



BARRIERS TO COLLABORATION AND PARTNERSHIPS BETWEEN BME AND MAINSTREAM ORGANISATIONS IN LONDON

MODELLING FAIR AND EQUITABLE COLLABORATIONS

Voice4Change England
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Modelling Fair and Equitable Collaborations

“There is a really good older people’s BME organisation, the BME organisation has a lot of heart and intention but it was not very well run. There was a lot of toing and froing but they never worked together, they shared a building and the older people organisation tried to help out the BME organisation but they just didn’t want to know” I think there was a fear of being taken over or absorbed... I think the key for BME organisations is separating the perception from the reality”

BME organisation

“I worry collaboration with BME groups can be tokenistic. There is no strategy whenever this is brought up at meetings. Collaboration has to be meaningful.”

Mainstream organisation

BME VCOs in London often need support in partnership development, especially between BME and mainstream organisations¹. The research highlighted a few examples of collaboration and partnership working in London between BME and mainstream organisations including BTEG/LVSC collaboration on ‘Ready Steady Start’ course and Croydon Voluntary Action working in partnership with Asian Resource Centre Croydon. It was recommended that infrastructure support organisations “should take steps to improve collaboration, to ensure more effective use of resources. This should include further collaboration between specialist and generalist providers. They should consider developing protocols for joint work, outlining responsibilities and mechanisms for co-ordination.”

The project will directly support and encourage 40 BME and mainstream VCOs in London to build collaborations and partnerships on the principles of fairness and equality, resulting in cohesive and rationalised services to local communities. The project will indirectly benefit hundreds of BME and mainstream VCOs in London who will have an access to project resources and who will be able to shape project outputs.

This project has been designed to maximise active engagement and involvement of the stakeholders as they obtain a shared understanding on how collaborations and partnerships should be developed, implemented and sustained.

The two year project contributes to breaking down the barriers that prevent London’s BME and mainstream VCOs with common aims to deliver better and sustainable joined-up and cohesive services to local communities. It will remove barriers to partnership working and help establish fair and equitable collaborations. It will also deliver training and one-to-one support to 40 BME and mainstream VCOs in agreeing, negotiating, implementing and sustaining collaborative and partnership projects.

¹ Janice Needham and Jean Barclay, September 2004, Infrastructure for BME organisations in London

Purpose

This report has given V4CE an opportunity to generate a dialogue and lead a debate on the barriers of collaborative working between mainstream and BME organisations. It has enabled organisations working in partnership to share their experiences. This report will be disseminated to the sector to highlight some of the challenges faced by organisations that have undertaken or attempted to undertake collaboration across BME and mainstream lines.

The report will also encourage organisations to consider their role in improving the nature of collaboration between the sectors and reflect on their ability to engage better with different organisations in order to improve the quality of services to the diverse communities they serve. The report will also go on to inform the "Fairer and More Equitable Collaborations" programme that will seek to engage the sector to deliver on this by providing a variety of resources and support services.

Methodology

This report is a product of qualitative research conducted by V4CE through a variety of sources including;

- Desk based research on existing intelligence available in the sector
- In depth interviews with 4 key stakeholders
- 4 Focus group discussions with 17 BME and mainstream organisations

The report is a collation of the views and experiences of various experts and practitioners in the sector. These have been collected, analysed and written up into this report.

Summary of Key Findings

Partnership working is recognised by the sector as a necessary and effective way to share resources, maximise impact and improve outcomes for beneficiaries. The research conducted by V4CE intends to better understand the barriers for mainstream and BME organisations to develop fair and equal collaborations. A variety of interesting issues that contribute to the real challenges that organisations face when working in partnership were highlighted in this process.

In the current context partnership working is a difficult choice for some organisations; on one hand the diminishing resources available is limiting the ability of organisations to engage in partnership working as it requires an investment in time and capital. On the other hand at a time when the sector is working with limited resources, partnership working is integral to ensuring that we maximise resources to deliver comprehensive services to communities.

There are a variety of barriers that organisations face when engaging in collaboration. Some of these identified by the report include;

Capacity - BME organisations have limited capacity. This was highlighted as one of the main barriers to engage in partnership working. This is seen as an effect of historic under resourcing and lack of skills development that has stunted the ability of the sector to invest in effective partnerships.

Profile and Reputation - BME organisations do not have the same profile and reputation as many of their mainstream counterparts. This reduces their visibility and leads to their track record being questioned by the sector and means that mainstream organisations either do not know of BME organisations they could partner with or how to find them.

Organisational Culture - Mainstream and BME organisations have different working cultures defined by their history, staff make-up and management. These varying cultures lead to increased challenges when working together that need to be tackled to build effective working relationships.

Ideological and Political factors - The BME and mainstream sector are often based on different ideologies- these ideologies contribute to the core values, vision and motivations of these organisations. If these are conflicting then working together based on mutually common values is more challenging and if forced can be perceived as mission drift.

Trust and Control - As a result of the above there is a lack of trust between BME and mainstream organisations that has an impact on the ability of these organisations to build partnerships that work effectively which is further exacerbated with transparency related to decision making and accountability. This contributes to an imbalance experienced by both parties to the partnership. .

Many of these barriers are linked to the historical development of the BME Sector which impacts its ability to engage in fair and equitable collaboration and are recognised by the mainstream sector through their experience of engaging with BME organisations. There is a role for both sectors to take greater responsibility in ensuring that these partnerships are developed and managed in a fair and equitable way.

Recommendations

A series of action points were highlighted through this research. Many participants² talked about the responsibility of a variety of stakeholders in ensuring that these partnerships were not just happening in a fair and equitable way but that they were happening at all.

Participants highlighted in particular that all organisations in the sector need to take collective responsibility to ensure that they are doing all they can to engage effectively and meaningfully with other organisations and that organisations involved in partnership working are taking responsibility for their own partnerships.

The following sets out a series of recommendations to be taken forward by specific stakeholder groups.

BME Organisations should

1. acknowledge their own worth and offer and evidence and articulate this at an organisational and sector level and communicate this to the wider sector, in order to be able to negotiate a fairer deal when entering into partnerships
2. improve the quality of their performance and evidence this in order to give assurances to organisations that may be considering partnership- this may be in the form of a quality mark like PQASSO
3. should consider the value of partnerships carefully or they could end up having a negative impact on an organisation, its services and ethos rather than adding value to it. This is the particular responsibility of senior management and trustees
4. invest the time to engage with the sector and networks - taking time away from delivering services and recognise the importance of being available to engage with mainstream organisations

Mainstream Organisations should

5. recognise the value, worth and the diversity of BME organisations and the range of ways in which to involve them in a meaningful way
6. take the initiative to find BME organisations that are relevant for them to partner with
7. get more BME individuals onto their boards and into the decision making process to ensure a diversity of views are represented

² Participants refers to individuals and organisations who took part in this research by way of being interviewed or attending focus group discussions

8. Mainstream organisations should make a strategic and operational commitment to working with BME organisations in particular - having an in-house policy that outlines this commitment and monitors progress against it.

Infrastructure Organisations should

9. provide a brokerage role to introduce the right organisations to each other and facilitate support to develop consortia where necessary
10. coordinate and talk to frontline organisations and provide access to government to advocate on behalf of partnership working
11. play a role in building a sector directory and keeping this up-to-date and available to the sector in order to support organisations to find other organisations that they may be able to partner with based on certain organisational criteria
12. produce a "Partnership Working" code of conduct- with a duty to engage highlighting principles, best practice and guidance for the sector to ensure that partnerships are as fair as possible
13. provide support services for organisations wanting to develop partnerships including advice, mentoring services and evidencing examples of good and bad practice in partnership working

Funders should

14. recognise that meaningful engagement of BME communities is not just about working with BME organisations but including and empowering the communities in a variety of ways
15. reassure organisations worried that as a result of greater collaboration there would be a further reduction in funds for a particular community
16. resource more creative partnership working between different types of organisations for eg. a whole systems approach between academics, policy and frontline organisations
17. ensure that funding is transparent, as organisations identified that often the same groups were receiving continued funding because of an established relationship with a funder and more transparency around how these decisions were made was necessary to reassure organisations about these decisions

Introduction

Long before the current recession and funding cuts, V4CE recognised the increasing need in the BME sector to enhance their support for communities by more joined-up approaches with other organisations in service delivery as well as in advocacy and campaigning. Our response to the Big Lottery Fund's BASIS Round Two consultation in November 2007 stated that:

*"Government is increasingly determined to encourage consortia way of working and for twining of third sector organisations to deliver projects. Though V4CE accept the rational behind joined-up working as a way forward for small BME groups to compete with wider stakeholder, this will not materialise without addressing the challenges of how this joined-up approach would work in practice including resolving complexities around distribution of resources, responsibilities and accountability."*³

The need to collaborate and work in partnership became stronger in response to the recession and funding cuts facing the sector since early 2010. The Coalition Government strongly favours formal collaborations and mergers in the sector to help deliver the Big Society agenda. It wants to create an environment where it is easier to run a voluntary organisation and argue that in a time of fiscal tightening it is more important than ever for local and national organisations to maximise economies of scale through mergers and substantial collaboration.⁴

If collaboration is driven by external funding requirements rather than as an organic process to better meet beneficiary needs there is a risk that for BME VCOs, partnerships with mainstream organisations may lead to the invisibility of the sector and the 'BME perspective'. This has been the context for many of the discussions that have informed this report.

"Barriers to collaboration and partnerships between BME and mainstream organisations in London" aims to explore the particular barriers that both BME and mainstream organisations face when working together. This is an attempt at an honest conversation within the sector to look at why these partnerships are not happening as much and why when they are happening, many organisations in particular BME organisations find that they are not fair and equal. This report will inform the next stage of the [Modelling Fair and Equitable Collaborations](#) programme where V4CE will develop a principles document to support the development of these partnerships within a more fair and equal framework.

³ V4CE, 2008, response to BLF consultation on priorities for BASIS Round Two, England wide priorities

⁴ OCS, 2010, Supporting a Stronger Civil Society

The Case for Cross Sector Collaboration

The BME sector is diverse and works across BME communities. Some organisations target specific BME groups whilst others work across all ethnic groups. Racism impacts on groups differently and because of this many BME organisations look at how their approach can meet the needs of different groups such as women, older people and those with mental health problems.

The current climate is a challenging one for BME organisations who risk facing loss of funding due to public spending cuts, a lack of focus on race equality under a single equality approach, increased competition and a drive to cut costs in commissioning and procurement. BME organisations foresee a reduction in their numbers as many struggle to survive at all levels including the grassroots.⁵

Collaboration is an opportunity for the BME sector to share resources and speak with a collective voice on community needs taking a wider view of equality whilst maintaining our focus on challenging racism and persisting inequalities. The BME sector needs to explore options for partnership working and even mergers not only to share back office support but to benefit communities. Where appropriate this could include closer partnership working with mainstream organisations though it is important that the independence and voice of the sector is not lost and that we are clear about what our specialism is and what role we can play in collaboration.

Whilst there is a need for BME organisations to explore collaboration with organisations to reduce costs, run more efficient services, expand services, and reach wider beneficiaries, it is imperative that for BME organisations collaborations, partnerships and even mergers are not merely about saving costs - it is about making sure their values, history, struggle for equality is understood, shared, respected and that the perquisite to this is that the service users are not adversely affected.

A recent study by The Big Lottery Fund found that both BME and mainstream organisations recognise the value of working together to facilitate shared learning and improve access to support for all parts of the voluntary and community sector and that this needs to be supported.⁶

⁵ MiNet, June 2009, The Economic Downturn and the Black, Asian and minority ethnic (BAME) third sector

⁶ Equal to the Occasion for the Big Lottery Fund, May 2009, Equal support: Do identity-based voluntary and community groups need identity-based organisational development?

Understanding of Collaboration

The voluntary sector is essentially in agreement that partnership working includes a variety of arrangements between organisations that choose to work together towards a common purpose. Participants highlighted many different levels of engagement including; networking and building relationships right through to merging.

V4CE has adopted the NCVO definition of collaboration for the purposes our work.

Collaborative working within the voluntary and community sector – also known as joint or partnership working – includes a spectrum of ways that two or more organisations can work together. Options range from informal networks and alliances, through joint delivery of projects to full merger. Collaborative working can last for a fixed length of time or can form a permanent arrangement.⁷

Understanding of Fair and Equitable Collaborations

All collaborations should be fair and equitable in principle - but there has been much debate in the sector and amongst our participants of what a fair and equitable collaboration is, what it looks like and its characteristics.

"I don't agree with the wording "fair and equal" I think the key word is transparency. It needs to be transparent to all players concerned so I prefer this term to fairness."

Mainstream organisation

Some of the principles that emerge from the discussions included;

- Being treated as equal partners
- Transparency of information
- Accountability to each other
- Representation, having a voice
- Being part of decision making
- Everybody puts something in
- Everyone gets something out of it

The perception is that equality and fairness are two different things. Many participants talked about partnerships as fairness between partners and getting a "fair deal" rather than equality in the partnership. This is reflective of organisations having different levels of capacity to engage, contribute and deliver based on an inherent inequality between organisations. The key to a fair and equitable partnership is not that all partners engage, contribute, and deliver in exactly the same way but that they do this relative to their ability, each bringing their skills, knowledge and expertise

⁷ NCVO definition of Collaborative working, March 2007

to the table. This difference in role in the partnership should not impact their ability to represent themselves, their agenda or be part of the decision making process.

*"I was working with a particular partnership where one member was very keen to point out that he didn't think the partnership was 'fair' and that he (or his organisation) was not getting their 'fair share'. This was a long-running complaint and was causing bad feeling within the partnership. We used the 'Give-Get' exercise to show what partners were putting in and getting out of the partnership and documented it very clearly. An important part of this was to show that although the bigger organisations were getting more out of it, as well as putting more in, they were carrying a far higher level of risk."*⁸

Motivations

Participants described a range of motivating factors encouraging them to explore partnership working, some that had always been relevant others that had become more relevant as a result of the changing economic climate. The motivations for partnership working have been identified in many other papers available to the sector and so will not be the focus of the report, but have been highlighted here to give context to the discussions on barriers and solutions.

- Access and reach of service users
- Benefits for the organisation- PR, recourses etc
- Consolidate resources, skills and experience
- Funder requirements
- Increase efficiency in delivery
- Mutual learning and improving best practice
- Offering a wider range of services to client groups
- Reduce duplication of services

⁸ Collaboration for communities: Giving power to partnership bassac 2010

Barriers to Collaboration and Partnership

Collaboration is not an easy venture and there are a range of challenges encountered by any two or more organisations working together, presenting themselves at various stages of the partnership process. Some of the barriers highlighted have included fear of loss of organisational identity, the need to retain autonomy and control, lack of time to form relationships and misconceptions about resource availability⁹. Participants talked about barriers faced at the point of entering into partnerships and in managing active partnerships. Some participants highlighted the issues in making partnership meaningful; moving away from just successful joint delivery, to a partnership where the success is in the partnership, the creativity generated by this and more importantly the recognition that the outcome would not have been reached without the process of partnership working.

Some of the barriers discussed were barriers that any organisation may face when attempting to build an effective partnership and other barriers identified that are specific but not exclusive to BME organisations working with mainstream organisations in trying to create a fair and equitable partnership. Often these barriers in addition to a history of ideological differences between the sectors exacerbated the barriers for BME and mainstream organisations to work together.

Capacity

Several issues around capacity to enter into partnerships were discussed as part of the research including issues around; constraints and competencies. Many of these relate more to the size of an organisation rather than whether they are BME or mainstream. However as many BME organisations are much smaller¹⁰ than their mainstream counterparts this becomes a relevant issue and therefore capacity linked to size has implications for the ability of BME organisations¹¹ to be involved in partnership working.

“we’re talking about actually sharing and making the best of limited resources, but actually there needs to be a clarity so that the bigger organisation that has the greater clout, both in person, resources, history, track record and systems and procedures doesn’t dwarf the organisations who are struggling. But actually there is an equality of relationships and this is a difficult thing to do.

BME Organisation

⁹ Institute for Voluntary Action Research, June 2010, Getting Ready for Collaboration: Learning from Experience

¹⁰ The Small Charities Coalition defines small charities as organisations with an annual turnover of under £1,000,000

¹¹ V4CE membership, made up predominantly of BME organisations finds that 95% of our members have an income of under £1 million.

Constraints

Participants from BME organisations were concerned about their ability to compete with another organisations, this becomes particularly relevant when bidding for contracts. Organisations that need to work on a full cost recovery model are unable to absorb any costs and therefore often need to account for management and overheads that other organisations may not need to. This leaves many BME organisations redundant in the current climate where often contracts are offered to those than can deliver on the cheapest budget. Many participants accepted that larger organisations will get the contracts and that smaller organisations will need to position themselves in order to be subcontracted to deliver portions of the work.

The majority of BME organisations did not have the resources to invest time in developing relationships and building informal networks in the way that they used to even though they recognised that this was an important role to be played unless these initiatives were specifically resourced. This put the BME sector at a disadvantage as larger organisations did have the financial or staff capacity to do this.

"You're not given money to sit on things so I think one of the barriers for small organisations is knowing what's going to pay off- whereas bigger organisations can afford to be involved in networks"

BME organisation

Participants highlighted that in order to develop a meaningful partnership a commitment of time was required at the right level of management to ensure the appropriate development of the partnership and to negotiate the terms of the partnership. If this investment isn't made at the start of the partnership than this may have negative implications for working together further down the line. The more people involved in negotiating a partnership the more complicated and time consuming a process this can be, participants highlighted that partnership working although an effective way was working can often take more time to deliver particularly in the initial stages.

"One of the things about collaboration is it actually requires more time and money. Therefore inviting an organisation to collaborate is making more demands on them."

Mainstream organisation

Competency

Other issues around capacity are more practical and relate to infrastructure of an organisation for example; administrative and financial processes, some participants talked about cash flow issues when working with smaller organisation that meant that these organisations sometimes required the money upfront as they do not have the

flexibility to deliver without access to expenditure. Another issue that arose when talking about infrastructure was a lack of financial procedures and policies that mean that accountability within BME organisations was not as robust as it should be.

Some participants talked about the impact of capacity of an organisation to deliver to a high standard in a timely manner. Participants from mainstream organisations articulated that they didn't always have faith that BME organisations or any small organisations for that matter were able to deliver as required. There was a lack of trust and assurance that this would be done.

"They [mainstream organisations] probably don't recognise that those organisations [BME organisations] don't have the same amount of capacity... it's a strange power balance, you need them but they possibly have less resources and capacity. You might have people saying that we needed their services and wanted to work with them but the organisation didn't quite deliver as timely and to the quality they were hoping, they knew there were reasons for this but didn't quite know how to support them"

Mainstream organisation

Some participants talked about poor governance and leadership within the BME sector and one participant from a BME organisation talked about their experiences of organisations where the entire governing board is made up of the same family leaving an organisation open to conflict of interest, a lack of transparency and accountability and checks that inevitably impact their reputation and the quality of their work. Although this is an extreme scenario often BME organisations struggle to find the appropriate people to sit on their boards and provide a comprehensive skill set between them.

Potential partners need assurances of standards of performance and quality that are not always evident. Some of the issues that focus on competency lead onto issues of trust in the ability of BME organisations to deliver to a standard expected, and therefore the impact on a partnership is more to do with perceptions of incompetency rather than capacity to engage.

Many of the issues related to capacity are not specific to BME organisations but the experience of mainstream organisations as well as BME organisations consulted seem to highlight capacity as affecting BME organisations disproportionately. The impact of this meant that often BME organisations did not always have resources, skills and ability to develop partnerships in the same way that larger or mainstream organisation may be able to. This does not mean that these organisations would not be able to fulfil the remit of a partnership or have a meaningful contribution to the value of a partnership. Moreover there needs to be an understanding within mainstream organisations that BME organisations often have different capacity that impacts their ability to engage but also BME

organisations need to assure mainstream organisations of their ability to deliver through showcasing their work and building their track record.

Profile and Reputation

Organisations tend to gravitate to other organisations that they have either worked with before, are recommended to them or that they have heard of in some capacity. Participants expressed a reluctance to work with organisations they had never heard of and so partnerships between organisations that are perfect strangers although not uncommon are less likely. This trend leaves BME organisations at a disadvantage as they tend to have a smaller profile; many of them do not have the capacity to attend the various sector events and often do not have an online presence¹². This minimal presence in the sector means that sometimes organisations do not have the access to BME groups that they may consider partnering with.

"From a delivery point of view it's easier to go with the same people again and the staff want to as well"

Mainstream organisation

Participants identified that they are often generally drawn to other organisations that are similar to themselves in terms of size, ethos, language and other characteristics. To some extent this defeats the purpose of partnership working as the value in partnership working is in the diversity of skills and experience that organisations bring to the table¹³- particularly when working with BME organisations.

"people naturally gravitate to organisations they already know or are likely to be similar"

Mainstream organisation

Many participants discussed the fact that there was nowhere to go to get information about other organisations that could be potential partners. When organisations don't know the right organisations and don't have the capacity to attend the necessary networking events they believed there was a lack of an information management system that could facilitate the brokerage of partnerships though connecting the right people together.

Organisational Culture

Organisational culture played an important part in choosing the appropriate partners, developing and managing partnerships. Participants from mainstream organisations talked about working with the BME sector and in particular community organisations where they delivered their work in a very different practical way, including policies, processes. Another example given was of a community organisation where mothers

¹² 14% of V4CE's membership do not have an online presence

¹³ NCVO, 2005, The Good Campaigns Guide

were involved in the delivery of services for young people as a resource saving practice, how this organisation worked across generations was influenced by cultural notions of working with elders and the role of younger people within that community.

Some participants from BME organisations talked about feeling emotional pressure, based on working with organisations they had good relationships with and sometimes had to be tough with within a partnership. Working in these circumstances where someone had to be authoritative with a colleague that they had a good relationship with seemed challenging. Some participants from mainstream organisations saw this as an unprofessional approach to take but was seen as more about the culture of the organisation and the way they build and managed working relationships.

Another more specific cultural barrier is in some of the practical implications of working with individuals from different cultures.

“English isn’t her first language and maybe it’s also cultural, she can get angry and sometimes it’s just different”

Mainstream organisation

It is important to state that these organisational cultural barriers work both ways, where BME organisations also find the organisational culture of a mainstream organisation alien or difficult to engage with. ¹⁴ The majority of current guidance to build effective partnerships talks about “building mutual confidence and establishing a good working relationship” this is important in any working partnership. Taking time to understand different organisational cultures, understanding value, assumptions, and norms of behaviours will pay off in the long term success of a partnership.

Ideological and Political factors

All organisations working in partnerships need to ensure that they essentially share the same ethos and complement each others ideological principles. However, some of the best partnerships take place between very different organisations that may not hold the same ideological views but have some common goal that they can work together towards. This can be a fine balance to reach to ensure that no one need compromise on principles whilst bringing a diversity in experience and offer to the other.

Some participants from BME organisations felt that the ideological base upon which their organisations were practicing were not always recognised by the mainstream sector. Often the BME sector motivated by race equality are politicised and this includes language of equality, politics, social constructs, responsibility of the state and may be seen as controversial. Participants from BME organisations felt that whilst working with organisations that did not fully understand this ethos, they felt isolated in the process and that their voices were subsumed by the mainstream agenda.

¹⁴ REACH, 2009, Information for BME VCOs

A BME women's organisation discussed that the ideological differences meant it may be more appropriate to partner with organisations that work with women irrespective of ethnic community rather than aligning themselves with other BME or mainstream groups. They felt that they shouldn't be coerced to work with mainstream organisations based on a political agenda but rather with organisations that worked with women in a way that fitted in with their ideological ethos to ensure that their agenda was represented.

"If organisations are already doing that work at a grassroots level - why should we support other larger or mainstream organisations to do it. Why should the grassroots organisations give them access to the communities when this work is already getting done. In this case why are the mainstream organisations wanting to work with us- they need us more than we need them"

BME Organisation

Some participants from mainstream organisations talked about their ideological reluctances to work with BME organisations working solely with BME communities. They did not feel this was the right approach to take to ensure a inclusive service to all in the community.

"One of the negative perceptions of them [BME organisation] was that they are only working in the interest of minority groups and are not integrating ... organisations were reluctant to collaborate with them because they felt a disproportionate amount would go into a minority of the population. This was a barrier to engagement as they felt focusing on one minority group was a threat to other services"

Mainstream Organisation

These ideological challenges faced by organisations often come down to how these organisations perceive themselves and their obligations to the community within the wider context of voluntary sector and their position on specialist services. This is not something that is easy to overcome and is a fundamental difference.

Trust and Control

Trust was identified as one of the most significant barriers for BME and mainstream organisations working in partnership. This issue manifested itself in many different ways; through different experiences and at various stages of the partnership process making a meaningful collaboration a constant challenge.

"The key word here is trust and without that we are going nowhere anything. The Charity Commission did a similar piece of work on collaboration and they found the ones that were successful were where they had worked together previously and build a culture of trust"

Mainstream organisation

Opportunities for BME organisations to be part of consortia to deliver public services did occur, but many participants from mainstream organisations honestly spoke about involving BME organisations in programme to enable them to 'tick a box' to **legitimise their access to communities** with partners and funders.

"the council [funder] ;likes it and it fills them with confidence that we can deliver".

Mainstream organisation

"Some groups were approached for collaboration simply because they had BME service users and that respect wasn't there when dealing with these organisations"

Mainstream organisation

This sentiment was echoed by participants from BME organisations who talked about being approached to reach certain target groups not just to secure funding but to meet quotas and to be seen to be working with a diverse community.

The argument that organisations approach you because you are hard to reach is disempowering. If an organisation wants to collaborate because you have users that are hard to reach and not because they value what you have to offer you end up feeling used and don't want to engage with them. So from the community perspective not entering into those kinds of collaborations in about self-empowerment

BME organisation

Participants talked about the role and process of decision making within partnerships. BME organisations often felt they were left out of the decision making process either because they didn't have the time to engage fully or where there are a number of partners and it hasn't seemed feasible to involve all organisations in decision making. Although it may not always be appropriate to involve all partners in all decision making; depending on the nature of the partnership and the decisions, where organisations feel they have been marginalised from decision making this is a problem and contributes to issues in building trusting relationships.

Participants from BME organisations talked about being "policed" and that if partners were unsure about their ability to deliver a project (linked to genuine concerns around capacity) they felt they were being policed or micromanaged. All participants accepted that where there were lines of accountability it was necessary to report back and to assure partners that delivery was as agreed and to an expected standard. However some BME organisations felt this accountability was only one way and therefore felt a sense of not being trusted, and an inappropriate need to be held to account rather than a mutual sense of accountability.

Participants accept that there will be power dynamics in every partnership and the sense of power may at time pass from one organisation to another. In relation to this participants talked about who was in control and how this was exerted, this was often linked to other issues around trust, ability to deliver and accountability. Some participants felt that they needed to keep control of the delivery and planning of a piece of work to ensure the programme was delivered to an expected standard. This isn't solely as an issue of one type of organisation exerting control over another, but about issues of power, resource and trust between organisations.

A participant from a BME organisation talked about the fact that their staff were not always respected and valued by mainstream partners. They felt this came down to valuing individuals' experience of working within a community and more importantly their intellectual capacity and competence to deliver the programme as necessary. Some people felt this was down to prejudice between individuals coming from different communities. This organisation felt that their contribution was not valued and was taken for granted, believing it came down to institutional racism in the mainstream sector.

“valuing each other and recognising each has areas of expertise, neither is superior or subordinate to each other”

BME organisation

Guidance for partnership development took a slightly different view of trust. Where there was a belief that trust could be built over time and there were other more important checks to look for early on in the partnership including understanding each other and mutual respect based on standards of professional behaviour. Trust is promoted as being one of the critical success factors in collaborations. This is true to some extent, but more important than trying to achieve this type of 'trust' is a) confidence that others will deliver and b) effective relationships that enable this to happen.¹⁵

Often the issue has not been about trust specifically between organisations, but a historic mis-trust between the sectors. This has been articulated by both BME and mainstream organisations and this lack of commitment in trying to develop these collaborations as a result of these barriers is the largest barrier of them all. Although it was recognised as important to build trust between the individuals involved in the partnership it is also important to build relationships between organisations and the sectors in a way that hasn't been done before and would be highly conducive to better partnership working going forward.

¹⁵ Bassac, 2010, Collaboration for communities: Giving power to partnership

Other Emerging Issues

Mergers

Many participants talked about merging as an option in the current challenging economic climate. Although this is not formally part of the collaboration spectrum, as this becomes more of a reality for organisations; whether they are doing or considering it, it will inevitably become part of the discourse on collaboration. This discussion was had within the context of saving costs, ensuring survival, a continuation of provision of services to their beneficiaries.

Both BME and mainstream organisations discussed their reservations of considering merging as a form of surviving the current climate and thought this should be a last resort. One infrastructure organisation we spoke to, highlighted the detrimental effects of organisations who did not want to consider merging and often did do for the wrong reasons;

“The funding cliff we are seeing out there is closure, closure, closure of services and organisations ...[but]...people don't want to make their finance and admin officers redundant but if you look at it in terms of its going to benefit the users and you go ahead and do it anyway, never mind the staff - that's the reality of it, people get caught up in the organisation... there is a danger that organisations would rather not exist than merge with other organisations... for every 10 organisations that merged there are probably 20 that don't exist anymore”

Mainstream organisation

Participants from BME organisations talked about the possibility of BME and mainstream organisations merging and discussed if and how this could happen in order to retain their identify and specialist services whilst minimising back office functionalities and cutting costs. Various ideas and models of how this could be achieved were discussed but there was still a concern amongst these participants that their agenda would be lost in this process. They felt it would be hard to maintain a BME agenda in a merger as BME organisations are much weaker and therefore more prone to being diluted and taken over. Many participants from BME organisations were much more favourable to joint working and collaborations rather than merging to hold onto their autonomy.

“Where BME organisations have merged, the BME agenda has gone. I think there is a lesson there about how to make sure it has influence in the mainstream. Whenever people talk about mergers, its not really a merger - to me a merger would be both organisations end and they form a new entity.”
BME organisation¹⁶

¹⁶ Quote taken from participant for V4CE research “Shared Vision” 2010

“There is a case for BME organisations merging with relevant mainstream organisations in some cases but I would be careful very careful, because they can take you over they can use you... it is pivotal importance that we have black strong led organisations”

BME Organisation¹⁷

Reach and Access

It is often assumed that one of the main reasons that mainstream organisations work with BME organisations is for the purposes of access to a community that they may otherwise find “hard to reach”. Some of the participants we spoke to verify this claim and suggested that this was a good way for BME organisations to carve a niche in the sector for themselves; this however perpetuated the myth that BME organisations are only concerned with issues that face the BME community¹⁸. The inherent inequality that exists in this less than meaningful way of working together has been highlighted by both BME and mainstream organisations that we have spoken to. The same participants from BME organisations also said this access was something they had to offer, that the specialist communities they worked with were able to access a wider range of services through them and their partners as a result of partnership working.

Some mainstream organisations were working very well with BME communities and had no issues with reach or access to these groups. This is often the case with organisations that are based in areas that have a high population n of ethnic minorities coupled with a good outreach programme. It was stated that although there was no issue of actually reaching these groups they would work with BME organisations for other reasons, like sharing best practice, improving the nature of their engagement to the community and to appease funders.

Financial Motivations

Money was often a driver rather than a resource necessary for collaboration. The instinct to survive means that organisations in difficult times are finding it necessary to make compromises sometimes to ensure that they are funded for their work. Participants felt that on occasion working in collaboration is something that is favoured by funders and sometime enter into these arrangements believing that it will give them added value when competing for funds. Although this is no surprise, these seems to be a rise in these arrangements that in the long run are not conducive for working in the best interests of the service users or the organisation.

“The current political climate is coercing people to collaborate in a way that may not be most beneficial to their client groups but they may not have the luxury of saying this or taking the space to make these decisions”

BME Organisation

¹⁷ Quote taken from participant for V4CE research “Shared Vision” 2010

¹⁸ Gary Craig, 2011, Voluntary Sector Review, vol 2, no. 3, p 378

There are a variety of reasons to enter into partnerships and some participants agreed that although financial incentives may not be the most noble reason to enter into partnerships this was a serious consideration for many struggling organisations. Participants highlighted that some organisations have the “luxury” to make decisions about partnership working solely based on what was best for their service users, fitted perfectly in line with their strategy and ethos and was not a compromise - this they believed was rarely the case for most organisations.

Conclusion

Inequalities exist in the sector and are reflective of inequalities in society. Partnerships within the sector will therefore face similar inequalities and power dynamics. This can be attributed to a whole host of areas including capacity, size of organisation, influence, reputation, and financial means as highlighted in this report. Often many of these will impact BME organisations adversely and this disproportionate disadvantage is what gives them an unequal footing in their partnerships with mainstream organisations.

Most BME organisations have historically struggled to survive and be represented whilst mainstream organisations have been better resourced and recognised. In the face of the current climate all organisations are facing renewed challenges and increasingly it seems that the reality for many of these organisations is that "fairer" collaboration is out of their reach. Organisations recognise its merits and that ideally they would strive for more and better collaboration.

There is some evidence to suggest that many BME organisations feel 'disconnected' from the rest of the sector and are not part of the existing structures for working together. This is linked directly to mainstream organisations undervaluing the significant contribution of BME organisations. Many mainstream organisations have not effectively engaged the BME sector and there is a real perception that partnerships with mainstream organisations may lead to the invisibility of the BME sector and the 'BME perspective' which is a risk that is not work taking.

There was a need for a change from being seen as representatives of their communities to being seen as organisations that deliver services beyond their own communities giving them a reputation in the wider sector.¹⁹ Mainstream organisations need to recognise the real value added of engaging with BME organisations in a meaningful way. This needs to be balanced with BME organisations learning to trust and willing to work more with mainstream organisations coupled with building their track record and ensuring that they work in a way that is professional and deliver to the expected standards at all times.

Many of these barriers have been exacerbated by the financial climate and this has meant that some organisations have entered into a partnership that is inappropriate or unfair inherently. All participants agreed that resources needed to be made available and invested in order to overcome such barriers and to facilitate collaboration with other organisations. Such resources would be used to facilitate and manage the partnership; monitor and evaluate the contract; resource the reporting requirements; respond to changing user needs; as well as overcome any adverse

¹⁹ Brap, July 2009, R20 programme evaluation

barriers faced. Depending on the size of the organisation these resources may be made available internally or externally.

There is a need for an honest and open debate between the BME sector and the mainstream sector to build a culture of trust, confidence and mutual respect to move forward challenging negative stereotypes and perceptions on both sides of the sector in order to drive forward more fair and equal partnerships to improve the quality of services to the diverse communities they serve.

As the sector faces its most challenging times there is a sense of competition, a direct result of competing for the same diminishing resources that has put the sector in a position where it is increasingly difficult to collaborate in a transparent and accountable way as organisations are looking out for their own survival and defending their patch. Some organisations do not see this as compatible with fair collaboration and are therefore struggling to make this a reality.

There are however examples of good collaborative working between BME and mainstream organisations; these are not promoted very much; however there are no guidance of models of good practice that outline how this should be done. These are both things that V4CE are trying to combat as a result of this project. Where in the second phase we will develop a principles document looking at how the BME and mainstream sector can work better together and a series of case studies highlighting good practice.

Getting involved

The next phase of the Modelling Fair and Equitable Collaborations programme is developing a framework on the **guiding principles for fair and equitable collaborations and partnerships**. This document will be a resource available to the sector to provide a set of guidelines for developing and managing a fair and equitable collaboration. This will be produced by V4CE based on the learning and best practice generated by the research conducted here.

If organisations are interested in get involved with the project please visit the website on www.voice4change-england.co.uk alternatively you can contact the office on info@voice4change-england.co.uk or call on 02076974240.

Appendix

Acknowledgements

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Stakeholder Interviews

Andre Schott - CEO Fitzrovia Youth in Action- www.fya.org.uk

Baljit Benja - CEO Newham Asian Women's Project- www.nawp.org

Lin Gillans - Action CEO London Voluntary Service Council- www.lvsc.org.uk

Vaughan Jones - CEO Praxis- www.praxis.org.uk

Focus Group Attendees;

NCBI London- www.ncbi.org.uk/ncbi-london

CAME Women and Girls Development Organisation- www.cawogido.org

Catch 22- www.catch-22.org.uk

Citizenship Foundation- www.citizenshipfoundation.org.uk

Family Planning Association- www.fpa.org.uk

HAVCO- www.havcoharingey.org.uk

Inclusion London- www.inclusionlondon.co.uk

Laamiga- www.laamiga.org

Latin American Women's Rights Service- www.lawrs.org.uk

LVSC- www.lvsc.org.uk

NCVYS- www.ncvys.org.uk

Standing Together- www.standingtogether.org.uk

Volunteering England- www.volunteering.org.uk

Women at the Well- www.thewomenatthewell.com

Women in Prison- www.womeninprison.org.uk

About Voice4Change England

Voice4Change England (V4CE) is a national advocate for the Black and Minority Ethnic voluntary and community sector (BME VCS). BME voluntary and community organisations (BME VCOs) are a crucial part of civil society that have emerged from and work for BME communities. By supporting the BME VCS we aim to improve the life outcomes for BME and other disadvantaged communities. As the only national membership organisation dedicated to the BME VCS we speak up to policymakers on the issues that matter to the sector; bring the sector together to share good practice; and develop the sector to better meet the needs of communities.