East bias.' The paper also points out that statutory bodies often require a single point of contact, which further exacerbates the problem of representation, or representativeness, in such a diverse sector.

Seven respondents, particularly those operating at a strategic level, referred to political strategies but the majority felt that there was less consensus on the approach(es) that should be taken and the

key issues. At one end of the spectrum there were those that argued that they needed to 'keep their heads down' at the present time, whilst others argued that now was the time that BME organisations should be challenging and campaigning strongly. There was recognition that there was a lack of agreement about priorities and that the BME voluntary sector was less grass roots driven. The diversity in approach was summed up by a respondent, from a regional BME strategic organisation, who said 'I wouldn't argue that religious discrimination exists but I still think one of the greatest things we still need to crack is the issue of racism.' This reflects a division within the participants, some of whom saw religion as more of a priority than race, whereas the respondent could remember a time when this division didn't exist and there was more agreement on priorities for action within the BME VCS.

Another divisive factor was the wide range of issues that affect the sector, and in particular the different position of the newly arrived communities in relation to those better established, where for example individuals in those communities may have no security of residence and may be facing destitution. A respondent from one organisation working with refugees and migrants identified that the narrative had changed considerably over the past 20 years and that basic human rights was now an issue that needed to be a focus for many BME organisations because of the severe hardship that was facing members of the communities that this organisation worked with.

There was little optimism from interviewees around political approaches in the present context but, despite this, there was some identification with a common struggle '...either way we're in a situation where people have to start to get organised [just] to defend their current position.' (National BME organisation respondent)

Partnerships – strategic

Respondents from the strategic organisations identified that they needed to work, in partnership with other BME and/or mainstream organisations. Nevertheless there were more examples of identifying the need to rather than giving examples of actual practice, particularly in relation to any funded work.

Discussions on partnership working were partly in relation to accessing funding and resources, but also improving coordination and leadership within the sector '... if somebody can take the lead, again through [a council for voluntary service], to develop a BME forum or something like this, it can happen,' Another respondent, from a strategic mainstream organisation, felt that 'Partnerships work in the region but not at national level.' One community based organisation said, in relation to forming partnerships, 'so things are very difficult at the moment, whether it's this economic crisis, whether it's the change in system, whether it's the change of Government...' This reflects the fact that organisations were feeling under pressure to protect their organisation and its services rather than seek to develop alliances with others. Also it is important to recognise that the majority of BME organisations are excluded from tendering at the initial stage because their income turnover is insufficient to meet per-tender requirements.

Overall there seemed to be recognition that this should, or could, be a way forward, particularly in relation to organisational survival, but as yet there appeared to be few successful examples across the organisations represented in the primary research or in the literature (Craig, 2011).

Levels of influence

To evaluate 'voice' the ability of participants to exert influence on people and policies was categorised on levels ranging from individuals and communities, through to local statutory bodies and funders, to regional and national strategic organisations and policy makers.

Individuals

Those organisations working to influence at an individual level were those working with people from specific communities, Kurdish/Iranian and Chinese for example, and those working with people who were otherwise isolated and/or vulnerable. Their aims were, variously, to 'help people practically and to participate in society' and to promote understanding (of vulnerable people). At least two of the organisations were set up to work primarily with women, and other interviewees worked with organisations that had a substantial focus on women's issues.

Whilst there is insufficient evidence to draw firm conclusions there are responses that point to the effect of gender issues on individuals and within some communities. One interviewee, working with an organisation that focuses on women, said '...and we actually don't touch domestic violence or domestic abuse because of the community we work in ... we are empowering them, but we cannot touch the subject of domestic violence.' In one of the focus groups a participant identified internal dimensions to gender politics as follows 'BME women may be active but BME men are councillors.' This was an assertion that women did an equal amount of the work politically, but that it was normally men who were the candidates and thus were 'over –represented' in some councils relative to BME women.

A further example of disenfranchisement occurring within a community came from an interviewee who identified a man who claimed to represent 2,500 fellow countrymen within the Manchester area. 'And so for me small groups like that usually have that kind of disempowering issues going on...' and ' so basically they won't let other people in to support the communities that really could do with supporting.'

Communities

Organisations identified that they were working on trying to influence within the community and trying to influence external views on their community, particularly in relation to policy as it affects the community. A national strategic organisation identified that 'smaller organisations show their value to communities that need them'.

Organisations were working with communities of specific origin, and/or women's and faith groups. One organisation had carried out in-depth research into the needs of Yemeni communities in collaboration with other Yemeni organisations. An interviewee from an organisation working with women said that they were open to working with women from other communities, but because they are 'a BME organisation, they hardly get any women from other communities.' A faith organisation worker said 'our key thing is to educate our own community.' They were referring to the local Muslim community, in particular young people. They also identified the need for the organisation to represent the Islamic view of Muslims on issues such as terrorism.

A participant from a local BME intermediary organisation identified that they wanted to influence tenants and residents associations (TRAs) by brokering relationships between refugees and TRAs,

'...because most TRAs are led by white men, very often in their 60s or 70s, who are very old-fashioned. As [in the case of] five tenants' [and] residents' associations, we've been able to change their mindset, and influence them to change their mindset.' This was recognition that there was a tendency for these organisations to be unrepresentative and exclusive, comprising white, often male and elderly members.

Voluntary organisations

Both local and national strategic organisations identified that they were working at two levels – trying to get the statutory sector to see the value of having BME organisations 'at the table' and working to get those organisations there. A regional strategic organisation said: '[it's about] trying to influence agencies and the community sector' and 'helping the sector to influence LAs (Local Authorities), the NHS and some of the private sector... The main way is by making sure that they take account of the intelligence that the local voluntary sector is able to bring to the table.'

A regional strategic organisation identified their influence as working with VCS organisations through the Third Sector Assembly and helping the sector to influence local authorities, the NHS and some of the private sector. Referring to the VCS as a whole they said, 'the main way is by making sure that they take account of the intelligence that the local voluntary sector is able to bring to the table.'

One respondent from a sub-regional strategic organisation said that it was about getting people to change their attitudes and behaviour, and campaign on Holocaust Memorial Day, Refugee Week and Racial Justice Sunday. Another, from an organisation working with refugee communities, identified that they try to influence other agencies and the community sector about perceptions of refugee communities and their needs, including faith organisations, based on their casework, seeing the sector as being a key part of the survival mechanism for their 'community'.

An interviewee from a faith organisation said that they need to work with organisations from other faiths, '... [what] I'm trying to advocate is that communities need to have honest debates, honest dialogue with each other.'

Local statutory organisations

There was some pessimism about the opportunity to influence local statutory organisations. One respondent, who identified a role as demonstrating need, also said that 'these ..... councillors are a mechanism of controlling local opinion rather than articulating local opinion... They also see local advice centres like ours and other associations as a threat to their influence.' Elsewhere respondents said that a report into the needs of their community, that the organisation had researched and produced, was 'left on the back shelf' by local statutory bodies and also that there wasn't much scope 'of late' to influence due to lack of time and energy was channelled elsewhere.

On the other hand others argued that a positive approach could yield results by demonstrating that community organisations could '...offer better services and more effective and efficient services to their beneficiaries.'

Several organisations were having some success in influencing statutory bodies at least to the point of getting services funded, including a women's organisation in Greater Manchester that had been able to fund an educational programme. A Government interviewee said that they were trying to engage with more established/strategic groups. Participants in one of the focus groups felt that it had been possible to exert influence at different levels – culturally appropriate meals on wheels, quality of life, and to 'feed in on the big issues'. Mashjari (2013) suggests that 'organisations in neighbourhoods up and down the country really should be seeing where the synergies lie with other groups in their areas to...form loose coalitions and even consortiums to bid and tender for contracts...After all we know our communities better than anyone else...' Despite a reduction in influence on these organisations there was still some optimism that the voice of the BME VCS could be heard and acted on.

National strategic organisations

The response was that it was now too difficult to influence in this area and that energies needed to be used elsewhere. A strategic organisation respondent said that they felt that influence 'was now local' and did not extend beyond this level. Another interviewee said that there was a decline in influence, partly due to the loss of the CRE. One mainstream strategic organisation interviewee said that the influence was only as good as the information provided and 'that can be quite patchy'.

National politics was seen as too hard to influence and further that '...there's a big void now, and there's hardly anyone at the national level'. This contrasts with the Government respondent who said that they were trying to engage with established/strategic groups. The explanation would appear to be that VCS groups perceive that the Government isn't open to influence. The exception was one of the BME organisations operating at national level who said, 'we aim to influence parliamentarians...national government and, through our partnership work with others, we aim to influence mainstream organisations that are near to government in terms of the third sector.'

The Government representative quoted in the previous section said that BME groups were not having an influence on the Partnership Board [within the department concerned].

Strength of influence

Members of community organisations identified a number of positions in relation to influence. 'I don't think they've got a voice at the moment... [but] some members of the BME sector have managed to gain more influence, they are more powerful...' However the overwhelming response in relation to influence was that there wasn't much opportunity, or access to exert it, on behalf of BME communities.

Some thought that although there was a loss of voice there was a need to organise and take responsibility – 'I think it's in our hands...we have to take some kind of responsibility...' However the wider view was that this was currently very difficult for many organisations and individuals whilst there was an overwhelming struggle in many organisations to maintain a basic level of service.

Interestingly, but perhaps unsurprisingly, the interviewees from the Government department felt that now was a good time to influence and get involved, and the BME VCS should be working to influence and adapt and 'make a go of it.'

One person summed up the predominant view by saying that they felt that the voice was lacking overall, that it was very tokenistic and in relation to larger organisations only, and that it was 'very small, very quiet, a whisper.' The evidence seems to suggest that this was a vicious circle. Organisations needed to get better at providing evidence to influence policy and practice, but there was a scepticism that policy makers would listen.

Barriers and challenges

Participants were specifically asked to identify barriers that might restrict their influence and development. A number of factors were identified of which funding/lack of resources was almost unanimously referred to.

The Single Equality Act

Within the literature there were examples of the Single Equality Act being seen as a negative influence for the BME VCS (Stokes 2011, CLES 2012). 'Gone are the days when you might have been funded because you are a BME organisation. This kind of identity-based funding is declining sharply' (brap, 2011, p6). At the time of its implementation Hepple viewed the 'Act as a major achievement for the equal rights movement', but was seeing this achievement as an overview in terms of tidying up the legislation (Hepple, 2010, p21). More recently the Fawcett Society has expressed concern that the Coalition Government is proposing to consult on the removal of the Public Sector Equality Duty, which is the part of the Act which requires public bodies to pay due regard to the need to tackle discrimination under ach of the protected characteristics (Fawcett Society, 2013). This would further dilute equality legislation. It seems that the implications for BME communities were not considered at the time of the Act, nor seen in the context of the reduction of public spending and the loss of Area Based Initiatives, or ring fenced equalities funding, which adversely affected funding for the BME VCS.

Most participants saw the Act as negative in terms of race equality and opportunity saying that it would reshape the sector, by focusing on generic services across a protected status, rather than being ethnic/race specific. Both focus groups talked at length about the impact of the Act and several references were made to the action taken by the Southall Black Sisters in challenging the removal of their grant illegally by Ealing Council, without acknowledging the specific nature of their organisation and its services to a group of women. This was however seen as a one-off victory in the face of many other losses, particularly of grant income and recognition.

There were, also those who argued it could be used positively. One interviewee from a community network in Greater Manchester said that it would make it possible for organisations representing different aspects of inequality to work together, making the point that people aren't necessarily only BME, or female, or gay or lesbian, or disabled etc.

However the majority argued the Act had watered down previous legislation and, particularly in the current climate of austerity, would disproportionately reduce finance for race equality programmes. Some felt that there had been hopes for the Act, but that 'opportunities to have those discussions, they don't exist anymore unfortunately.' Another said '[the perception is] therefore, we've done race, we've done gender, we've done disability, now let's look at all the others, when actually the reality is all of

them need to be addressed in a particular way.' There was a comment in a focus group that equality impact assessments 'may have been a tick box exercise but at least there could be a challenge.'

Lack of recognition

Writers such as Craig (2011) and Afridi (2009) have argued that there is a lack of recognition of the BME VCS. Craig, (2011, p381-2), states that 'some local authorities are now also dismantling their equalities structures...' and says that 'the BME VCS will lose what coherent voice it has developed over the past 20 years in particular'. The majority of those respondents that addressed this subject agreed that there was a lack of recognition, both for work being carried out, for issues facing BME communities and their representation through BME third sector organisations. A range of quotes demonstrated the strength of feeling on this subject:

- 'BME voice getting weaker...'
- 'BME organisations, haven't necessarily got people with names, as in Lord So-And-So, or someone who's influential on their board, like an MP, like a couple of councillors.'
- '...the issue of institutional discrimination within our society, and the on-going issues, prevents organisations from often showing impact and success.'

Also it was highlighted that 'Britishness does not include black communities.' Further the established voluntary sector was seen as marginalising the BME voluntary sector. An interviewee from a BME national organisation said:

'the voluntary sector is not immune from racism, so has ways of marginalising certain voices and being afraid of certain voices because they are perceived to be too challenging, not constructive, all that stuff.'

Another, from a community network, made a plea for understanding:

'...just because you're a small community group or a small organisation does not mean that you don't have the expertise around the table, so when you do come you have to come with an open mind and actually make people feel valued...'

One interviewee, from a mainstream strategic organisation, felt that the BME voluntary sector was less well connected but that this was also true of other sub-sectors, such as organisations working with disabled people.

Funding/lack of resources

This was by far the most common barrier that was perceived. Many organisations were so focused on trying to survive that they were unable to pursue any more creative work (except to attract funding) or any broader policy objectives (Lachman and Malik 2012). Almost every organisation identified that they had lost significant funding and had been forced to reduce staff considerably (one respondent was due to leave her post at the end of the week of interview). There was a feeling that the very small organisations, particularly those that were very localised, would have a good chance of survival as they would not be dependent on external funding to any great extent: 'some organisations I know, smaller organisations ... probably will be around after [we have] gone because their agenda has been pretty localised'.

Equally it was felt that the larger (mainstream) organisations would be better placed to bid for contracts and could diversify. Generally there was a view that it would be the small/medium sized organisations in receipt of some form of statutory sector funding that would suffer. Participants gave their own organisation's specific situation, but also identified the wider picture – '40% in Manchester voluntary sector are closing down...BME groups not had the sufficient infrastructure themselves so they are the victim when there's something coming in' (see also ROTA 2011, and Yeung 2010).

One interviewee, from a local strategic BME organisation, was more optimistic: 'funding is a problem....but people are overcoming those issues and ... I think the organisations that come together and don't anticipate funding actually thrive much more successfully.' A Government respondent was 'not quite sure of the difference between BME and non-BME' and also felt that the BME VCS was 'quite reliant on government funds, 50-90%, and can't diversify.'

Members of one of the focus groups felt that 'BME organisations were taking the brunt of the cuts and that there was a lack of resources for BME organisations to come together'. However at the same focus group it was also identified that 'we need to recognise that the current economic climate is impacting on all minorities and not only BME groups. Just think of all the media images of disabled people as benefits cheats and scroungers'. Participants in the other focus group identified that the loss of funding for a BME voluntary infrastructure organisation in 2010 meant the loss of strategic voice for the sector.

The established sector claiming credit

This was a barrier that several organisations identified. Established/mainstream organisations were seen as claiming credit and ability/appropriateness to deliver services to and speak on behalf of BME organisations and therefore receiving funding. Respondents from community based organisations identified a range of ways that this was happening, perceiving it to reinforce power imbalances between BME organisations and the mainstream VCS, as evidenced by the following quotes:

> '...as a leader or representative of below the radar groups to the bigger organisation they don't close the door, they will welcome you but they will use you the way they want';

> '...they say, 'Oh, we need to find out what is happening with those young black women who are constantly having abortions. Let's go to that group there';

> '...because the infrastructure organisations are mainly run by the non-BME group they have indirectly, I'm not saying they're discriminating, but they don't understand the black ethnic minority needs...'

A focus group reported concern that national umbrella organisations were speaking for BME groups. A national strategic BME organisation stated that '...certainly the bigger players in the voluntary sector are very close to Government now and delivering Government contracts, so space to critique isn't as large as it might have been in the past.'

However there is also evidence that the voluntary sector is itself being squeezed by the private sector, which is selecting the most profitable work, the cream, and 'parking' the rest – the more difficult, less profitable work. These organisations are able to do this due to their scale of operation (Rees, J., Taylor, R. and Damm, C. 2013).

The disconnect between the 'mainstream' and BME VCS organisations

At a strategic level Responses came from groups in all categories on this barrier. Some were extremely critical of the mainstream voluntary sector. An interviewee from a sub-regional BME organisation working with newly arrived and refugee communities said:

> 'but even in the community sector I think you've got this buying in to localism which is really dangerous...and completely leaving communities like ours out in the cold because we're not locality, you know, we're not local.' and '... the severity of the injustices, you know, are still just not addressed by the voluntary sector, either the BME voluntary sector either, that I can see.'

Others, including a Government respondent, identified the lack of contacts, interaction with key strategic organisations and the lack of a 'seat at the table' as being the existing situation, and the main factors in holding back the influence of BME voluntary sector organisations and the communities that they represent. One strategic BME organisation interviewee commented:

> 'The difference is around having a seat at the table, metaphorically or otherwise, it's about having relationships and networks that you can count on. And I think BME organisations are at a disadvantage, because we don't have those established networks and contacts...'

A strategic mainstream participant said 'in relation to the VCS as a whole the BME/BTR sector is not significant, and the same applies to local, regional and national funders'.

Further, it was also argued from a community network organisation, 'however, this time round I believe that BME groups can easily get left behind....there's no need because everybody kind of has an understanding of what racism is, discrimination is, now so it [racism] doesn't matter anymore.' As noted earlier, there was a view that that racism has been 'done'; a standpoint that participants felt was reinforced by the introduction of the Single Equality Act.

Lack of trust

Some identified the lack of trust between BME and mainstream voluntary organisations as a barrier. One sub-regional strategic BME organisation said:

> 'They distrust them, whatever they're called, whether *VSC or *CVS – there's distrust between the black sector, black voluntary organisations, and white...' 'Why do they distrust them? Because, I think, in the past, those organisations have used the BME organisations, as in used their membership, used their information, used their time, for the benefit of the CVS...and have pulled down funding.'

The implication is that the BME organisation has 'done the work' but that the mainstream, larger, voluntary organisation has secured the contract with no benefit to the BME organisation. Another local network organisation identified that there was a lack of trust for authority including the police and big public organisations. A respondent from a mainstream strategic organisation said that smaller or generally … BME groups are likely to sign up for an initiative but may not follow through:

> '… and I think that says something about their experience of not getting help in the past when they needed it or not feeling that these institutions are set up for them or can help them.'

One of the focus group members reported that 'it's always the usual suspects who get the money'. This is a crucial point in relation to the current Coalition rhetoric of the big voluntaries helping smaller groups to develop their operation, as there is a widely held perception that this is not happening.

New communities

Afridi and Warmington (2009, p73) argue that with increasing diversity, super-diversity, 'there will need to be a level of 'rationalisation to support a wide range of excluded or marginalised communities'. Perceptions were varied on this, even within the groupings of established and newly arrived communities. A majority felt that the overall issues such as unemployment and low income were the same, but that there may be issues around representation that are not being addressed in relation to the increasing diversity of communities. It was felt that for newer communities the issues might be around the more basic issue of access to services and resources, rather than their quality.

An interviewee from a relatively small organisation, that is nevertheless a network of organisations for newly arrived communities, summed the situation up as follows:

> 'I don't think they do understand our problems. I think they understand a few of the problems because they are immigrants, they understand the life in the UK, but the difference is that maybe if you came here with a visa and you got married...it's a different background to how you came here as an asylum seeker or as a refugee.'

Even within communities there may be significant differences as, for example, '...some in the Somali community have come from other European countries and therefore have experience of living in a Western country.' This would mean that they would experience living in the UK differently to people from the same initial country of origin.

Some felt that organisations representing new communities lacked capacity, but others felt that they were doing well. The crucial issue was seen as developing leadership within the community and that the newly arrived community needs its own voice and should not be served by 'gatekeepers' from longer established communities. A strategic BME organisation said that it was 'about trying to look at where those groups can come together', rather than emphasising differences between BME communities

Barriers within communities

A number of interviewees identified a range of issues that conspired to form barriers that emanated from within their own communities. These included domestic violence, religion, age, not being able to speak with one voice, and tensions that may relate to clan, case or country of origin. Culture and language may also be factors; in particular one respondent said that there may be a lack of voluntary commitment to management, and lack of some relevant skills – hands on but not managerial.

Additionally there may also be issues in relation to staff management. One interviewee was concerned about the difficulty in attracting good quality staff to the organisation and indicated that he didn't trust some of the staff that had worked for them. He also felt that it was hard to get people involved and that the age profile of those volunteering or sitting on the committee was increasing: 'young people don't want to get involved.' However this is also a generic issue across communities and community groups.

Successes

Whilst there are clearly a number of barriers that mitigate against success in many projects and programmes, respondents in individual interviews, and especially in the focus groups, identified areas of progress. In particular, small groups had established ways of working that meant that they were not reliant on any substantial funding, other than that which their own members and supporters could raise. 'Personally, I think regardless of funding, regardless of publicity, those groups will still continue because they usually work from the heart rather than, you know, from money gain, you know, activities.' However it is clear that these were minor gains given the overall scale of needs that have been identified as part of the bigger picture (Lachman and Malik, 2012).

Respondents also identified how their own organisation, or another that they were familiar with, had managed to avoid using any state funding. These organisations were larger and less local than those identified in the previous paragraph. This was achieved through a range of models, including the use of volunteers and raising funds within communities and/or donations from other voluntary and faith groups. It was also argued that new organisations were setting up in a way that did not replicate the existing formalised/service delivery voluntary sector with a reliance on contracting. One BME strategic organisation noted 'I think work around inclusion opened up space for a number of organisations to work for increasing their size in the late '90s empowered some organisations, and encouraged organisations to come forward.'

The successes identified in terms of influencing policy were less frequent but included: anti-deportation campaigns; challenging Stop and Search; the Stephen Lawrence campaigns; protection of specialist provision particularly in the Health Service, e.g. provision of Chinese food and [eating] implements, cancer awareness and good practice around Sickle Cell and Thalassaemia. Examples of the latter included building evidence that older Irish men going too late to their GP in terms of cancer diagnosis (suspicious of GPs and thinking they would have to pay) resulted in a successful cancer awareness campaign with the Irish community in one Primary Care Trust . Also, '... older people's homes and day centres have been working with a growing number of older Chinese people. But they only provided knives and forks. So we managed to get them to provide chop sticks. It was a small thing but it made a real difference for those older people'.

Other successes were highlighted, for example raising awareness of levels of diabetes in Asian communities, Sickle Cell in African Caribbean, Celiac Disease in the Irish community, 'what all these had in common was building the evidence, lobbying and not just lobbying, but offering solutions' (from a focus group participant). In other words the ability to influence came naturally to those working within their communities, as they had a good understanding of community needs and issues in terms of building an evidence base.

One of the key issues in relation to success was persistence over time and energy in terms of keeping an issue on the agenda, e.g. Stephen Lawrence, deaths in custody and, in an example from another area, the Hillsborough campaign for justice for the families of those killed in 1989.

Discussion

An over-riding feature of any research in the BME VCS, and to a lesser extent the VCS as a whole, is that the situation being researched is dynamic in nature, due both to the rapidly changing policy environment and to the diversity of the sector. The BME VCS as it represents ever-changing communities, both by their range and origin. Craig (in Abbas and Lachman, 2012, p136) points out that 'a single BME group will be required to speak for all BME populations in its area, however diverse that local population might be ... 'Whereas previously there may have been a community that had a single origin, there were now a number of countries of origin and faiths represented in one geographical area. Within this context it may be the case that one 'community leader' may be asked to speak on behalf of a number of communities that have a range of backgrounds and consequently a wide range of concerns and issues. This can be seen as negative in the sense that it is hard for one individual to represent the views of a large number of people, and also that there is a danger of policy makers gaining a narrow view of opinion from the 'usual suspects'.

The move from grant-aided funding to commissioning and procurement as a primary mode of resourcing the sector has had an impact on all community and voluntary organisations. However this trend has left many BME VCS organisations competing on an unequal basis, as the sector is less well established and resourced in the first place. Afridi and Warmington (2009, p68) argue that 'many BME organisations face particular challenges in becoming 'contract ready' and in competing on an equal footing with other organisations in the public contracting marketplace'. These challenges include purchasers' attitudes towards, and perceptions, of BME organisations; the inability of BME organisations to meet the pre-qualifying criteria, particularly the existing annual turnover requirement of 25-30% in relation to what are generally large contracts; negative (deficit) perception of BME organisations; and the fierce competition in this new market environment.

Seventy per cent of people of BME origin reside in the 88 most disadvantaged areas, (Afridi and Warmington, 2009). This means that the resources, including finance and skills, available to these communities may be more limited and cuts to Local Authority budgets can have a disproportionate impact when compared to communities in less disadvantaged areas. Mohan found that there were 2.5 times as many voluntary organisations in prosperous neighbourhoods compared to the most disadvantaged areas (Mohan, 2011). This is not to deny that there are BME communities that have been able to establish successful voluntary activity, but to recognise that they have access to fewer resources and in many cases the activity actually occurs more informally and in the face of unequal challenges.

Research participants were well aware of the overall position in relation to reduced funding and influence despite the range of organisation size and purpose, length of time in the UK, country of origin, and challenges that they are facing as individuals and communities. Organisations have already experienced significant reductions in their funding and their influence has been constrained by the requirement to focus on the maintenance of the core service, and by impact of the Single Equality Act. Although there were a variety of contexts, as identified above, there appeared to be a shared

experience, which may define a 'sector'. The following discussion reflects on the key questions that the research set out to address.

Is there a BME VCS?

There were differing views on the distinctiveness of the BME VCS which reflected debates in the recent literature (Mayblin and Soteri-Proctor 2011)**.** The interviewees and the participants at the focus groups generally identified with a sector, although there were isolated challenges to the notion from both BME and 'mainstream' VCS interviewees and participants. Additionally several identified a certain shared experience with non-BME groups, particularly those that were operating at a neighbourhood or community level with few resources. There was some attachment to the idea that 'we're all in it together' with other VCS organisations, particularly the smaller community based groups. Additionally some of the literature identified weaknesses in the notion of an identifiable and distinctive sector (Mayblin and Soteri-Proctor 2011).

However the majority of comments, either explicitly in response to direct questioning, or implicitly when discussing other subjects, tended to support the notion of the existence of a sector. Ironically one factor in identifying the existence of the sector appears to be the removal of specific equality legislation in relation to race and the incorporation of it in to the Single Equality Act 2010. This defines a generic 'persons of protected status' which covers nine characteristics, one of which is race. Consequently there is competition for 'recognition' that was previously granted specifically through race relations legislation.

In the short term the Act has provided a potential focus for a unified (if not necessarily effective) challenge. There was certainly considerable concern that mainstream organisations are now delivering services to, or speaking on behalf of BME communities, roles which were previously undertaken by BME organisations. This is being perceived to have three negative impacts:

- the services are being delivered less culturally sensitively, and probably less comprehensively;
- many of the BME organisations that formerly delivered these services are now having to scale back and are struggling to survive;
- there is little scope to articulate the needs of the sector and to influence the policies that affect its communities.

Another factor in the consideration of the existence of a BME VCS is the perception that there was lack of leadership either at a regional or national level. This is partly a result of the increasing diversity of the sector, and therefore less clarity about the main issues to focus on. Further, the resources to support leadership in the sector have been drastically reduced through the removal of statutory funding from a wide range of strategic BME organisations over recent years (Afridi and Warmington, 2009).

Regarding newly arrived communities**,** interviewees from organisations representing longer established BME communities tended to feel that the overall issues were the same for all BME communities whilst others, particularly those from organisations representing those more recently arrived in the UK, felt that the longer established community organisations didn't understand their

situation and had different priorities. Although clearly all organisations are facing difficulties many newly arrived community organisations have not had a period when they could access funds to fully establish themselves or to affect policies in relation to their communities.

Organisations representing and supporting newly arrived BME communities in the research felt that they needed to establish their own organisations and not use what some respondents referred to as 'gatekeepers'. They would prefer to have an organisation that worked with, for example, members of the Somali community rather than an organisation that was previously established, perhaps in the 1970s, to work with all BME communities. Many identified that there are some recently established organisations that have thrived, partly because they have specific reasons for working together, as new arrivals in a foreign country with substantial concerns to deal with, such as basic housing and finance needs. Phillimore and Cheung's research (2013) confirms that individuals that have good social networks within their own communities of origin are also likely to have wider social networks with other communities also, supporting the view that there is a need for organisations representing single communities to exist and link into wider social networks.

Voice and Influence

'Voice' can be, effective at different levels – individual, community, local and national. Influence at an authority wide, regional and national level can impact on the life chances of all those who are in BME communities and including income, employment, educational attainment, environment, safety and health care. It is clear that influence is part of the mission of the BME VCS interviewed.

However this is a diminishing aspect of many BME organisations' work as, in many cases, they are struggling to survive on a day to day basis. The impact of this is difficulties in having a voice and influence in relation to broader policy. The general response was summed up (to quote one respondent) by the title of the paper 'Very small, very quiet, a whisper'. Interviewees also felt that the larger mainstream VCS organisations were unwilling or unable to provide support despite this being a key element of the Coalition's civil society agenda. Organisations perceived that they were struggling in an unequal competition with much of the VCS, which had better access to resources and influence. However it is also the case that many 'mainstream' VCS organisations are facing the same challenges, and there is growing evidence of a gap between 'the haves and the have nots in the sector as a whole, (McCabe/Phillimore, 2011). BME VCS organisations were also being adversely affected in this respect by the Single Equalities Act, which is perceived as affording relatively higher priority than previously, and consequently influence, to other inequalities. There are a number of reasons for this situation:

At a political level there is a perception that BME organisations are not being listened to. Part of this is due to the Single Equality Act, but also several respondents said that race issues were no longer seen as important by policy makers and funders, and that there was a view that racism 'had been dealt with' and that it was time to 'move on to other issues', such as more generic inequalities and the other protected statuses. Respondents identified that the period roughly coinciding with the first decade of the millennium had been a one of development, but that there was a danger that the gains made during this time would be undone by current economic and political changes.

The economic downturn has been used to cut many previous sources of funding, both those available through local authorities, and area based regeneration funding initiatives and voluntary sector infra-structure programmes. A consequence of this is that interviewees reported that their organisations now had to be increasingly focused on fundraising and therefore did not have the capacity to cooperate with other organisations or participate in networks and forums where they could exert an influence and represent their communities on policy issues.

Leadership within the sector, from the perspective of research participants, has been significantly diminished. There are a number of factors involved including the lack of funding for BME networks at a regional and national level. Where they do still exist, there is a significant reduction in resources available to them. Additionally organisations are finding it increasingly difficult to afford time to develop and maintain networks and partnerships, The ability to initiate and maintain a partnership to influence policy or to campaign on issues has been severely diminished. It also appears that some organisations do not want to be seen as high profile on a political level, as it may have an adverse effect on their funding opportunities. Additionally the reduction in funding available to build organisational capacity is starting to have an impact on new and developing organisations (Afridi, 2007).

Resilience in the face of barriers and challenges

Throughout the range of interviews there were examples of smaller organisations, where they receive little funding and no local government grants, most or all activity is supported by volunteers, and there was little adverse impact due to the recession. Most of these organisations were focused on a single community, usually based in a relatively small geographical area, and providing services and activities to a specific community. Generally they were not seeking to influence policy or campaigning at any level. Such groups are extremely valuable to the communities that they serve but are unable to have an impact on the scale of the problems that communities face.

However there are other examples of success and resilience in the face of the current adversity. It is clear from the research that there are many unifying factors within the sector. Although there is diversity there is a common cause in the face of continuing racism, which is not 'off the agenda'. Several respondents and, particularly, participants in the focus groups identified actions, often on a specific issue, that had been effective – as noted – anti-deportation campaigns or the protection of a specialised health provision.

The dynamism and inventiveness of organisations has enabled them to adapt to the new situation and manage to continue delivering their services. In several cases this was achieved by increasing the use of volunteers and in others by reducing wages and/or hours of staff. In one case this meant changing the working hours and delivering the services by volunteers in the evening and at weekends only. Clearly this is a situation that could have a variety of adverse effects if it has to be sustained long term, as there is a limited capacity to deliver activities and to meet a rising demand (Guardian Society, 2013). These examples were a strong response to adversity and a demonstration of the level of commitment by many individuals in the BME VCS. There has been recognition that there is a need to generate funding from within communities in order to survive, although that was increasingly difficult.

Examples were given of organisations representing newly arrived communities that were resilient by using a very different model to that used by the host and longer established communities. The model was based on a less bureaucratic approach achieved by a reduced dependence on external funding. In particular a faith based organisation that had started off with half a dozen people now had their own premises and become self sufficient through using the energy and creativity of their congregation. They had achieved this by avoiding the pitfalls of relying on statutory funding and running 'boring' meetings based on a bureaucratic or business model, often alien to those that the organisation is seeking to serve. On a lesser scale several of the interviewees outlined a similar model that had enabled them to survive and also allowed them some independence. It is these examples of resilience in the face of adversity that may well point to the future for the sector.

Conclusions

The key consideration in this research was to identify the 'health' of the BME VCS, if it existed as such, and its influence in the current political and economic climate. There are several areas of follow up research that could be commissioned to complement this study including a full study of gender issues; super-diversity, including hidden minorities; and issues affecting BME communities in small towns and rural areas.

Respondents and participants have supported the findings of existing literature (Yeung, 2010, ROTA 2009, Just West Yorkshire, 2012) that the sector is very weak compared even to two or three years ago, particularly in respect of funding available to support activity and strategic 'voice'. On top of this it is facing increasing demand due to the deteriorating position of many in low income groups, who are disproportionately from a BME background, but who are also perceived to face further disadvantage due to being from a BME community. This means that services and activity are likely to be reduced and there was little confidence that mainstream organisations would be able, or possibly even willing, to pick up work with the diverse range of BME communities. A particular concern is that this comes at a time when individuals in all disadvantaged communities are facing many challenges in relation to unemployment, low income for those in work, and a reduction in statutory services (Joseph Rowntree Foundation, 2012). BME communities are disproportionately over-represented in these areas. The effect of the Single Equality Act was perceived to have contributed to this situation and has been further exacerbated by the threat to remove the Public Sector Equality Duty (Fawcett Society 2013). Additionally the localism agenda doesn't provide opportunities for the many BME communities that are dispersed rather than local in a specific geographical area.

As a consequence the feeling was that the voice was indeed 'very quiet, a whisper'. The impression gained from respondents was that staff from many organisations are 'keeping their heads down' becoming more inward-looking and focused on their own communities' needs – which has implications for community cohesion and integration agendas. Some, particularly those that had worked in the field for some time, identified reduced politicisation within the BME VCS and a focus on religion rather than race as the key issue by some parts of the sector, in the wake of 9/11 and the

London bombings, which has had the impact of focusing some organisations on challenging the rise of Islamophobia, which has increased in the wake of these two, and other, similar events.

There was clearly still a willingness to question and confront adverse changes and to maintain a level of challenge to race inequality. Participants were identifying the need for the BME VCS to challenge and to articulate a strategy for consolidating gains previously made. It was perceived that low level, unfunded, community activity will continue whatever the wider scenario, and that communities may develop new ways of coping and developing, based on traditional models of operation that may require less state support. There are also possibilities to increase internal funding within communities, which would provide more scope for organisations to prioritise the issues that they work on rather than be constrained by the priorities of the funding body. Given concern about the quality and representativeness of leadership in the sector, developing such an approach may prove problematic. Additionally, there are undoubtedly challenges to raising new money and other resources, e.g. volunteers, in the current social and economic climate.

A way forward for the BME VCS in the short to medium term will be to devise ways of learning from others within the sector and developing new approaches to organising and strengthening voice and influence in an adverse situation. Clearly there are opportunities afforded through social media. Examples of platforms include QQ for the Chinese communities and Nasra Klas for the Polish community, which can be used for campaigning and crowd-funding. There may also be new models of collective action that can be consolidated through working with colleagues from newly arrived communities. There is also a task for the 'mainstream' VCS in identifying with the situation faced by BME organisations and providing appropriate support for their development.

References

Abbas, M.S. and Lachman, R. (2012) *The Big Society: The Big Divide?* JUST West Yorkshire, Bradford.

Afridi, A. (2007) *Performance and Race Equality Project Research Report,* brap, Birmingham.

Afridi, A. and Warmington, J. (2009) *The Pied Piper,* brap, Birmingham.

Allen, C. (2010) *Islamophobia,* Ashgate, Farnham.

Bassel, L. and Emejulu, A. (2010) 'Struggles for Institutional Space in France and the UK: Inter-sectionality and the Politics of Policy', *Politics & Gender,* 6 (4): 517-44.

brap (2011) *Changing Faces, Changing Places,* brap, Birmingham.

Cabinet Office (2010) *Making it easier to set up and run a charity, social enterprise, or voluntary organisation,* Cabinet Office, London.

Cantle, T. (2001) *Community Cohesion: A Report of the Independent Review Team*, Home Office, London.

Capacitybuilders (2009) *Evaluation of ChangeUp 2004–2008: summative evaluation,* TSRC, Birmingham.

Centre for Local Economic Strategies (CLES) and Centre for Local Policy Studies (CLPS) (2012) *Open for All? The changing Nature of Equality under Big Society and Localism,* CLES and CLPS, Manchester.

Churches Community Work Alliance (CCWA) (2011) *What is Community Capacity Building?* CCWA, London.

Clarke, J., Kane, D., Wilding, K. and Bass, P. (2012) *UK Civil Society Almanac,* NCVO, London.

Craig, C. (2011) 'Forward to the Past: Can the UK black and minority ethnic third sector survive?', *Voluntary Sector Review,* 2 (3): 367-89.

De Lima, P. (2001) *Needs not numbers – an exploration of ethnic minority communities in Scotland,* Commission for Racial for Racial Equality and Community Development Foundation, London.

Fawcett Society (2013) *Red Tape, Red Line: five reasons why government should not "drop its duty" to tackle women's equality,* Fawcett Society, London.

Guardian Society (July 24 2013) 'Charities: we've got five years left, at best', *The Guardian*, London.

Hepple, B. (2010) *The New Single Equality Act in Britain*, The Equal Rights Review, Volume Five.

Kendall, J. (2003) *The Voluntary Sector – Comparative perspectives in the UK,* Routledge, London.

Joseph Rowntree Foundation (2012) *Monitoring Poverty and Social Exclusion 2012,* Joseph Rowntree Foundation, York.

Lachman, R. and Malik, F. (2012) *West Yorkshire Public Sector Cuts: The Impact on the BME Voluntary and Community Sector,* JUST West Yorkshire and University of Leeds, Leeds/Bradford.

Mashjari, K. (2013) 'The Black And Minority Ethnic voluntary sector needs to get wise quick to deal with turbulent times ahead', North West Voluntary and Community Sector website, accessed January 30th 2013, http://nwvcsleadersviews.wordpress.com/2013/01/30/the-black-and-minority-ethnic-voluntary-sector-needs-to-get-wise-quick-to-deal-with-turbulent-times-ahead.

Macmillan, R. and Buckingham, H. (2013) *A Strategic Lead for the Third Sector?* TSRC Third Sector Futures Dialogues, Big Picture Paper 5, Birmingham.

Mayblin, L. and Soteri-Proctor, A. (2011) *The Black Minority Ethnic Third Sector: a resource paper,* TSRC Working Paper 58, TSRC, Birmingham.

McCabe, A. and Phillimore, J. (2011) *All Change? Surviving below the Radar in a Big Society',* TSRC Working Paper 87, TSRC, Birmingham.

Mohan, J. (2011) *Mapping the Big Society: perspectives from the Third Sector Research Centre,* TSRC Working Paper 62, TSRC, Birmingham.

Mohan, J. (2012) 'Geographical Foundations of the Big Society', *Environment and Planning,* 44 ():.

Office for National Statistics (ONC) (2012) *Ethnicity and National Identity in England and Wales 2011,* ONC, London.

Phillimore, J. (2011) 'Approaches to health provision in the age of super-diversity: Accessing the NHS in Britain's most diverse city', *Critical Social Policy,* 31 ():.

Phillimore, J. and Cheung, S. (2013) *The role of social capital in refugee integration,* Nuffield Foundation, London.

Race on the Agenda (ROTA) (2009) *The Economic Downturn and the Black, Asian and minority ethnic (BAME) Third Sector,* ROTA, London.

Rees, J., Taylor, R. and Damm, C. (2013) *Does sector matter? The experiences of providers in the Work Programme,* TSRC Working Paper 92, TSRC, Birmingham.

Stokes, E. (2011) *The Impact of the Economic Downturn on BAME Education Services,* ROTA, London.

Yeung, W. (2010) *Report on the Impact of the Economic Downturn on Black and Minority Third Sector Organisations,* Council of Ethnic Minority Organisations (CEMVO), London.

About the Centre

The third sector provides support and services to millions of people. Whether providing front-line services, making policy or campaigning for change, good quality research is vital for organisations to achieve the best possible impact. The Third Sector Research Centre exists to develop the evidence base on, for and with the third sector in the UK. Working closely with practitioners, policy-makers and other academics, TSRC is undertaking and reviewing research, and making this research widely available. The Centre works in collaboration with the third sector, ensuring its research reflects the realities of those working within it, and helping to build the sector's capacity to use and conduct research.

Third Sector Research Centre, Park House, 40 Edgbaston Park Road,

University of Birmingham, Birmingham, B15 2RT

Tel: 0121 414 7073

Email: info@tsrc.ac.uk

www.tsrc.ac.uk

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.

Contact the author

Phil Ware

Email: p.ware@bham.ac.uk

Hosted by:
UNIVERSITY OF BIRMINGHAM UNIVERSITY OF Southampton

Funded by:
Cabinet Office Office for Civil Society BARROW CADBURY E·S·R·C ECONOMIC & SOCIAL RESEARCH COUNCIL