Manchester City Council's
BME Funding & Investment Strategy
2008-2011

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RESEARCH REPORT
&
Findings of Consultation with the BME VCS

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29 October 2007

FINAL

CONTENTS

1	INTRODUCTION
	Manchester City Council (MCC) commissioned Manchester Council for Community Relations (MCCR) to undertake a research project to map the needs and priorities of Black and Minority Ethnic (BME) communities in Manchester. The brief (Appendix 1) provided by MCC was: 'In 2004, the Voluntary Sector Policy and Grants team at Manchester City Council agreed a funding strategy for 2005-2008 (Appendix 2) that focussed on the needs of newly arrived / rapidly expanding communities and socially excluded BME communities. We now wish to update this strategy by carrying out further analysis of these themes. MCCR are working with Manchester City Council to research the needs of BME communities across the city, to help determine where funding from the Voluntary Sector Policy and Grants Team should be invested from 2008 to 2011. If we can identify issues raised by specific communities, we can start to plan the framework for a more detailed discussion, e.g. ask "Which part of *your* community / communities need the most support". The information that we gather will form an investment strategy for the Voluntary Sector Policy and Grants Team for 2008-2011, and will also be used to provide information to other City Council departments that provide funding to voluntary and community groups.' The current BME grants programme, including tapering arrangements put in place to support BME groups and organisations affected by the funding strategy, comes to an end in March 2008. At present 12 BME VCS organisations receive grants, including 4 groups on tapered funding. (Appendix 3) MCC population estimates in 2006 (MCC mid-year projections) suggest that 24% of the population in the City now identify themselves as "non-white". The 2001 census showed a 19% BME population in Manchester, a large increase since the 1991 census. The City has a diverse BME population, including traditionally settled communities, refugee and asylum and new arrival and migrant communities. The needs and priorities of BME communities need to be addressed within this context. This project was undertaken through collaboration with the Manchester BME Network and Manchester Refugee Support Network (MRSN). A small sounding board group was set up to steer and advise on the research.

2	MANCHESTER AREA PROFILE
2.1	A Profile of the Ethnic Groups in Manchester
	The minority ethnic population in the UK has increased significantly over recent years, from only 1 million 3 decades ago to approximately 4.6 million today, which is 7.9% of the total population of the UK. This population is diverse: half of the ethnic minority population is Asian, chiefly Indian, Pakistani or Bangladeshi, and a quarter describe themselves as Black, either African or Caribbean.[1] Immigration to the UK from all over the world has increased the variety of communities that have settled here since the early 1960's. The city of Manchester has over the years attracted many immigrants from around the world due to the wide variety of employment sectors that the city has had to offer. The 2001 Census has provided us with a vast amount of detailed information about the growing and changing population of Manchester. This summary will outline the significant changes to

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[1] 2001 figures. Source: Office for National Statistics.

Manchester's communities based on the 2001 census findings.

"In September 2004, the Office for National Statistics (ONS) issued a final revised mid year population estimates for Manchester for 2001 and 2002 of 422,900 and 428,500 respectively.

The ONS did not revise the 2001 Census data and the ONS figures in this report are based on the 2001 Census population for the City of Manchester of 392,800, which will affect their accuracy, particularly at small area level."[2]

**MANCHESTER
2001 CENSUS**

Size of Resident Population by Ethnic Group

Ethnic Group	Number	% of total Population
White	**318,013**	**80.4**
Black & Minority Ethnic	**77,313**	**19.6**
Black Caribbean	9,044	2.3
Black African	6.655	1.7
Black Other	2,040	0.5
African-Caribbean	**17,739**	**4.5**
Indian	5,817	1.5
Pakistani	23,104	5.9
Bangladeshi	3,654	0.9
Indian Sub-Continent	**32,575**	**8.3**
Chinese	**5,126**	**1.3**
White / Black Caribbean	5,295	1.3
White / Black African	2,412	0.6
White / Asian	2,459	0.6
Other Mixed	2,507	0.6
Mixed	**12,673**	**3.2**
Other Asian	3,302	0.8
Other Non-Asian	5,898	1.5
Other Groups	**9,200**	**2.3**
TOTAL	**395,326**	**100.0**

2.2	**Demographics**

- Ethnic minority groups in Manchester constitute 19% of the total population of Manchester
- The ethnic minority population in Manchester increased by 46.1% between 1991 and 2001. In stark contrast, the White population in Manchester decreased by 10%.
- Asian was the largest overall ethnic minority group in the City, constituting 9.1% of Manchester's population, with Pakistani as the largest individual ethnic group at 5% of

[2] http://www.manchester.gov.uk/planning/studies/census/pdf/M2_Ethnic.pdf

	Manchester's population
	- The age structure of the ethnic minority population is much younger than the White population. Over 30% were aged below 16 compared to 20% of the white population. - Overall Mixed groups had the youngest age structure around 50% of people under the age of 16 and 85 per cent under the age of 35 - Manchester City Council's Policy Unit (Analysis) Chief Executive's Department, estimates that by 2011 the Minority Ethnic population of Manchester will be 29% of the total population.
2.3	**Housing**
	36.8% of all ethnic minority headed households were owner-occupied, compared to 42.6% of White headed households 56.4% of Pakistani, almost 50% of Indian and 48.5% of Bangladeshi households were owner-occupiers, higher than the City average of 41.8% - On the basis of occupancy rating, 22.6% of ethnic minority households were living in an overcrowded condition, compared to 9.3% of all households and 11.2% of White households 45.1% of households headed by ethnic minority groups were without a car or van and 42.4% had access to one and 12.5% two or more. The corresponding figures for White headed households were 48.2%, 39.1% and 12.7% respectively.[3]
2.4	**Economic Activity**
	- Economic activity rates of the White population aged 16-74 were 57.4%, compared to 48.3% for the ethnic minority population - Amongst all the ethnic minority groups, Black and Mixed groups had the highest economic activity rates (55.1% and 53.5% respectively) compared to Asian and Chinese groups (45.4% and 40.8% respectively) - Within the Asian groups, Indians had the highest economic activity rates (47.2%), and Bangladeshis the lowest (42.7%) - Most part-time workers were from an ethnic minority (28.4%) compared to 20% from White groups. 36.1% of part-time workers were ethnic minority women compared to 33.3% of White women. Women from the Other Black group had the highest proportion (42.9%) and Indian women had the lowest proportion in part-time work (26.5%). - Self-employment among Asian groups was the highest accounting for nearly 9% of economically active persons. The smallest proportions were found in the Black and Mixed groups with only 5.2% and 5.9% respectively. Only 7.5% of White groups were self-employed, compared to 12.5% of all ethnic minority groups. *For all ethnic minority groups, the unemployment rate was 15.7% for men and 11.8% for women, compared to the rate for White groups of 10.2% and 5.6% respectively.* *15.6% of young people (16-24) from ethnic minority backgrounds were unemployed compared to 11.1 of young people from White groups.* "BME people have on average unemployment rates of 12% compared to 6% for white groups. Black men have the highest unemployment rates, up to 22.7%."[4] 24.6% of economically inactive White groups were students, compared to 40.5% for all ethnic minority groups.
2.5	**Education**
	"In 2004/05 there were just over 1 million students domiciled in the UK studying for a first degree, 17 per cent of whom were from an ethnic minority (HESA, 2006)."[5] Whilst the number of young people from BME backgrounds undertaking higher education is increasing, there are a larger number who do not go on to further education after their GCSE's. "In 2002 'Other Asian' pupils had the highest attainment of 5 or more GCSE grades A–C (64%). *Black*

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[3] http://www.manchester.gov.uk/planning/studies/census/pdf/M2_Ethnic.pdf

[4] http://www.rota.org.uk/pages/policy/Equalities.htm

[5] http://www.eoc.org.uk/PDF/Job_seeking_ethnic_minority_students.pdf

		pupils had the lowest at 36% and young white people between the age of 16 – 24 have the lowest participation rate in full time education (32%)."[6] • "Manchester had a higher proportion of both people from ethnic minority groups and students from ethnic minority groups than England as a whole. The proportion of people in England from ethnic minority groups was 9%; the proportion of full-time students in England from ethnic minority groups was 21%. "[7] However, it should be noted that while the proportions are quite high, a significant number have come from other cities to study in Manchester.
	Qualifications	
		• 26.6% of ethnic minority people aged 16-74 had a higher qualification at level 4/5. By contrast, only 20.3% of the White groups had a qualification at the same level. • 35.1% of the White groups had no qualifications, compared to only 28.4% of all ethnic minority groups. • Only 13.6% of people from Other White groups held no qualification, compared to 52.7% of the White Irish and 43.3% of Bangladeshis. • Of those who had no qualifications, 100% of White/Black African, almost 80% of both Bangladeshis and Chinese groups were aged 60-64.
2.6	**Health**	
		• A higher proportion of people with a limited long-term illness were in the White ethnic group (23.2%) compared to the ethnic minority groups (14.3%). • 13.4% of the White groups in Manchester said that they were not in good health, compared to only 8.7% of ethnic minority groups as a whole. • 21.9% of White Irish said they were not in good health, compared to only 5.5% of the Chinese and Other ethnic minority groups. Only 8.9% of all Asian groups and 11.6% of Black groups said they were not in good health.
2.7	**Geographical Distribution**	
		• *Over 54% of all ethnic minority population lived in eight wards*. By contrast, only 17% of White people lived in those wards. • Certain areas of the city had concentrations of certain groups. 52% of the City's total Bangladeshi population lived in Longsight and Rusholme. • Over 57% Longsight's population were from ethnic minority groups. By contrast, only 4.6% of the population of Charlestown were from ethnic minorities. Longsight and Cheetham's population comprises of 42.5% and 31.9% of people from Asian origin respectively. • Black ethnic groups make up nearly 29% of Moss Side's total population. • 41.7% of the population in the Hulme/Moss Side Partnership and 40.8% of the A6 Corridor Initiative areas were from ethnic minority groups, compared to only 5.5% in Wythenshawe and 8.9% in New East Manchester.

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[6] http://www.rota.org.uk/pages/policy/Equalities.htm
[7] http://www.manchester.gov.uk/planning/studies/census/pdf/M5_Students.pdf

3	BME VCS : SURVEY FINDINGS

3.1	**Questionnaire Aims**
	The aim of the questionnaire was to keep the brief simple. We wanted to capture the issues that BME communities are facing now and ones that they will face in the near future. It would capture both qualitative and quantative information from the BME community.[8] Afterwards focus groups were held (for those who wanted to participate) to gather more in-depth information about concerns for their communities. The aim of this report is to write up what individuals and organisations have said about their community needs and priorities. The information will be handed to Manchester City Council in the hope that it will give them a clearer picture of where priority should be given in the 2008-2011 funding stream for the BME sector.
	For this report we have adhered as closely as possible to the National Statistics classification of ethnic groups. This is broadly in line with the 2001 Census. These classifications are not set in stone, but attempt to include all ethnic groups.
	The questionnaire was divided into 3 sections: 1. **About your organisation / group** 2. **BME community needs in Manchester** 3. **Infrastructure and Capacity Building support needs** **Section 1**: gathers factual data about the responses we got, e.g. ethnicity, locality, main service delivery areas and main client groups **Section 2**: gathers information specifically about the organisations' views on community needs now and in the next 3 years **Section 3**: gathers information on the infrastructure and capacity building needs of the organisation itself, what support services they are lacking and who they currently turn to for support

3.2	**Methodology**
	When compiling the list of who to send the questionnaire to, we made sure that we listed all the different communities in the Manchester area. We complied a list from the Manchester BME Network (and asked them to forward it to their client base) the 2006 MRSN directory, Scarman Trust (they put the questionnaire on their website) and asked our BME members to send copies of the questionnaire to their clients and other BME organisations[9]. In total 385 questionnaires were sent out across Manchester directly from MCCR.
	Ethnic Monitoring This was broken down into specific ethnic groups. Below are the ethnic groupings that we have used in the questionnaire to try to simplify, yet capture, the diversity of Manchester: **Asian or Asian British**: Bangladeshi, Indian, Pakistani, Other Asian [please specify] **Black or Black British**: African, Caribbean, Other Black [please specify] **White**: [please specify] **Middle Eastern**: [please specify] **Eastern European**: [please specify] **Chinese** **Other** [please specify]
	Response Rate In total 385 questionnaires were distributed across Manchester. Many of these were sent to individuals and public services listed on BME databases, e.g. CN4M, and some were duplicated by use of more than one organisation's database. We received 50 completed questionnaires. Of these, 14 were from refugee groups to whom MRSN has distributed questionnaires. This is a minimum 13% feedback rate, although the true rate may be up to 100% higher because of the

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[8] Appendix 1.1 - Copy of questionnaire sent out across Manchester
[9] See Appendix 2

factors given above. Manchester City Council aim for a minimum 10% response rate to ensure the validity of the exercise and reports written. MCCR has managed to exceed this and, therefore, the report is valid.[10] The diverse ethnicity of the respondents and the spread across the city, as shown in Section 3.3. below, supports this claim . Of the 50 returned questionnaires, 3 were from outside Manchester (Salford and Bolton) so their quantitative data could not be used and they did not take part in the focus groups. However, their concerns and general comments about BME needs will be included within this report.

Factual Data – Section 1
As is the case with questionnaires, sometimes respondents do not answer questions correctly. We have compiled tables to illustrate the information gathered from Section 1 from the responses we received.
Factual Data – Section 2
The information from this section is included the main body of the report, as this is the foundation of the report.
Factual Data – Section 3
This information from this section is included in the report to give an overview of the infrastructure and capacity building support needs of BME community groups. This will be used by MCCR for reference in the future, as MCCR tries to address these BME community needs.

Focus Groups
Focus groups were held for those who wanted to take part (they ticked a box on the questionnaire to confirm this). Four sessions were held at MCCR's Annexe in Moss Side. The focus groups were divided into specific interest groups:
BME VCS Organisations: 4th June 10.00am-11.00am
BME VCS Organisations: 6th June 10.00am-11.00am
MRSN Groups: 7th June 5.30pm-6.30pm
Manchester City Council Officers: 8th June 10.00am-11.00am[11]

3.3	**Returned Questionnaires**

Ethnicity	Number
All Ethnic Groups	15
African	16
Caribbean	7
Indian	9
Chinese	2
Bangladeshi	7
Pakistani	5
White Ethnic	2
Middle Eastern (Kurdish & Iraqi)	2
Eastern European	1
Other Asian (Sri Lankan)	2
Other: Jewish	1
Mixed Heritage	2

Demographics	Number	Percentage
North Manchester	8	16%
South Manchester	31	62%
Central Manchester	5	10%
East Manchester	2	4%
Wythenshawe	1	2%

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[10] See Appendix 3 – List of returned questionnaire participants
[11] A list of attendees is in Appendix 4

Section 1
BME Groups
Q. 1.4 Main service delivery area of your organisation %

Organisation Name	Social Care	Arts & Culture	Education	Welfare Information	Health	Housing	Community Safety	Employment	Vocational Training	Sport & Leisure
Jain Samaj Manchester	10	20	5	15	10		15		10	25
Chinese Arts Centre	20		40	20					10	10
Odopa Cultural Group		50	50							
Manchester Jewish Federation	90									
Wythenshawe Black Community Group		50		50						
Carisma							100			
Theatre of Colour		100								
Sri Lanka Friendship Association		15	20	10						20
St. Thomas Aquinas			100							

BME Groups
Q 1.5 Main clients of your organisation %

Organisation Name	All Communities	Migrants/New Communities	Older People	Single Parents	Adult Community	People with disabilities	Young People	Unemployed People	Children	Homeless	Women	Gay & Lesbian	Refugees/Asylum Seekers	Other
Jain Samaj Manchester	10	20	20			10	20				20			
Chinese Arts Centre	20				20		20	10		10				
Odopa Cultural Group							40		50					
Manchester Jewish Federation			60	3		10	4	2	20	1				
Pakistani Community Centre	100													
CCDA	100													
Carisma	100													
Theatre of Colour	100													
Sri Lanka UK Friendship Association	100													
Greater Manchester Bangladeshi Association			10		10		30	20	10		20			
Afro-Asian Society			10				40				50			
Saltshaker	20		10	12			15	10	3		30			
SEDI	100													
Himmat											85			
Friendship Healthcare Women's Association											100 *			#
St. Thomas Aquinas	100													

Women with health problems

Refugees & Asylum Seekers
Q 1.4 Main service delivery areas %

Organisation Name	Social Care	Arts & Culture	Education	Welfare Information	Health	Housing	Community Safety	Employment	Vocational Employment	Sport & Leisure	Other
East District New Arrivals Team											Family Support for all delivery areas
United Somali Bravanese			20	80							
The Somaliland Community Centre			20	80							
Manchester Central African Community				100							

Refugees & Asylum Seekers
Q1.5 Main clients of your organisation %

Organisation Name	All Communities	Migrants/New Communities	Older People	Single Parents	Adult Community	People with disabilities	Young People	Unemployed People	Children	Homeless	Women	Gay & Lesbian	Refugees/Asylum Seekers	Other
United Somali Bravanese			10				10						80	
The Somaliland Community Centre		5											95	
Manchester Central African Community													100	
Africa Community Organisation													100	

Section 2
BME Groups
Q.2.2 Main issues for BME communities for the next 3 years

Rate 1 being the lowest 5 the highest Issues (Points)	1	2	3	4	5
Crime / Community Safety (41)	2	2	4	4	3
Drugs (17)	1	1	2	1	
Welfare (42)	2	5	1	3	3
Housing (27)	1	2	3	2	1
Racial Harassment (25)	2	1	2	1	3
Care (23)	3	1		1	2
Health (56)	4	5	2	4	2
Jobs (55)	5	4	1	5	1
Culture (17)	1	0	2	1	4
Training (27)	1	3	2	2	0
Education (48)	3	2	5	2	6
Other	1 (ESOL)		1 (Language)		

BME Groups
Q.2.2 Main issues for BME communities for the next 3 years - Priorities

Main Issues for next 3 years	Points
1. Health	56
2. Jobs	55
3. Education	48
4. Welfare	42
5. Crime / Community Safety	41

BME Groups
Q.2.2 Main issues for BME communities in 3 years (Clusters)

Main Issues for next 3 years	Points
1. Jobs & Training	82
2. Education & Training	75
3. Welfare and Care	65
4. Crime / Community Safety and Drugs	58
5. Health	56

Conclusions:
The questionnaire results show that the key issues for BME communities are the interlinked issues of:
   1. **Education, Training and Jobs**
   2. **Welfare, Care and Health**
   3. **Crime and Community Safety**

These needs cross reference with 4 of the 5 themes of the Manchester Partnership, e.g.
   1. Economic Development
   2. Adult's Well-Being and Health
   3. Crime and Disorder
   4. Sustainable Neighbourhoods

BME Groups
Q2.2 Which part of your community needs the most support?

Rate 1 being the lowest 5 the highest	1	2	3	4	5
Greatest Need (Points)					
All of the Community (30)	3	1	1	1	6
Migrants/New Communities (35)	3	3	1	2	1
Older People (48)	4	1	5	3	3
Single Parents (17)	0	3	0	2	1
Adult Community Only (14)	1	1	1	1	0
People with disabilities (16)	1	1	1	2	0
Young People (52)	5	2	3	5	0
Unemployed (42)	3	1	4	2	7
Children (46)	3	4	3	2	2
Homeless (8)	0	1	0	2	0
Women (33)	1	3	4	1	2
Gay/Lesbian (0)	0	0	0	0	0
Refugees & Asylum Seekers (46)	6	3	0	1	2
Other (0)	0	0	0	0	0

BME Groups
Q2.2 Which part of your community needs the most support? Priorities

Community Needs Most Support	Points
1. Young People	52
2. Older People	48
3. Children 3. Refugees and Asylum Seekers	46 points each
5. Unemployed	42

BME Groups
Q2.2 Which part of your community needs the most support? Clusters

Community Needs Most Support	Points
1. Young People and Children	98
2. Refugees & Asylum Seekers and Migrants / New Communities	81

Conclusions:

The people in most in need of most support in BME communities are as follows:
1. **Young people**
2. **Older people**
3. **Children**
4. **Unemployed people**

If you use the cluster principle, **Young People and Children are the main priority.**

At the same time, BME communities endorse the City Council's policy of focusing part of its BME funding strategy on Refugee and Asylum Seekers and Migrants / New Communities.

Refugees & Asylum Seekers
Q 2.2 Main issues for Refugees & Asylum Seekers communities in 3 years

Rate 1 being the lowest 5 the highest	1	2	3	4	5
Issues (Points)					
Crime/Community Safety (8)	0	0	1	2	1
Drugs (4)	0	0	1		1
Welfare (9)	1	0	0	1	2
Housing (11)	0	1	1	2	0
Racial Harassment (7)	1	0	0	0	2
Care (1)	0	0	0	0	1
Health (10)	0	1	2	0	0
Jobs (25)	3	0	2	2	0
Culture (5)	1	0	0	0	0
Training (13)	0	3	0	0	1
Education (27)	2	3	1	1	0

Refugees & Asylum Seekers
Q 2.2 Main issues for Refugees & Asylum Seekers communities in 3 years - Priorities

Main Issues for next 3 years	Points
1. Education	27
2. Jobs	25
3. Training	13
4. Housing	11
5. Health	10

Conclusions:

It is probably not surprising that **education and jobs are the main issues for migrant communities, followed by training, housing and health,** giving a slightly different profile to BME communities.

Refugees & Asylum Seekers
Q 2.2 Which part of your community needs the most support?

Rate 1 being the lowest 5 being the highest	1	2	3	4	5
Support Needs (Points)					
All Community (1)	0	0	0	0	1
Migrants / New Communities (10)	1	1	0	0	1
Older People (10)	1	1	0	0	1
Single Parents (4)	0	0	1	0	1
Adult Community Only (2)	0	0	0	1	0
People with disabilities (1)	0	0	0	0	1
Young People (22)	2	1	2	1	0
Unemployed (8)	0	1	0	1	2

Children (16)	1	2	0	1	1
Homeless (3)	0	0	1	0	0
Women (16)	0	2	2	1	0
Gay/Lesbian (0)	0	0	0	0	0
Refugees & Asylum Seekers (25)	3	0	2	2	0
Other (0)	0	0	0	0	0

Refugees & Asylum Seekers
Q 2.2 Which part of your community needs the most support? Priorities

Community Needs Most Support	Points
1. Refugees & Asylum Seekers	25
2. Young People	22
3. Children 3. Women	16 points each
5. Older People 5. Migrants / New Communities	10 points each

Refugees & Asylum Seekers
Q2.2 Which part of your community needs the most support? Clusters

Community Needs Most Support	Points
1. Young People and Children	38
2. Refugees & Asylum Seekers and Migrants/New Communities	35
3. Women	16

Conclusions:

Apart from the obvious that they prioritise their own needs, again young people and children are a clear priority, followed by women and older people.

Section 3

BME Groups
Q.3.1. Infrastructure and Capacity Building Support Needs

Q.3.1 What are your main support needs? (1 is the highest, 5 is the lowest)					
Needs (Points)	**1**	**2**	**3**	**4**	**5**
Business planning (41)	4	2	3	2	
Developing policies & procedures (21)	3			2	2
Management performance (10)	1	1			1
Advocacy for the BME VCS (12)		1	1	2	1
Management committee training (15)	1		2	2	
Consultation & representation (21)		1	2	4	3
Staff training needs analysis & training		2			3
Hands-on support to complete funding applications (42)	6	1	1	1	3
Staff development (24)		2	4	2	
Knowledge of funding & voluntary sector support (50)	3	6	2	2	1
Support in setting up systems & procedures (14)		1	2	1	2
Support with financial management & monitoring (15)	1		2	1	2
Other [please specify]	1 - Sustainable Funding	1 Staff/rent			1 - More transparency of government agencies

BME Groups
Q.3.1 Infrastructure and Capacity Building Support Needs

Capacity Building Needs	Points
1. Knowledge of funding & voluntary sector support	50
2. Hands-on support to complete funding applications	42
3. Business planning	41
4. Staff development	24
5. Developing policies & procedures and Consultation & representation	21 points each

Conclusions:

Information about funding and support services, practical help with making funding applications and business planning are the main needs, followed by staff development, developing policies and procedures and support regarding consultation and representation are the main needs.

BME Groups
Q.3.2 Infrastructure or Capacity Building Support Needs

Q.3.2 In the last 3 years from which organisations have you received infrastructure or capacity building support?	
1 North West	0
GMCVO	4
3SE	1
Health Authority Service contract departments	5
3rd Sector Support/Fast	1
Lesbian & Gay Foundation	0
BHA	2
Local authority service contract departments	7
CEMVO	3
Community Accountancy	7
Manchester BME Network	4
CTAC	0
MCCR	11
MRSN	2
MRHF	1
POPS	6
Refugee Council	0
The Scarman Trust	5
SEDI	0
TUC	0
Manchester City Council	9
VAM	9
Church Action on Poverty	1
CN4M	4
Confederation of Indian Organisations	3
Other Organisations	4*
Other BME VCS organisations	0

* NCVO/West Midlands European Network/ Children's Services/ Arts Council GB

BME Groups
Q.3.2 Main Infrastructure or Capacity Building Support Providers

Capacity Building Needs	Support
1. Manchester City Council and Local authority service contract departments	11 + 7 = 18
2. MCCR	11
3. VAM	9
4. Community Accountancy	7
5. POPS	6

Conclusions:
The main provider of support to the BME VCS is Manchester City Council, probably primarily through the service departments that provide the sector with service contracts. The next group of organisations providing the most support includes MCCR, VAM, Community Accountancy (a technical service) and POPS (a specialist service). MCCR and POPS currently both receive funding to work with the BME VCS through the Capacity Builders Improving Reach programme.

Section 3
Refugees & Asylum Seekers
Q.3.1 Infrastructure and Capacity Building Support Needs

Q.3.1 What are your main support needs? (1 is the highest, 5 is the lowest)					
Needs (Points)	**1**	**2**	**3**	**4**	**5**
Business planning (21)	2	1	2		1
Developing policies & procedures (0)					
Management performance (6)		1		1	
Advocacy for the BME VCS (4)			1		1
Management committee training (3)			1		
Consultation & representation (2)					2
Staff training needs analysis & training (11)		2		1	1
Hands-on support to complete funding applications (23)	2	1	2	1	1
Staff development (9)		1	1		2
Knowledge of funding & voluntary sector support (11)	1			3	
Support in setting up systems & procedures (5)			1	1	
Support with financial management & monitoring (20)	2	2		1	
Other [please specify] 1- Sustainable Funding					

Refugee & Asylum Seekers
Q.3.1 Identifed Main Needs

Capacity Building Needs	Points
1. Hands-on support to complete funding applications	23
2. Business planning	21
3. Support with financial management & monitoring	20
4. Knowledge of funding & voluntary sector support and Staff training needs analysis & training	11 points each

Conclusions:

Practical help with making funding applications and business planning, plus financial management and monitoring support, for which there is a greater need in new, inexperienced and smaller organisations, are the main needs. Information about funding and support services and staff development major needs.

Refugee & Asylum Seekers
Q.3.2 Infrastructure or Capacity Building Support

Q.3.2 In the last 3 years from which organisations have you received infrastructure or capacity building support?	
1 North West	0
GMCVO	1
3SE	0
Health Authority Service contract departments	0
3rd Sector Support/Fast	0
Lesbian & Gay Foundation	0
BHA	2
Local authority service contract departments	2
CEMVO	0
Community Accountancy	5
Manchester BME Network	0
CTAC	1
MCCR	2
MRSN	8
MRHF	1
POPS	3
Refugee Council	4
The Scarman Trust	0
SEDI	0
TUC	0
Manchester City Council	6
VAM	4
Church Action on Poverty	2
CN4M	1
Confederation of Indian Organisations	0
Other Organisations	1- Community Pride 1- Zest 1- Sure Start
Other BME VCS organisations	

Refugee & Asylum Seekers –
Q.3.2 Main Support Providers

Capacity Building Needs	Support
1. Manchester City Council and Local authority service contract departments	6 + 2 = 8
1. MRSN	8
3. Community Accountancy	5
4. VAM	4
4. Refugee Council	4

Conclusions:

The main providers of support to the Refugee and Asylum Seeker Groups are Manchester City Council and MRSN. Again, next group of organisations providing the most support include VAM and Community Accountancy (a technical service) plus the Refugee Council. All of the identified support services are part-financed, directly or indirectly, through the Capacity Builders Improving Reach programme.

4	BME VCS : FOCUS GROUP FINDINGS

SUMMARY

There were 4 focus groups, 2 with BME representatives and 1 each with Refugee and Asylum Seeker groups and City Council Officers. In total 50 people participated in the Focus Groups, which attempted to discuss the main needs and priority groups in more detail. This resulted in a large quantity of comments and views. In order for these discussions to have value to the report, we have identified the 3 main issues under each thematic heading.

Education
- Education standards, particularly of black African-Caribbean youth
- Support for parents and on parenting issues, particularly single parents
- ESOL classes for adults and children (primarily refugees and migrant workers)

Employment
- Improved basic and core vocational skills
- Appropriate skills training to the required level to obtain employment
- Information and guidance and supported access to job opportunities

Health
- Culturally appropriate care for the elderly
- Mental health, particularly Asian (Muslim) women and Refugee/Migrant women
- Drug abuse amongst young people and children

Community Safety
- Racial harassment, particularly amongst Refugees and Migrants
- Policing, more/better policing and more sensitive policing

Housing
- Better housing, particularly for Refugees and Migrants
- Less overcrowding, amongst low income groups with large families

Social services
- Welfare advice
- Services and inclusion of disabled people from BME backgrounds

Community
- Centres for social/community activities, particularly for Refugees/Migrant families
- More recreation, social and cultural activities again for Refugees/Migrant families

Young People
- More evening/weekend/holiday local, appropriate and affordable sporting and cultural activities
- Homework and revision clubs and support for young people in education

Women
- Emotional support for single Asian (Muslim) women
- Support for parents in raising their children, e.g. classes, groups and services
- Women only leisure facilities, including swimming, healthy living and recreation

Support Services
- More support from the council
- Forums to discuss views and ideas, to develop representation and participation

5	KEY RECOMMENDATIONS AND FUTURE ACTION
5.1	The aim is: 1. To cross reference the research to identify the main needs and priority groups in BME and Refugee and Migrant communities. 2. Plan future action, so that an effective 3 year funding programme, that addresses appropriate gaps in services, is developed and rolled out to meet the expectations of the City Council and the communities. 3. Ensure that appropriate and effective infrastrucutre and capacity building support are available to the sectors.
5.2	**The main needs and priority groups in BME communities identified through the questionnaires were:** 　　**Needs:** 　　**Education, Training and Jobs** 　　**Welfare, Care and Health** 　　**Crime and Community Safety** 　　**Priority Groups:** 　　**Main - Young people and children** 　　**Secondary Groups** - Older people and Unemployed people The City Council is responsible for education, and jointly responsible for welfare/care and crime/community safety. **Recommendation1 - Grants should be considered to address identified deprivation and exclusion experienced by young people and children in education, welfare and care, including parenting, and crime and community safety. Cross-community work should be an element of this programme.**
5.3	**The main needs and priority groups in Refugee and Migrant communities were:** 　　**Needs:** 　　Education and jobs are the main issues, followed by training, housing and health 　　**Priority Groups:** 　　Young people and children are the priority, followed by women and older people The City Council is responsible for education and housing. Most VCS groups in this sector focus on welfare and/or education. **Recommenadation 2 - Grants should be considered for activities to address identified deprivation and exclusion experienced young people, children and women related to education and health: also the provision of housing information and support could be considered for grant aid. Cross-community work should be an element of this programme.**
5.4	**Additional needs and priority groups in BME communities identified through the**

focus groups

The focus groups identified additional needs and priority groups, including the mental/emotional health of various sectors of the community. They felt this to be a important issue to all migrant communties, who function under stress, particularly women, who often have multiple work and family responsibilities and in some communities experience additional isolation, harassment and discrimination.

Recommendation 3 – Grants should be considered to address the mental and emotional health of sectors of the BME community, in particular Asian (Muslim) and refugee women

5.5	**Plan future action, so that an effective 3 year funding and investment programme, that addresses appropriate gaps in services, is developed and rolled out to meet the expectations of the City Council and BME communities.**

The resources available to fund the grant programme (£300-£500k) cannot successfully address the needs of 24% of the city's population in the identfied priority groups. Therefore, a process has to be developed to simultaneously:

Recommendation 4 - Co-ordinate what is done by the City Council service departments and other public/responsible bodies to ensure that the identified needs form part of the LAA and are addressed by the Manchester Partnership and Agenda 2010

Recommendation 5 - Identify any additional or new sources of revenue, e.g. results of the comprehensive spending review, community cohesion funds for young people's 'bridging activities', etc.

Recommendation 6 - Establish a Steering/Strategy Group, including BME and Refugee Advisors, to adopt a joint approach to further prioritising and matching resources to the identified needs

Recommendation 7 - Work in partnership with MRSN to design an effective Refugee/Migrant grant management system

Recommendation 8 - Liase with the City Council's Community Cohesion Steering Group and other appropriate groups

Recommendation 9 - Commission any additional work required to develop the funding strategey

5.6	**Infrastructure and Capacity Building**

The research identified the infrastructure and capacity building needs and requirements of BME and Refugee/Migrants VCS; and also the key roles of the City Council, MCCR and MRSN.

BME Groups:
Information about funding and support services, practical help with making funding applications and business planning are the main needs, followed by staff development, developing policies and procedures and support regarding consultation and representation.

Refugee/Migrant Groups:
Practical help with making funding applications and business planning, plus financial management and monitoring support are the main needs. Information about funding and support services and staff development major additional needs.

It is possible that continued revenue support to MCCR and MRSN would also enable them to access the new 3-year revenue grants from Capacity Builders, which would in turn enable them to support the BME VCS by providing some of the identified services; also this would generate additional revenue and activities in the sector.

Recommendation 9 - MCCR and MRSN should continue to be funded to support their sectors, as well as undertake community cohesion programmes.

6.	**Stakeholder Response (MRSN)**

1. What is the role of your organisation in the city specifically for the BME VCS
(What Services, target groups, geographical areas covered, history of your group supporting the BME VCS, how long have you been providing service /support)

The overall aim of Manchester Refugee Support Network (MRSN) is to improve the quality of life and access to opportunities for refugees and asylum seekers in Manchester.

Services: Community Development Service, Legal Advice Development Service, SUNRISE Volunteer Advocacy Service, Refugee and Migrant's Forum.

Target groups: Refugee Community Organisations (RCOs) and individual refugees and asylum seekers.

Geographical areas covered: Primarily the city of Manchester, though some beneficiaries are residents of other boroughs of Greater Manchester.

History of group in supporting the BME VCS: MRSN started as a support network of 5 RCOs in 1995 and has grown into a specialist infrastructure organisation for newly arrived communities in Manchester. It does provide a limited amount of direct services e.g. legal advice but these services have a strong developmental aspect to them and are intended to act as examples of good practice for RCOs, rather than to attempt to meet all the needs themselves.

2. In your experience, what are the main needs of BME communities?
(Main needs/issues, which communities are in most need, who needs most support, priorities for the next 3 years)

The needs of refugee and asylum seeking communities are not dissimilar to those of other communities but, because of their status and probable unfamiliarity with British bureaucracy and procedures, their needs need to be met in different ways:
Community development – support for community development that takes place prior to establishing an RCO
Start-up – intensive support, possibly over extended periods
Governance – training in British legal and governance procedures
Skills and knowledge – personnel with experience and skill gained outside the UK that may not be immediately transferable
Funding and income generation – understanding how VCS funding works, funders' requirements and fundraising language
Organisational development – capacity building support with employing staff, finance, obtaining quality standards (necessary for accessing certain sources of income), health and safety
Leadership and staff development – support for individuals to enable them to participate in wider forums affecting their communities
Premises - advice on premises and access to premises
Service development – developing a range of services, advice on policy, legislation and

regulations e.g. child protection

Networking and partnerships – lack of effective networks, developing RCOs' potential for disseminating information and providing an effective voice

Lobbying, campaigning, advocacy and public awareness – community cohesion issues often arising through hostility towards asylum seekers and refugees
Volunteering – high dependence upon volunteers but a lack of expertise and resources to recruit and manage volunteers effectively

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3. What are the main areas of capacity building/infrastructure support?
(Are needs being met, what are the gaps)

Community Development for RCOs: this is a specialised area of work. We are aware of about 60 RCOs operating in Manchester and MRSN is currently unable to support all these groups to the extent that they need. This includes *start-up support* for new groups (developing a Constitution, policies and procedures, securing their first funding for a one-off event etc) and *developing established RCOs* as they seek mainstream funding, start to employ staff, rent premises etc.

Integration for individuals and groups, linking them with other services. Our SUNRISE volunteer advocacy service is limited to people referred by Refugee Action who have recently been awarded refugee status. Integration is a much longer-term process than this and MRSN is interested in working with Refugee Action and other partners to develop more of a group approach to integration e.g. by an RCO working with a local residents group to address issues relevant to the local community as a whole.

Support to develop the advice-giving capacity of RCOs, so that the legal advice that they give to their own communities meets quality standards and the regulatory requirements for immigration advice. The Refugee Advice Partnership between advice agencies and RCOs provides a useful model to take this work forward.

Support to influence the policy makers in the City and beyond, co-ordinating, training and equipping individuals to take forward the issues identified in the Refugee Charter for Manchester. MRSN has one paid post to develop the Refugee and Migrants Forum and needs more resources than this to make the Refugee Charter effective in all Charter areas.

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4. What types of resources and support does the BME VCS need?
(Who should provide it, is it necessary to provide dedicated support for the BME sector)

In 2006 MRSN worked with Refugee Action and the Evelyn Oldfield Unit to develop a strategy to support and develop Refugee Community Organisations in Greater Manchester. The following seven issues form the basis of a strategy:
1. Into the mainstream
2. Stabilising organisations
3. Developing and supporting community leaders
4. Creating sustainable organisations
5. Developing funding for the sector
6. Helping RCOs contribute to the policy agenda
7. Organisational development

Some needs of RCOs are quite specific. They find it hard to access mainstream infrastructure support due to language and cultural differences, as well as a lack of familiarity as to how to how UK structures work. On a very basic level we need to telephone RCO members before every event to remind them to attend, as they often have more pressing concerns in their lives. Personal relationships are also key, to build trust and confidence so that so-called "hard to reach"

groups are fully engaged in the life of the City.

Inevitably support with fundraising is the top priority for many RCOs. Success in funding applications is often dependent on compliance with quality standards around governance and finance etc. MRSN and the Refugee Council have been working with 12 groups in Manchester to meet the QUASRO (Quality Assurance System for Refugee Organisations) Standards.

The lack of adequate premises is a key need for many groups. As most groups are entirely volunteer-led and with very small (if any) funding, it is an unrealistic expectation that each group can have its own premises. We have experience of refugee groups using the Green Fish Resource Centre and our own advice centre at 129 Princess Road. There is a need to expand "hot desking" and the sharing of premises in a co-ordinated way that maximises usage. Larger meeting spaces are also needed as a free or low-cost resource for groups to hold social events and meetings.

Volunteering is a key issue for all groups. Once refugees are integrated and move into study and paid employment, their capacity to volunteer within their groups becomes very limited. Those with more time to volunteer tend to be more newly-arrived members who are less familiar with the way British systems work. Groups have the need for volunteers to assist with admin, finance and IT, as examples. MRSN receives many enquiries for volunteers and is interested in developing 'placements' within RCOs where skills could be matched with needs and MRSN take on a supervisory function to promote good practice in volunteering within the RCOs.

Most groups provide an advice and information service for their communities and there is evidence that people who might not access mainstream advice providers, such as Manchester Advice, access these services. The success of the Refugee Advice Partnership in assisting 3 RCOs to achieve the Community Legal Service Quality Mark demonstrates the commitment of RCOs to take full advantage of this support to meet quality standards.

5. Funding for BME 2008-2011
(What proportion should be grants: contracts. Your views on fundraising support, consultant support, dedicated funding for BME sector, any kind of prioritisation)

The needs of newly arrived and rapidly expanding communities should remain a key priority for funding. Contracts are clearly not appropriate for RCOs. It may be that an agency such as MRSN would be better placed to act as the lead agency and to distribute small funds to RCOs. This is a model that has worked well within the Refugee Advice Partnership and attracted funding from funders such as the Legal Services Commission, who contracted with MRSN as a registered charity and CLS Quality Marked organisation. RCOs then received funding via MRSN to develop their information and advice services.

There are issues around sustainability (some groups will fold) so it is vital that the expertise that MRSN has built up in working with these groups is used to ensure that funds are used well. The experience of many RCOs is that they miss out on funding because funders are not prepared to take the risk of funding these groups. This has certainly been an issue with Lottery funding. Consequently the refugee-led sector is seriously under-resourced and groups are unable to develop beyond small, one-off pieces of funded work.

Funding for 2008-11 could be used to break the cycle of under-funded RCOs not being able to develop sufficiently to attract mainstream funding and therefore remaining under-developed. The intended impact of such a funding strategy would be for groups to progress to such an extent that they can access mainstream funding and support, so that newer groups could then receive this support in their place. We would therefore advocate that some of the front-line RCOs receive grant funding and MRSN is willing to assist with and support this development.

6. Relationship with MCC VSP&G

Manchester Refugee Support Network (MRSN) would like to build on the close working relationship that it has developed with the Voluntary Sector Policy and Grants Unit (VSPG) over the past few years, as summarised below.

Originally VSPG funded MRSN for its advice development project. Following a review of its funding, VSPG identified newly arrived and rapidly expanding communities as a priority for its funding for the three year period 2005/06 to 2007/8. MRSN supported some of the more established Refugee Community Organisations (RCOs) to apply for funding from VSPG but they were unsuccessful. This being the case, MRSN was able to successfully demonstrate the need to increase MRSN's capacity to support RCOs.

Funding from VSPG has enabled MRSN to expand its community development service and to attract significant additional resources through the Greater Manchester Change Up Consortium, Capacitybuilders, the Community Foundation, the United Utilities Trust Fund, Comic Relief, Help the Aged, Lloyds TSB Foundation, the Home Office, Community Network for Manchester and Church Action on Poverty. It has also enabled MRSN to build strong partnerships (and to develop existing ones) with organisations such as Refugee Action, Refugee Council, MARIM, Manchester Advice Linkworker Service, Cheetham Hill Advice Centre, Community Network for Manchester, Church Action on Poverty, Oxfam UK, the Faith Network for Manchester, Community Accountancy Service (CAS), Manchester Community Information Network, other Refugee Forums across the UK and through membership of the national Migrants' Rights Network.

Within the current funding arrangement MRSN has provided VSPG with grass roots intelligence on RCOs and their communities' needs:

- It has acted as a "consultant organisation" providing an overview of the situation for refugees and asylum seekers. For example MRSN did work through Change Up to brief funders on how they could be most effective in resourcing RCOs and VSPG attended this event.
- On an informal basis it has advised on which groups are the more active in terms of service delivery and will make the best use of funding opportunities etc.
- MRSN has given population estimates and information about the needs of particular communities in which VSPG has an interest.
- It has also worked hard to ensure that it does not duplicate the work of other VSPG funded infrastructure organisations and made sure that the distinct nature of respective roles is clear to all parties.
- MRSN has supported many new groups to apply for Change grants from VSPG.
- Through creating a regularly updated directory of Refugee and Migrant organisations and support agencies in Greater Manchester since 2004, it has ensured that VSPG can contact and knows of the existence of all active RCOs in Manchester.
- MRSN has built up the Refugee and Migrant Forum Manchester, as part of the Community Network for Manchester, giving a voice to refugees and asylum seekers and the opportunity to represent the needs and aspirations of their own communities.
- The Sunrise volunteer advocacy service pilot at MRSN has also been recognised as a example of good practice and included in the Home Office's plans to roll out Refugee Integration Services nationally from April 2008.
- MSRSN has worked in partnership with the Refugee Council to implement QASRO (Quality Assurance System for Refugee Organisations) within refugee groups that it works with.

		The current relationship between MRSN and VSPG is producing tangible outcomes. Some of the more established RCOs are beginning to employ paid staff and rent premises from which they deliver consistent services. This is an opportune moment to develop a new strategy to support newly emerging communities to develop further over the next three years, equipping them to develop quality services that meet the identified needs of their communities.
7.		**Manchester BME Network Consultation**
		Network Development Day Tuesday 15 May 2007 Notes on key points raised at the presentation with Stephen Higgins, Manchester City Council, Voluntary Sector Policy and Grants Team on the research being undertaken by MCCR to inform the priorities for grant aid as part of the development of their BME Funding and Investment Strategy. 1. It was agreed to organise consultation and feedback on the research findings before they are adopted. (This could happen at the next BME Network meeting in July 2007, subject to the timetables) 2. National statistics trends on thematic issues, e.g. gender, employment, etc. should be taken into account, as well as local census data. 3. There is a need to take into account any other related policy issues, i.e. gender, disability, etc. 4. It was recognised that the VSPG BME grants' budget is limited and should be allocated to priority areas where other avenues of city council funding are not available. There are more significant resources available in key departmental areas where specific and sustainable links need to be developed for service delivery to BME communities. 4a. It should be recognised that service departments have the main responsibility to provide appropriate services to BME communities and contract with specialist community-led organisations. 4b. Grant aid should be used to develop organisations where no appropriate BME community-led service provider exists or to provide race related and social exclusion based services complementary to existing City Council provision. 5. Non-city council services have to be addressed directly with other appropriate public bodies. The City Council should assist in areas of joint commissioning. 6. The significant increase in the BME population in Manchester since the last two censuses, 1991 and 2001, should be taken into account and analysed for demographic profiling and resources should be increased proportionately. Analysis should be made of the continuing needs of the settled BME communities who should not be excluded from grant priorities. 7. NRF and ERDF allocations to meet BME needs should be reviewed, as they are much larger grant funds and there is a generally held view in BME organisations that these grants have not targeted or benefited BME communities in equal proportion. 8. The review of the BME VCS funding and investment strategy should take organisational sustainability into consideration.

9. Commissioning of services is a significant new trend for the VCS generally. The review should raise the issues of policy-making processes maximising opportunities for the BME VCS.

9a. Other public service bodies with legal public duties to BME communities, i.e. Jobcentreplus, GMLSC and Manchester PCT, should be required to review their service and contracting arrangements with BME communities and their specialist community-led service providers. Agenda 2010 should address these issues.

10. There is a need for senior city council policy officers and councillors to become engaged in the review of the BME Funding and Investment Strategy, otherwise it will have minimal impact on either improving services to BME communities or developing the BME VCS sector.

11. Racial equality issues in both the public and voluntary sector need to be considered and included in the review.

12. There should be continued commitment to 3-year grant cycles with support for grant-funded organisations to move to more sustainable resources.

13. The amount of grant aid available to Refugee groups and BME communities should be clarified and confirmed, as different figures ranging from £700k to £300k have been quoted and their also seems to be a risk of it reducing.

14. Grant aid contracts awarded should be sufficient to make an identifiable impact on the community needs they are designed to address.

15. Any resources available to run a pilot in 2007 should be targeted at supporting and developing existing service organisations and include elements of innovation.

REPORT FROM THE LAUNCH OF MCCR'S CAPACITY BUILDERS' 'IMPROVING REACH' PROJECT 31st July 2007

Feedback on the findings of the 'BME Needs and Priorities Research', undertaken by MCCR, in collaboration with the BME Network, on behalf of Manchester City Council for their strategy on 'Voluntary Sector Grant Funding for the BME VCS 2008-2011'

<u>**Priorities for Funding**</u>
- ❑ Young people and NEET's (in particular Afro-Caribbean boys)
- ❑ Health, elderly and disabled care (with focus on specific BME problems, e.g. thalasemia, sickle cell, etc.)
- ❑ Refugees / Asylum Seekers
- ❑ BME women
- ❑ Employment and worklessness
- ❑ Volunteering

All groups identified young people as a priority, with specific funding needed for skills development, including ESOL provision, work with ex-offenders and engagement.

Criteria for Funding
- ❑ Banded funding with varying standards required for varying levels of funding and with an appreciation of the needs and limitations of different groups, i.e. refugee and asylum

- ❑ Allowance for partnerships / consortia to apply for funding
- ❑ Ensure fairness and inclusivity
- ❑ Clear, transparent and culturally appropriate tendering process
- ❑ Needs focused and led
- ❑ Sustainability element
- ❑ Fund manager needs a security system

The most commonly cited condition for funding is that it **should be a minimum of three years in length**, allowing groups to focus on delivering services and developing the sector, rather than on applying for funding.

Funding Investment Strategy
- ❑ Funding should be available not just for service provision and capital projects, but also for the development of the sector; capacity building for groups is important and cross group working should be encouraged
- ❑ Groups and the BME Network need to challenge funders and react against the dictation of procedures that are handed down
- ❑ Most notably, there needs to be an explicit percentage of funding earmarked for the BME VCS that is more reflective of the size of the population in Manchester, with 30% suggested

Decision making
- ❑ The challenge is supporting the sector V's dictating to the sector
- ❑ Appropriate BME Network and BME VCS representation in decision making
- ❑ A clear process based on need, with monitored evidence
- ❑ Partnership working encouraged with support from officers

Learning from the Experience
- ❑ Manchester City Council needs to demonstrate what it has learnt from the research and how it intends to alter its practices
- ❑ Groups should be able to receive copies of meetings held with key funders and commissioners in order for them to see how their ideas and opinions are put across and perceived
- ❑ Learning from experience and good practice already established in supporting the VCS, e.g. MACC capacity build and support programme

Strategic Issues
The discussions on the BME VCS needs raised a number of strategic issues for groups, including:
- ❑ How they link into other strategies, e.g. Agenda 2010 and the City Strategy
- ❑ Links to other partners should also be made stronger with more time spent talking to influential agencies, e.g. PCT's, and working together to encourage cross funding and commissioning
- ❑ It was also noted that there is an imbalance in the size of the BME community in the City and the budget allocated for funding
- ❑ Clarity on the approach to 'funding' and 'investment'
- ❑ The City Strategy has been a missed opportunity. There are no clear links / references to BME priorities, e.g. employment
- ❑ There should be independent, peer-led evaluation of the impact of funding and investment