

# Mapping the Black Minority Ethnic Voluntary and Community Sector in the North East of England

Commissioned by BECON

November 2004



Sustainable Cities  
Research Institute



REGENERATION  
**EXCHANGE**

networking best practice in the north east

**Report prepared by:**

**David McGuinness & Ian Watson**  
E-mail: [david.mcguinness@unn.ac.uk](mailto:david.mcguinness@unn.ac.uk)  
Northumbria University  
Sustainable Cities Research Institute  
Newcastle-upon-Tyne

**November 2004**

**On behalf of:**

**BECON**  
E-mail: [information@becon.org.uk](mailto:information@becon.org.uk)  
8 ,jesmond Road West  
Newcastle- upon-Tyne  
NE2 4PQ  
Tel: (0191) 245 3851

Contacts: Beverley Prevatt-Goldstein (*Chief Executive*)  
Milanthy Wijetunge (*Office Manager*)

## **Acknowledgments**

Grateful thanks are due to Betty Weallans (Regeneration Exchange) who both encouraged and funded this research (via ONE). This research would not have been possible without the patience of the members of the BECON network and the stalwart efforts of the BECON team, a particularly thank of to Barbir Noor in Tees Valley.

David McGuinness persevered in taking this report to its high standard under the editorship of Beverley Prevatt Goldstein.

We hope that you will enjoy reading the report, and that you will respond to the issues identified in this report.

Regards,

*Beverley*

**Beverley Prevatt Goldstein**  
**BECON, Chief Executive**

## Contents:

	Page No:
<b>Executive Summary</b>	4
<b>1. Introduction</b>	6
1.1 BECON	7
1.2 Objectives of the mapping exercise	8
1.3 The regional BME community	8
1.4 The national BME community	11
<b>2. Methodology</b>	14
2.1 Information gathering	14
2.2 Questionnaire	14
2.3 Response rate	14
2.4 Data Analysis	15
<b>3. BME groups in the North East</b>	16
3.1 Organisations	18
3.2 Staffing	18
3.3 Funding of BME groups	23
3.4 Involvement of groups in partnership working	25
<b>4. Development of the BME sector</b>	31
4.1 Training needs of the BME sector	31
4.2 What can BECON do to facilitate growth in the BME voluntary and community sector?	32
<b>5. Conclusion</b>	33
<b>6. Bibliography</b>	35
<b>7. Appendices</b>	37

## Executive Summary

The following findings have been distilled from the research programme:

- Nationally, the BME community represents around 6.7% of the total population of the UK. The BME community is currently about 2.6% of the total population of the North East, but is growing annually.
- Latest census figures indicate there are strong and significant BME communities in the North East. Nearly 34,000 people from BME communities live in Tyne and Wear alone.
- Ethnic minority disadvantage cuts across all areas of deprivation. Ethnic minority groups are more likely than the rest of the population to live in poor areas, be unemployed, have low incomes, live in poor housing, have poor health and be the victims of crime.
- The proportion of people from different BME communities having a household income of less than 50% of the national average are 34% of Chinese people, 40% of African Caribbean and Indian people, and over 80% of Pakistani and Bangladeshi people. These figures compare to 28% for England and Wales as a whole
- BME voluntary and community groups provide a crucial empowering and representational role for the BME community, enabling capacity building, civic engagement, combating social exclusion and tackling issues like discrimination and racism.
- The high proportion of BME groups that have not been in existence for a significant length of time (30% under 2 years old and 51% under 7 years old) suggest there may be a need for a high degree of policy assistance and support in order to maintain their existence, eventually allowing the organisations to grow and prosper.
- 82% of BME groups in the survey rely on volunteers to run and maintain their organisation. Volunteers play a crucial part in the continued vibrancy of the BME sector in the North East.
- BME groups survive on very meagre incomes; 28% of respondent groups had an income of less than £5,000 per annum, and 42% of respondents survive on an income of less than £20,000 per annum. With incomes at this level, it is unsurprising that a large percentage of BME groups do not have paid staff.

- The Northern Rock Foundation report (2003:7) illustrates the problem for BME groups stating, "*Lack of premises is perhaps the most pressing need for most BME groups...however, the difficulty that they face is accessing capital and structural funds to enable them to acquire and maintain premises...with the result that the sector is mostly dependant on short-lived project funding for survival*"
- Almost half (49%) of respondents received funding from Local Authorities. Other significant funders include: the Community Foundation, which funds 43% of groups, the Community Fund supports 32% of groups, individual donations and sponsorship, which help to fund 30% of the BME groups in our survey.
- The majority of the voluntary and community sector are facing financial hardship and growing demands on their stretched resources. However, this problem of a lack of resources and rapidly growing demand seems to be especially pronounced amongst the BME community and voluntary sector. The Northern Rock Foundation Report (2003:6) states "*The BME voluntary sector in the region is very under resourced in terms of premises, funding, staffing & time*".
- Our results show that whilst there is a high level of volunteering, BME participation in formal structures remains limited. BME groups have a patchy level of involvement and representation in partnership working. In Business, Sports and most significantly Sub-regional partnerships, BME groups are significantly under represented and have no real voice. In other areas (LSP's, Childcare & Health), BME groups appear to have become more engaged in the partnerships process. This finding is supported by research conducted in Sunderland and Hartlepool (BECON 2004; WEA, 2001; Northern Rock Foundation, 2003)
- Only 30% of BME groups in the North East are aware of the national compact between the government and the BME voluntary and community sector.
- There is an obvious demand for training opportunities for BME groups in Management Training, Fundraising and Sports Coaching. The majority (58%) of BME organisations do not have a training budget.
- 49% of respondents (36 groups) said the premises they owned or used had access for people with disabilities. Therefore, more than half of BME groups do not have access for disabled members.

## 1. Introduction

Black and Minority Ethnic (BME) communities have historically been only peripherally involved when areas have developed regeneration initiatives. Equally, BME groups have had limited success in securing funding and grants. Most regeneration initiatives have had little impact on BME communities (Chouhan and Lusane, 2004), and a recurrent problem identified in evaluations is that regeneration initiatives fail to tailor interventions directly to BME communities and their needs. The recent ODPM (2004:3) report *Ethnicity Monitoring: Involvement, Guidance for Partnerships on Monitoring Involvement* states,

“...past regeneration initiatives have failed to fully engage or benefit Black and minority ethnic voluntary and community sector, and issues that are important to Black and minority ethnic communities have often been afforded low priority”.

Recent policy initiatives, like the New Deal for Communities and the Neighbourhood Renewal programmes, have begun to achieve meaningful engagement with BME communities. However, a great deal remains to be done if BME communities are to realise a level of parity with the rest of our society. This report is a first step in highlighting the scope for progress in developing the BME Voluntary and Community Sector in the North East of England.

Central government has placed the Voluntary and Community Sector (VCS) at the heart of its commitment to delivering quality public services. However, policy makers must understand that the VCS plays a much greater role in society than simply contributing to service provision. The VCS can facilitate the growth of networks and mutual self-help, which are crucial to the development of Social Capital. BME voluntary and community groups provide a crucial empowering and representational role for the BME communities, enabling capacity building, civic engagement, combating social exclusion and tackling issues like discrimination and racism. It is essential that the sector is understood and the voice and concerns of BME voluntary and community groups are forcefully presented to policy makers.

If the government is to be successful in its aim of integrating the VCS into mainstream service provision the Black and Minority Ethnic (BME) community sector will be required to play a vital role. As Chouhan and Lusane (2004:4) state, “*Black Voluntary and Community sector organisations can reach excluded parts of society, which other organisations are less able to do*”.

Service provision is becoming a significant role for BME community and voluntary groups. However, policy makers must develop a greater

understanding of the role of BME community groups in order to adequately support the development of BME groups.

Several recent studies of BME groups in the North East have been conducted (see Research Training Initiatives, 1991; WEA, 2001; BECON, 2004; Northern Rock Foundation, 2003). All the studies have identified similar issues (which are discussed at length in the findings section) but they have been constrained by focusing on sub-regional areas with limited sample sizes and focus on BME communities as a whole rather than just voluntary and community activity.

Therefore, in March 2004 BECON decided to conduct a region wide survey focusing on the BME voluntary and community sector in the North East region. The aim of the survey was to show the strengths of the BME sector, to signpost the challenges, which need to be addressed and to enable the BME sector to contribute fully to civic society.

This report uses the BECON definition of BME:

*“Becon’s definition of Black is a political one, which emphasises the common experiences and common determination of people of Asian, African and African Caribbean origin”.*

## **1.1 BECON**

In 1999, the BECON project was established with funding from the Active Communities Unit (ACU/Home Office) as one of 18 regional networks. BECON has rapidly evolved and by 2004 – BECON is now (2004) its own accountable body, a company limited by guarantee, a registered charity and employs 10 workers at two sites in the North East (one in the North and one in the South of region).

The primary purpose of the networks was clarified in 2004 and is identified below:

BECON's remit is to work in partnership to develop networks and the capacity of Black Minority Ethnic community groups so that BME communities can fully participate in society and influence regional policy and practice.

**BECON** is committed to:

- Challenging oppression, racism and the exclusion of black people
- Creating and developing an infrastructure for BME groups in the North East region and unlocking funding for the sector.



- Working in partnership to increase the effectiveness of the BME voluntary sector in each area through the provision of information, advice, training, publication and development services
- Supporting BME voluntary and community groups to network, support each other, share experiences and resources, and influence decision making policy.

While BECON's main focus is the BME voluntary and community sector, the BME communities in the North East are too interlinked for this to be its sole focus. BECON works in partnership with other regional bodies to offer opportunities to individuals in terms of personal and professional development, pre-business start up skills, employment, training, sports activities and child welfare provision.

### **1.2 Objectives of the mapping exercise:**

- To collate the available information on BME groups in the North East in one report
- To understand barriers to growth for the region's BME groups
- To ascertain levels of awareness and engagement in various regional, sub-regional and local initiatives
- To alert groups to the services BECON currently provides
- To understand which services BME groups would like BECON to provide in the future
- To enable policymakers to fully understand the support and advice required by BME voluntary and community groups

### **1.3 The Regional BME community**

The North East is often portrayed as a region where there are small BME communities with few problems. As the latest census figures indicate (see Table 1) there are, in reality, strong and significant BME communities in the region. Nearly 34,000 people from BME communities live in Tyne and Wear and over half that number again lives in the Tees valley. The biggest single group is of Pakistan ethnic origin (14,074) with Chinese (10,263) and Indian (10,156) communities coming close behind (Table 1). Alongside this is the growing refugee and Asylum seeker population in the region have grown and will grow as people settle. At present there are well over 40 different refugee or asylum groups. All these communities bring a powerful ethnic diversity to the region.

Unemployment rates for ethnic minority groups (Labour Force Survey data 2000 in TUC 2002) are 18.2% in the North East (14.8% in the UK) compared to 8.7% for the white community. As is clear from the figures, BME people in the Region suffer from significantly higher levels of unemployment. In terms of qualifications 16 per cent of the white population in the UK have no qualifications and 20 per cent of ethnic minority communities. In the North East, 22 per cent of the white population have no qualification and one in four of ethnic minority communities. Such problems can lead on to further discrimination for members of the BME community and the compound exclusion from the labour market.

**Table 1: BME groups in the North East**

Area	African /Caribbean	Bangladeshi	Chinese	Indian	Pakistani	Other	Other Asian	Total Population
<b>County Durham</b>	<b>971</b> (0.19%)	<b>163</b> (0.03%)	<b>1,440</b> (0.29%)	<b>916</b> (0.18%)	<b>229</b> (0.05%)	<b>377</b> (0.08%)	<b>993</b> (0.2%)	<b>493,471</b>
<b>Tees Valley</b>	<b>2,514</b> (0.39%)	<b>595</b> (0.09%)	<b>1,893</b> (0.29%)	<b>2,410</b> (0.37%)	<b>7,401</b> (1.16%)	<b>803</b> (0.12%)	<b>2,376</b> (0.37%)	<b>638,844</b>
Darlington	517 (0.52%)	284 (0.29%)	370 (0.38%)	427 (0.44%)	86 (0.09%)	125 (0.13%)	288 (0.29%)	<b>97,838</b>
Hartlepool	189 (0.21%)	73 (0.08%)	169 (0.19%)	187 (0.21%)	204 (0.23%)	98 (0.11%)	122 (0.14%)	<b>88,611</b>
Middlesbrough	1,002 (0.74%)	77 (0.06%)	558 (0.41%)	846 (0.63%)	4,839 (3.59%)	269 (0.2)	865 (0.64%)	<b>134,855</b>
Redcar & Cleveland	245 (0.18%)	111 (0.08%)	218 (0.16%)	167 (0.12%)	285 (0.2%)	93 (0.07)	354 (0.25%)	<b>139,132</b>
Stockton-on-Tees	561 (0.31%)	50 (0.02%)	578 (0.32%)	783 (0.43%)	1,987 (1.11%)	218 (0.12%)	747 (0.42%)	<b>178,408</b>
<b>Tyne and Wear</b>	<b>4,466</b> (0.41%)	<b>5,186</b> (0.49%)	<b>6,256</b> (0.58%)	<b>6,134</b> (0.57%)	<b>6,217</b> (0.58%)	<b>1,597</b> (0.15%)	<b>4,120</b> (0.38%)	<b>1,075,938</b>
Gateshead	612 (0.32%)	120 (0.06%)	677 (0.35%)	490 (0.26%)	491 (0.26%)	191 (0.1%)	472 (0.25%)	<b>191,151</b>
Newcastle	1,760 (0.68%)	2,607 (1%)	3,231 (1.24%)	3,098 (1.19%)	4,842 (1.86%)	577 (0.22%)	1,737 (0.67%)	<b>259,536</b>
North Tyneside	739 (0.38%)	493 (0.26%)	954 (0.5%)	647 (0.34%)	178 (0.09%)	219 (0.11%)	458 (0.24%)	<b>191,659</b>
South Tyneside	598 (0.39%)	812 (0.53%)	420 (0.27%)	970 (0.63%)	306 (0.2%)	354 (0.23%)	687 (0.45%)	<b>152,785</b>
Sunderland	757 (0.27%)	1,154 (0.41%)	974 (0.35%)	929 (0.33%)	400 (0.14%)	256 (0.09%)	766 (0.27%)	<b>280,807</b>
<b>Northumberland</b>	<b>526</b> (0.17%)	<b>223</b> (0.07%)	<b>674</b> (0.22%)	<b>696</b> (0.23%)	<b>227</b> (0.07%)	<b>194</b> (0.06%)	<b>429</b> (0.14%)	<b>307,196</b>

Source: Data from 2001 Census

## 1.4 The National BME community

Nationally, the BME community represents around 7.9% of the total population of the UK. BME communities are prominent in central London, the West and East Midlands and the Yorkshire and Humber region. The BME community in the North East is one of the smaller communities nationally but as we can see in Table 1 it is nonetheless a significant and growing part of the North East region.

The Government's Social Exclusion Unit (1998) report admits that individuals from BME groups often face the highest levels of deprivation in society, the report states,

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

Chouhan and Lusane in a Joseph Rowntree Foundation (2004:12) report, state that nationally,

*“More than half of Pakistani and Bangladeshi households and one-third of Black Caribbean households are in the 10 per cent most deprived wards in England, compared to only 14 per cent of White households”..... “About one-third of Pakistani and Bangladeshi households live in unfit properties, compared to about 6 per cent of White households”*

Table 2: Breakdown of the BME communities in the UK

<b>Ethnic Group</b>	<b>UK (%)</b>	<b>North East (%)</b>
African/African Caribbean	2.0	0.9
Indian	1.8	0.4
Pakistani/Bangladeshi	1.8	0.6
Mixed/BME/White	1.9	0.3
Chinese	0.4	0.2
<b>Total BME population</b>	<b>7.9</b>	<b>2.4</b>
White	92.1	97.6
Source: National Statistics 2001 Census		

A snapshot of recent research published on the renewal net website ([www. renewal.net](http://www.renewal.net)) suggest that nationally:

- More than half of African Caribbean and Africans and over a third of South Asians live in districts with the highest rates of unemployment. Only one in 20 live in an area of low unemployment the contrast with the white population is stark as one in five white people live in an area of low unemployment
- Africans, Pakistanis and Bangladeshis are two and a half more times likely than white people to have no earner in the family
- Pakistani, Bangladeshi and African-Caribbean people are more likely to report suffering ill-health than white people
- Infant mortality is 100% higher for children of African Caribbean and Pakistani mothers compared to white mothers
- BME young people are more likely to be at risk of experiencing most of the problems of deprivation and social exclusion
- The proportion of people from different BME communities having a household income of less than half the national average are 34% of Chinese people, 40% of African- Caribbean and Indian people and over 80% of Pakistani and Bangladeshi people. These figures compare to 28% for England and Wales as a whole.

These figures remain stubbornly hard to alter despite a raft of regeneration initiatives.

BME communities have suffered from years of neglect and face several issues, which are less common in white communities, such as:

- Discrimination and racist victimisation
- Historical exclusion from the decision making process
- Services that are not designed to cater for cultural needs and differences

Chouhan *et la* (2004) found that the BME voluntary and community sector plays an important part in capacity building, civic engagement and social inclusion within BME communities. This crucial contribution was not always recognised by a large proportion of funders, whose focus is primarily on service delivery. This lack of recognition limits the crucial building of social and civic capital in BME communities.

The results from our survey about training needs within the BME communities (see section 4.2) suggest that the bureaucracy and form filling, a central part of making funding applications may be deterring some BME groups from applying for grants, for which they are eligible. The problem of the complexity of funding applications is not uncommon; as an interviewee in Chouhan *et al*, 2002 explains:

*“Capacity building should be recognised as crucial to the real support of the Black voluntary sector. Funders, particularly those providing public sector support, have exhaustive requirements and assessment procedures. To date, in our case the risk in developing the project financially is heavily reliant on the community organisation submitting the request, with limited resources provided to enable the requirements to be met. This is a severe disadvantage to organisations like ours, which originate from and represent inner city disadvantage and socially excluded communities. We have persevered because of our belief that unless we have the courage to take the risk and continue, nothing will change”.*

## **2. Methodology**

### **2.1 Information gathering phase**

As a first step in the research process a consultation process was undertaken to identify BME groups in all areas of the North East region. This involved telephone interviews with support workers and BME community activists in all areas of the region. A subsequent step involved collating all available mapping studies conducted in the last few years in the North East region. (see RTI, 1991; WEA, 2001; BECON, 2004; Northern Rock Foundation, 2003)

### **2.2 Questionnaire**

A self-completion questionnaire was either sent out or personally distributed (by the BECON development workers) to 103 groups who were identified in the initial data-gathering phase. Some of the groups were already members of the BECON network but several of the groups were formed very recently and were therefore new to the network. The questionnaire was split into sections relating to:

- Contact details
- Organisational details
- Staffing
- Funding
- Facilities
- Service provision
- Involvement in Partnership
- Information and advice requirements from BECON

The questionnaire was designed in order to collect quantitative and qualitative data about the organisation, their activities and their future training and development requirements (a copy of the questionnaire can be found in Appendix 1). In keeping with current codes of good practice for working with BME organisations, the research team attempted to be as inclusive as possible in engaging with the broadest possible spectrum of interests within the North East BME community, including women's groups, gay and lesbian groups, youth groups, disabled groups, older people's groups, etc. The questionnaire was based on a successful survey conducted by VOICE East Midlands, with modifications to reflect the unique nature of the North East region and the services BECON provides.

### **2.3 Response rate**

By the end of July 2004, 74 usable questionnaires had been returned from an initial mail out to 103 groups, which is a response rate of 72%, an extremely high response rate for a survey of this nature.

## **2.4 Data Analysis**

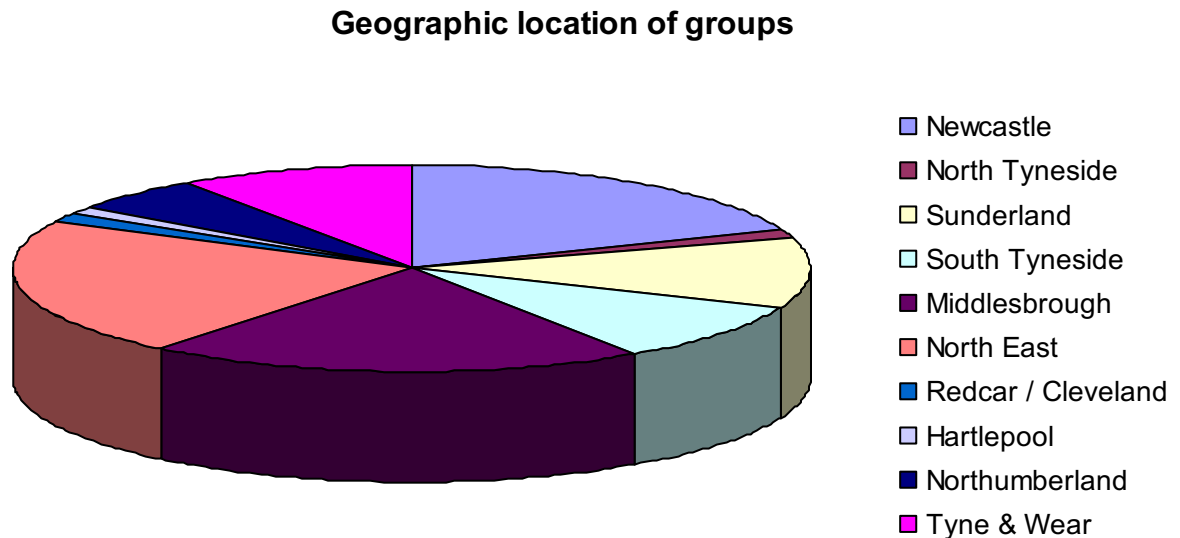
The questionnaires were analysed using the SPSS statistical software package, Access and Excel to provide comprehensive and reliable quantitative data. The report also contains a literature review of relevant government publications, policy documents and academic reports relating to the contribution of the BME voluntary and community sector.



### 3. BME groups in the North East of England

#### 3.1 Organisations

Table 3: Geographic coverage of BME voluntary and community groups in the North East



BME groups are well dispersed across the North East region. Table 3 shows the geographic areas covered by the groups in our survey. Significantly, 18% of the sample stated that their organisation covered the whole of the North East Region. As expected, BME groups are particularly strong in the major urban conurbations within the region; the Middlesborough area has the most prominent cluster of BME groups with 21% of the sample (16 groups). However, BME groups are also well represented in the major cities of Newcastle (19% of the sample) and Sunderland (11% of the sample). Every area of the North East has at least some BME groups but representation is understandably smaller in the less densely populated and rural parts of the region (Northumberland makes 5% of sample).

#### Services provided by BME groups

The BME groups in the region provide a wide variety of services and activities for their members and the wider BME community.

Examples of activities and services include:

- Advice about healthcare, education, housing, benefit enquiries, drug & alcohol misuse, domestic violence, sexuality and gender issues
- Services and advice for Older people and Youths
- Education and training provision
- Religious and Faith Community activities
- Cultural and Arts activities
- Sporting provision and training
- Legal advice

This list is not exhaustive and merely gives an indication of the wide variety of issues covered by BME groups.

Table 4: Length of existence of BME voluntary and community groups

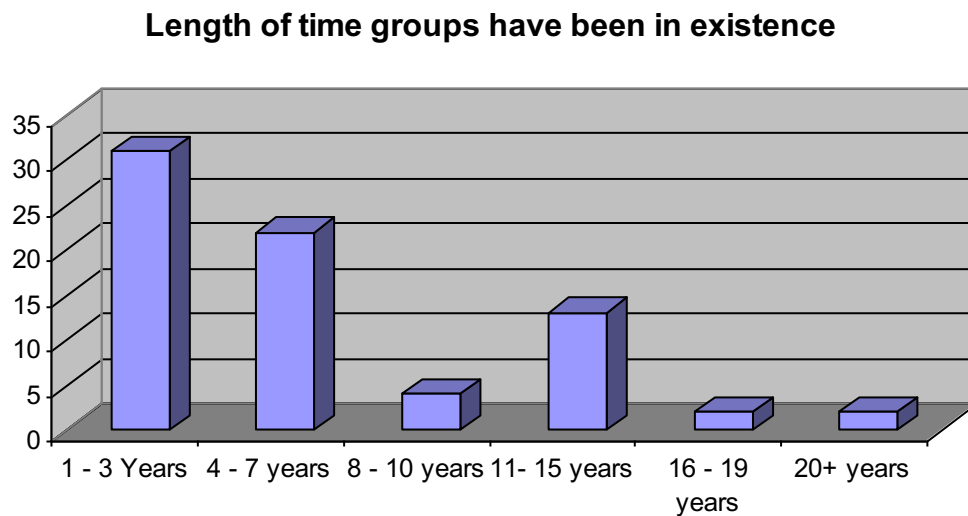
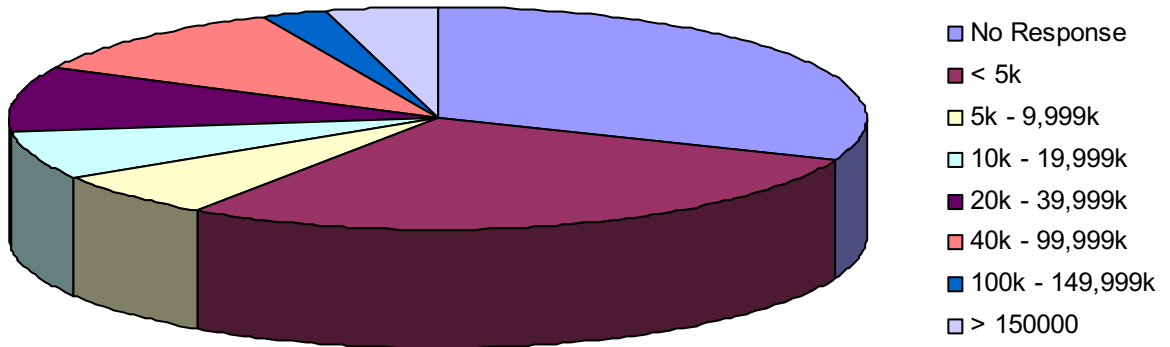


Table 4 shows that a significant proportion of the BME groups who responded to the survey have only been in existence for a relatively short period of time. Thirty per cent of the BME groups (31 organisations) who responded to the survey have only been in existence for less than 3 years. About half the groups who responded (51% - 53 organisations) have been in existence less than 7 years. Only 17% (17 organisations) had been in existence for more than 10 years. The high proportion of BME groups that are quite young in organisational terms suggest there may be a need for a high degree of policy support and practical assistance in order to maintain their existence and eventually allow the organisations to grow and prosper.

Table 5: Annual income for BME voluntary and community groups

### Average yearly income of groups



A significant proportion of respondents, 23 organisations (31%) did not answer this question, their responses, to subsequent questions within the questionnaire suggest this may be because either the organisation has no income or the income of the organisations was difficult to estimate. Table 5 shows that 28% of the respondents (21 organisations) had an annual income that was below £5,000 per annum, 14% of respondents (10 organisations) had an income of between £5 - 20,000 per annum and 15 organisations (20 %) had an annual income of between £20,000 and £100,000. Only five BME organisations had an annual income that exceeded £100,000 per annum. This suggests that the majority of BME groups are surviving on relatively modest incomes and may be reliant upon the ingenuity and goodwill of their members for their survival.

Table 6: Main language used within the organisation

### Main language used by organisation

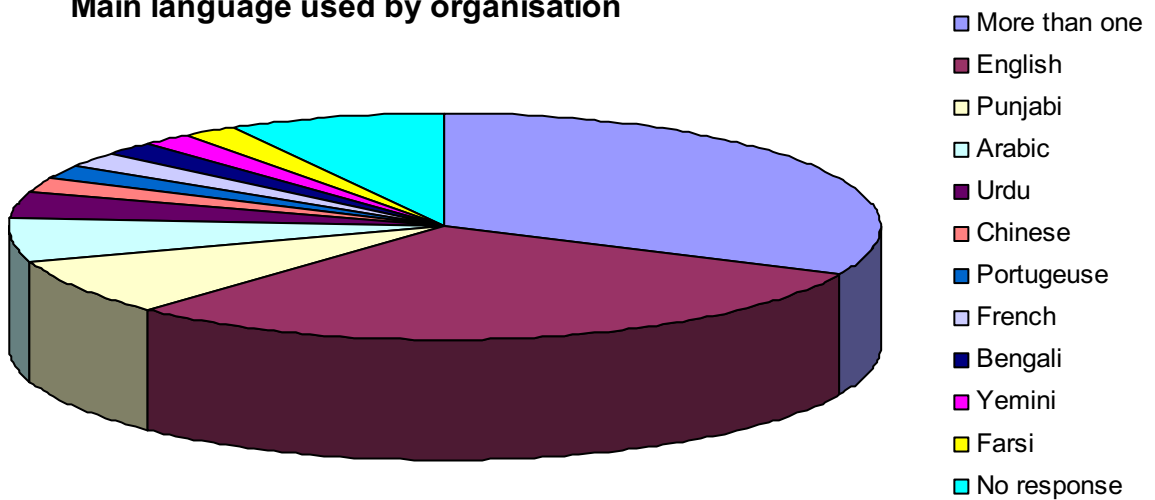


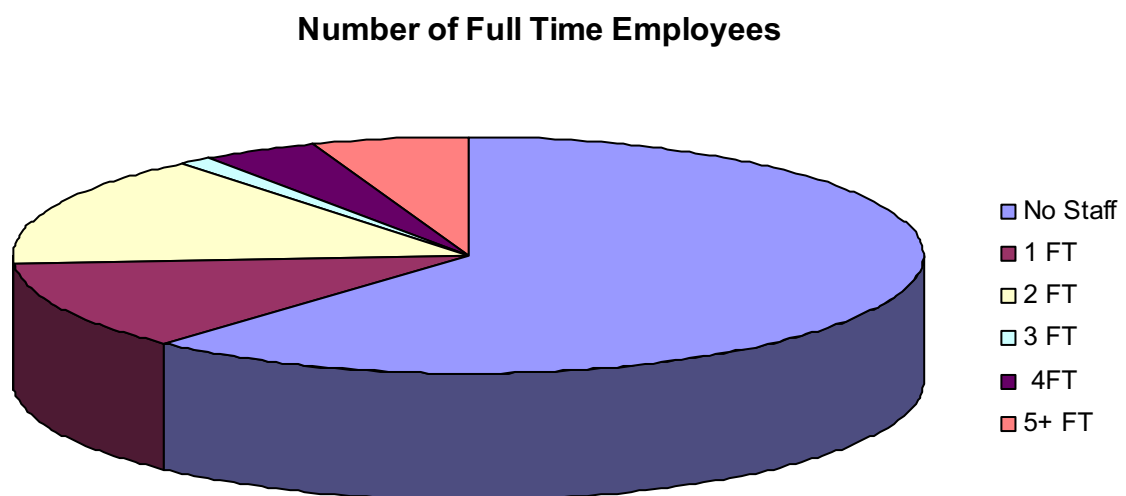
Table 6 illustrates that a large proportion of the respondents, 20 groups (27%) reported that there was more than one language used in their organisation. Often this was a combination of English and the language of the group's heritage. English was the main language used within the organisation for 24 (32%) of the respondents. However, there were a wide variety of other languages which were the primary language used within organisations, including Punjabi (4 organisations), Arabic (4 organisations), Bengali (3 organisations) and also there were organisations who spoke Chinese, Portuguese, French, Urdu, Yemini and Farsi.

### 3.2 Staffing within BME Community and Voluntary groups

#### Full-time employees

Of the 74 organisations responding to the survey, 45 (61%) had no full-time staff. Of the 29 organisations (39%) reporting they employed full-time staff, only one organisation employed more than 7 staff. The majority of organisations who employed staff, 20 organisations (28%), employed no more than 2 full-time members of staff.

Table 7: Number of Full Time employees within BME organisations

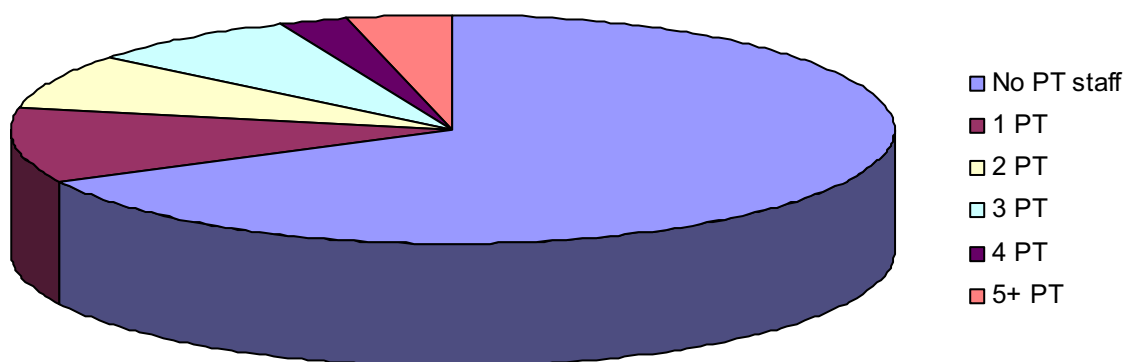


#### Part-time employees

Table 8 shows that 70% of the respondents to our survey did not employ any part-time members of staff. Only 30% (22 groups) of respondents employed part-time members of staff. Of the 22 organisations that said they employed part-time staff only 8 (11%) employed more than 2 part-time members of staff.

Table 8: Part Time employees within BME community groups

**Number of Part Time staff members**

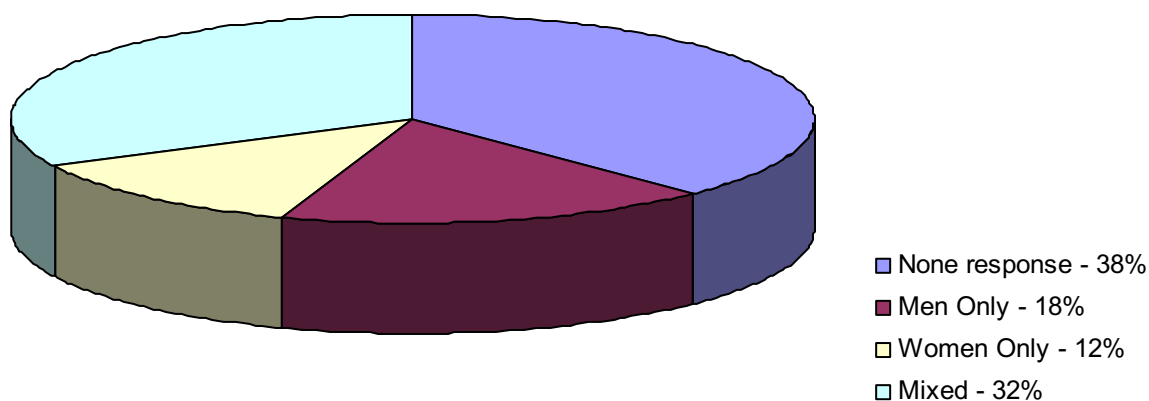


### Volunteers

61 of the 74 (82%) BME groups in our survey rely on volunteers in some capacity to run their organisations. The actual number of volunteers involved with each organisation varies considerably with some organisations having a handful of core volunteers and others having over 20 volunteers who regularly help out in some capacity. Data showing a lack of paid employees for the majority of BME groups in the region would suggest volunteers play a significant part in the vibrancy of the sector.

Table 9: Gender balance of BME groups management committee's

**Gender balance of management committee's**



There was a slightly disappointing response to this question with 38% of respondents not replying. This may be because groups felt that they had to

make an exact division of the members of their management committee, which may have proven difficult as some organisations have large and rapidly changing management committees. However, Table 9 shows that of the groups that did respond, 32% of groups had a mix of male and female members of their management committee, 18% of BME groups had male only management committees and 12% of groups had female only management committees. (Some of the BME groups may be female or religious based so this may account for the division of their management committee).

#### Refugee led organisations

Nineteen organisations which is 26% of the respondents, stated that their group was refugee led, 72% of organisations (53 groups) said that refugees were not the primary focus of their organisation and 2% of respondents did not reply to this question.

Table 10: Accommodation status of the group

### Accommodation status of groups

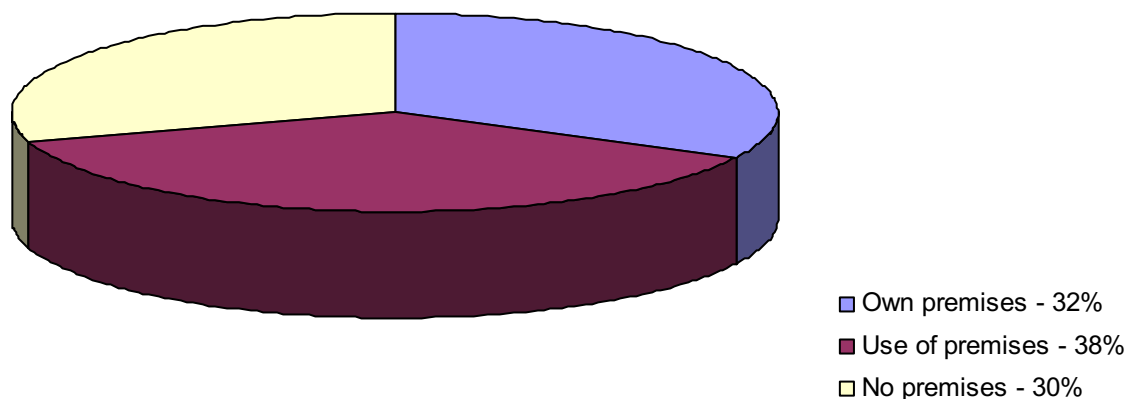


Table 10 shows that most BME groups in the region either share premises or have the occasional use of a building (38%). Only 32% of BME groups in the region have their own dedicated premises and 30% of the BME groups in the region currently either have no premises or no one fixed place where they meet. Both the Northern Rock (2003) report and the BECON (2004) report indicate that reliable and fixed premises are a pressing need for many BME groups. The Northern Rock Foundation (2003:7) report illustrates the problem for BME groups stating,

*"Lack of premises is perhaps the most pressing need for most BME groups...however, the difficulty that they face is accessing capital and structural funds to enable them to acquire and maintain premises...with the result that the sector is mostly dependant on short-lived project funding for survival".*

#### Access for people with disabilities

Forty nine per cent of the respondents to the survey (36 groups) said the premises they owned or used had access for people with disabilities, 39% of respondents (29 groups) said that at present they did not have facilities for people with disabilities. Disability access is obviously an area that support agencies need to focus upon so that all members of the BME community can access the groups, which they wish to participate in. (12% of respondents did not reply to this question).

#### Equal opportunities policy

The vast majority of respondents, 69% (51 groups) currently have an operational equal opportunities policy within their organisation, 22% of the respondents said they did not currently have an equal opportunities policy within their organisation and 9% of the respondents did not answer this question.

## Constitution

Eighty one per cent of the respondents to the survey said that their organisation had a formal constitution. 11% of groups did not currently have a formal constitution and a further 10% of groups did not respond to this question. The majority of groups, whether recently formed, or otherwise, with or without funding, have sought to achieve both constituted status and an equal opportunities policy and engage on equal terms within the mainstream of the voluntary and community sector.

## Awareness of the BME Code of Practice/Compact

The government set out to change its relatively poor level of engagement with the BME voluntary and community sector groups. A central part of this strategy was the introduction of the Code of Practice between government and the BME community and voluntary sectors groups.

The Code of Practice states that government departments should aim to develop an equality protocol for the involvement of BME voluntary and community groups in the policy process. As we can see in the next section our results and findings from other regions in the UK question whether the Code of Practice has had a significant level of impact.

Only 30% (22 respondents) were aware of the national BME code of practice with the vast majority 70% (52 respondents) not being aware of the national BME Code of Practice. The results from the North East concur with the East Midlands BME mapping survey (Voices East Midland, 2002) where 75% of BME groups were unaware of the BME Code of Practice/Compact. Therefore, we can see that the BME Code of Practice does not seem to be reaching BME groups at the grass roots level nationally.

Of the 22 groups who are aware of the Code of Practice, 1 group described itself as having a lot of involvement in the code of practice, 11 groups said they had some involvement and 10 groups had no experience of the Code of Practice. Therefore, we can see that the vast majority of BME groups in the North East appear to have minimal knowledge and engagement with the national Code of Practice between government and the BME voluntary and community sector.



### 3.3 Funding of BME groups

The groups in our survey received funding from a wide variety of different sources. Funding streams for individual groups were often made up of a combination of different funding sources. Therefore, in the survey we asked the BME groups to list all their significant funders.

Table 11: Funders of BME groups in the North East

Funder	Number of groups that receive funding	Percentage of overall response (%) (n=74)
Local Authority	36	49
Community Foundation	32	43
Community Fund	24	32
Donations/Sponsorship	22	30
Children's Fund	12	16
Single Regeneration Budget	12	16
Community Empowerment Fund	11	15
Self funded	10	14
Other Charitable Source	9	12
Arts source	8	11
European funding	4	5
Heritage funding	3	4
Sport England	1	1

Table 11 shows that currently the most significant funder of BME groups in the North East are the relevant Local Authorities. Almost half (49%) of respondents received some funding from Local Authorities. Other significant funders include the Community Foundation which funds 43% of groups, the Community Fund (now the Big Lottery) supports 32% of groups and individual donations and sponsorship was listed as a significant funding stream by 30% of the BME groups in our survey.

Exact figures were not available for all funders however the Community Fund (formerly the National Lottery Charities Board) states that it pledges to provide grants totalling £650,000 to the Black and Minority Voluntary Sector in the North East between March 2002 and end of March 2003 (BECON Newsletter, January 2003).

The impending end to Single Regeneration Budget (SRB) is seen as a major problem for the Voluntary and Community Sector (VCS). BME groups may not be as badly affected as other groups within the VCS, as historically BME groups have not received large amounts of SRB funding.

The Urban Forum (2003:15) report states, "*Many of the Regional Voluntary Sector Networks that focus on the development of the black and minority ethnic (BME) voluntary and community sector believe that BME communities in particular did not benefit from SRB*".

The report goes on to cite research by the University of Birmingham and University of Central England (2001) which supports this view stating, "*The SRB Challenge Fund process has not been conducive to the involvement of ethnic minority groups or geared to providing support for bids generated by partnerships led by such groups*".

In amalgamating many small streams of funding, the SRB may have penalised groups from the BME community; as McLeod et al (2001:4) state,

*".... Home Office funds formerly earmarked specifically for assisting minority communities were thrown into the "pot" without there being a requirement that they continue to benefit these communities"*

Our results appear to support this analysis as only 16% of the organisations in our survey received any level of SRB funding.

However, a combination of factors linked to the ending of SRB funding may pose a significant challenge to BME groups. A recent report published by the Community Fund in the region suggested that grant aid could be slashed for the whole of the Voluntary and Community Sector in the region (from £64 million to £10 million by 2006). This funding reduction is partly due to the phasing out of SRB funding combined with a drop in funding for voluntary sector training schemes from the EU and the ending of the European Objective 2 programme in the North East (Regeneration & Renewal, 6 Aug 2004). A significant drop in funding and the related added competition for remaining funding has the potentially to have a grave impact upon the survival of BME groups in the region

A new initiative recently launched in the North East may offer a solution (if it is made a priority by policy makers) to the problem of gaining adequate funding for BME groups. The INVEST 2006 campaign is calling for:

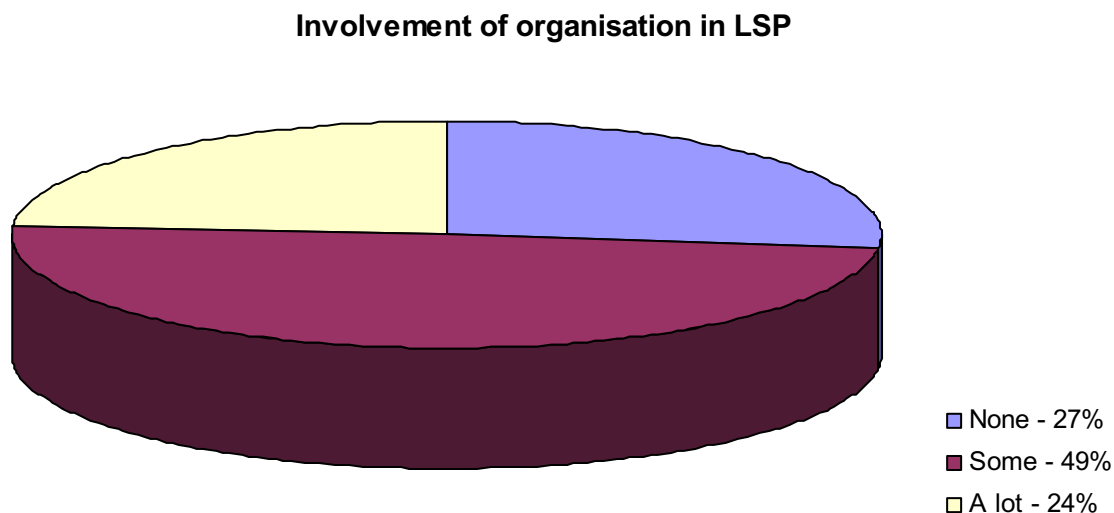
- A recognition from all parts of government and the RDA of the essential role of the voluntary and community groups to the social and economic regeneration and well being of the North East.
- A commitment from government, ONE and other key funders for adequate, long term funding to sustain the work of voluntary and community groups in disadvantage communities.

The success or failure of the INVEST 2006 initiative is likely to have a significant impact on the sustainability of the whole voluntary and community sector. A successful INVEST 2006 offers the opportunity to reverse the trend of marginalisation, which BME groups currently face. It would be unfortunate if the marginalisation experienced by BME groups under SRB funding was to be replicated in INVEST 2006

For further details of the INVEST 2006 initiative see: [www.invest2006.org.uk](http://www.invest2006.org.uk)

### 3.4 Involvement of BME groups in Partnership working

Table 12: Involvement of BME groups in the North East in Local Strategic Partnerships



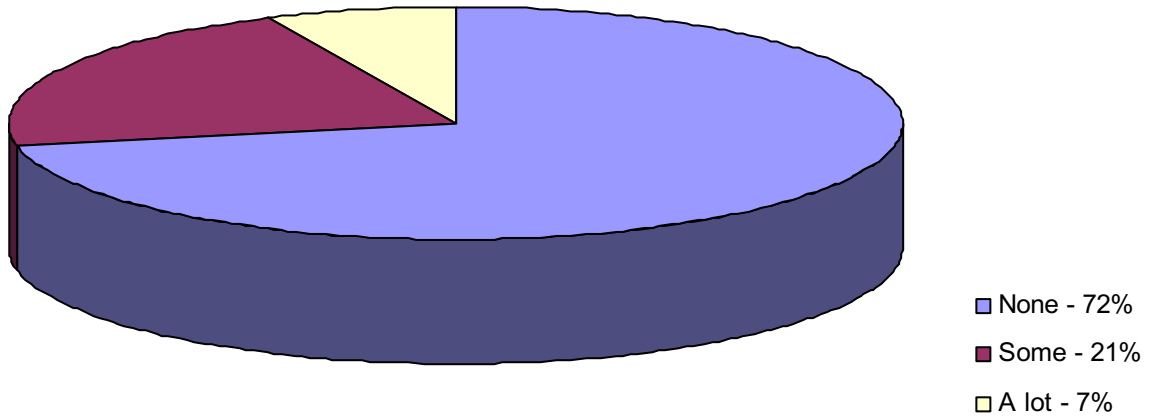
Local Strategic Partnerships (LSPs) are local authority-wide, non-statutory partnerships that include representatives from the community, private and public agencies. Much of their detailed work is undertaken by thematic partnerships (e.g. the Crime and Disorder Reduction Partnership). LSPs are charged with developing Community and Local Neighbourhood Renewal Strategies (LNRS). (Renewal. Net, LSP Toolkit)

The guidelines issued by the government on accreditation of LSPs state that it is essential that LSPs demonstrate clear mechanisms for ongoing consultation and including black and minority ethnic communities in planning and decision making on funding and any other functions.

Table 12 shows that the engagement of BME groups with Local Strategic Partnerships is progressing reasonably well at the moment. In total, 73% of groups have some level of engagement with the LSP although only 24% of groups would described themselves as having “a lot” of engagement with the LSP. However, our results may only indicate the BME groups who are the most likely to press for opportunities of civil engagement have responded to this survey. There remains room for improvement in relationships between BME groups and the various LSP’s in the region.

Table 13: Involvement of BME groups in the North East in Sub-regional partnerships

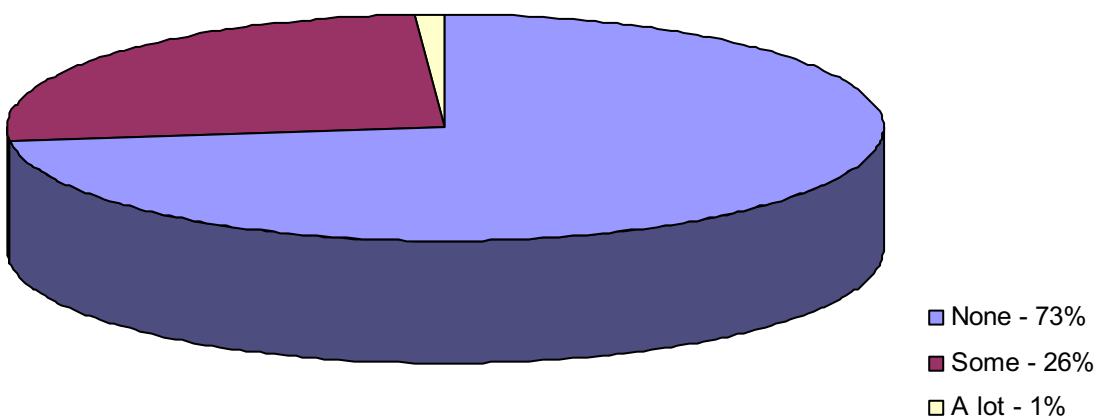
### Involvement of group in Sub-regional partnerships



There are four sub-regional partnerships in the North East (Tyne & Wear, Tees Valley, Northumberland and Durham). Each of the sub-regional partnerships links into the policy agenda driven by One North East's Regional Economic Strategy (RES). The RES (One North East, 1999:21) states that, "Social and economic inclusion and equality of opportunity are paramount to the success of the North East". However, Table 13 illustrates that BME groups appear to have very little input into sub-regional partnerships as 72% of the respondents to the survey said they have had no input into sub-regional partnerships. In total, only a fifth of the BME respondents said they had some level of engagement with the sub-regional partnership.

Table 14: Involvement of BME groups in the North East in Business partnerships

### Involvement of group in Business Partnerships



BME groups appear to have limited input into Business partnerships (Table 14) almost three quarters (73%) of the respondents to our survey stated that they had no input into Business partnerships, 26% of respondents did have some level of input into Business partnerships but only 1% of respondents felt they had a significant amount of influence within regional Business partnerships.

Table 15: Involvement of BME groups in regional Health partnerships

### Involvement of group in Health partnerships

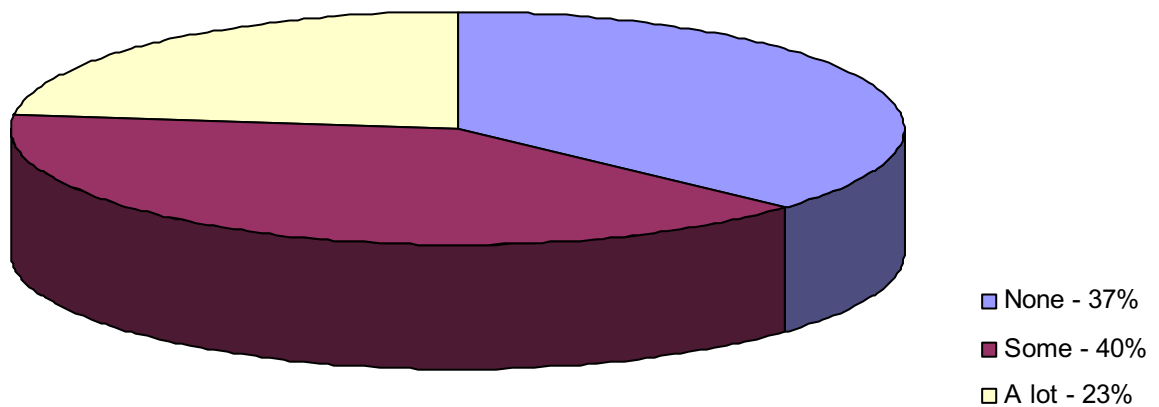


Table 15 illustrates that BME engagement in Health partnerships is strong with 63% of BME groups having some form of input into regional Health partnerships. However, only 23% of the respondents described themselves as having “a lot” of input into Health partnerships and 37% of the respondents felt they had no input into Health partnerships.

Table 16: Involvement of BME groups in Early Years Childcare Partnerships

### Involvement of groups in Early Years Childcare Partnerships

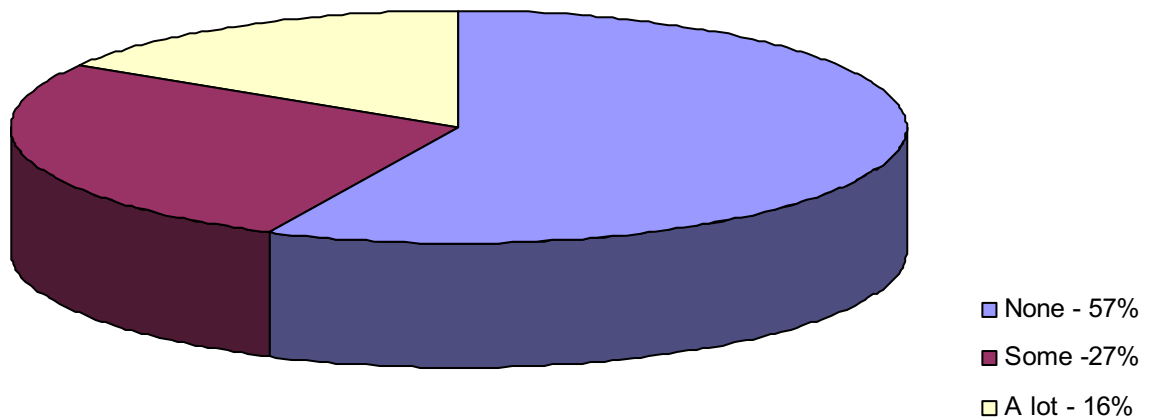


Table 16 shows that 53% of BME community groups had a level of input into Early Years Childcare partnerships, 16% of respondents felt they had a significant level of input and 57% of respondents had no involvement in Early Years Childcare partnerships.

Table 17: Involvement of BME groups in the North East in Sports partnerships

### Involvement of group in Sports partnerships

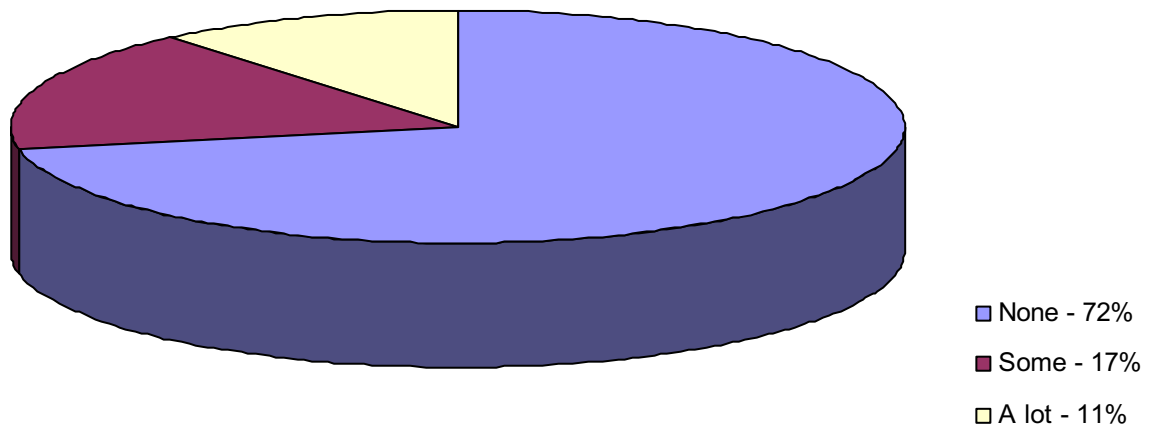


Table 17 illustrates that BME groups have very little input into Sports partnerships in the region, 72% of BME groups that responded to the survey stated that they had no input into Sports partnerships. Only 28% of the groups said they were involved in Sports partnerships, with 11% of respondents saying they had a “lot of” input.

From our results we can conclude that BME groups have a very patchy level of involvement and representation in partnership working, with major improvements needed in engagement with Sub-regional partnerships, Business partnerships and Sports partnerships. Further research needs to be commissioned in order to identify why BME groups are not being engaged in all areas of partnership working. It may be that some partnerships are more accessible or more rewarding for BME groups.

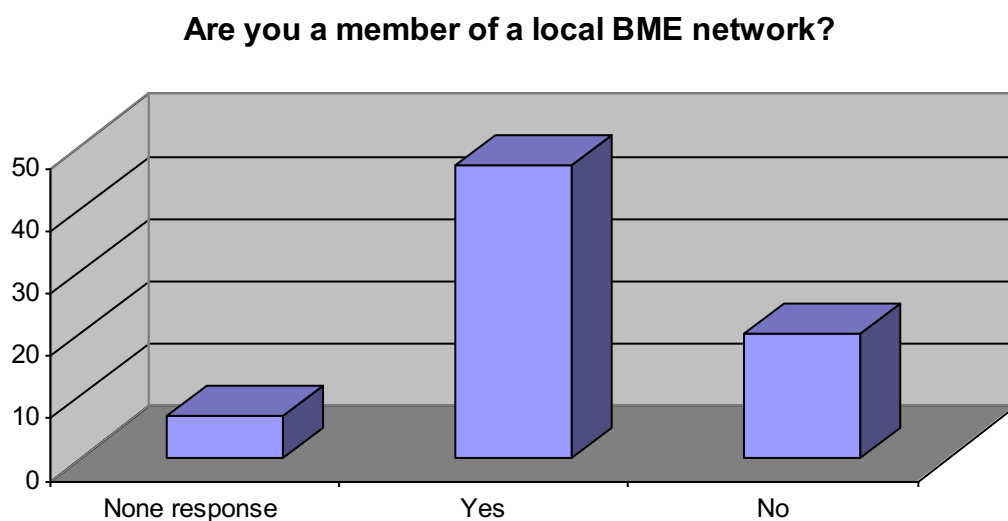
BECON is attempting to facilitate BME voluntary and community sector engagement in all areas of policy making and decision making. BECON’s Community Participation Course, regional BME representatives meeting and recent Sports Forums are valuable first steps in the engagement process but this needs to be matched by the willingness of all partnerships to seek greater engagement with all communities in our society.

The BME representatives present at recent BECON meetings have highlighted the following key barriers to greater BME community and voluntary sector engagement in partnership working:

- Too many issues caused by a proliferation of partnerships
- A lack of feedback from partnerships about policy and progress
- A lack of confidence in the BME community that partnerships will address issues and create lasting change
- The language of regeneration – too much use of jargon
- The environment in which partnership meetings are often conducted is not conducive to inclusive meetings (especially for community and women’s groups)
- Issues of racism and exclusion
- Poverty and a lack of resources to attend meetings
- A lack of training for BME representatives and community members
- Partnerships are becoming increasingly time consuming
- A general lack of funding for BME groups/communities to get together and debate issues – providing feedback about the activities of partnerships

This list is not exhaustive and merely provides a sample of the concerns that have recently been expressed by BME community representatives

Table 18: Involvement of groups in local BME networks



The North East has two local BME networks in Middlesbrough and Sunderland and various emerging networks in other parts of the region (e.g. Bangladeshi Workers group in Newcastle). Both the established local BME networks were well represented in the survey. Table 18 illustrates that 64 % of respondents (47 groups) were members of a local BME network, 27% said they were not currently members of a local BME network and 9% of respondents did not answer this question.

Table 19: Involvement of BME groups in local community networks.

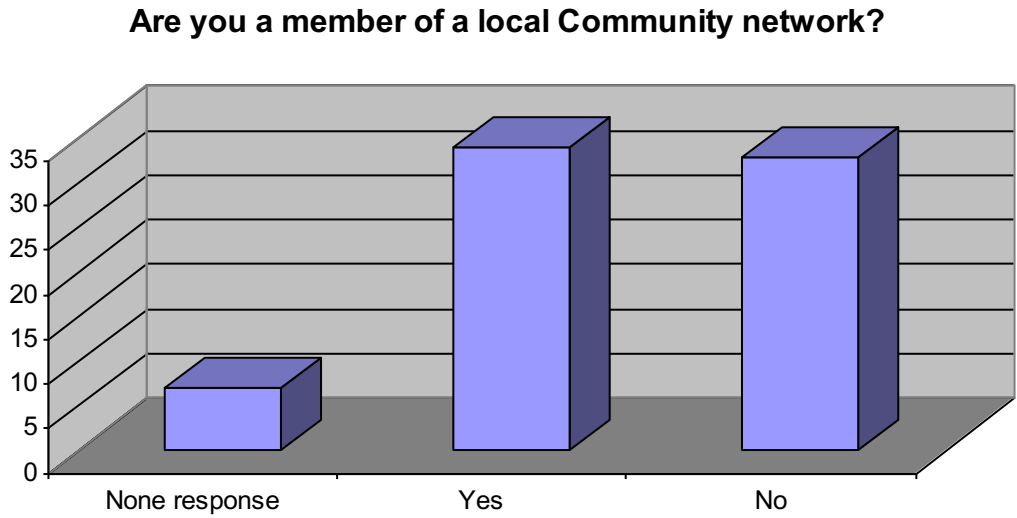


Table 19 illustrates that 34 BME organisations (46%) were members of Local Community networks, 33 BME organisations (45%) stated that they were not members of a Local Community Network, and 9% of respondents did not reply to this question. Local Community Networks have a responsibility to engage BME communities. This low level of involvement in Community Networks (the communities access point to LSPs) is surprising in the light of the government guidance.



## 4. Training needs within the BME sector and future roles for BECON

### 4.1 Training needs within the BME sector

The qualitative final section of the report contained a question, which asked the groups what training needs they had. Table 20 illustrates their responses.

Understandably, most groups seem to be very keen to access training which would enable them to access funding and develop the management of their organisation. Sport's coaching was also an area, very much in demand by BME community groups, an enthusiasm perhaps generated by BECON's Physical Activities Managers. The responses also suggested a significant demand for ICT training, and training which would help groups empower individual members. There were also some quite novel and interesting suggestions for training programmes which could be facilitated by BECON including, "*Workshops on sharing experiences across cultures*".

Table 20: Training needs for BME groups

Type of training	Number of groups
Fundraising	17
Management Committee	15
Sports Coaching	10
Individual Empowerment	7
IT	7
Youth Training	5
Induction for new members	4
Language skills	3
Networking	2
PR & Promotional skills	2
Housing Issues	1
Sewing	1
Sharing experiences	1

### Training Budgets

Results from our survey show that 38% of the BME organisations that responded had some form of training budget but the majority (58%) of BME organisations do not currently have a dedicated training budget.

The type of training requirements and the level of resources needed to fund these training places suggest that a partnership approach involving the local LSC's, Development Agencies and the local training providers in the voluntary sector needs to be adopted to satisfy this obvious desire to upgrade skills. Previous BECON (2003) research, *If You Put A Track For A Train Then It Can Go*, suggests that capacity building training should be customised and that there should be training needs assessments conducted within individual groups. This

level of training and development will obviously require significant funding and political will.

#### **4.2 What can BECON do to facilitate growth in the BME voluntary and community sector?**

At the end of the questionnaire a section was provided to ask the organisations what BECON could do to facilitate their growth? A wide variety of issues were highlighted. Examples include:

*“Signposting to funding agencies”*

*“Informing us about events and training”*

*“If BECON can find some funding for us to fight against drugs”*

*“Would like to work alongside BECON to promote our organisation”*

*“Encourage more people to attend our events”*

*“Consider the lack of sports provision for BME groups and put our voice forward”*

*“Promote our activities throughout the network”*

*“Coaching for people in Sport and Music”*

*“Funding application training”*

*“Any training courses that can be provided for free”*

*“Computer training for our members”*

Some of the groups utilised this section to praise BECON and suggested that BECON was doing an extremely good job and what they wanted is simply more of the same help and support,

*“(Our centre) is currently going through a testing time, BECON is helping us with developments”*

*“BECON currently helps a lot in improving our organisational delivery”*

*“Keep doing what they are doing”*

One group even stated that, *“We are a new group and need everything”*.

## 5. Conclusion

The BME sector is vibrant in the North East but relies heavily on the good will of volunteers. A lack of funding for paid staff and premises are serious concerns for the continued vibrancy of the BME voluntary and community sector in the North East (SEU, 1998; Urban Forum, 2003; Voices East Midlands, 2002). Funding is a major issue for the whole voluntary and community sector; most groups within the sector are facing financial hardship and growing demands on their stretched resources. However, this problem of a lack of resources and rapidly growing demand seems to be especially pronounced amongst the BME voluntary and community sector. Chouhan and Lusane (2004) state,

“...Funding and resources to Black Voluntary and Community Sector have always been perceived by those in the sector as being at the mercy of political whim and circumstances”.

BME groups currently receive funding from a relatively limited number of funders. The pressure on these limited funding streams will be intensified as SRB funding is phased out, with more groups competing for a shrinking pot of money. Policymakers must ensure that BME groups are not squeezed out in this competitive battle for funding.

It is important to keep the health of the BME voluntary and community sector under annual review, so that if and when problems become apparent, early policy intervention can be organised. The BME community and voluntary sector provides a vital role in reaching and assisting some of the most deprived areas of our communities. It is no exaggeration to say that without the BME community and voluntary sector these communities would become even more isolated and excluded from our society. As Chouhan and Lusane (2004:4) state,

“Black Voluntary and Community sector organisations can reach excluded parts of society, which other organisations are less able to do”.

Equally, policy makers must bear in mind the complexity of BME groups as demonstrated by this research. This high level of diversity is recognised in the ODPM (2004:3) report, which states,

“There is of course no homogenous “ethnic minority” .....partnerships will need to identify the differing needs of the men, women and children who make up Black and minority ethnic communities”.

BECON is attempting to facilitate BME voluntary and community sector engagement in all areas of policy making and decision making (including partnership working). However, this attempt to represent the different BME communities in the region at a policy level is being hampered by a lack of funding and a legacy of historical barriers of exclusion that the BME sector has faced.

The Lawrence Enquiry (1999) found that many institutions historically can be described as “unwittingly racist”. The Lawrence Enquiry defined “institutional racism” as follows,

*“The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people”.*

The BME voluntary and community sector is a diverse and vibrant sector, which undoubtedly makes a significant contribution to civil renewal and has the potential to contribute more fully to service delivery. However, in order to maintain current levels of success and to realise its potential the sector requires recognition, opportunity and resources.

## 6. Bibliography:

BECON (2003) *If you Put a Track For a Train it Can Go*, produced in collaboration with the Our Part Project and Wansbeck CVS: Newcastle

BECON (2004) *"We are Here! Going Where!" - Community Development needs of Black and Minority Ethnic Community/Voluntary organisations in Sunderland*, Newcastle: BECON

Chouhan, K and Lusane, C (2004) *Black Voluntary and Community Sector funding: Its impact on civic engagement and capacity building*, York: Joseph Rowntree Foundation

Fitzgerald, I and Stirling, J (2004) *Black Minority Ethnic Groups View of Trade Unions*, Newcastle: Work and Employment Research Centre, Northumbria University

Government Office North East (2003) *Ethnicity in the North East*, Newcastle: GONE

Home Office (2000) *Compact - Getting it right Together: Black and minority ethnic voluntary and community organisations: a code of good practice*, London: HMSO

McLeod, M., Owen, D., Khamis, C., (2001) *Black and Minority Ethnic Voluntary and Community Organisations: Their role and future development in England and Wales*, London: Policy Studies Institute (for JRF)

Northern Rock Foundation (2003) *Scoping Study of the Black and Ethnic minority voluntary sector in the North East and Cumbria*, Newcastle

Office of the Deputy Prime Minister (2004) *Ethnicity Monitoring: Involvement, Guidance for Partnerships on Monitoring Involvement*, Wetherby: ODPM

One North East (1999) *Regional Economic Strategy for the North East: Unlocking Our Potential*, Newcastle

Research Training Initiatives (1991) *The Black/Minority Voluntary Sector in Newcastle upon Tyne*, Commissioned by Newcastle CVS

Social Exclusion Unit (1998) *Bringing Britain Together - a national strategy for neighbourhood renewal*, London: SEU

Social Exclusion Unit (2000) *Minority Ethnic Issues in Social Exclusion and Neighbourhood Renewal*, London: SEU

Stephen Lawrence Inquiry (1999) *Report of an Inquiry by Sir William Macpherson of Cluny*, London: The Stationery Office, CM 4262-1

TUC (2002) *Tackling the Barriers to Skills and Learning*, London: TUC

Urban Forum (2003) *Out of SRB Into the Pot: What are the implications for the voluntary and community sectors*, London: Urban Forum

Voice East Midlands (2002) *Mapping the Black & Minority Ethnic Voluntary and Community Sector in the East Midlands*, Nottingham

WEA (2001) *Research on the needs of Minority Ethnic Communities in Hartlepool*, Commissioned by Hartlepool New Deal for Communities (NDC)

## 8. Appendices:

\*\*\*\*Questionnaire to be added\*\*\*\*