

# Black and Minority Ethnic (BME) Infrastructure in the Ten Boroughs of Greater Manchester - Mapping Exercise

## EXECUTIVE SUMMARY

### INTRODUCTION

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In April 2006, the Greater Manchester ChangeUp Consortium tasked Manchester Council for Community Relations (MCCR) with conducting a mapping exercise of the black and minority ethnic (BME) infrastructure in the ten boroughs of Greater Manchester. The exercise was primarily intended to “assess the existence and nature of voluntary and community sector (VCS) infrastructure that is owned and led by black and minority ethnic communities.”

This included mapping:

- National infrastructure organisations that have an operating base in Greater Manchester
- Organisations that would not typically be classified as infrastructure organisations, but fulfil certain infrastructure functions

Greater Manchester comprises of 10 local authority areas with diverse populations and differing concentrations of BME communities across the sub region. The 2001 census shows the following BME populations across the 10 local authorities:

	Manchester	Oldham	Rochdale	Trafford	Bolton	Bury	Tameside	Salford	Stockport	Wigan
Rank; BME Population	1	2	3	4	5	6	7	8	9	10
% Total BME Pop.	25.54%	15.64%	13.91%	13.06%	12.79%	9.25%	7.3%	7.29%	7.12%	2.41%
% BME Pop. **	19%	14%	11%	11%	8%	6%	5%	4%	4%	1%
No. BME VCS (Estimated)	200	120	63	10	100	6	48	45	14	7
Considered Questionnaires	12	2	4	0	3	2	2	4	1	1

Please note: in this research the term BME is used to refer to both non-white and white minority ethnic residents.

However, this definition was not used by all participating organisations\*\*; also in some districts estimates of BME VCS organisations include faith groups, whereas, in others, they are excluded, therefore, comparisons are not possible.

Please note that the 2001 Census data probably underestimates the BME population, as it does not include the higher BME population increases relative to the general population in the 5 years from 2001 and 2006, e.g. to include increases resulting from refugees, asylum seekers and migrant workers settling in the area and higher than average childbirth rates.

Notes: 1. The BME population in Manchester increased by 46% in the 10 years between 1991 and 2001.

2. The number of BME VCS is an estimate.

### METHODOLOGY

The research was conducted in collaboration with the GMCVO and the GM Change Up consortia. A researcher from GMCVO was seconded to MCCR to undertake the research, working jointly with MCCR in the development and delivery of the research. The research was conducted using a combination of questionnaires and semi-structured interviews with key stakeholders across the sub region. The methodology resulted in engaging a number of people over a short period of time on the subject of BME infrastructure.

It should be appreciated that the resulting report is intended as a starting point, rather than a comprehensive account of BME-led infrastructure in Greater Manchester. Due to the tight timeframe and the general complexity of the issues of race, ethnicity and identity, it has been impossible to capture the concerns of all communities in this exercise.

This is compounded by the lack of clarity in what is meant by “infrastructure” support, as applied in the BME sector. In this mapping exercise BME Specialist Infrastructure/Gateway Organisations are defined as VCS BME organisations one of whose purposes is to maintain and support the development of other BME VCS organisations and groups or who act as “gateway” to a number of other BME VCS organisations. This includes the providing of services that help to support the development and sustainability of those organisations. These organisations may have a local or wider role.

In addition, over the last few years there has been a huge change in the composition of the BME community and hence the need to address that wider community. While an attempt has been made to consider refugees and asylum seekers and other important groups, such as economic migrants and European minorities, they have not been given sufficient consideration, essentially because of the short timescale of this project, but also because these communities are not as well organised as settled communities and are sometimes difficult to reach.

Although the information collected is not robust enough to allow generalisation, the questionnaires provided an insight into the types of organisations that supply infrastructure services to the BME sector and the information obtained in the interviews showed patterns regarding cross-cutting issues, such as coordination, access, building trust and the division of labour between specialist and generalist infrastructure. It also became clear that individual districts differ from each other.

## **KEY FINDINGS AND ISSUES IN LOCAL DISTRICTS**

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### **BOLTON**

Bolton has the 5<sup>th</sup> highest percentage of BME residents in Greater Manchester, 12.79% of its total population. Three BME VCS organisations participated in the research.

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#### **Emerging Issues**

- Evidence suggests a fairly harmonious relationship between the CVS and the BME sector. (The CVS sees its role in supporting BME organisations as a part of its overall work with hard-to-reach groups.)
- Representation of the BME sector on the main decision-making bodies should be improved to include smaller and lesser-known organisations, as well as those from new and emerging communities.
- Language barriers, particularly among the refugee-led groups, significantly hamper groups, because the burden of many tasks rests on one or two English-speaking individuals in any given organisation. (A shortage of ESOL classes has led to the Community Network working with a group to obtain funding to offer English classes.)

### **BURY**

Bury has the 6<sup>th</sup> highest percentage of BME residents in Greater Manchester, 9.25% of its total population. Its known BME sector comprises only six organisations, as well as a number of smaller project-based initiatives. Two BME VCS organisations participated in the research.

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#### **Emerging Issues**

- Despite the comparatively big BME population, the district has a relatively small BME sector, suggesting that the sector is under-developed and under-funded.
- Existing BME organisations need help in making their operations more professional, training their staff in business planning and management and equipping them to successfully bid for funding.
- There may also be potential for developing new organisations.
- There appears to be a lack of coordination regarding BME engagement and a number of disjointed initiatives.
- The two main BME organisations do not access services from the CVS.
- With a small BME sector, it is hard to justify separate BME-led infrastructure.
- To address infrastructure development of the BME sector, it is desirable to improve coordination and communication between the key organisations.

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- There should be more involvement of local community organisations in ChangeUp and the establishment of a local hub for relevant information and research that organisations can use for funding bids.

## MANCHESTER

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Manchester has by far the highest percentage of BME residents in Greater Manchester, 25.54% of its total population. It also has a large number of BME groups, constituting a significant BME sector in its own right. Twelve BME VCS organisations participated in the research.

### Emerging Issues

- Manchester is characterised by an overall dissatisfaction with mainstream infrastructure support. The situation is exacerbated by the lack of generalist infrastructure and capacity building support across the VCS.
- Manchester local authority is in year two of an initial three-year process of encouraging the settled BME VCS to move towards providing commissioned services to the statutory sector, rather than being dependent upon grants, but currently not many BME organisations are in a position to compete with the mainstream VCS.
- To address this challenge support for BME groups is needed in the key area of managing the transition towards commissioning.
- The take-up by BME groups of services offered by the mainstream is fraught with issues of distrust and miscommunication, which are common across the sub region.
- Manchester is the only district with a sizeable number of BME-led support agencies, but these agencies serve specific groups, rather than the BME sector overall.
- In the absence of suitable support from other sources, some BME groups, who are not funded for providing this service, assume informal infrastructure functions to support other BME organisations.

## OLDHAM

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Oldham has the 2<sup>nd</sup> highest percentage of BME residents in Greater Manchester, at 15.64% of its total population. Only two BME VCS organisations responded to the survey, which raises the question as to whether these findings are totally representative of the sector.

### Emerging Issues

- BME frontline organisations are heavily affected by local authority moves to cut grants to the VCS. Community chest grants, a funding stream that was accessed by many BME organisations, has now ended. Funding insecurity is therefore a major issue among the BME sector.
- Another current issue is the trend towards commissioning. Not many VCS organisations, including BME organisations, are involved in service delivery. VAO is working to prepare groups.
- BME organisations seem to be largely reliant on mainstream support from the local CVS. VAO is currently not offering tailored services to BME groups, as BME groups access its existing services.
- VAO's board and the Voluntary, Community and Faith Partnership implement a one-in-three governing principle, ensuring adequate representation of the BME sector.

## ROCHDALE

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Rochdale has the 3<sup>rd</sup> highest percentage of BME residents in Greater Manchester, at 13.91% of its total population. Four BME VCS organisations participated in the research.

### Emerging Issues

- Rochdale's BME sector would benefit from cooperation among the main infrastructure providers. (Currently, provision appears to be divided along BME and generalist lines. RCD is seen to be in charge of BME issues, whereas the CVS appears to deal with the mainstream VCS and has little history of community development for BME groups.)
- RCD's capacity to deal with enquiries is limited and real diversity, i.e. contact between BME and other communities, can only be achieved through the co-operation of all infrastructure organisations. (Kashmiri Youth Project also deal with BME groups, as a result of personal relationships.)

- BME organisations need to improve borough-wide coordination, as they focus on the survival of individual organisations, rather than the big picture. The BME Network with 20 members, facilitated by RCD, could be a starting point.
- The BME VCS would benefit from a comprehensive needs analysis from which a plan of future services could be established. Organisations should review their services and make the best use of their strengths. This is crucial at a time when local authority grants are getting smaller and commissioning of services is on the horizon.

## **SALFORD**

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Salford has the 8<sup>th</sup> highest percentage of BME residents in Greater Manchester, 7.29% of its total population. Four BME VCS organisations participated in the research.

### **Emerging Issues**

- Few BME organisations are engaged in public service delivery, but the CVS has a BME development worker to prepare them for providing contractual services and to develop their organisational capacity.
- Salford Link does provide contracted public services, but reports that its workload has increased by 75%, as a result of increased numbers of refugees. Funding has not kept up with the workload, putting strain on the organisation to obtain additional funding. Long-term planning and networking have become a luxury and accessing external support can be beyond their capacity. Only their public service contractors' and CEMVO, one of whose employees used to work for them, have provided support.
- Otherwise, Salford's BME sector, apart from the orthodox Jewish organisations served by Interlink, mainly turn to the CVS for support.
- BME organisations have benefited from ChangeUp-related investments in quality standards and IT equipment.
- Two years of networking and negotiating has also resulted in a BME network, about to be launched at the time of writing, bringing together organisations that traditionally did not work together.

## **STOCKPORT**

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Stockport has the 9<sup>th</sup> highest percentage of BME residents in Greater Manchester, 7.12% of its total population. There are only 14 known BME organisations in Stockport. These findings are based on meetings with Stockport BME Network.

### **Emerging Issues**

- The BME Network, which is supposed to bring the BME VCS organisations together, was just forming at the time of writing. It is initially supposed to map Stockport's BME VCS, knowledge of which is limited.
- cursory knowledge of the BME sector indicates that there are a number of small organisations, ranging from new to more established ones.
- BME organisations appear to work largely in isolation from each other and generalist infrastructure support. This is exacerbated by the geographical dispersion of the BME population.
- Apart from approximately six organisations, none of them have funding relations with the local authority. Organisations seem to depend on the resourcefulness of their membership. (Some organisations appear to be successful, given the fact that they have acquired their own premises.)
- BME organisations are at different development stages and have different levels of ability to access information and support.
- The growth of Stockport's BME community in recent years has been partially caused by an influx of refugees and asylum seekers. These communities and their groups do not have access to resources.
- BME groups often do not access support services, unless the CVS specifically reaches out to them. Many local BME groups do not know where to turn for support and better signposting to the CVS is needed.
- The reasons why BME groups do not access support services include language problems and that volunteer-run groups prioritise their own work.

## TAMESIDE

Tameside has the 7<sup>th</sup> highest percentage of BME residents in Greater Manchester. Two BME VCS organisations participated in the research.

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### Emerging Issues

- The BME sector is almost entirely run by volunteers and has trouble accessing support.
- The local CVS is offering support to BME organisations through a dedicated development worker.
- A needs analysis of BME organisations was being completed during the time of writing.

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## TRAFFORD

Trafford has the 4<sup>th</sup> highest percentage of BME residents in Greater Manchester, at 13.06%, yet it has only 10 known BME organisations. No BME VCS organisations participated in this research, although four BME VCS organisations thought to play a gateway/infrastructure role were included in the questionnaire mailing. However, none of them responded.

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### Emerging Issues

- The small BME sector in Trafford is part of an equally underdeveloped VCS that is among the three smallest in Greater Manchester, based on ratio of VCS groups to population<sup>1</sup>.
- Community engagement is now a major priority under the auspices of the Community Engagement strategy.
- There are a number of BME-led groups that operate in Trafford, but they are Manchester-based groups who operate outreach centres.
- Organisations without BME leadership serve the BME community.
- VCAT and Trafford CVS have lent intensive support to BME organisations, but acknowledge difficulty in engaging the BME community.
- Old Trafford, where most of the BME community is located, is a disadvantaged community and therefore is harder to engage.
- Engagement of the BME community has been hampered by the perceived absence of a suitable gatekeeper.
- The Mary Seacole Trust, which has only recently moved to Old Trafford, reportedly has ambitious plans of serving the BME community, as well as establishing itself as an infrastructure agency.
- Trafford Local Strategic Partnership is setting up a BME Network. This is intended to lead to a forum and establishing consistent and coherent engagement strategies by all partners. During the time of writing, the Network was in the process of being created, but initially with a complete lack of BME representation from the local VCS.

## WIGAN

Wigan's BME population is 2.41%, the lowest percentage of BME residents in Greater Manchester. Its known BME sector has 7 organisations. Only one organisation responded and was included in this survey.

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### Emerging Issues

- Wigan's BME sector is underdeveloped and there is a need, as service provision for the BME communities in the borough is not good.
- Estimates suggest that the BME population has grown to 4% since the 2001 census, due to an influx of refugees, asylum seekers and EU economic migrants and is set to grow further.
- Provision is struggling to catch up and currently rests with committed volunteers who are overstretched and not properly qualified for the tasks.
- The CVS has been operating a BME Network, but is thinking about putting it on hold to concentrate its efforts on group development through BME outreach work.
- The borough needs more BME workers. (The lack of BME community development has led to a situation where one worker is the contact point for anything to do with community relations.)

<sup>1</sup> *Spinning the Spider's Web – Mapping Greater Manchester Voluntary and Community Infrastructure*, Greater Manchester Centre for Voluntary Organisation, 2005, p. 6.

- The recruitment of three BME workers by the Primary Care Trust should improve the situation.
- More resources are needed and they should become available through the United Nation's Gateway Programme.
- An important step would be the provision of spaces where the BME community can meet, as it is largely scattered throughout the borough.
- If it is possible to establish a shared BME community resource, the Leigh Ethnic Centre might fulfill that role if it again became a VCS organisation.

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## THEMATIC FINDINGS

The findings of the research found a number of areas of specific relevance to BME infrastructure support and these are commented on in detail in the report.

## REFUGEE/ASYLUM COMMUNITIES

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An important sub-set of the BME VCS is those groups that are set up and operated by refugees and asylum seekers.

- The specific working environment of refugee-led groups is characterised by an ongoing emergencies.
- Organisations mainly focus on helping new arrivals and those who have failed to obtain asylum and are no longer eligible for social services.
- Groups have a hard time making a case for funding, because they do many different things that cannot easily be categorised, and are, with a few exceptions, entirely volunteer-run.
- They often do not have the capacity to take up support services, unless more time and effort is put in to ensure the organisation's participation. Pro-active outreach is needed in order to support organisations that are run by refugees and asylum seekers.
- Support has to be intensive and hands-on to allow for the fact that most recipients are new arrivals who do not know how things work. They often face language barriers and have a lack of connections.
- A continued focus on new arrivals and reacting to acute need often prevents them from unleashing their full potential as organisations that could contribute to a broader integration agenda.

## BME ACCESS TO INFRASTRUCTURE

- Under the existing definition, there are very few BME-led infrastructure organisations in the ten Greater Manchester districts, with the exception of Manchester.
- Infrastructure services are delivered by BME-led organisations at different levels, ranging from informal support by trusted peer organisations to formally advertised services delivered by BME VCS organisations.

## RACIAL EQUALITY COUNCILS

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- Racial Equality Councils (REC's) only exist in six Greater Manchester districts: Bolton, Bury, Manchester, Oldham, Rochdale and Tameside.
- Only two of the five REC's that responded to this survey agreed with the categorisation, "A significant amount of the organisation's work is to support the establishment, development and/or management of VCS BME organisations."
- At least half of the REC's had issues with generalist infrastructure perceiving them as a stopgap for support inquiries from the BME sector.
- The potential of the REC's serving more of an infrastructure role for VCS BME organisations is two-fold. Their role could be to train the generalist infrastructure in diversity issues and serve as a gateway to the BME sector; and they could expand what they offer in the way of support services to organisations.
- Three of the REC's identified ways in which their staff skills could be better leveraged to serve other organisations.

## BME NETWORKS

- BME Networks exist in most of the ten Greater Manchester districts, except Salford and Trafford. It was not possible to ascertain whether Bolton has a BME network.
- There are forums that are primarily engaged in advocacy and representation, but also offer some support services, mainly in terms of information sharing and advice, as well as capacity-building.

## BME LED INFRASTRUCTURE ORGANISATIONS

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- There are few BME-led organisations whose main purpose is to support other BME organisations. As has been noted, these organisations either have a specialised remit, i.e. serving only a sub-sector of the overall BME VCS or a geographical range that limits how much support they can offer.
- It appears that BME organisations have little access to formal support from BME-led infrastructure organisations, unless they belong to one of the sub-sectors with a dedicated service.

## BME SERVICE DELIVERY ORGANISATIONS

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- BME-led organisations whose main purpose is service delivery to BME communities provide quite a bit of infrastructure support. This provision is often informal and based on demand from other BME organisations.
- These BME-led organisations, which are clearly not infrastructure organisations, often represent the BME sector.
- It was clear from replies that none of the organisations whose primary work consists of delivering services to the community would be able to consider offering infrastructure services to other organisations without additional funding or staff.

## CVS's

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- In the majority of the Greater Manchester districts, the Councils for Voluntary Service are the main infrastructure support organisations, including responsibility for local BME VCS organisations.
- CVS's vary in their approach to the BME sector. Some see the sector within the framework of hard-to-reach groups, while others treat it as part of the overall VCS. Some have dedicated outreach and/or development workers for the BME sector.
- In principle, all the CVS's services are equally available to all VCS groups, but CVS's seem to vary in terms of how pro-active they are about marketing their services to specific groups, including BME groups.
- Systematic needs analyses for the BME sector either exist or are in progress in four cases, i.e. Bolton, Salford, Tameside and Manchester.

## CHANGEUP

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Respondents thought that ChangeUp should address the needs for:

- Better coordination between the generalist and specialist infrastructure
- A longer-term approach to funding applications and fund giving

Slightly less than half of the respondents are engaged in ChangeUp, almost half of which are Manchester-based organisations. Over two-thirds of all respondents said that they envisaged benefiting from ChangeUp in some way. Organisations hope to use their capacity more efficiently, as well as benefit from funding, staff training and improved ICT.

### Views of ChangeUp

- The impression from the interviews was that people are confused about its role and doubted whether it will have benefits for frontline organisations.
- Its proposed long-term impact will not meet current needs.
- It is too top-down, too little in touch with the grassroots and too fraught by politics.
- Local ChangeUp consortia are not doing a good job in communicating ChangeUp to the local VCS.
- Lead bodies are at risk of being seen to monopolise resources and taking them away from frontline organisations.

## RECOMMENDATIONS FOR CHANGEUP

1. ChangeUp should ensure that infrastructure support is designed to meet the different nature and developmental stages of BME VCS organisations. For example, it should distinguish between:
  - The infrastructure support needs of larger settled and smaller new communities
  - Related higher-level and alternatively start-up/basic development needs
2. ChangeUp should promote infrastructure support to frontline BME VCS organisations in each district:
  - To identify their needs
  - To review their services and make best use of their strengths
  - Address needs related to transferring from grants to commissioning
3. The BME population has grown in districts traditionally without significant BME communities, due to an influx of refugees, asylum seekers and EU economic migrants. ChangeUp should address the demand for new expanded specialist infrastructure services in these districts, including pro-active outreach and specialist infrastructure support.
4. ChangeUp should facilitate, sub-regionally and in districts, better communication and co-operation between communities and sectors via:
  - BME VCS infrastructure, gateway and frontline organisations
  - Mainstream and BME VCS infrastructure organisations, partnerships and networks
5. ChangeUp should recognise the various types of BME VCS organisations offering infrastructure support and be more flexible and consider their funding and capacity building:
  - BME organisations that provide significant infrastructure services within their range of services
  - BME infrastructure support agencies that serve specific service sectors or ethnic groups
  - BME service delivery organisations that assume some infrastructure functions to support smaller BME organisations in the same sector
6. ChangeUp should improve its communication to local BME VCS organisations, taking into account the importance of personal relationships and trust in shaping awareness of and access to support needs. Better signposting to CVS and other infrastructure support services is also needed, particularly as some of infrastructure services are sub-regional, but are based in only one district. A user-friendly Greater Manchester ChangeUp delivery plan should be published to describe its purpose, methods and benefits to frontline VCS organisations.

***FOOTNOTE: The above recommendations are addressed to 'ChangeUp'. In Greater Manchester, the implication is that they are addressed to the Voluntary Sector Support Consortium, which is delivering the ChangeUp Programme in the sub-region.***