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**COMMUNITY
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1 INTRODUCTION

In October 2007 Michael Brown, Consultant, was commissioned by the Centre for Equality and Diversity (CfED) to deliver the Community Engagement Programme (the Programme) of the Development Programme for BME Community Groups, funded through Capacitybuilders' Improving Reach programme. The purpose of the commission was to explore the experiences of BME voluntary and community organisations (VCOs) with a view to presenting CfED with recommendations for improving sector engagement. This report captures those experiences and the experience of setting up the Programme. It is structured as follows –

Section 2 describes the Development Programme and its context and what the Community Engagement Programme was designed to achieve.

Section 3 describes the process of setting up the Community Engagement Programme and highlights some of the critical issues encountered along the way.

Section 4 provides feedback on participants' experiences and aspirations for engagement.

Section 5 makes specific recommendations for CfED to action.

Section 6 draws conclusions from the consultation.

2 DEVELOPMENT PROGRAMME FOR BME COMMUNITY GROUPS

2.1 Context

The Development Programme for BME Community Groups was established against a backdrop of primary and secondary research demonstrating that 70% of the BME-led organisations in the Dudley borough operate on an informal basis. The Improving Reach application described the sector as "fragmented, divided over racial, faith and cultural grounds, with organisations receiving limited opportunities for delivering services through service level agreements or commissioning and very little partnership working with mainstream providers."

The Development Programme was designed to equip organisations with the skills and knowledge to reduce the obstacles that are within their control and to understand and navigate their way through those that are beyond their

control.

2.2 Development Programme Objectives

The Development Programme set itself four main objectives –

1. To increase BME VCOs' capacity and confidence to deliver effective and efficient services.
2. To improve dialogue and working relationships between BME VCOs.
3. To improve the relationship with mainstream service providers
4. To improve BME VCOs' funding base and sustainability

This is a tall order for a one year pilot programme particularly as impact might not be observed within the life of the pilot. For example, calls for funding applications or decisions on applications might after the Development Programme has been delivered. Similarly relationship building needs a long term commitment. In the short term it could be difficult for CfED to demonstrate that these objectives have been met.

It is perhaps with this in mind that the Development Programme identified five priority areas that would enable participants to make progress towards the objectives listed above. The five priority areas were -

- Organisational development
- Project and Programme Development
- Leadership and Management
- Fundraising and Financial Management
- Community Engagement

2.3 Community Engagement Programme

The Community Engagement Programme was developed in response to suggestions that the BME VCS in the borough has little or no influence over policy makers due to its weakness in infrastructure, strategy and organisational management. On the face of it, this could imply that failure to engage is the sector's own fault and in reality BME VCOs do carry some of the responsibility. However, the national picture would suggest that whilst success in discharging this responsibility is necessary, on its own it is not sufficient to result in effective engagement. Actions by other stakeholders are also required.

Through the Community Engagement Programme CfED could find out what

else would need to be done. Consequently the Programme objectives were –

1. To obtain BME VCOs' perspectives on issues inhibiting their strategic engagement.
2. To generate ideas that could be used in programme development and support local agenda setting.

3 SETTING UP THE COMMUNITY ENGAGEMENT PROGRAMME

3.1 Delivery plan

The initial intention was for the Community Engagement Programme (CEP) to focus on three thematic areas within the Local Area Agreement (LAA) – Stronger and Safer Communities, Economic Development & Enterprise and Healthier Communities, Children, Younger & Older People. The Invitation to Tender specified that six thematic focus group discussions were required to be organised in two waves of three each. The first would explore experiences and identify inhibiting factors and the second would engage participants in formulating proposals for corrective action.

To promote informed focus group discussion, we proposed to –

- a) prepare and circulate a briefing paper on engagement opportunities and issues within Dudley; and
- b) prepare and circulate a report of the issues raised during the first wave of discussions along with preliminary suggestions for CfED to action, in order to inform and direct proceedings at the second wave of focus group discussions.

Each focus group would target ten participants, with the sample size being large enough to validate the final report as representative of the sector.

3.2 Plotting a new course

Before the commission could get underway, a number of events and discoveries led to the original delivery plan being revised –

- the Programme Co-ordinator resigned and due to staff shortages within CfED it fell to CfED's Chief Executive to keep it going;
- the Local Area Agreement was being superseded and restructured in the Next Generation Local Area Agreement (April 2008);
- DOSTI the community empowerment network had already been

commissioned to produce a community engagement strategy for the Dudley Community Partnership so the outcome from the CEP discussions could be channelled in that direction;

- the timescale moved on significantly without any promotional activity having taken place; and
- there was concern within CfED that in view of past experiences, the timescale and hence the limited period of notice that could be given, attendance levels would be low.

Ultimately the commission was scaled down, with two focus groups scheduled for 26th February and 6th March 2008. Each focus group would discuss experiences, aspirations and improvement proposals.

3.3 Out-turn

An insufficient number of people confirmed their attendance for the first focus group resulting in it being cancelled and people being referred to the second focus group discussion. That discussion did take place, being attended by 9 delegates.

As a consequence, this report provides a flavour of local experiences and aspirations although the commissioners are confident that its findings do reflect popular views within the sector.

4 ENGAGEMENT EXPERIENCES & ASPIRATIONS

4.1 Structure of the focus group

In spite of the revised approach, we remained committed to engaging delegates in an *informed* discussion. Timescales and lack of confirmation from delegates prevented advance circulation of the briefing paper as originally intended. In place of this, the discussion opened with a PowerPoint presentation structured to –

1. introduce the Development Programme for BME Community Groups;
2. stimulate discussion on the principles of community engagement;
3. learn about delegates' engagement experiences; and
4. encourage delegates to put forward suggestions for what they thought should be done to improve engagement.

A copy of the presentation is appended.

This report deals with the substance of the discussions under items 3 & 4 above.

4.2 Engagement experience

Experiences of engagement with strategic bodies were limited or else delegates did not recognise them as engagement. Surprisingly engagement in consultation activities was not mentioned but amongst the examples cited were service level agreements with Social Services and partnership working with the Police to produce a leaflet promoting awareness of the Yemeni community, its culture and the local services it provides. Other delegates seized this opportunity to suggest that there should be more engagement with the Police as this could facilitate joint (and hence sustainable) answers to issues facing the BME community.

It was apparent that there was an appetite for engagement, fuelled by the conviction that *"we know best"*. Priorities for engagement were in -

- influencing decisions
- working with the institutions in designing policies and services
- carrying out some aspects of service delivery

When asked why, in spite of desires engagement was not materialising, a consensus formed around the following barriers -

- i. language – use of technical terms and acronyms
- ii. culture – different organisational and management beliefs, values and practices
- iii. initiator – onus on BME communities to initiate the engagement
- iv. desire – do institutions want to engage BME communities?
- v. perceptions – that institutions do not want to engage with BME communities
- vi. comfort zone – institutions are accustomed to engaging through the community empowerment network and Dudley Council for Voluntary Services
- vii. know-how – do institutions understand BME communities and know how to engage with them
- viii. information – not knowing what opportunities for engagement exist or where they lie

- ix. skills – not having the skills to influence policy and service delivery
- x. confidence – community members lacking confidence, in part due to a lack of experience and in part due to the alien environment of engagement with the public sector
- xi. expectations – past experience of engagement making no difference lowering expectations of future engagement
- xii. capacity – fragile organisations, little time, dependency on volunteers and lack of skills for tendering

4.3 Change

Some of the reported barriers are internal to the BME VCS whilst others relate to institutions and partnerships with which engagement is desired. It is a complex scenario where changes in one corner will make little impact on the overall picture.

Some of the desirable changes can be inferred directly from the barriers identified eg having the skills to influence policy or institutions embracing the BME VCS. Other changes mentioned generally fall under the heading improving communications -

- i. Increased awareness of what public sector institutions are doing and what, where and when opportunities for engagement arise
- ii. Information about what is happening within Dudley Community Partnership
- iii. Opportunities for dialogue with public sector institutions

5 SPECIFIC RECOMMENDATIONS FOR CFED TO ACTION

Specific recommendations for CfED to action are grouped under three headings.

5.1 Direct services to BME VCOs

Under this heading, CfED is recommended to increase access to support services that will increase BME VCOs' capacity to influence and engage. CfED might elect to provide these services itself or alternatively to create access routes into relevant services available elsewhere in Dudley.

The menu of relevant services under this heading includes –

- Awareness raising of what, where and when opportunities for engagement arise
- Information dissemination with annotated policy analysis from a BME perspective
- Capacity building to improve organisations' governance and management
- Capacity building to increase personal skills and confidence in engaging

5.2 Community development

Under this heading, CfED is recommended to complement work directed at individual organisations with support for the sector as a whole. The recommendations draw on good practice community development principles¹ through -

- increased networking to strengthen the bonds between organisations
- workshops to create space for policy debate, to meet policy makers and to become familiar with engagement language
- facilitating processes to help the sector find solutions to common issues affecting them
- helping people work together on such issues under their own control
- collating good practice in building engagement with the BME VCS

5.3 Agent for change

This role is intended to exploit CfED's position within Dudley Community Partnership and its relationship with the BME VCS. CfED is active in both of these arenas and uniquely placed to -

- deliver a brokerage service, connecting public bodies with BME VCOs and vice versa
- increase dialogue with and accountability to the BME VCS
- make representation to Dosti for targeted consultation with the BME VCS on the community engagement strategy that it is developing for Dudley Community Partnership

¹ Department for Communities and Local Government, The Community Development Challenge, 2006

- advise and inform public bodies on community needs, viewpoints and processes
- assist public bodies to strengthen the sector
- assist public bodies to engage with the sector in terms of influencing public policy and delivering services

6 CONCLUSIONS FROM THE CONSULTATION

The tenor of the discussions suggest that organisations feel like they are in the bottom left hand quadrant of Dosti's Axis of Influence² - 'Capacity to influence' – 1 (out of 10) and 'Degree of influence' – 1 (out of 10). The characteristics of this quadrant are described as *"You feel powerless and as if there is little hope of changing anything. There are no openings for your issues. The network may need more organisation. You may need to consider what you want to influence or your approach to it"*. It is not hopeless but it is clear that actions need to be taken that will increase both the community's capacity to influence/engage and the degree of its influence/engagement.

² Dosti's Axis of Influence: a discussion-centred evaluation tool for community based networks in Dudley Borough, May 2007