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BLACK & MINORITY ETHNIC INFRASTRUCTURE RESEARCH

A STUDY OF THE INFRASTRUCTURE OF BME GROUPS IN BEDFORDSHIRE 2006



REPORT

This research was conducted by Bedford Race Equality Council as part of the
Bedfordshire and Luton County Consortium

Change Up report

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1. Introduction

Bedford Race Equality Council undertook this research as part of the Bedfordshire and Luton Voluntary and Community Sector Infrastructure Consortium. The Consortium was funded by the Home Office Change Up programme, a programme of development that started with the Cross Cutting Review 2002 undertaken by HM Treasury, to undertake a research and mapping exercise into the voluntary and community support sector in Bedfordshire and Luton. A list of consortium members can be found at Appendix 1.

Bedford has the third highest percentage (11.9%) of BME groups within the Eastern region. Bedford REC is the only infrastructure support organisation which targets its resources on the BME communities. BREC has expertise on BME issues and, importantly has a good relationship with, and shares the trust of, many of the BME groups within the county. It was therefore felt that BREC was best placed to carry out the mapping and needs analysis of the BME community and voluntary sector organisations on behalf of the rest of the Consortium.

Objectives

The aim of the research was to gather qualitative and quantitative data in order to:

- map those groups supporting BME communities, and ensure that up to date information about these groups was held in the most appropriate place, i.e. with an organisation with a remit to support BME communities
- identify the needs of BME Community and Voluntary groups in Bedfordshire in terms of support from the Voluntary Sector Infrastructure Agencies
- ascertain levels of awareness and understanding of, and participation in, various local initiatives and partnerships
- Identify possible barriers to future growth, such as underdevelopment of skills, training, funding etc.
- identify areas for building the capacity of Voluntary Sector Infrastructure Agencies to meet the needs of BME communities through support of voluntary and community organisations

- make recommendations for the sustainable development of capacity within Voluntary Sector Infrastructure Agencies

Scope

For the purposes of this research the following definition of the voluntary sector was used;

Community and voluntary organisations are independent, not for private profit, mainly charitable groups, run by boards or committees of volunteer trustees. They provide services to a wide range of communities of need, place and interest. They are 'value based' organisations, for which the principle of how a service is provided is as important as the kind of work undertaken. People who work as staff and volunteers in community and voluntary groups are committed to working together for a better society. (Clear Vision: Clear Thinking – strategies for the voluntary sector in the East of England, COVER, Sept 2005, p10)

Also, for the purpose of this research, the term BME is used to mean not just visible (i.e. non-white) minorities but also to include white ethnic groups such as Travellers, Irish, and Italian.

'Black and minority ethnic organisations' are defined as organisations primarily led by and servicing people from black and minority ethnic communities, but it was found that some of these organisations are increasingly providing services to white communities.

The intention was to carry out face-to-face interviews with a similar number of groups in each of North, Mid and South Bedfordshire. However, the statutory authorities and infrastructure organisations working in the mid and south of the County had little information about groups with a specific BME focus working in these areas. After extensive enquiries it became apparent that this lack of information is because there are few BME community groups based in Mid and South Bedfordshire. The population of mid Beds in particular is predominantly rural and does not have a 'visible' BME community as can be found in for example Bedford or Luton. The BME population in mid and south Beds tends to join existing groups in the nearest major population centres, or to be involved in non - BME community groups. The experience of people from BME backgrounds in mid and south Bedfordshire was summed up by one organisation as one of

'isolation or integration'

In order to gauge the level of service provided to BME communities in the south of the county therefore, we surveyed a number of groups based in Luton but with a remit to provide services to those living elsewhere in Bedfordshire.

Despite having the third highest BME population on the region, Bedford does not have a distinct BME group. There are many different ethnic groups within

the Borough and over 70 languages are spoken. As a result, services provided need to give equal access, and take into account the diverse needs of all these groups. A wide spread of groups were contacted for the purpose of this research to ensure that this diversity of views and needs was recognised. A full list of the organisations contacted is at Appendix 2.

Method

Contact was made with Statutory and Voluntary Sector Infrastructure Agencies to identify known BME groups within Bedfordshire, and to gauge how these organisations currently engage with the BME community. A list of the Agencies contacted is at Appendix 3

Response rates to surveys tend to be around 10 – 20%, and given the relatively small number of BME groups in Bedfordshire it was decided to adopt an intensive approach to data collection in order to achieve a higher overall response rate. Using the database as a starting point, therefore, individual contact was made with the groups wherever possible. This process in itself was time-consuming and in some cases it proved impossible to make telephone contact with the groups. In many cases, those listed as contact for the group were in full-time employment and could only be reached on their home telephone numbers in the evening. Where successful contact was made, one-to-one interviews were set up with the Chair or spokesperson of the group. Where possible, interviews were carried out at the group's premises, giving the questioner an opportunity to see the work of the group and talk to volunteers and beneficiaries. On average, each interview took around 2 hours. The visits were well-received by the groups and many expressed their pleasure at being consulted about something which might impact on their ability to deliver their services

'I hope this questionnaire will be successful in giving us relevant support and training to improve our services'

In some case, our visit was the first contact the group had had with an infrastructure support organisation, and some of these groups requested a return visit to discuss and give advice on specific issues. The inability of BREC to provide this level of service at present highlights the need for more resources to be allocated to support and capacity building of BME groups.

Where it was not possible to conduct face-to-face interviews, a questionnaire was posted out. A copy of this questionnaire is at Appendix 4.

Just under 50 face to face interviews were carried out between February and June 2006. The interviews were semi-structured, around the questionnaire at Appendix 4, but allowed representatives of the groups a lot more opportunity to express views about the type of support they would wish to see from Voluntary sector Infrastructure Agencies.

In addition, questionnaires were sent out to a further 55 groups, 9 of which (16%) were returned, giving an overall return rate of over 50% for the research.

2.1 Census Information

The County of Bedfordshire is located in the west of the Eastern region and is made up three District Council areas: Bedford, South Bedfordshire and Mid Bedfordshire

The population of Bedfordshire is culturally and socially diverse with most people living in the main urban areas of Bedford, Dunstable, Leighton Buzzard, and Biggleswade.

The table below shows the population of Bedfordshire by Ethnicity.

	Bedford	Mid Beds	South Beds	Bedfordshire
All People	147911	121024	112637	381572
No of people in Ethnic Groups				
White British	119467	114526	105134	339127
White Irish	2085	1154	1915	5154
Other White	7107	2445	2142	11694
White and Black Caribbean	1445	337	418	2200
White and Black African	191	107	106	404
White and Asian	749	318	328	1395
Other Mixed	525	265	255	1045
Indian	6335	630	844	7809
Pakistani	2352	94	94	2540
Bangladeshi	2023	45	24	2092
Other Asian	740	121	192	1053
Black Caribbean	2773	220	449	3442
Black African	736	161	215	1112
Other Black	341	32	58	431
Chinese	616	334	302	1252
Other Ethnic Group	426	235	161	822

Source 2001 Census

Bedfordshire is the third smallest county in England and is the smallest county in the Eastern region. It is mainly rural in character with the County town of Bedford and several other market towns providing most employment and services.

Just over 11% of Bedfordshire's population is from Black and Minority Ethnic (BME) communities. The figures above illustrate that around 67% of Bedfordshire's Ethnic population live in Bedford with 15% living in Mid Bedfordshire and 17% living in South Bedfordshire.

Over 20% of Bedford's population are from BME communities with other white groups and Indians being present in the highest proportions. Most of the other

groups have similar representation to the rest of the Eastern region with slight over-representation of the Asian group and Black Caribbean's. Many of the Asian community live in the ward of Queens Park which has about a 48% population from BME communities. Other areas with a significant BME population are Kingsbrook and Cauldwell wards and the Town Centre wards.

Mid Bedfordshire is a large rural area of over 121,000 people. This area has the lowest BME population in the county representing only 2.4% of overall population of Bedfordshire. The figures are fluid as Mid Bedfordshire has the largest Travellers community in the county (see 2.2). Within the BME community of Mid Bedfordshire the highest populations are White Irish, Other White and the Mixed communities. There are very few Bangladeshi and Pakistani individuals living in this area. The BME population in Mid Bedfordshire tends to be quite dispersed and we know people from those communities tend to join community groups in the Bedford or Luton.

The population of South Bedfordshire is over 112,000. The BME population in South Bedfordshire stands at 3.06% of the overall population of Bedfordshire. South Bedfordshire borders Luton where nearly a third of the town's population comes from a BME background. People from South Bedfordshire tend to join community groups in Luton

Religion

The importance of the contribution of faith groups to local communities should be noted as faith is often a stimulator for community activity. The table below shows the religious status of the population of Bedfordshire

	Bedford	Mid Beds	South Beds	Bedfordshire
All People	147911	121024	112637	381572

No of people stating religion as:

Christian	101720	91056	83911	6687
Buddhist	355	181	135	671
Hindu	2567	304	600	3471
Jewish	180	181	235	596
Muslim	4803	310	365	5478
Sikh	2740	247	185	3172
Other Religions	432	230	218	880
No Religion	22105	20307	19279	61691
Religion not stated	13009	8208	7709	28926

Source 2001 Census

Refugees and Asylum seekers

It is extremely difficult to obtain up to date figures on refugees and asylum seekers as different service providers provide different figures. In addition there is no well-known and dependable method of estimating refugees and asylum seeker numbers in the United Kingdom. Asylum seekers can be allocated accommodation but there is no guarantee they will remain there. Current estimates are that there are 74 different languages spoken in Bedfordshire schools. A list of these languages is at Appendix 20.

2.2 Demographic Statistics – Gypsy and Traveller groups

(Information taken from ODPM web site)

There is no comprehensive source of information about the number or characteristics of Gypsies/Travellers in England:

- The 2001 and earlier Censuses have not included Gypsies/Travellers as separate ethnic group(s). Gypsy caravans are enumerated, insofar as they are identified and included at all, in the larger category of 'household space which is a caravan or other mobile or temporary structure' (which made up 0.42% of all household spaces in 2001).
- Few local authority or other ethnic record keeping systems identify Gypsies and/or Travellers as a specific group (Niner 2002). There are some exceptions - for example, Supporting People client records identify 'Travellers' as one of the specified client groups for monitoring purposes ('Traveller' was the primary client group for 0.3% of the validated client records for clients starting to receive SP services during April 2003 - figures from the internet updated 4/6/03). 'Traveller' is defined for SP monitoring purposes as a person of a nomadic habit of life or a person who travels or wanders for the purpose of making or seeking their livelihood.
- Even statistics from the Traveller Education Service, which might be expected to give an accurate figure for school-age children, appear to produce widely varying estimates (Bhopal et al 2000).

Definitions are an obvious obstacle to collecting comprehensive information about Gypsies/Travellers. Ethnic, lifestyle and self-ascription approaches would produce different figures. Some Gypsies/Travellers, in some contexts, might be unwilling to acknowledge their origins. A consequence of all this is the frequent 'invisibility' of Gypsies and Travellers in service planning, delivery and monitoring (Morris 2000).

In the absence of Census information, the six-monthly gypsy caravan/family count is almost the only source of information about Gypsies/Travellers which gives any idea of numbers and distribution of the Travelling communities. The count for Bedfordshire and Luton below shows that in the area as a whole there has been an increase in the number of caravans over the last two years, and most of this increase has been on unauthorised sites. The figures do show an annual drop during the summer months for all areas. Taking each area specifically the number of caravans in the borough of Bedford has decreased significantly over the last five counts, whilst most of the increase in numbers has been in South Bedfordshire. Numbers in Mid Bedfordshire and Luton have remained fairly stable.

The four authorised sites in the County are situated at Kempston Hardwick, Potton, Bray and Caddington.

**Gypsy caravans in Bedfordshire
Statistics from ODPM 6 monthly return**

	Date	Total	Unauthorised Sites	Socially rented authorised sites	Private Authorised Sites
Bedfordshire	Jul-05	291	131	88	72
	Jan-05	389	224	78	87
	Jul-04	201	71	52	78
	Jan-04	259	84	92	83
	Jul-03	217	76	72	69
Bedford	Jul-05	29	2	27	0
	Jan-05	26	0	26	0
	Jul-04	0	0	0	0
	Jan-04	97	32	20	45
	Jul-03	109	57	21	31
Mid Bedfordshire	Jul-05	87	38	20	29
	Jan-05	99	34	20	45
	Jul-04	90	43	20	27
	Jan-04	97	32	20	45
	Jul-03	109	57	21	31
South Bedfordshire	Jul-05	175	91	41	43
	Jan-05	264	190	32	42
	Jul-04	111	28	32	51
	Jan-04	137	52	47	38
	Jul-03	92	19	35	38
Luton UA	Jul-05	42	16	26	0
	Jan-05	51	25	26	0
	Jul-04	42	12	26	4
	Jan-04	29	7	22	0
	Jul-03	32	6	22	4

3.1 Legal status and Trustee Boards

Of the organisations who completed the questionnaires, 41 % were registered charities, 20% were both registered charities and companies limited by guarantee, with the remaining 39% being community groups or voluntary organisations with no other legal status. Some of the groups wished to register as charities but were hindered in so doing because of lack of time and knowledge of the process to be followed - some of these organisations were run by a single volunteer. These groups saw charity registration as being vital in order to gain recognition from public bodies and funders.

Over 85% of the organisations had a written constitution, but the remainder wanted help in drafting a Constitution. Many of the groups who already had a Constitution would welcome further advice on possible amendments.

66% of the organisations questioned were membership organisations, having between 15 and 400+ members each. A small number of the organisations (6%) had no trustee board or management committee. Some of these groups felt that having a Committee would actually create more work, as time would need to be spent organising meetings, rather than helping to spread the load. Almost 90% of the organisations had a management committee which also had named officers – Chair, treasurer and Secretary. Some also had vice-Chairs and vice-treasurers.

In 68% of the organisations the majority of the Trustees or management committee members were from ethnic minorities. 36% of organisations had boards where the majority of trustees were male compared with 24% where the majority were female. None of the organisations had a majority of trustees under the age of 25, while 32% had a majority of trustees aged between 41 and 64. In some organisations, with no paid staff, the trustees or committee were the only volunteers and were therefore involved in both managing the organisation and delivering the service to the beneficiaries. Such organisations found it difficult to raise funds for example, because they did not have anyone with time to devote to preparing bids. There is little scope for increasing the capacity of these organisations as they currently stand. Without additional support and resources these organisations are seriously hampered in their efforts to expand their services, yet without first receiving support they are unable to access the additional funding they need to expand.

For the small number of organisations with no management committee, help was needed to establish a committee. Many of the organisations with established boards still felt that they would like to know more about the roles and legal responsibilities of trustees, especially if they wanted to expand their organisations, bid for funding and take on paid staff. There were instances of trustees joining boards without fully understanding the extent of their responsibilities for example for debts of the organisation, and then backing out at a later date. Some groups had trustees who were also paid members of staff; a position not recommended by the Charity Commission and not

generally considered good practice. Organisations wanted help to strengthen their trustee boards, undertake skills audits and target recruitment to fill the gaps in the skills base of their boards.

'Our group is young and on a steep learning curve. We would like more help and support – such as someone to act as a liaison person, attend our committee meetings, tell us where we are going wrong and give advice on how we could better structure our meetings. We would also like help to set up a form of accounts that will be acceptable to the Charity Commission and funders. We would also like someone to give an independent valuation of the services we are providing'

Over 80% of the organisations held an AGM and produced an annual report giving details of their activities in the previous year, or, intended so to do where the organisation was still in its first year of operation. Many groups expressed a need for help with marketing and promoting their organisation and would welcome support from the infrastructure bodies to do this.

3.2 Funding

Without exception, all the organisations questioned said that more funding would help them to carry out their work more effectively. Over 90% also said that they would like more information about access to funds.

Most groups saw funding as being the single most important thing to help them grow. 45% of the organisations questioned employed no paid staff. The extent of the organisations activities and its potential for growth was therefore governed by the availability of volunteers. Most organisations felt that paid staff, and the ability to offer a competitive salary and package in order to recruit the right calibre of staff, were important to their future development. Sustainable, long term core funding was seen as the key to achieving this goal. Some of the groups were unaware that funding could be obtained to turn their volunteer organisers into paid project workers.

10% of the organisations questioned received no funding at all. They relied entirely on the good will and financial support of the main organisers of the group – these people often ran the group from their own homes and paid for postage, copying etc from their own pockets. In some instances where groups were run from a volunteer's home, there were significant legal implications, for example around health and safety issues, which needed to be addressed by the organisations. One of the main priorities for these groups was to get into a position from where they could bid for funds to secure alternative premises. This could mean them having to prepare a written constitution and other written policies, or registering as a Charity. A number of groups said they would welcome either peer support from another group who had recently gone through the same process, or from one of the infrastructure agencies.

'It would be good if someone could produce a step by step guide or flow chart to setting up a community group, including tips from those who have already done it.'

Although much of the information which groups would need is available on the internet, many groups do not have internet connections or were not familiar enough with this media to access the relevant information themselves.

A number of the groups surveyed were from communities just beginning to establish themselves in the UK, for example those from some African countries. Getting to grips with the funding structure and application process can be particularly difficult for groups where English is a second language.

'Would like a funding support officer to work with newly established BME groups, where English may not be first language'

These groups among others felt that they would prefer to seek advice from an organisation that had an understanding of the particular needs of the BME community.

'Would prefer to come to BREC for help and support, e.g. on funding issues, than go to CVS'

In total over 50% of the groups questioned had an annual income of less than £10,000. Many of these small groups lacked the expertise to prepare and submit funding applications and would welcome more assistance with this, and also with managing any funding they received. Help required ranged from:

'More information about sources of funding'

to

'Someone who could access funds on behalf of the organisation'

40% of organisations were supported financially by their local authority. In addition, some organisations received 'in kind' support such as rent-free premises or printing and photocopying. However there was a perception among some groups that local authorities and other statutory bodies were getting services for free and could contribute something in return

'Our services are widely used by public authorities but they give us no funding'

25% of the organisations questioned were currently receiving money from the Big Lottery, with a smaller number receiving funding via Awards for All. Many were however put off by the application process and the fact that they had spent a lot of time and effort submitting bids in the past without success.

'Help with funding applications would be much appreciated – we started an application for lottery funding but gave up!'

Groups often felt constrained by the funders' criteria, to the extent that they would adapt their projects to fit the bid requirements rather than the needs of their beneficiary group. Other groups found that they ending up bidding for more projects than they had the capacity to manage in order to get funds to support core activities.

The majority also relied on self-funding (52%) and donations/sponsorship (36%) to bring in vital funds. Self-funding activities included events, outings, coffee mornings, membership charges and subscriptions, and bar receipts. For a full breakdown on the sources of funding, see the chart at Appendix 5.

A number of organisations were financially supported by other charities and trusts, including The Bedford Charity, Lloyds TSB Foundation and the Alan lane Foundation. Other sources of funding included the Legal Services Commission, Disability Rights Commission, Department of Health and the Home Office.

All the groups surveyed were asked how well they understood the way in which the public sector funds and supports the voluntary and community. Over half responded not very well or not at all well (see chart at Appendix 6) , so we asked what might help improve their understanding. A wide range of answers were received including;

'Public sector bodies need to visit voluntary sector organisations to understand the problems we face and what we want funding for'

'Greater transparency about how commissioning of services is undertaken'

'A meeting, course or workshop to explain how public sector funding works'

'More personal contact and better links with public authorities'

'Someone to come in and talk to the management committee'

'Support from a professional community development worker'

3.3 Staff and volunteers

At BREC we are aware that the majority of the BME Community groups in our area are volunteer led, often with no paid staff or office base. This perception was borne out by our research – we found that 45% of the organisations questioned employed no paid staff, with only 4% employing more than 20 staff and a further 8% employing between 6 and 20 staff. Where organisations do employ paid staff (55% of those questioned), the majority employ 5 or less staff. This lack of paid staff has a major bearing on the ability of organisations to increase their capacity.

48% of the organisations questioned had between 6 and 20 volunteers, with a further 32% having 1 to 5 volunteers. At opposite ends of the spectrum, 10 % had no volunteers and a further 10% had over 20.

Many of the organisations questioned cited lack of volunteers, both to deliver services and to stand as trustees or management committee members, as being another major hindrance to the growth of the organisation.

'We would like more volunteers to increase the capacity of the organisation'

One organisation working with young black males said that

'Recruitment of reliable, committed volunteers is a problem, particularly when working with young people who need stability'

Difficulties were also reported in recruitment of volunteers from the required ethnic background –

'Black Africans want support from an organisation staffed by black Africans'

Groups involving communities which were well established in the county, for example Italians and Poles, found it increasingly difficult to involve young people in cultural activities, and get them to engage with their community. As a result, some organisations reported that the majority of their trustees and volunteers were over 65 and they were concerned as to how long the groups would continue.

'It is becoming harder to keep the group going and we are worried that our culture will disappear as our young people are now integrated into mainstream British society'

If BME communities want to encourage volunteering amongst their young people, there is a need for them to set up new groups to cater for the needs of the younger generations. In order to support these new groups, funders need to recognise that distinct groups are necessary. For example, whilst funders

may appreciate that young, white women may not wish to join the WI, they often fail to recognise that young Asian girls might want to set up their own youth group.

'I don't want to join the same group as my mother'

3.4 Training

There was considerable demand among groups surveyed for good quality, affordable (or preferably free) training, relevant to the needs of community and voluntary groups.

40% of the groups had in the past accessed training provided by one of the infrastructure organisations in the County – indeed provision of training was the main way in which the infrastructure organisations were seen to support voluntary groups.

There was concern that training needed to be not only relevant but also accessible to BME groups. Provision of training in community languages was requested by some organisations – particularly those working with isolated client groups such as young Asian women. Those working women also felt that the training environment and venue was important

'Women want to learn in a social and safe environment with childcare – absolutely essential'

Groups also felt that the timing of courses was a major factor. With almost half the groups employing no paid staff, and thus relying on volunteers who may also have full time jobs, to deliver their services, there was a demand for courses outside normal working hours. This also applied in the case of training for trustees – for which there was great need – as many trustees have full-time work commitments outside of the voluntary organisation.

'It is difficult to find people to go on courses during the day – could some of the courses be run in the evening?'

It is also important that training be at a level suitable for the participants. For example, the trustees of one group had attended a course on responsibilities of charity trustees, run by Solicitors, and found that the information was presented in a format they found incomprehensible.

One group commented that there was a need for the infrastructure organisations to concentrate on the provision of training which was not available elsewhere to avoid duplication - they felt that some of the courses provided by the CVSs were also available free of charge through Business Link.

Training was cited by the majority of organisations as one of the three highest priority things which would enable them to carry out their work more effectively. Even those who were broadly satisfied with the level to which their staff and volunteers were trained at present, expressed the view that they would always require access to good quality training to ensure the personal and professional development of existing workers and for new workers joining the organisation. There was a wide range of training requested, some generic

and some of a more specialised nature, and a list of all the suggestions can be found at Appendix 7.

3.5 Supporting Communities

The groups surveyed provided a wide range of services to diverse communities. The chart at Appendix 8 shows the range of beneficiaries by minority ethnic group. Just over 40% of the groups were delivering their services in the main to a single minority ethnic group. The remaining groups were supporting a wider ethnic minority population. Around 20% of the groups cited 'white' as being amongst their main beneficiaries. Many of the groups actively sought to widen the participation in their services to encompass the whole community.

'We want to break down barriers and bring communities together'

Services provided varied widely, but over 60% of the groups offered some form of advice or advocacy service to their beneficiaries. This ranged from in depth support on benefits issues, to straightforward sign posting. Health services were the next most frequently provided services, by 56% of groups. These services ranged from talks on health issues by visiting professional to exercise classes and alternative therapies. Education also featured strongly in the services provided with 55% of groups offering education of some description, in many cases religious or language education. A chart showing the range of services provided is at Appendix 9. In addition to this list, organisations also offered other services including peer support, interpretation and translation, access to foreign-language satellite TV, form filling and life skills. Some of these services are not readily available elsewhere. For example, some groups commented that the existing translation and interpretation services in the County did not meet their specific needs. Some existing services were not independent or impartial, not available at the times required, and interpreters often did not have the underlying knowledge required to work in the specific environment e.g. a health setting.

In addition to providing services to specific BME communities, many of the groups provided services to sub groups for example women or young people. Half of the groups surveyed provided specific services for women, with just over a third providing services for male groups. Very few of the groups provided specific services for Gay/Lesbian/Bisexuals (4%) – this is a lower percentage that we would expect to find, but may be explained by the fact that some religions and cultures do not recognise homosexuality, and in others sexuality is not openly acknowledged or discussed. 20% of the organisations provided services for the disabled and 28% for those with mental health issues. The chart at Appendix 10 gives a breakdown of the support to specific sub groups.

We asked all the groups to comment on the most significant issues facing their communities today.

Previous research has shown that ethnic minority groups suffer inequalities in health. Whether this is caused by failings in health care, or by other factors such as racism in society or socio-economic disadvantage is not known but there is clear evidence that those from BME backgrounds are less satisfied

with the NHS. This could be because of lack of language support, lack of female health professionals or lack of information about services.

This position was born out by the results of our survey with over 70% of groups citing health as being a major issue for their community. For the male population, diabetes and heart disease were particular issues whilst there was concern about depression, anxiety and isolation amongst the female population with over half the groups stating that mental health was a significant issue. Groups working with Asian women expressed the concern that women were often isolated within their own communities, which failed to provide suitable community venues suitable for women and children.

Over 60% felt that access to services, particularly health services, was another major problem, often exacerbated by the language barriers experienced by the elderly members of some BME communities.

'They think if they shout at my mother she will understand better'

One group reported particular difficulty in getting occupational health assessments for elderly members of their community. There was some suggestion of racism within parts of Social services and the health services. 34% of groups felt that race discrimination and harassment were an issue for their communities, but more of the groups holding this view were based in Luton than in Bedford

Other significant issues for BME communities are illustrated in the chart at Appendix 11. Individual groups also cited the following as being particular issues for their communities;

- Finance – low income
- Housing
- Huge cultural gap faced by new immigrants – need for training and information
- Cultural difference
- Effect on family life of working unsocial hours

3.6 Community Partnerships

Groups were asked about their involvement in a number of local initiatives and partnerships. There was little knowledge about, or involvement in local initiatives particularly amongst the smaller groups with no paid staff. The volunteer organisers were not unwilling to get involved in these initiatives, but just did not have the time to commit to them.

'I would like to be involved but there isn't enough of me to go round'

One group said they would be prepared to play a part in local partnerships but had never been approached. There was a sense that groups felt excluded from some of the statutory-authority led initiatives.

'They (statutory bodies) always ask the same groups but they do not represent us'

We asked specifically about awareness of and involvement in Local Strategic Partnerships, Community Strategies and Local area Agreement Agendas, and Black and Minority Ethnic Compact development. Awareness of these initiatives was low with less than half the groups having heard of them. For BME Compact development this fell to under 40%. The number of groups who had had any involvement in these initiatives was even lower – only 12% had a lot or some involvement in the BME Compact. The full results are shown on the charts at Appendices 12 to 14.

'No, I've never heard of any of these. Can you explain them?'

Involvement of BME groups in other local programmes and initiatives was even lower, with the highest level of involvement being in Sure Start and Health Action Zones (12% of groups surveyed) – see chart at Appendix 15. In some cases where the service being provided by groups would fit well with the aims of a local programme, the BME group was unaware of the existence of the programme.

Some groups cited a lack of cultural awareness as a barrier. For example some programmes were set up with meetings on Fridays or during Ramadan which made Muslim communities feel excluded. Others felt uncomfortable at meetings where their dietary needs were not catered for.

Groups also felt there was a lack of awareness of the needs of their members. They thought that statutory organisations tended to think about BME communities as one entity and did not appreciate differences between communities. One group felt that one of the local authorities only contacted community groups when they felt it would be good publicity.

3.7 Working with Public Authorities

Groups were asked about their working relationships with public authorities, and what support they received and public authorities were asked how they engage with BME community groups. Authorities questioned said they

'Try to ensure that our publicity mechanisms are as inclusive as possible.'

They used a number of methods to reach BME communities including newsletters posted to every household, adverts placed in local papers, press releases and features on local radio and TV stations. Public websites were used to disseminate information, and were regularly updated. In addition, authorities said that they tried to directly target BME voluntary and community groups with a range of information. One of the main public authorities spoken to felt that they needed to

'Keep developing our methods of communications, but also need to use more outreach techniques in relation to consultation and involvement. I think the further development of community and voluntary groups would help this process'

Public bodies are keen to engage with BME groups in formulating strategies and shaping services to meet their duties under the Race Relations Amendment Act (2000). As a result groups are increasingly being approached and asked for their views on issues of service delivery. Public authorities recognise the value of the infrastructure support organisations in enabling them to communicate with BME groups.

BREC have been of great assistance in helping us make contact with local groups and supporting their development. We know that with the assistance of BREC, consultation has taken place with hard to reach groups which may otherwise not have been accessed'

Around half of the groups surveyed had been asked for their opinions in the previous year by the following organisations: Police, Home Office, Department for Education and Skills, Bedfordshire County Council, Bedford Borough Council, Luton Borough Council, Bedford PCT. The consultations were on a range of issues including neighbourhood behaviour, race hate crime, health promotion, healthy diet, services for young people, and domestic violence. Many of these groups do not have the expertise to respond to such consultations and, indeed in some instances did not feel that their opinions were being heeded anyway.

'People do not respond to requests for information and don't do what they say they will do'

There was also a feeling that public sector organisations did not know how to make provision for the BME community and were not addressing the important issues in their consultations.

'We try to engage with public sector service providers but they don't seem to know what they are meant to be providing'

More groups had worked with the Police (48%) than any other public authority, followed by Bedfordshire County Council (38%) and the NHS/Pacts (36%). The definition of 'working with public authorities' was wide ranging, with only 26% of the groups considering that they worked in partnership with a public authority. While 40 % of groups received referrals for their services from public authorities, only 28% made referrals to public authorities. 40% of groups received some funding support from public authorities, and a further 10% were actually contracted to provide services. (See charts at Appendix 16 and 17)

Other ways in which groups worked with public authorities included;

- Provision of work experience placements by the group for public authority staff
- Provision of IT training by the public authority
- Group providing premises for monthly surgeries by Councillors
- Public authority helping with publication of leaflets
- Group installing fire alarms for Fire Service (without payment)
- Groups challenging the practices and behaviour of public authorities

There was some concern from one group that government funding should be used to provide groups with stable core funding rather than seek to put money into capacity building. This group also felt that the government was guilty of *'institutional racism'* in the patronising way it treated the BME community as something different

3.8 Working with Infrastructure Support Organisations

There are a number of infrastructure support organisations working in Bedfordshire and Luton and we asked groups with which, if any, they worked and what type of support they had received. We also asked infrastructure groups how they communicated with the BME voluntary and community groups.

There were a variety of ways in which infrastructure groups and local partnerships sought to reach the BME community. These included: sending posters and publicity information to local schools, churches and places of worship; contacting all known BME groups in the area; encouraging members of existing partnerships and local forums to cascade information down to other groups and individuals; giving presentations.

The majority of groups questioned had worked with one or more of the infrastructure organisations, but 24% had not had contact with any of them and there was a lack of awareness of the work done by these organisations

'I'm not aware of the work of the CVS – how do new groups get into these networks?'

And in a similar vein

'As a new group, we don't know what support is out there and available to us'

While there was considerable praise for the work done by the infrastructure organisations, there were also some negative comments which need to be addressed.

'Some voluntary infrastructure organisations are very unapproachable and make us feel like criminals. That makes us feel we don't want to work with them and they don't want to work with us. We find these organisations most unhelpful, as you can't talk to them about what you want or need. Others have been very helpful'

The chart at Appendix 18 shows the percentage of groups working with each infrastructure organisation. Unsurprisingly, given that the research was focused on BME led groups, BREC was the organisation used by the largest number of groups. A point which came through strongly from the focus groups and discussions with individual members was that it is vital that the services provided by the infrastructure organisations are sensitive to the cultures and faiths of the groups being supported. Although existing infrastructure bodies seek to adopt best practice in working with BME groups, their staff profiles do not reflect the diversity of the population of Bedfordshire, nor do they undertake BME specific projects or research. BREC, working in partnership with MENTER, is the only county-based organisation which targets infrastructure support specifically at BME communities. A number of groups surveyed expressed a preference for working with BREC rather than other groups

'We would prefer to come to BREC for help and support (on funding issues) than go to a CVS'

'The only department that has really helped so far is BREC'

There were a number of ways in which infrastructure organisations provided support to community groups. The service which was most used, and which was found to be valuable in the majority of cases, was the provision of training, in particular by the CVSs. The chart at Appendix 19 gives more detail about the types of service the groups accessed. In addition to these main services, groups had also used infrastructure organisations in the following ways:

- Capacity building
- Dissemination of information
- Receipt of Newsletters
- For general advice
- For help in drafting a new Constitution
- Management support for specific projects
- Help and support on funding applications
- Moral/peer support
- Advice on how to set up a community group
- Provision of information

Many groups expressed a need for support at a much more intensive level than is currently available. They would welcome more one to one support on specific projects and funding applications, and would like the infrastructure organisations to be more visible. There was a call for

'Greater clarity within the voluntary support sector – who does what, and where can I go for help?'

'How do I get onto mailing lists for useful information?'

Groups also wanted the infrastructure organisations to take a more active role in establishing networks and facilitating peer support.

'It would be useful if there was a liaison person who could put groups with similar aims in touch with each other from a position of knowledge'

3.9 Future plans and development

The size of the organisations surveyed varied widely – from those with an annual income in excess of £250,000 to the 10% who received no funding at all and a further 20% receiving less than £1000 per year. In between there were varying figures, but over half of the organisations received less than £10,000 per year.

As illustrated in the section headed ‘Funding’, much of this money comes from various methods of self-funding. There is little evidence of sustainable core funding for many of these organisations. This uncertainty over income can make it difficult to develop a meaningful Business Plan. Just under half of the groups surveyed had, or were currently preparing a Business Plan. These ranged from 2 to 5 years in length and covered details of planned activities and how the organisation intended to engage with their communities, but only 40% of the plans included a budget for that period – again this is indicative of the uncertainty surrounding future funding.

The remainder – 52% of the organisations questioned – said that they would like more information about Business Planning, and some asked specifically for help with the preparation of a plan.

We asked groups what other help or information they most needed to enable their organisation to develop. Predictably, almost 90% said they wanted more information about access to funds. After access to funding, training was the next most popular request with 68% of groups asking for more information about this area. The lowest demand, 36%, was for information about equal opportunities. Most of the organisations (80%) already had a written Equal Opportunities Policy. Those who did not, all requested assistance with drafting a policy. Increasingly, funders require organisations to have a variety of written policies including in some cases, an Environmental Policy setting out for example how the organisation intends to recycle consumables and conserve energy. 75% of the groups also had other written policies, including Induction, Health and Safety, Child Protection, Volunteers, Disciplinary, complaints, Confidentiality and Training and Development. One group had a total of 98 policies, as a direct result of the requirements of Supporting People. For small organisations this can be an onerous requirement and acts as a further barrier to applying for funding. One group made the suggestion that it would be useful to have

‘A set of generic policies that could be adapted by new groups’

The other topics on which groups would like further information were Book keeping, Management Systems, Legal/Professional Advice, Health and Safety, Recruitment and Community Development. All the groups surveyed felt that they would benefit from further information on at least one of these topics. In addition a number of groups said they would benefit from information on the following: Marketing, Publicity and Public Relations; information about forthcoming legislation; opportunities to network and some sort of mentoring scheme in which established groups could help newer

organisations develop; support with writing a Constitution; practical support such as a starter pack of stationery; help with setting up websites and email.

In addition to being a requirement of funders, many bodies making quality standard awards, such as the Legal Services Commission, also demand Business plans and written policies. Working towards these awards is time consuming and in particular is very difficult for small groups with no paid staff. It is not surprising therefore to find that less than 10% of the BME groups surveyed had any form of Quality Standard award. The most popular was PQASSO (60% of those with an award), with Legal Services Commission Quality Mark and Investors in People making up the remaining 40% of awards. There were a further 6% of the total groups surveyed working towards PQASSO. Many of the other groups had never heard of PQASSO or Investors in People and felt it would be a long time until they were able to commit the resources necessary to working towards an award.

4. Results from Focus Groups

The objective of the focus groups was to have discussions around issues that community groups face. The first two focus groups were held in conjunction with PRCI which is a research and consultancy company attached to Leicester University. PRCI were commissioned by the Bedfordshire Drug and Alcohol Team to undertake a piece of work to assess the needs of BME communities in Bedfordshire. The first two focus groups were held in conjunction with PRCI and the findings shared.

Method

PRCI developed the group protocol and agreed it with the Project Officer. This was designed to ensure a consistency of approach to groups. Notes of the discussion with groups were taken with the agreement of the participants.

Composition

Two of the focus groups were held during March and April 2006 the first comprising of African Caribbean Senior Citizens was held during their weekly meeting at a community centre in Queens Park. The second was held at meeting rooms at Bunyan Meeting Free Church which is a town centre venue frequently used by community groups. This group was a group of Young Bangladeshi women aged 16 to 22 years.

African Caribbean Community Focus Group in Bedford

- There were 12 males and 15 females of African Caribbean ethnicity.
- Respondents were aged over 55 yrs to 80 yrs and were largely Bedford based.

Community engagement

- On the whole respondents didn't think that local communities had a say in the development of local services- one person said no and another couldn't recall.
- One person said that they would like to be asked their views on services, however when people do ask they don't get anything.
- One person didn't feel that anything happened after information (their views) is taken from them.
- The respondents don't want to talk to people about services etc. because they feel that nothing happens as a result.
- Social Services are very slow in doing anything for the Caribbean community- one male mentioned writing requesting a stair lift for his wife, after 2 years they responded saying they wouldn't fit it. Social Services tends to respond rather than prevent- they don't take preventative action rather wait until something happens then 'responds' to it.
- The respondents would like to receive information in talks, lectures and small work shops.

- The respondents would like a permanent place of their own for their community- 'multi-purpose community centre' that they could share with other community groups.
- One person felt that the Asian community got all the help- they had bigger buildings. The African Caribbean community are too relaxed and don't push enough for what they want.

How could communities work better together?

- Write to the Home office to complain.
- One person mentioned that they would like more help transportation wise to bring members of their community to their group who can't get there, but have expressed the desire to attend.

Bangladeshi Community Focus group in Bedford

This was a small group of females from the Bangladeshi community aged 16 -21

How involved are local communities in Bedfordshire involved in the development of local services?

- One respondent worked for BREC but before working for BREC didn't know much about what services were available for communities- only knows about services through work.
- None of the respondents had seen any posters advertising services.
- If you are not the sort of person to go to services- you don't know much about them.

Have you ever been given the opportunity to feedback your views on local services?

- Respondents not really been given the opportunity to be involved in consultation. One person mentioned the Women's Forum (Muslim girls) as an example of consultation.
- They would like to be given the opportunity to be involved / to give feedback.
- They prefer discussion groups / informal settings.

Ideas for engaging with members of the community:

- Ideas to engage young people: workers to go into schools/colleges and discuss issues with groups of young people- if during school hours young people will attend because they have to attend school.
- Ideas to engage older people within Bangladeshi community: one person worked in a doctor's surgery and said that leaflets were a good way to engage with the older generation. Leaflets would have to be in different

languages though (e.g. Bengali) because language is a barrier for the older generation.

What qualities should someone engaging with the community (BME) have?

- Qualities in someone wanting to engage with BME communities: someone confident, know how to communicate the subject. The older generation may relate better to someone from the same culture. Will need to speak the same language- older generation will not understand you- language is the biggest barrier.

The information gathered about Gypsy and Travelling communities was obtained by discussion with professionals working closely with these communities.

Gypsy and Traveller communities

Research on Gypsies and Travellers in Bedfordshire show that they have poorer health than non travelling communities and are a socially excluded group. Within these groups are different ethnic groups but they share many areas of cultural identity as Travelling communities. Evidence shows that there are widespread communication difficulties between service providers and Travelling communities, with suspicion of racism and prejudice. More specifically the barriers to accessing Health services were disinclination of GP's to register Travellers or visit sites, practicalities of finding Travelling communities and differing expectations of Travellers and Health staff. However there has been positive experience with those GP's and Health Visitors who were seen to be culturally well informed and understanding

The Travelling community live on private sites, county sites, are housed or live on illegal sites and are constantly moved on. Research shows that the health needs of the former three are very high but the latter have the poorest health and are the hardest to reach due to their high mobility. The common cry from the Travelling communities is mistrust of services and the feeling that they don't need them.

In Travelling communities the close extended family is very important. Historically when most Travellers moved around there was regular connection with close family but also the freedom to move away. Today many Travellers live together on a site and there is often little choice in who they live amongst. This is contrary to the way of life that allows privacy and the need for freedom for which travellers express a need. Culturally families like to be self reliant as there is the belief that one should be self sufficient and not give in to difficulties and worries. This may prevent travelling communities from seeking the help they need.

Travelling communities say that if they do access services they want those that use a whole family approach. The importance of close extended family is vital in an otherwise hostile world and is dominant in Travelling communities

culture. They want services that will come out to sites on a regular basis and build up trust with whole families. Families are closely knit and parents like to keep the children with them for as long as possible. This makes it very difficult for a child to access pre school provision or any services associated with it. The travelling communities don't have local community groups but there are national Traveller

Health visitors have spoken of success in helping Travelling communities access services by providing outreach services. In their discussions with travelling communities their experiences have shown that the communities want advocacy (as they have very limited literacy skills), benefit advice and support with children.

The Lawns Early Excellence Centre in Biggleswade has worked with Travellers on the Potton site using the whole family approach to reach their target group of Early Years children. They found that building up trust over a period of time was paramount with people who felt they had been let down by services so many times. This community wanted tangible regular services and the message was

“Always do what you say you'll do.”

5. Conclusions

The research provided evidence in support of a number of assumptions held about BME voluntary and community groups in Bedfordshire.

These groups provide a wide range of services to very diverse communities across the County. They tend to be based in Bedford and Luton and there are very few organised groups operating in the rural areas of the County.

At the time of a mapping exercise undertaken by BREC in partnership with Mid Bedfordshire District Council in 200?, there were no constituted BME Community Groups operating in Mid-Beds. Nor were there any Mosques, Gurdwaras or Sikh temples in this area. Members of the Indian, Pakistani, Bangladeshi and other Asian groups attended places of worship in Bedford (84%) and Luton (6%) or did not attend. This situation still prevails today.

The situation is similar in South Bedfordshire with no immediately visible BME population and no constituted groups in this area. Indeed, one statutory organisation consulted described the situation for those from BME communities as being on of 'isolation or integration' with no in between.

By contrast, more than half of the organisations in Bedford and Luton (only those groups with a remit to also provide services outside the Borough of Luton were surveyed) were well-organised with written constitutions, established funding and paid staff. This is not to say that funding and staffing in these organisations was secure or adequate. Indeed, throughout the BME community and voluntary sector there is evidence that groups are under-resourced and not in a position to increase their capacity. Of the funded groups, the majority employ less than 5 staff, often on short-term contracts, and funding tends to be time-limited and tied to specific projects. This contributes to a sense that many of these groups are unsustainable in their present format.

While there is evidence that there are significant numbers of gypsy or traveller caravans in the County, on the four authorised and numerous unauthorised sites, there are few organised groups within this community. Those groups which do exist tend to be national in focus, rather than local.

Many of the groups lack the infrastructure to support capacity building, with many relying solely on volunteers (45%) and operating with small Trustee Boards or Management Committees who often do not have full awareness of the roles and responsibilities they have assumed. There was a need for training both for trustees and staff, across a wide range of subjects, but it is important that the training should be accessible to, and fit the needs of, the BME community.

Funders today increasingly ask for organisations to produce a portfolio of documents to accompany their applications. These include written policies on Equal Opportunities, Health and Safety and the Environment, Business Plans,

written Constitutions, and in some cases evidence of a Quality mark standard. For many of the BME groups surveyed these are impossible requirements without considerable outside help. Groups need support before, and with, funding applications yet some of them are unaware of the existence of infrastructure organisations that may help them. Those who do contact such organisations have found the support helpful, but it often falls short of their specific needs. Amongst the BME groups there is a need for more one-to-one work sensitive to the needs of these groups, in order to build capacity within these organisations to a level where they could begin to expand their services. Many groups expressed a preference for such services to be provided by an organisation with specialist knowledge of the BME community and its issues, such as the REC.

Once groups have had support to help them attract funding, they want on-going support to sustain and expand their services. Groups would welcome a liaison person, who could be called upon for advice and support when necessary and keep them informed about funding opportunities. There were also requests for practical support such as outline policies, Constitutions etc which could be adapted to fit the requirements of organisations; an 'office' starter pack of stationery; help with setting up email; facility vouchers such as those previously provide by SRB.

Many of the groups lacked an office base from which to direct their operations. There was a low level of IT knowledge and skills within many of the groups and a lack of funds to purchase IT equipment. The groups expressed a wish to set up email, websites etc but did not have the capacity to support these initiatives.

6. Recommendations

The research showed that the BME community and voluntary organisations in the area are providing much needed services to diverse groups of people. The services are widely used by the community, and by the local and public authorities charged with meeting the requirements of the Race Relations Amendment Act (2000). The level of public support for these organisations however remains low.

There are a number of things needed to enable BME organisations to build their capacity. For many groups, language and lack of knowledge of UK society and legislation are the first barrier. The process of applying for public funding is impenetrable for some of the newly formed groups which rely solely on volunteers. Although there is some support out there for these groups it can be hard for them to access and cannot, in its present form, meet the demand.

There is a need for tailored one-to-one support for organisations at various stages in their development. There are a number of organisations with no written constitution or formal status, and others who would like to set up groups but need some advice to do so. There are established groups who still do not have the Business Plans and policies needed to secure additional funding. All the groups said there have been times in the life of their organisation when they would have welcomed advice and help in the form of peer support or consultancy. There is also a tremendous on-going need for training that is relevant and easily accessible, and where possible, free. Amongst the majority of the groups IT skills and level of knowledge were poor and there is a need for practical support such as provision of IT equipment and help with web-design. Cultural awareness training for other organisations would be useful to change some of the negative attitudes at the root of discrimination. It is important that BME communities be involved in the design and delivery of this training so that it addresses the important issues. For the Traveller communities for example, awareness of gender would be of particular importance as gender roles are strongly delineated

In order to meet the demands of these organisations and build their capacity to serve their communities, support is needed to provide information; disseminate good practice; share resources; build and support trustee boards; provide a collective voice for BME groups; create better links between BME groups and mainstream providers; and improve consultation so that providers know what the groups really need.

It is clear from the research that BME groups want this support to come from an organisation with experience of understanding their particular issues and concerns.

The recommendation is therefore that the capacity of infrastructure organisations within the area should be increased to meet the support needs of the community.

Funding should be sought to **recruit 4 Community Development Officers** with a brief to specifically support BME community and voluntary organisations. The CDOs would work on a one-to-one basis with groups when needed, **establish a BME peer support forum** where groups can benefit from the experience of others, liaise with other infrastructure support organisations on behalf of the BME community, and disseminate information. These CDO's would work across urban AND rural areas across Bedfordshire.

Many groups asked for support to be provided directly by the REC as it has a greater understanding of the needs and constraints of BME groups. It is recommended that the provision of a BME Community Infrastructure Support Service (as a branch of the REC) be established and provide the essential support identified through this research. Funding would be required to establish this service and to identify appropriate and pro-active partners.

Funding should also be sought to provide a **programme of training courses**, to be **offered in community languages** where possible, and offered at times and in venues accessible to BME groups.

Funding should be sought to provide **an IT support officer** to advise groups on: equipment purchase and how to fund it; setting up email; creation of websites; and to provide a help desk service for IT queries.

Funding should be sought for a **funding advice officer** specifically to work with BME groups to give hands on assistance with funding applications.

Regional working and the sharing of good practices is to be an important part of the Infrastructure and capacity building processes. Adopting and sharing initiatives that have been tried and tested with a successful, proven outcome will enable the sector to develop more quickly. Robust strategies have been developed across the Eastern Region and these should be rolled out to each County as appropriate.

Many groups have identified the need for **Committee Services** and it is the recommendation that a "pool" of members providing these services be established. Often, the appointment and management of Trustees causes added pressure and time constraints on small organisations. Groups expressed their support for a system whereby Trustees could support more than one small group at a time in one capacity (i.e. Treasurer). It is recommended that a Committee Services initiative be provided for this purpose.

The majority of BME groups are concentrated in Bedford and North Beds & Luton therefore creating assumptions that the funding and support of these groups is a responsibility of their respective Borough Councils.

Groups in these areas generally felt that the Borough Council were responsible for their funding and that more was being done by this authority than any other local authorities to enable them to access funding. This demonstrated the lack of knowledge of these groups of other opportunities

available to them. In addition, those groups not operating within the Borough of Bedford or Luton were wholly unaware of funding from sources other than national funds from the Lottery or Comic Relief (Charity Projects).

It is the recommendation that Local Authorities provide a more visible commitment to the publicising of funding opportunities and to re-evaluate the application processes to identify the barriers preventing applications for funding from BME groups. Also, it is recommended that Local Authorities consider **providing funds to accountable bodies** to enable small groups to access funds for start up packs, small advertising costs and publicity material. These groups can then access small grants (up to £500) from these identified accountable bodies who will provide the administration and monitoring of the funding on behalf of both the group and the local authority.

Faith groups felt at a distinct disadvantage where funding is concerned. Many faith groups in the Borough of Bedford are small groups who have raised money themselves as many faith activities do not meet the required criteria for funding.

It is recommended that **faith groups be encouraged to provide cultural awareness and training opportunities** to enable them to access local authority funding as faith plays a significant and important part in community life. This is demonstrated even more so in rural areas where faith groups and establishments are often the only point of contact for communities and newly arrived people and groups. Greater emphasis needs to be brought to **demonstrate the value of the presence of faith groups in the community and for faith groups to be aware of the resource a community link can bring.**

Appropriate venues are required for groups to meet and deliver activities as appropriate. For instance, the Black Elders group do not necessarily want to meet at the Mosque and neither do groups want venues controlled by “all white members” who may have issues with non-white groups using facilities. This has been the expressed experience of some of the groups surveyed. The lack of appropriate space to carry out group activities is a major barrier for some BME groups and contributes to the failure of groups to maintain their activities and develop membership.

Providers of some premises insist that groups can share space and this is not always appropriate given the vast cultural differences within and between certain groups. It is recommended that **cultural competency training** be developed for service providers to be able to understand the requirements across cultures (and age: the young people do not always want to share space and activities with the elderly groups etc). This **cultural competency training can also be adopted by organisations working with BME communities.**

Incentives for groups to be able to participate in local consultations, activities, training, surveys, research and development are required. Very

many BME groups are often requested to take part in conferences, training, consultations and membership of forums and partnerships but lack the basic capacity to do so. Capacity of these groups has to be improved and often the smallest investment will reap the largest returns. The “**Starter Packs**” introduced by the SRB project as part of the Bedford and Kempston Regeneration Partnership (BKRP) proved invaluable to small groups. These starter packs contained basic stationery provision to enable groups to publicise their aims and objectives and activities. These groups could not access funding and much of their activities relied on the goodwill of members and the financial support of those members wherever required. Simple, but effective provision can make all the difference to these small groups who have access to the traditionally hard to reach sector and can provide valuable information and facts to service providers.

It is recommended that this initiative be resurrected and expanded to enable these small groups to become more effective and active in the community. Furthermore, **information helplines** would assist groups who are newly established and require support at several levels. The helpline could be provided as a way to make initial contact with one of the 4 Community Development Officers who would then, in turn, work with that group and link the group with other agencies/organisations that can assist. We currently have **1 Community Development Officer** specifically employed to work with and support BME groups across Bedfordshire and this is not enough provision to provide the quantity and level of support required to meet the needs of both BME groups and the Local Authorities, Public and Statutory Bodies who rely heavily on the Voluntary and Community Sector to meet their targets.

Finally, it is recommended that a specific **Interpretation and Translation Service** be developed especially for Bedfordshire. We have a vast and valuable resource within the County of Bedfordshire that is underutilised and not recognised. Basic training in Interpretation and Translation could be provided (as begun by Bedford Borough Council) to access the resource already available to us. A specific service could be established whereby groups and service users/providers could access their Interpretation and Translation needs locally and with the added advantage of that service having local knowledge which is often pertinent.

The REC deals with several requests per week to provide this service and we have provided this on a limited basis. The translation of documents is requested regularly for support to citizenship applications. In addition, with the several newly arrived communities to the UK and to Bedfordshire, we should take advantage of the skills available to us and develop; this initiative fully as a Countywide service benefiting all communities and authorities.

Appendix 1

Consortium Members

Voluntaryworks is the Consortium of Voluntary & Community infrastructure agencies, which has implemented the ChangeUp programme in Bedfordshire and Luton

Bedford Race Equality Council

Bedfordshire Funding Advice Bureau

Bedfordshire and Luton Council for Voluntary Youth Service

Bedfordshire Rural Communities Charity

Mid Bedfordshire Council for Voluntary Service

North Bedfordshire Council for Voluntary Service

Voluntary Action Luton

Voluntary and Community Action South Bedfordshire

Volunteer Centre Bedford

MENTER – Advisory capacity

Appendix 2

BME Community groups consulted

21st Century Education Trust
ACLI
Afghan Community in Bedford
Afghan Society
African Caribbean Development Forum
African Caribbean Saturday School
African Caribbean Women's Group
Al-Noor Arabic Sunday School
Anglo Italian Society
Asian Elders group (Elderly Group)
Asian Welfare Association of Luton
Asian Women's Foundation
Association of Ukrainians in Britain
Athletic Club Punjab
Bangladesh Youth League
Bangladeshi Education Trust
Bedford African Caribbean Forum
Bedford African Community Support Project
Bedford Asian Music School
Bedford Bahai Community
Bedford Bangladeshi Women's Association
Bedford Bengali Community Council
Bedford Caribbean Senior Citizens Association
Bedford Community Rights Centre
Bedford Council of Faiths
Bedford international Islamic Society
Bedford Jamee Masjida Islamic Cultural centre
Bedford Saheli Group
Bedford STAG
Bedford Swahili Community
Bedford Volleyball Club
Bedford West Indian Social and Cultural Society
Bedfordshire African Community Centre
Bedfordshire African Support Project
Bedfordshire Chinese Association
Bedfordshire Rural Communities Charity
Beds Groundswell
Bhagwan Valmik Sabha
Black Cultural Society
Bosnian and Herzegovina Community
BRASS
Centre for African families Positive Health (CAPFH)
Chiragh Thalassaemia Trust
Club Prima Generazione Italia

Community development Enterprise Project
Dom Polski
Dunton Community Garden Group
Empowering Families Experiencing Abuse
Family Groups (Bedford)
Furniture Link
Gods Angels Youth Club
Gujurati Mitra Mandal Bedford
Guru Nanak Gurdwara Bedford
HELP Group (Bangladeshi Youth)
Hibah (Asian Women's Sewing group)
Hindu Society of Bedford
INAS
Islamic Circles
Islamic Studies Group
Italian Group for Older people
Jamia Islamia Ghousia Trust
Jamia Masjid Gulshan-E-Baghdad
Jamia Masjid Hanfia Ghousia
Kadam Asian Dance and Music Ltd
Kempston Gurdwara
Kenyan Women's Group
Little Giants Group
Luton All Women's Centre
Luton Irish Forum
Luton Law Centre
Luton Women's Aid
M'Bondo Community Support Project
Miracle Community Centre
Mount Zion Pentecostal Church
Muslim Women's Association
Nanji Dadiji Group
Nooria Academy Society
Pakistani Welfare Association
Polish Club
Queens park Cricket Club
Queens park Cultural and Leisure Group
Queens Park Drop In Centre
Ramgarhia Senior Citizen Group
Ramgarhia Sikh Society
Raunak
Shahedi Sports Council
Sistas Empowering Sistas
Skenderbau
Sri Guru Ravidass Sabha
St Kitts and Nevis Friends Group Bedford
Sudanese Multicultural Group
Tavistock Asian Women's Group
The Beulah project Saturday School
The Learning Tree

The Miracle Church Study Support Club
The PEACE Project Saturday School
Travellers Education Service
Ujima Netball Team
United Pakistan Welfare Association
Upenyu Nerwamanwana
Urdu Classes for Women
West End Community Centre
Westfield Association
Zama Awareness Forum
Zespol 'Wawel' Polish Dance Troupe
Zimbabwe Aid Trust

Appendix 3

Voluntary and public sector agencies contacted

Advocacy Alliance

African Caribbean Support Service

Age Concern Bedfordshire

Aldwyck Housing Association

Aragon Housing Association

BLCYVS

Bedford and District Citizens Advice Bureau

Bedford Borough Council

Bedford Community Rights Centre

Bedford College

Bedford Credit Union

Bedford Diversity Network

Bedfordshire County Council

Bedfordshire Diversity Forum

Bedfordshire Drug Action Team

Bedfordshire Hate Crime Partnership

Bedfordshire International Women's Forum

Bedfordshire Police

Bedfordshire Rural Communities Charity

Bedfordshire Libraries

Dunstable Citizens Advice Bureau

Dunstable Police

Dunstable Town Council

Heartlands PCT

Irish Traveller Movement in Britain

In Credit

John Grooms Lifestyle Choices

Learning Skills Council

Leighton Linlade Citizens Advice Bureau

Leighton Linlade Town Council

Luton and Dunstable Partnership

MENTER

Mid Bedfordshire Citizens Advice Bureau

Mid Bedfordshire CVS

Mid Bedfordshire District Council

Milton Keynes PCT

North Bedfordshire CVS

Project 229

South Bedfordshire District Council

University of Luton

Voluntary Action Luton

Voluntary and Community Action South Beds

Youth Action Bedfordshire

Appendix 20

Languages spoken by pupils in Bedfordshire schools

Afrikaans
Arabic
Bengali
Bulgarian
Cantonese
Creole
Creole (Sierra Leone)
Croatian/Serbian
Danish
Dutch
English
Fante
Fallah
Farsi
Filipino
French
French Patois
German
Greek
Gujarati
Gurmuki Punjabi
Hindi
Hokkien (Chinese)
Ibo
Indonesian
Italian
Japanese
Kinya
Kon Kani
Korean
Krio
Kurdish
Kutchi
Limpala
Lingala
Lithuanian
Malay
Malayalam
Maltese
Mandarin (Chinese)
Maori
Marathi
Mirpuri Punjabi
Namteyka
Nirankari

Nwar
Pashto
Patois
Persian
Polish
Portuguese
Roma
Rundi
Russian
Serbo-Croat
Shona
Sinhala
Slovak
Somali
Spanish
Swahili
Sylheti
Tagalog
Tamil
Telegu
Thai
Tigrinya
Turkish
Twi
Ukrainian
Urdu
Vietnamese
Yoruba
Zulu

Appendix 21

Acknowledgement of research used

Mapping the Learning and Skills of Refugees and Asylum Seekers in Bedfordshire – Learning and Skills Council 2005

Downside Net-Work Skills Audit project – Learning and Skills Council February 2006

Review of Ethnicity in the East of England – MENTER September 2005

Information Audit of BME Groups in Bedford and Luton – Bedford Race Equality Council 2004

Health Status of Gypsies and Travellers in England – Sheffield University

Commissioned Report on the Black & Minority Ethnic Groups Mapping Exercise for Mid Bedfordshire District Council, conducted by Bedford REC 2004

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Bedford REC
2006