

Capacity building black and minority ethnic voluntary and community organisations

An evaluation of CEMVO's London pilot programme

Jean Ellis and Shehnaaz Latif

A review of a five-year programme to build the skills, knowledge, structures and resources of black and minority ethnic voluntary organisations in London.

Changes in funding opportunities for the voluntary sector in the 1990s led to an increasingly competitive market, complex tendering processes and more rigorous reporting procedures. If black and minority ethnic (BME) organisations were going to flourish within this new environment, they would need to adopt business-like approaches and become more outward looking. This study reports on a programme designed to better position BME organisations to benefit from these new policies and funding opportunities, and to enable them to achieve long-term sustainability.

The report explores the Council of Ethnic Minority Voluntary Sector Organisations' (CEMVO) integrated approach to capacity building, a model combining business and sector-specific approaches. It reflects on whether such methods were equally relevant to the full range of voluntary and community groups, particularly those without a public service remit. The report explores the extent to which the programme adopted a strategic approach likely to achieve sustainability and how far central support added value to local capacity-building initiatives.

The study finds that the rigid requirements imposed by the funding regime ran counter to the flexible approach needed within the sector, and suggests how those designing, funding and implementing capacity-building programmes might make changes. It will be of interest not only to the BME sector itself, but to the wider voluntary and community sector, policy makers and those funding capacity-building initiatives.



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Charities Evaluation Services (CES) is an independent charity, working since 1990 with a wide variety of voluntary organisations and their funders. CES produces a range of publications and provides training, advice and technical help, and also carries out independent evaluations as part of its commitment to strengthening and improving the effectiveness of the voluntary sector.

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List of abbreviations

AHPN	African HIV Policy Network
BME	Black and minority ethnic
BTEG	Black Training and Enterprise Group
CBO	Capacity building officer
CDX	Community Development Exchange
CEMVO	Council of Ethnic Minority Voluntary Organisations
CES	Charities Evaluation Services
CVS	Council for Voluntary Services
DTK	Diagnostic Toolkit
EMF	Ethnic Minority Fund
EMVSO	Ethnic minority voluntary sector organisations
GOL	Government Office for London
ICT	Information and communications technology
JRF	Joseph Rowntree Foundation
LDA	London Development Agency
LSP	Local strategic partnership
MBA	Masters in Business Administration
NRF	Neighbourhood Renewal Funds
SRB	Single Regeneration Budget
TOIL	Time off in lieu
VCO	Voluntary and community organisation

1 Introduction – the context

In July 1999, the Council of Ethnic Minority Voluntary Organisations (CEMVO) received approval from the Government Office for London (GOL) for a pilot programme to deliver capacity building to black and minority ethnic (BME) voluntary sector organisations in London, with funding for £2.5 million under SRB5, matched with funding from other sources.

The programme was to deliver a tailor-made MBA (Ethnic Minority Capacity Building) course, in partnership with the University of East London to 15 capacity building officers (CBOs). After one year of the taught programme, in October 2001, these CBOs were to be placed with host organisations, which would provide support and a link to BME voluntary sector organisations. A key SRB objective for the programme was for each CBO to capacity build 40 organisations over four years, reaching a total of 600 organisations across the London region before the funding ended in March 2004.¹

Challenges for the voluntary and community sector

The public service agenda

CEMVO's pilot programme in London was well timed, planned at a period of an emerging national and local policy focus on public services, local governance and accountability, partnership and social inclusion.

In 2002, two government reports focused on the need to review and reform the regulatory frameworks governing the work of charities and the role of the voluntary and community sector in public service delivery (HM Treasury, 2002; Strategy Unit, 2002). The Treasury Cross Cutting Review was explicit about the government need to promote capacity building as a means 'to engage in service delivery effectively', defining this as being 'about ensuring that VCOs [voluntary and community organisations] have the skills, knowledge, structures and resources to realise their full potential'. It also acknowledged the more acute barriers to engagement faced by the BME sector and its role in delivering government targets.

With the development of national and local compacts, and as the Government extended the debate on infrastructure and capacity building within the voluntary and

community sector, there was an opportunity for established infrastructure organisations to develop a strategic role.

Funding the voluntary and community sector

By the 1990s, the voluntary sector had developed a greater dependence on funding from central government, local authorities and other statutory bodies (Chouhan and Lusane, 2004). A potent cocktail of regeneration money funded by central government provided new opportunities alongside major European structural funds, and local government initiatives offered a number of opportunities for larger- and smaller-scale funding under the banner of social inclusion.

During this period, many London local authorities changed the structure of their grant funding. Councils were looking to more strategic funding, with a greater shift to three-year funding, and total grant amounts were often reduced. Specific areas of local funding, such as health, housing and youth services, were moving towards purchasing arrangements. The emphasis, in common with that of central and regional funding, was increasingly on value for money and better quality of services.

This led to a more competitive market, complex tendering processes and more rigorous reporting procedures. Funds were moving towards 'preferred' providers, tending to be larger, more established organisations. Smaller players – especially BME organisations – were potentially vulnerable to exclusion.

BME organisations also risked remaining outside the emerging new family of partnerships. Twenty of the 33 local strategic partnerships (LSPs) in London, located in the most deprived areas of London, were in receipt of Neighbourhood Renewal Funds (NRF). In these areas, the LSPs were charged with developing Community Plans, setting out their community strategies and priorities for the social inclusion agenda. These plans, emerging in 2001 and 2002, provided an opportunity for voluntary sector organisations to examine their own service delivery and expertise in areas such as healthy living, crime and disorder, and other priority service areas.

The Neighbourhood Renewal Unit also gave encouragement to community participation through Community Empowerment Networks and the Neighbourhood Renewal Unit's three community participation programme funds, from which small grants were disbursed at local level to support the development of community groups and activity and participation in neighbourhood renewal.

If small and BME organisations were going to flourish within this new environment, they would need to adopt businesslike approaches and become more outward looking.

Why the BME sector?

The Home Office defines a BME organisation as one 'led and managed mainly or entirely by Black² and/or other minority ethnic people, which serves mainly Black or minority ethnic people' (Home Office, 1999), a definition within which CEMVO has broadly worked. When the capacity building programme started, CEMVO estimated around 5,000 BME organisations were operating in London.³ This figure was likely to fluctuate, with an 'unknown sector' probably taking figures higher.⁴ While BME organisations shared a collective experience that points to a level of disadvantage not experienced by white, so-called mainstream voluntary sector organisations, the sector is highly diverse, with no single perspective.

Research emphasises the development of the BME sector from the 'widespread neglect of BME people's needs by the public sector and wider voluntary sector', by people directly affected by the problems to be addressed and motivated by their personal involvement and commitment to the issues (Home Office, 1999).

Most BME organisations work in more than one sub-sector, providing a range of activities to meet various needs. For example, refugee community organisations emerged in the late 1970s and early 1980s to respond to the needs of refugees in London by providing mother-tongue and supplementary classes to help maintain identity, as well as providing advice, job training and advocacy (Cooper and Gameledin-Ashami, 2001; East London Voluntary Sector Alliance, 2004).

The challenges facing BME organisations have been well documented and were to be echoed by what CEMVO CBOs found on the ground. They included:

- a lack of resources, including premises, staff, skills, time and funding
- limited access to support
- low involvement in civic matters, regeneration and key partnerships
- racism and discrimination.

Funding is a perennial problem for the voluntary sector at large; it is often a more acute issue for BME organisations. BME groups, with small incomes and a low asset base, often struggle to invest in adequate premises, infrastructure and staffing, and to find time for skills development, therefore being seen as too risky to fund. Short-term funding, with its attendant insecurity and periodic reviews, has made it difficult to develop service delivery and meet the needs of clients. The issue of lack of premises has escalated in recent times with the selling off of community buildings by local authorities (East London Voluntary Sector Alliance, 2004; Needham and Barclay, 2004a).

Research has reported a lack of understanding of how 'the system' works by BME organisations and an insufficient skills base, limiting their ability to fund-raise and establish good governance (Chouhan and Lusane, 2004; East London Voluntary Sector Alliance, 2004). Accountability is often understood by BME organisations to mean accountability to users, clients and members of the community they are seeking to service – often referred to as 'downward accountability' – whereas funders view accountability as being 'upward' to them, to trustees and to the regulatory body (Chouhan and Lusane, 2004).

BME organisations have lacked the time and skills to support the development of strategic or business plans, or to look outward to the wider voluntary and statutory sector. Research has also shown BME organisations to be lacking in support in important areas such as fund-raising, marketing and publicity.

Despite the BME sector's ability to provide culturally appropriate services and to play an active and key role in civic engagement and social inclusion, BME organisations are often marginal to local policy debates and feel 'used by mainstream and statutory agencies to deliver the latter's goals and targets rather than being fully involved in strategic policy discussion' (Craig *et al.*, 2002).

Many BME groups experienced exclusion from the traditional structures of the voluntary and community sector, and from different levels of government decision making combined with a more stringent level of funding scrutiny (Craig *et al.*, 2002), reflecting the racism experienced by the communities themselves. It is this inequality and marginalisation of certain groups from the process of mainstream society that the CEMVO capacity building programme challenged.

Why capacity building?

The term capacity building started gaining momentum in the 1990s and it became part of the menu of activities funded by regeneration monies in 1997, with government departments starting to use it as a way to tackle disadvantage and social exclusion. It quickly became a crucial priority area for other funders and gathered momentum as an area for voluntary sector services.

There are many different definitions of capacity building, covering a wide variety of contents, processes and desired outcomes, and dependent on whose capacity is being built. Most frequently, three layers of linked activity are identified – at individual, organisational and community level.

The heightened discussion of the need for the voluntary sector to strengthen its governance and systems of accountability placed a focus on organisational capacity building as an instrument through which the voluntary and community sector would be made fit to take on a public sector role. Another dimension of capacity building was not always explicit – the link to community development,⁵ social inclusion and regeneration.

The government policy unit tasked with the promotion of civil renewal (the Civil Renewal Unit)⁶ defines community capacity building as: activities, resources and support that strengthen the skills and abilities of people, enabling them to take effective action and leading roles in the development of their communities. The CEMVO programme was targeted at boroughs with high levels of economic deprivation and was regarded as a highly innovative programme for regeneration funding. Increasingly, funding was made available for capacity building under SRB6 (2000–06).

2 CEMVO's capacity building model

Defining the CEMVO standard

CEMVO's early planning documents said that the programme would 'lay a robust foundation for the long-term regeneration and development of the ethnic minority communities', enabling BME organisations to:

... efficiently manage their organisations as well as provide sufficient skills/abilities for these organisations to compete equally for funding as with the more established and professional organisations.
(CEMVO, 2001)

The programme was to comprise the following elements:

- an MBA programme for 15 capacity building officers (CBOs)
- after one year, CBOs placed with host organisations
- over a four-year period, 600 BME voluntary organisations capacity built to the CEMVO standard
- certification of capacity building, based on portfolios of work.

The CEMVO delivery plan for the year April 2000 to March 2001 had the following main aims:

- to take a strategic approach to the development of minority ethnic communities through the minority ethnic voluntary sector
- to bring resources from within the minority ethnic sector
- to increase participation at policy forums.

An unpublished paper to the Partnership Board in September 2000 defined capacity building in the context of the programme as:

Development work that strengthens the ability of community organisations and groups to build their structures, systems, people and skills so that they are better able to define and achieve their objectives and engage in consultation and planning, manage community projects and take part in partnerships and community enterprises.

It includes aspects of training, organisational and personal development and resource building, organised in a planned and self-conscious manner, reflecting the principles of empowerment and equality.

This definition was one in fairly common usage¹ and it more recently underpins the Government's consultation document, *Building Civic Renewal* (Civil Renewal Unit, 2003). The model emphasised organisational development and individual skill building, and expressed an approach at the three levels of capacity building – individual, organisational and the wider community.

CEMVO planned to deliver a package of capacity building to a standard of excellence, the standard itself focusing on organisational development. An unpublished paper to the Partnership Board in August 2002 emphasised:

- professionalism – only those who had completed and passed the bespoke MBA would be qualified to capacity build organisations to the CEMVO standard
- a standardised model of diagnosis and development work to ensure that 'robust organisational systems are in place'
- a process of accreditation would be an integral part of the capacity building programme.

By introducing the MBA, CEMVO was aware that it was challenging some approaches to capacity building which:

... in its widest sense can be seen as community development which traditionally does not lend itself very easily to management development techniques or the business approach.

(CEMVO discussion paper, 2000, unpublished)

While the MBA course, first run from October 2000 to June 2001, retained an emphasis on business methods, it was also designed to cover specific voluntary and BME sector needs such as consultation, involving clients and local communities, and issues around disparities of power, oppression and racism.

Capacity building

Conceptually, the organisation was presented as a whole, showing the linkages between the different parts and emphasising a holistic model of organisational change. It required a more integrated and thoroughgoing approach, rather than delivery through one-off training or advice surgeries. For example, working with organisations would not be helpful if the organisational culture was not itself tackled; it would not be helpful to secure funding if good management was not in place.

After the MBA, capacity building would be carried out by CBOs with groups across the following key stages:

- diagnosis
- development of action plans
- implementation of action plans
- preparation of individual group portfolios
- certification.

The process was intended to be facilitative rather than directive and empowering rather than encouraging dependency.

Diagnosis and action plans

Most capacity building is based on some form of organisational review, or health check, providing a diagnosis and a remedial plan. At the heart of CEMVO's capacity building was the assessment or diagnosis of the organisation with a custom-made analytical tool – the Diagnostic Toolkit (DTK) – designed specially for the programme by a consultant working for the University of East London. It was a tool specifically for use by CBOs rather than directly by organisations, facilitating assessment across nine capacity areas; it provided a snapshot at a particular period of time.

The DTK had obvious advantages, reinforcing the holistic approach of the model, and providing a common approach and standard of organisational assessment across CBOs. Following the DTK analysis, CBOs would develop an organisational action plan; CBOs would work with organisations on these over a one-year period.

Implementation of action plans

In their focused work with groups, CBOs used a range of approaches to capacity build their groups – for example, training, funding surgeries, workshops and away-days, one-to-one work and mentoring, telephone assistance, research and assisting with funding applications, with tools and techniques often developed on the job.

Portfolios and certification

It was intended that part of the CEMVO 'package' of capacity building offered to groups would be a process of verification and certification that groups had completed the planned work. CBOs would complete a portfolio for each organisation, to be reviewed internally and independently; the portfolio would include the DTK review, the action plan and the final report against defined areas of organisational capacity building. Once verified, groups would be certificated. This would be recognised by funders and would allow capacity building organisations better access to funding streams. This element of the package was only partially fulfilled.

Other models of capacity building

Capacity building as a pragmatic response

CEMVO marketed its capacity building as distinctive. It was proactive rather than reactive and it offered a professional, rigorous approach, tailored and targeted to the BME sector, and a package of support to meet the needs of the whole organisation within its environment. This was the first time that a programme, with a specific tool, had been made for developing the capacity of the BME voluntary sector.

When the CEMVO programme started in 2001, much of the support available to the BME sector was provided reactively by second-tier agencies and private and voluntary sector consultancies. For example, 80 per cent of organisations coming into Waltham Forest Voluntary Action were reported as small or start-up BME organisations with limited resources. The advantage of a reactive approach, through drop-in sessions and one-off training, is that it can respond well and immediately to felt needs. The disadvantage is the possibility that learning may stay with one person and be lost if the whole organisation does not become engaged.

More intensive support

However, the picture is changing rapidly. Over recent years, second-tier organisations have increasingly developed, or are using, health check toolkits and skills audits, and are providing a more complex package of action plans and development work, often seen as the first step towards securing a recognised quality accreditation.² Advice UK, for example, ran a project providing assistance to small and minority ethnic information and advice organisations in Tower Hamlets, which included health checks, consultancy, support, learning sets and providing model procedures.

A range of more recent models feature intensive support, bespoke training and negotiated development programmes that aim to increase the voice and influence of voluntary organisations. Another development is to focus on specific types of capacity building work. In West London, Renewal has targeted its work to refugee community organisations, preparing bids for external funding while also engaging in joint work with other providers to meet a broad range of capacity building needs.

CEMVO's model remains distinctive in that it necessitated a set of mutual expectations, almost a contractual relationship. In the second year, greater emphasis was laid on ensuring that groups were clear that they would be working to an agreed programme within a specific timescale, rather than at a pace defined by the organisation itself, although CBOs reported that some groups were reluctant to sign the written agreement.

In practice, CBOs had to adopt a more pragmatic response, often working on immediate issues, such as premises, reviewing grant applications or developing programme proposals while the diagnosis was being carried out. In some cases the DTK was put on hold. Ultimately, CBOs were working fairly autonomously and an adjustment to the realities on the ground was realistic.

3 The evaluation

The Joseph Rowntree Foundation (JRF) and CEMVO commissioned Charities Evaluation Services (CES) to evaluate the programme against the following aims:

- to evaluate the efficiency and effectiveness of the programme
- to evaluate how and where the programme added value
- to learn lessons from the programme about what works in capacity building in order to inform the design and planning of future capacity building activities
- to place the programme within the context of the Treasury's Cross Cutting Review of the voluntary sector (HM Treasury, 2002).

In addressing these aims, we have allowed themes to emerge from the data against a broader contextual analysis. The research has assessed effectiveness and derived outcome indicators from the programme's documented aims. These aims have matched well with areas of benefit expressed by BME groups being capacity built.

We used a wide range of data sources and research methods. These included:

- literature review
- document review including: CEMVO partnership and funding files; monthly reports from capacity building officers (CBOs) and a sample of 28 portfolios of work prepared by CBOs with groups
- output monitoring forms completed by CBOs (year 2)
- outcome monitoring forms completed by CBOs for capacity built groups, analysed in relation to baseline questionnaires (years 1 and 2)
- face-to-face or email interviews (one-to-one and group) with CBOs and CEMVO development officers, host organisations, CEMVO chair and members of the programme team, and other stakeholders
- one-to-one interviews with 20 groups, and an evaluation workshop with nine groups and a host organisation in one borough
- postal questionnaires to participating voluntary groups (years 1 and 2).

From these varied data sources, we obtained information on work covered by all CBOs across the programme. We supplemented this with a case study approach by looking at documentary sources and interviewing capacity built groups and other stakeholders in four different settings in greater detail. We selected Croydon, Tower Hamlets and Waltham Forest as boroughs offering contrasting situations. We also looked in greater depth at the work carried out from the basis of one of the cross-London hosts, the African HIV Policy Network (AHPN), which provided an example of a theme-based approach and strategic working through networks. Apart from this work, we purposively selected five organisations of various sizes and types for one-to-one interviews that would provide some good evidence of benefits.

4 Organisational change – was the programme effective?

CBOs carried out capacity building work with organisations from October 2001 until August 2004, five months after SRB funding ended. Further CEMVO resources were not found and capacity building finished after nearly three years.

CBO monthly reports covered two cohorts of capacity built groups between October 2001 and February 2004. The geographical areas covered by the programme in years 1 and 2 are shown in Table 1 below. A third cohort of groups was started in some locations by the eight CBOs remaining with the programme, terminating early when the programme finished. Data is drawn from the two completed years of capacity building.

Table 1 Location of the programme

	Number of CBOs working in geographical areas	
	October 2001 to February 2003	March 2003 to February 2004
Bexley	1	–
Brent	1	–
Camden	–	1
Croydon	1	1
Ealing	1	–
Kensington & Chelsea	1	1
Lambeth	–	1
Lewisham	1	–
Merton	2	–
Redbridge	1	1
Tower Hamlets	1	1
Waltham Forest	1	1
London-wide/cross-borough	4	6
Total	15	13

Improving management

This chapter assesses organisational change experienced by groups being capacity built, describing the evidence of some sound developments in a range of organisations participating in the capacity building programme. In some cases the developments were quite dramatic. While some changes, such as the introduction of organisational policies, can often be attributed directly to work carried out with the

CBO, we must acknowledge that, in other cases, change might have occurred irrespective of capacity building. Organisations already had a history and there were other players and influences, both internal and external to the organisation. Indeed, some CBOs worked with host organisations that were themselves capacity building with groups.

Groups interviewed had experience of support from other parts of the sector, most of it in the form of training, even if for some this experience was limited; CBOs have sought to synchronise or co-ordinate their efforts with this support to differing degrees.

One difference between CBOs was the extent to which they added value for groups by accessing other resources. At the basic level this might mean signposting or providing a way in to open training and consultancy, such as leadership courses, central and local training providers. However it could be more proactive. For example:

- reaching agreements with agencies, e.g. Business Link, West London and the Black Training and Enterprise Group (BTEG) to provide free management training sessions and working jointly to identify needs and design provision
- accessing free IT systems and training support, free or cheap hardware and small grants to buy computers
- accessing community accountants to work on aspects of financial systems, bookkeeping, accounts, etc.

Often the most effective work was done within a pattern of more complex provision. It is nevertheless possible to trace a significant effect of capacity building work on those organisations that brought commitment to the programme.

Success criteria

The strategic objectives of CEMVO's SRB bid, as put forward in April 1999, were the following:

- To bring increasing resources to ethnic minority communities and their voluntary sector to enable it to participate more fully in regeneration and the achievement of broader social policy objectives in London

Organisational change – was the programme effective?

- To capacity build the ethnic minority communities and their voluntary sector who will then form the infrastructure to pull together the delivery of government policies designed to meet the needs of black and ethnic minority communities and further the competitiveness of London
- To improve the quality of life of socially excluded and marginalised people from the ethnic minority communities who live in London, and to give them greater control over their own lives and offer them pathways into wider opportunities.

These are very broad objectives, making it difficult to measure success. However, anticipated outcomes were expressed in statements of purpose, described in CEMVO Partnership Board papers. From these it is apparent that CEMVO's capacity building sought to do the following:

- increase organisational ability to manage projects
- build new leadership at governance level
- increase bids for securing high levels of resources
- attract more 'professional' staff able to secure more funding streams for the sector
- increase levels of organised community activity
- increase participation at the local level and in the wider democratic process
- change perceptions of the sector as being weak, fragile and difficult.¹

We will examine CEMVO's capacity building at the community and sectoral level in Chapter 5. The first four of these aims are about change at an organisational level. We can find change indicators both in the most common issues identified by CBOs and in the broad areas of benefit identified by capacity building groups and host organisations (see Table 2).

Table 2 Common problems identified by CBOs and benefits identified by hosts and organisations

Common problems identified by CBOs	Benefits identified by hosts and organisations
Out-of-date constitutions; organisations using two or more documents as rules for the organisation	Raised awareness about what it means to be a charity
Management committees that did not understand their roles and responsibilities	Raised awareness about issues of financial and social accountability
Weak leadership and inadequate policies and procedures	Important policies and procedures in place
General absence of planning, particularly of business planning	Raised importance of strategic planning
Weak financial and administration systems	Ability to apply awareness, e.g. through improving existing and/or developing new policies and procedures
Inadequate financial resources and lack of fund-raising skills	Increased financial security and awareness of funding options
Ineffective marketing and promotion of services	Increased profile and confidence within the local community
Inability to participate in partnerships; lack of collaboration because organisations were unaware of each other	More networking and partnership work; less feelings of isolation
Severe lack of basic infrastructure equipment, such as computers, internet access, telephones, answer machines, faxes and ICT training across the sector	Improved infrastructure, e.g. better ICT capacity

There is a strong match between the areas identified by CBOs and groups; these relate to the nine areas of the DTK and were to be covered by capacity building:

- constitution and legal structure
- government structure and process
- business and action planning
- management systems
- financial systems
- funding
- communications and marketing

Organisational change – was the programme effective?

- networking, partnership and collaboration
- information and communications technology (ICT).

The baseline from which organisations were starting varied widely. Nevertheless, there were common themes, as illustrated in these CBO reports:

[The organisation has] no clear plan. No clear lines of reporting and delegated authorities never been defined. No clarity about role of Management Committee and staff. No evidence of any agreed financial procedure or any reporting to the Management Committee. Administrator performs the role of finance officer but no training.

Has Management Committee but attendance sparse and lack of awareness about roles and responsibilities. General feeling that the role of director to do everything and Management Committee should only have rubber stamping function.

It is important to assess outcomes for each organisation in the context of their very different starting points. Change occurred at a number of levels – which cannot be summarised neatly within defined areas of business management. For example:

- moving away from individual or family influence on a trustee board
- obtaining a substantial grant from a major funder
- development from a small group into a large, staffed organisation
- moving into a strong position within the community and in relation to the local authority.

The CEMVO model focused on management improvements rather than service delivery, and groups reflected that back in their reporting. Although some CBOs and groups reported on more user involvement or other service developments, groups surveyed mentioned a large number of management improvements, particularly in business planning, policies and procedural issues, and in funding agreements and contracts won.

Groups assessed the importance they attached to the involvement of the CBO in these developments. Fifty-seven per cent of first-year groups and 76 per cent of second-year groups said that the CBO was very important or important, and 25 per cent of first-year

and 18 per cent of second-year groups felt that they were quite important in achieving change.

We will see in Chapter 6 that there was a substantial drop-out rate from the programme. However, for those who committed to the programme, the management approach often worked very well and there were reported gains.

Confidence

Interestingly, CBOs rated increased confidence at a higher level than did the groups themselves across a range of areas, although the groups themselves reported an average increase in confidence of one point on a scale 1–5. The greatest increase in confidence was shown in fund-raising, although this is where there was the biggest discrepancy between the BME groups and CBO assessments, which rated confidence higher. Organisations started at different levels of confidence and experienced varying levels of change. The shift in average scale rating for confidence does not reflect this.

Constitution and legal structures

A review of constitutions was a routine part of the work. Almost all the organisations in the portfolios reviewed by the evaluators had a constitution or a memorandum of association before the capacity building programme. Just over 50 per cent of action plans had mentioned the need to develop or amend these.

CBO monitoring in year 1 reported 16 per cent of the sample as having changed their organisational status. This change related largely to a small reduction in the number of unregistered groups (from 27 to 20) and a small increase in the number of registered charities (from 57 to 62) and those registered as a company limited by guarantee (from nought to five). This same level of change was reported in year 2. These changes were focused in a small number of boroughs, possibly reflecting the initial weaker state of development of the local BME sector.

Policies and procedures

In interviews, groups mentioned the importance of work on policies and procedures, particularly on issues such as volunteering or child protection. In the year 1 questionnaire responses, six of the 35 groups responding mentioned this as the most useful contribution made by capacity building.

The key policies and procedures identified on the CEMVO verification forms for portfolios were equal opportunities, health and safety, and financial. Almost all portfolios, 26 out of the 28 reviewed by the evaluators, had evidence of an equal opportunities policy. Almost half of these groups already had a policy of some kind in place before capacity building. Twenty-three of the portfolios contained financial policies, already held by 14 of the groups but actioned as requiring amendment in most cases. Twenty-three of the portfolios contained health and safety policies; such policies were already in place for nine of the organisations, but in four cases had been reviewed by the CBO. Other policies and procedures present in ten or more portfolios were, in order:

- 1 complaints and/or grievance
- 2 staff code of conduct and/or disciplinary
- 3 employment procedures and contracts of employment
- 4 management committee roles and responsibilities
- 5 volunteer policy
- 6 confidentiality and data protection
- 7 supervision and appraisal
- 8 child protection.

Planning

Eleven organisations in the portfolio sample already had some form of a plan in place when capacity building started, but business planning was one of the areas most in need of attention, and plans were included in 16 of the sample of completed work. Development of business plans was critical for some organisations in relation to funding and development, but it took time and resources. CBOs reported that

some groups were not yet at the point where they could engage in long-term planning, and monitoring reports indicate that this was often not a process that could be completed within the one-year timescale. Only one organisation showed evidence of marketing/communication plans and only one of funding/fund-raising plans before capacity building took place. Portfolios of completed work showed some development – evidence of marketing/communication plans for ten organisations and of funding/fund-raising plans for 11 organisations, a little over one-third of the 28 organisations in the sample.

Increasing human resources

Although CBOs aimed to bring in new skills to the management committee, no records were kept of increased human resources at an individual organisational level in monthly reports. We have been able to get some indication of this through annual monitoring, although net overall figures hide a number of different stories. In some cases, organisations were weakened by funding cuts during this period, while, in others, there were major gains in human resources. For the 93 first-year groups for which we have information, 36 groups (34.3 per cent) were recorded as having a change in numbers running the groups. There was an overall increase of 57 volunteers (5 per cent). The number of paid staff shows a change from 167 to 256, an increase of 89 (53 per cent). These net gains incorporate decreased numbers in some groups, including closure of some organisations, and an increase in human resources in others.

Networking and partnership work

Research (East London Voluntary Sector Alliance, 2004; Needham and Barclay, 2004a) has shown that many BME organisations have little contact with other BME organisations, relevant providers or networks, a finding reinforced by CBOs. This was an area for development emphasised in action plans in over half the portfolios sampled. However, progress on networking was evidenced in only six portfolios of completed work, for example through correspondence with new links. This picture does not do justice to the work carried out by CBOs to link groups into networks locally, at a London level and often thematically.

All of the groups interviewed that reported positive outcomes felt that the profile of their organisation had risen. One individual commented: 'We feel we can compete with other voluntary organisations'. Another said that their participation in local networks and consultations 'has increased with confidence' and that their 'reach'

within the community had increased. They have now ‘become a major stakeholder with respect to services provided to Asian users’.

In the second-year questionnaire responses, this is an area where groups showed considerable increase in confidence. Fifteen of the 40 groups responding said they felt confident or very confident when they started; this increased to 26 saying they felt confident or very confident about networking after capacity building.

Communication

CBOs worked with organisations on communication in a number of ways, assessing stakeholder groups, developing policies and creating publicity material. Half of the portfolios reviewed included annual reports and organisational publicity. After training on publicity and marketing, one organisation changed communication channels and started using the internet. It also started communicating with hospitals and providing each local school with information about its supplementary school.

Example: improved networking and communication

The Anatolian Centre in Waltham Forest provides advice, leisure and youth services, supplementary and mother-tongue classes. In 2001, when capacity building started, it was in an isolated position and suffered from severe language difficulties. An English-speaking co-ordinator was appointed shortly after the CBO started working. A translation service was provided throughout the process, which was vital.

During the capacity building work, the Centre experienced both internal and external sustainable benefits. Externally, the Centre’s ability to network and make contact with the local council improved. It was able to network with the Supplementary Schools Forum and with contacts from the Health Authority, learning from other service delivery methods and sharing resources. Its reputation and credibility within the community improved, and it entered the mainstream.

Service delivery also improved through the development of a sharper organisational vision. In particular, marketing of services improved and it is now working at capacity with students in the supplementary school.

Development of services

CBOs described the development or expansion of services for 48 organisations in the first year, reporting new services for 16 organisations. These were often targeted at specific groups, such as young people or women. For others, development meant a broader service delivery, more service users and expanding services to other local BME organisations or disabled users. One organisation established itself as a specialist resource for drug-related education, prevention and treatment, strengthening and packaging services as a model for replication.

CBO monitoring showed changes in key areas of work for 37 groups, 35.2 per cent of the year 1 total sample. This could mean a reduction as well as an expansion. Most areas of work showed modest overall growth, with the exception of community development and older people categories, which showed reduced work, and housing, which remained static. The largest area of service provision was advice and advocacy, with year 1 baseline data showing 104 organisations providing advice. This increased to 114; within that figure, five groups ceased to offer advice, while 15 additional groups started to provide advice.

Broadening the funding base

According to research, two key areas of difficulty for BME organisations were lack of adequate premises and difficulties in accessing funding. Eighteen per cent of year 1 organisations were working from their home address. This remained largely unchanged, although CBOs became involved in premises issues.

The trend noted in Chapter 1 towards public funding is more pronounced among BME organisations, often heavily dependent on one or very few sources of funding. It is important that CEMVO capacity building encouraged diversification at a critical point in the funding environment, with local authorities moving to commissioning and new funding regimes showing a preference for larger, more professional organisations, with a capacity to write reports and with fluent financial and management systems.

Funding work was done at several levels, both defensively (for example, crisis work) and proactively through:

- 1 information sharing, e.g. funders' fairs, electronic information circulated by CEMVO

- 2 strategic work with funders
- 3 direct work with individual organisations:
 - training in fund-raising skills
 - developing strategies and plans
 - working on specific applications.

Perhaps more than in other areas, in funding work, CBOs often worked consciously with other agencies, collaborating on information dissemination, funders' fairs and workshops, and sometimes taking a 'hands-off' approach to funding applications. In terms of sustainability, this could have advantages, as organisations linked to further sources of support, such as the local Council for Voluntary Services (CVS), with its own emphasis on fund-raising support.

Work with funders

CEMVO collaborated with other organisations and hosted funding fairs in the boroughs where CBOs were working, among others. In 2002, eight of these were held to inform BME organisations of the different funding streams available to them. In 2004, 15 funding fairs, attended by over 480 delegates and 30 different funding bodies, were held in different London boroughs. One CBO working on a London-wide basis organised a Charities Aid Foundation funding seminar, with most groups subsequently applying for funding from them.

CBOs also adopted a lobbying role to address inequality in funding regimes and to raise the profile of their BME groups on the funding agenda. The logic for this was that representation of people from black and minority ethnic backgrounds on charity boards is low, which means that BME perspectives are missing at the crucial stage of funding decision making. Most CBOs held individual meetings with local authority directorates and departmental teams to discuss their allocation to BME groups or prospective partnership.

In 2002, one CBO negotiated with the council three-year funding cycles for three organisations, totalling £138,600. In another borough, the CBO worked with two major funders, facilitating constructive relationships and drawing down funds. She worked with one major trust to introduce BME members to the grants panel, the host organisation becoming the local support agency on behalf of the trust. Another CBO established links with Sport England, which organised a seminar for capacity built groups focusing on their funding streams, and subsequently solicited bids from them.

Interviews with the Community Fund and the CBO in one borough and related monitoring data illustrated how capacity building was able to seize opportunities offered by funder initiatives, but how difficult it remained to alter the pattern of funding weighted to more established groups. The local authority area was one of the Community Fund Fair Share boroughs, with £3 million targeted for distribution to groups that had not benefited from previous rounds. The Community Fund worked with the CBO as well as the local Council for Voluntary Action to provide information and training opportunities. One of the BME capacity built groups received £60,000, but more benefited from small lottery grants. Between January 1999 and December 2001, eight BME groups in that borough had received Awards for All small grants. Between January 2002 and July 2004, over 60 BME groups received these grants, eight of them capacity built by the CEMVO CBO. However, the total amount to BME groups remained around £300,000, a relatively small amount of the total distributed.

Work with individual organisations

CBOs were able to work strategically with some organisations, demonstrating the vulnerability of having only one funder, explaining the issue of diversification and identifying other key programmes; it also involved understanding the relationship between the objects of the group and the programmes provided.

One CBO described an approach to fund-raising with organisations that involved understanding the organisation and 'repackaging' projects, developing and coaching in the preparation of bids, identifying activities, target groups, outputs and outcomes. An important part of the package was a stringent funding plan. Although the CBO took an active part in writing the bids, a strategic post of fund-raiser was created for the organisation and the model of fund-raising continued to be used after the capacity building programme ended.

Several organisations interviewed described a changed approach, having a new confidence to focus on particular areas, defining organisational strengths and looking for funding in relation to them.

One CBO put particular emphasis on working with organisations to identify funders to deliver against the borough Community Plan. CBOs working with HIV organisations developed business plans to put them in a position to respond to competitive tendering for HIV/AIDS work. In one case this resulted in three partnerships for North London and four partnerships for South London.

Organisational change – was the programme effective?

The monitoring data indicates that some organisations were able to diversify their sources of funding, although the data is not complete – information was inadequate for year 2 and provided for only 77.5 per cent of the first-year sample. Even with these limitations, some change in sources of funding was reported in year 1. This shows some increased access to the Community Fund, local authority, trusts and other sources, such as Community Chest funds.

Monitoring information on actual amounts of grant money was received for 42 groups across ten CBOs in the first year of capacity building. For this sample of 42 groups, CBOs estimate an additional £2,420,000 was brought into BME groups with which they were working, increasing the funding to the sector by 95.4 per cent. It is worth noting the particularly large grant monies brought into Tower Hamlets during this year (£1,218,000), with some key organisations in that borough starting from a relatively large initial funding base; much of this additional money was drawn in from regeneration funding.

We do not have complete monitoring data for year 2 groups, but CEMVO provided figures for LDA of funding received by groups for April 2003 to March 2004. CEMVO's figures show just under £2 million of funding secured for groups being capacity built by all the CBOs during that period.

The pattern of this funding differed from borough to borough, but overall showed a similar trend to the CES monitoring figures, with a relatively small number of organisations accounting for a large amount of the total – 11 of the 48 organisations recorded as obtaining grants accounted for 86 per cent of the overall amount. There were some large amounts of funding secured for sub-sector network organisations and notable access to partnership money obtained by service providers.

Table 3 Total increase in grant funding – year 1 sample (ten CBOs)

CBO	At start date with group £	December 2003 £	% increase
A	27,000	44,000	63.0
B	30,000	102,000	240.0
D	270,000	879,000	225.7
E	193,000	405,000	109.7
G	60,000	196,000	225.5
K	236,000	350,000	48.5
L	1,553,000	2,771,000	78.4
M	5,000	12,000	138.0
N	154,000	168,000	9.0
P	8,000	29,000	276.5
Total funding	2,536,000	4,956,000	95.4

In neighbourhood renewal boroughs, all CBOs worked with the groups on applying for the Community Chest small grants. In Kensington and Chelsea, where the CBO was working with refugee community organisations, 24 groups obtained approximately £90,000 in Community Chest and Community Learning Chest rounds 1 to 3 for amounts under £5,000. At a CES evaluation workshop held with nine of the groups in this borough, groups emphasised their continuing financial vulnerability. The pattern of funding shown by this data illustrates the difficulties of small organisations in moving from funding of £5,000 and under to larger grants, say of £15,000 to £20,000, and to longer-term funding.

We have recognised the importance of other agencies in fund-raising successes for groups, and indeed often the CBO's best role was to work alongside and to further existing efforts within groups. In a number of the groups interviewed, the CBO's work was reported as critical and they had been able to use their new skills to identify and obtain core funding.

Example: building a strong funding base

The CBO worked with the Brick Lane Youth Development Association in Tower Hamlets from November 2001 until January 2002. During this time, he assisted the organisation to develop its internal systems, in particular, sound financial and reporting systems, which the organisation recognises as its 'backbone'. He introduced a new budgeting system and developed standardised reporting for all projects.

As well as working to strengthen the organisation's legal structures and functioning of the Management Committee, the CBO focused on its strategic role. He identified with the organisation priorities within the Community Plan and put the organisation in a position where it could bid effectively for services. The capacity building work also helped the organisation to create a clear focus, aims, objectives and methodologies for each of its projects.

During the capacity building period, funding was found for developing the organisation's youth work and for its award-winning gang conflict mediation work. Mentoring and women's development projects were also funded and launched. Police and local authorities have reported a reduction in youth crime levels in their areas of operation. Services are now being mainstreamed, by being commissioned through Social Services, NRF and the Youth Offending Team. In all, the organisation reported the capacity building as being pivotal in accessing over £575,500 and for the full-time equivalent of some eight posts.

5 Working strategically – was capacity building sustainable?

CEMVO designed its capacity building to include some important elements that would provide a sustainable effect. First, the programme was intended as a pilot for replication nationally. Second, the programme was designed to develop, to sustain and to be embedded within existing BME networks wherever possible. Third, there was an acknowledgement of the importance of the policy environment and of strategic work. We will look at how far these elements of design actually worked in practice, and how far sustainability at an individual organisational level and individual skill building was achieved.

Replicating the programme

The London programme was a pilot, with early plans to build on its successes and to fund a national roll-out of capacity building. A second MBA programme was started for 28 students in October 2003, with 26 successful CBOs starting capacity building in London and the regions in July 2004. By July 2005 there were 22 CBOs working across the UK, with six in the London region, providing continuity in some boroughs where the first group of CBOs had been working – Lambeth, Haringey, Camden, Waltham Forest and Tower Hamlets.

In one borough there is further replication funded by the ALG, with CEMVO as lead partner. Two of CEMVO's partners and delivery agents for this project were groups capacity built by CEMVO in the London programme, an interesting indicator of sustainability and cascading of capacity building.

Working through infrastructure networks

As well as intending that the programme itself should be replicable, the aim was to place CBOs in a working environment that would not just support the capacity building process but also help to embed it. CEMVO's strategy of placing CBOs within host organisations across London, where possible with BME networks or infrastructure organisations, was essentially a sound one. CBOs could access BME groups through established networks and, for many hosts, this appeared an opportunity to reinforce their own capacity building efforts as well as to strengthen their networked or member organisations.

In practice, as it rolled out, the strategy became diluted. First, appropriate BME organisations did not always exist; by March 2000, Partnership Board minutes (unpublished) recorded problems in finding suitable hosts. It was agreed that CBOs might be required to work across several boroughs and two CBOs were placed with two local authorities directly. In Waltham Forest the CBO was placed with Waltham Forest Voluntary Action, which, although not a BME organisation, was a supportive and strategic environment, and by mid-2003 there were two CBOs not working with hosts at all.

There was a second level of difficulty – interviews with hosts indicated that some had expected a greater level of direct input from the CBO to their own organisation. By the beginning of 2003 only ten of the original participating hosts continued with the programme, with a second CVS recruited as a host.

Although a three-way agreement set out roles and responsibilities, in several of these arrangements there were uneasy working relationships.

However, where it did work, the host relationship was an important factor in successful working. There were certain features found in the most successful working relationships:

- a community development department or similar in which the CBO could become embedded and which could provide the basis for collaborative work
- the existence of a complementary programme of development work or capacity building work, which provided the opportunity for collaboration
- the operation of posts with a compatible focus, such as development officer, BME officer or small groups worker.

Strengthening infrastructure organisations

From interviews with hosts and CBOs and the monitoring reports, we can distinguish three ways in which work with hosts could add value:

- 1 strengthening the infrastructure organisations themselves – the hosts – through capacity building
- 2 sharing resources and joint or collaborative work on capacity building

3 cascading capacity building through the host networks.

In most relationships there has been a substantial sense of value gained on both sides. Hosts interviewed valued the channel for communication opened up between their own organisation and BME groups, with some of whom they would not otherwise have had contact, as well as the regular feedback on projects and groups and issues for BME communities. They also recognised contributions to their own profile with new groups and communities and policy-level work. Increasing the profile of the host organisation did not necessarily mean that such networks dwarfed the sector. One host said that, before the CEMVO programme, the local authority had referred to them as the main reference point for the BME voluntary sector. The situation was now healthier, as they still had a strong role but within a strengthened sector.

Positive outcomes raised by hosts were:

- increased capacity for service provision
- increased clarity about their own capacity building needs
- increasing potential to attract more funding
- ability to further their own capacity building work with groups.

Example: strengthening infrastructure organisations

A CBO facilitated partnership working between the Director of the Pan-London HIV Providers Consortium and the African HIV Policy Network (AHPN) capacity building initiatives. AHPN, together with the Pan-London HIV Providers Consortium, organised and ran a series of educational workshops on HIV policy issues, targeting African forums and grass-roots organisations involved in delivering front-line advocacy services.

The capacity building experience had the potential to contribute to the strengthening of the host's internal structure, but it could not guarantee even the continuation of the host itself. BME infrastructure organisations remain vulnerable, particularly to lack of funding for core costs, but also to a lack of a shared or coherent vision. In Tower Hamlets, despite the best efforts of the CBO, the host organisation lost energy as a funding stream came to an end and collapsed in 2004 under the pressure of internal

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political divisions, leaving no alternative BME borough-wide umbrella body in the borough.

Collaborative working

Hosts could work collaboratively with the CBO in a number of ways, depending on their own nature and capacity. They could:

- raise the profile and promote the programme to groups and partner agencies
- use networks to relay problems and ideas about the programme
- provide practical help by staff engaged in working with BME communities
- engage in joint policy work.

For those working with a local infrastructure organisation, collaborative work was done with the BME worker or small groups worker, community accountant or on funding issues. Hosts offering a pan-London base, such as the Afiya Trust, the Chinese in Britain Forum and AHPN, provided networking opportunities for the capacity built groups. AHPN held capacity building seminars looking at specific issues, such as funding and business planning.

Cascading capacity building

In the first year, the two CBOs working with the Afiya Trust and with AHPN worked with their hosts' membership organisations, many themselves networks or forums, offering the potential for learning to be cascaded in three ways.

First, capacity building was stimulated in a wider group of organisations indirectly through the first level of networks being capacity built. This was particularly evident in African health networks.

Second, as the individual forum's profile rose, so did that of its members. In one case, the profile of the forum increased, with local commissioners looking at it as a consultation platform, and a number of forum members became aware of neighbourhood renewal funds and put in funding bids. In another case, funders agreed to fund a full-time post of forum facilitator, who would be able to address capacity building needs.

Finally, CEMVO originally intended to cascade the more focused model of capacity building down to the second level of network members in the second year. However, this second-round cascade met with little take-up.

Partnership difficulties

We have seen that, where the relationship was strong, there were major strategic gains from working through hosts. However, for some host–CBO relationships, the difficulties became overwhelming.

Both interviews and file reports show that, in most cases, despite the written agreement, hosts remained unclear about the terms of the engagement with the CBO and considerable energy was expended by CBOs in resolving issues such as inadequate physical resources and other practical support; in some cases there was no desk space, printer or telephone. Frequently, there were incompatible expectations and misconceptions about roles.

An understanding was reached concerning lines of accountability and supervision during 2002. Some of these difficulties could have been avoided with better initial planning, better sharing of strategic understanding between CEMVO and hosts at the beginning, better handover and improved continuing support. However, all hosts reported continuing problems relating to poor communications and to administrative issues, such as obtaining payment of the agreed administration fee. Sums of between £5,000 and £10,000 per year were suggested as a more realistic estimate of the cost of hosting a CBO than the £1,000 per year agreed.

Organisational sustainability

Nock and Rao, in their research into the support needs of BME voluntary organisations, define organisational capacity building as: ‘a mechanism for helping organisations to achieve sustainability’ – a long-term process that addresses the needs of the whole organisation (BTEG, 2004). Ultimately, capacity building occurs when learning has been transferred, when an organisation becomes effective and can adapt to its environment and pursue its own development.

It becomes difficult to distinguish between the sustainability of the organisation itself and the sustainability of the capacity building effort, given that capacity building should not end as a process; the organisation should be able to continue its own

development. Many informants saw sustainability as the point at which resources would be available to ensure long-term existence. However, it is important to add to this idea of sustainability that organisations also need to be able to maintain organisational performance and service provision at required levels without constantly absorbing energies in cycles of human and financial resourcing.

Where there has been a good host relationship, this has been an advantage in terms of continuity and sustainability for organisations. In some areas, such as Croydon, Lambeth and Redbridge, capacity building continued through the host organisation. In other cases, groups are still part of a network from which they can continue to derive support and assistance.

In some cases, the profile of the capacity built organisation has risen, allowing it to gain greater local publicity and therefore develop its client group and funding, and we looked for organisations that had continued to flourish after capacity building. Characteristically, these organisations were already quite well established when capacity building started. Capacity building allowed them to develop their systems in a way that attracted more funding. They also had a culture of sharing information within the organisation and externally.

Example: sustainable development

The Sahara Asian Carers Project is a lead agency in Greenwich, which was set up in 1992 and which provides support to Asian carers through adult and young carers' projects, a mental health project and a youth facility. When capacity building started, it had three full-time and four part-time staff, two in-house counsellors, three sessional workers and a ten-strong management committee.

It finds it difficult to distinguish how much it might have achieved anyway, without capacity building, but regarded the CBO as 'inspirational', helping to build individual as well as organisational capacity.

Having survived a period of financial crisis, the organisation emerged with secure three-year funding for posts, providing a sense of confidence and stability, and allowing it to consolidate its business plan. During the capacity building process, its reach and profile increased as it received greater recognition from the local authority, more representation on forums and boards, and generally 'became a major stakeholder with respect to services provided to Asian users'. It also received funding to develop the first multilingual website (five languages) for Asian carers in the UK.

(Continued)

It is now a lead support to other agencies, sending out templates of its new policies and procedures, signposting them to relevant services and assisting them to fund-raise, and providing a physical base for other projects.

Time limits

The SRB funding regime had inflexible requirements to meet annual targets. There were strong concerns from both hosts and CBOs about how far limiting capacity building within an organisation to a period of a year had compromised sustainability. In practice, many CBOs reported continuing to provide telephone advice and general email information, and in some cases visits, although lack of follow-up was one source of dissatisfaction to some groups surveyed. Nearly one-third of groups responding to the first- and second-year questionnaires said that they were still receiving support from the CBO over six months after the year had finished. We discuss further the issue of time constraints in Chapter 6.

Building a supportive framework

Where possible, CBOs tried to put in place a supportive framework that would provide continued development. Groups continued to access some support from other sources after the programme. Twenty-seven per cent of the first-year questionnaire respondents were receiving help from a CVS, 29 per cent through networks and 18 per cent through their local authority. Nearly a quarter were receiving support from other sources, including from consultants, other umbrella community groups and a primary care trust. Only 15 per cent indicated that they were receiving no further support from any source after their formal capacity building finished. This pattern remained broadly similar for the second-year groups, but with 19 per cent being supported by a CEMVO development officer and a slightly lower level of support from other sources.

Nevertheless, in many cases, CEMVO's withdrawal seemed premature to groups. Many said they needed further help:

We are desperate for more support, for more funding and bid writing.

We can do with more help and guidance ... We did not seem to get any benefit out of it. Maybe because the officer was not there for long and had too much paperwork to do.

Although there was some pragmatic continuing support, CBOs, hosts and groups identified the lack of a sufficiently explicit exit strategy and procedures.

Groups' ability to sustain the changes experienced during the programme has been variable. This seems to be most difficult to achieve for the smaller organisations, where funding remains unstable and the learning can get lost with changes in personnel. Groups that had received funding emphasised their continued vulnerability in an unstable funding climate, where funding priorities might shift and where competition is increasingly felt at a sub-regional level rather than a local one.

Building the sector strategically

Early programme documents show that it was also held to be important for CBOs to be able to engage in policy development at the highest levels, so as to promote the needs of the BME voluntary sector, as well as those of individual BME groups.

CBOs recorded spending anything from 5 to 40 per cent of their time at different points on strategic work, the amount and type of this work being likely to vary according to the context in which the CBO was working. Strategic-level work could at times dominate the workload.

There were a number of dimensions to this local strategic work. It can broadly be looked at as:

- enhancing the individual profile of organisations and individuals, and of the BME sector generally
- working with and building BME alliances and forums
- influencing and working strategic partnerships.

Raising the profile

There were a number of approaches to profile raising, including:

- attending conferences to learn and train others on capacity building and related issues

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- networking with other groups, policy makers and funders
- participating in consultation forums and co-ordinating responses to policy documents
- sitting on boards or negotiating other BME representation onto boards
- encouraging organisations to take on project workers whose role could include representation at local forums.

Specific pieces of work have included:

- organising a focus group for Redbridge Council to access hard-to-reach BME community groups to get their views of service needs and delivery of services to their various communities
- contributing to the development of an equalities policy and input into the business plan for a three-borough refugee network in Bexley
- promoting partnerships to identify and respond to the common needs of BME voluntary sector organisations and BME small business in Merton.

The CBO working with AHPN in late 2001 and 2002 was aware of the importance of placing African organisations firmly within the new national strategy for sexual health and for devising strategies of working effectively with primary care trusts. He created lobbying opportunities and attended policy meetings and conferences, looking for potential to position the African health forums across London in policy matters and where they would be consulted. The CBO working in Croydon saw it as important to take up issues coming out of capacity building, and helped to organise a conference on Croydon Schools and the Black Child in April 2004, chaired by Diane Abbott, MP, and attended by 300 people.

Building individual skills

Most approaches to capacity building described in the literature include an element of individual skill building. For CEMVO this was an important element of the programme design, which cascaded down from the development of leadership at CBO level, creating a chain of change agents. CEMVO had specified this as one of the key objectives of the programme, i.e. to:

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- increase the number of individuals empowered with the skills and competencies necessary to be an effective advocate for their communities
- raise the number of BME individuals participating in policy development and actively engaging with the local strategic partnership in particular.

Ideally, CBOs worked intensively with a key person, usually the co-ordinator or chair of the management committee. In addition to individual skill building, 'community leadership' activities had a wide range. These included organising a leadership reception with the local authority, signposting chairs of boards to available community leadership courses and supporting individuals in their roles as community representatives on their LSP.

In one borough the CBO worked collaboratively with the local Council for Voluntary Action to deliver practical training to individuals from the community, funded by a private foundation. He organised monthly events, drawing together participants from the programme, members of management committees of organisations being capacity built and key people from the public and private sectors and keynote speakers. The vision was of 'a community of BME leaders whose task will be to take forward the vision of BME engagement with the political system'.

We have seen some important successes where individuals have not only grown within the organisation but also developed an external profile.

Building community cohesion

Where CBOs were working within a single borough, this increased the opportunity to build a cohesive community of BME groups. In Croydon, the CBO reported in March 2002:

... there is a sense of cohesion beginning to build amongst the BME organisations as never before. Those who did not know of each other have now built a loose relationship to share information.

The aim was to build a community working together and working with the statutory services.

Key ingredients for the development of effective BME networks include:

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- a local network champion who is visionary and well connected
- actively pursued dialogue with institutional stakeholders
- being openly accountable to members (Needham and Barclay, 2004a).

In some local authority areas, CBOs were seen to be key players in the development of BME alliances and forums. These were seen as a method for bringing the BME sector to the policy table and into consultation and decision-making processes, and creating greater opportunities for groups to meet and network, and for more and better-quality partnership working. Building those alliances became part of their capacity building workload, and was not always easy, with local authority and community politics sometimes undermining progress.

In one area, where the BME forum flourished, it developed from among capacity built groups themselves. It was important that the local authority supported the forum, seeing it as having its feet under the policy table, with an important co-ordination role and potential as a consortium, able to draw down funds for members by addressing specific issues.

For those CBOs not working at a borough level, the emphasis was on building more effective networks. In one case, the CBO focused mainly on reinforcing members of the London Chinese Community Forum, encouraging them to be outward looking, taking up opportunities and being involved in cross-community networks. One CBO worked with the Afiya Trust, his host organisation, to set up a capacity building network comprising those organisations with which the CBO had been working across London.

Strategic partnerships

This was an opportune time for the BME sector to engage with the new strategic partnerships, as well as developing alliances within the sector. LSPs in London boroughs were being set up in 2001 and early 2002, some being eligible for Neighbourhood Renewal Funds. Although LSPs were developed locally, the structure was similar, with a core group or board responsible for the overall strategy and delivery, and between two and seven themed or geographical sub-groups acting as planning groups. The LSP executives and thematic groups have the potential to join up consultation activity across several areas and obtain input from or consultation with a wider group. The Community Empowerment Networks comprising VCOs nominate representatives into this structure.

Capacity building

Monitoring data and interviews showed that CBOs focused at both ends of the partnerships, trying to get BME representation onto the core groups at one end, and providing information and encouragement to groups to join community consultation processes at the other. In Merton and Croydon, for example, representatives of capacity built groups became representatives on the core groups.

Strategic work included profile raising, challenging power balances at the local level, building networks, forming alliances and engaging in local partnerships. In discussing this, informants identified some of the factors encouraging success:

- an understanding of the local context by the CBO
- a good, locally supportive structure
- an appreciation by the local authority of the benefits of capacity building and other local capacity building initiatives
- key individuals in the borough showing commitment and getting commitment from others
- leadership based on the development of a sense of common purpose in the sector, rather than on individual interest.

The impact of this work has been varied, depending in part on the local environment and in part on the CBO's working circumstances – whether working in synergy with a dynamic host or working in greater isolation. It is clearly a vital dimension in the sustainability of capacity building efforts, and those responsible for programme design and funding should give it due weight.

6 Delivering to BME organisations – was the programme efficient?

We have seen that, with committed time and energy from organisations, CEMVO's capacity building was able to achieve striking results. This chapter asks how many organisations were able to benefit from the programme, who they were and whether the number that benefited matched expectations or was reasonable given the programme effort. These questions raise issues of service delivery and efficiency.

The SRB context

SRB targets were set at the start of the programme in relation to SRB key 'output' areas, with an overall target of 600 organisations over five years, capacity built to the CEMVO standard, including portfolios.¹ Other targets included numbers of jobs created and saved, numbers trained, numbers of volunteers and other outputs derived from standard SRB categories.

CEMVO's reported outputs to LDA satisfactorily achieved all targets except in one area. The evaluation can only report this, as it was not possible to relate the CBO monthly reports to the CEMVO figures. This was because the standardised format for CBO reporting was not in itself adopted until May 2002 and there was inconsistency in reporting, with frequent gaps, with some CBOs not providing written reports over several months. There was no complete set of reporting data available from CEMVO.

Of greater interest to the evaluation is how far the funding requirements themselves were compatible with the aims and objectives of the programme, or whether they might have worked against the best interests of efficiency and effectiveness. The LDA targets set a narrow definition of success, based on a particular model of social and economic regeneration. Importantly for the programme, quarterly payments were inflexibly fixed to the achievement of targets. This became more inflexible from April 2002 when SRB was subsumed into the LDA's Single Programme. From that date the LDA was expected to report quarterly to central government on Tier 3 outputs, SRB outputs coming within this format. Programmes were in danger of putting themselves on the 'at risk register' and losing funding if targets were not met to deadlines.

CEMVO managed to negotiate a reduction in targets in one area only, which was the deliverable figure of 'number of people trained obtaining qualifications', which was reduced in March 2003 from 600 to 220. This still remained difficult to achieve, requiring a separate layer of activity, with funding secured from European Structural Funds co-financing to deliver 50 NVQ level 3 qualifications in learning and development for key individuals from BME organisations within the pan-London area.

The difficulty of accommodating the aims of CEMVO's programme within the boundaries of the funding regime was increased by practical problems, such as frequent changes of LDA personnel, and attendant difficulties caused by lack of continuity. Perhaps even more important than the inflexibility in relation to reaching targets was the relevance of the 'output' areas to the programme. We can illustrate this by looking at two of them.

One key target was 600 'jobs saved' across the programme. CEMVO discussed with LDA the lack of fit of this target with the capacity building programme and, in April 2003, LDA agreed that CEMVO could count one job saved per group that had been capacity built and 0.5 where the group dropped out from the programme. LDA defines a safeguarded job as 'one that would have been lost were it not for Challenge Fund-assisted activities'. This clearly shows how little the target areas could realistically reflect the value of the work. Many of the organisations that CEMVO worked with had no paid staff and many of the organisations dropping out early or with little contact would have had at best limited benefits, even if they had paid posts.

The key target was capacity building work itself, originally defined by CEMVO as work with 600 organisations, capacity built according to the CEMVO standard. CEMVO was able to report achievement of these targets by drawing into the figures work done by CEMVO development officers in one-off surgeries and other capacity building activities, such as training. Although this met the SRB output definition,² this was at odds with the original intention.

Effectively, this was a five-year programme intended to reach 600 BME organisations, capacity built over a period of a year. What resulted was a year of an MBA-taught course for 15 CBOs and capacity building for two completed cohorts of groups reaching just over 300 groups, reported on between October 2001 and February 2004 – half the target of 600 groups.³ CEMVO did not provide records of groups worked with between April and August 2004. Although some CBOs had started work with a third cohort, the monthly reports for January to March 2004 showed that the recruitment process had been difficult and not all of the eight remaining CBOs had started working with any third-year groups at that time.

Delivering to BME organisations – was the programme efficient?

The reality was an ‘untidy’ timeline, a response to the needs and working situations of groups, difficult to fit with the demands for ‘tidy’ performance targets.

Table 4 Timetable of activity

Funding year	Planned activity	Actual activity
SRB year 1 1999–2000	Set-up and start of funding	Set-up and start of funding
SRB year 2 September 2000–June 2001	MBA for London CBOs	MBA for London CBOs
SRB year 3 September 2001– July 2002	Year 1 capacity building of first cohort of BME groups	Capacity building of first cohort of BME groups October 2001–February 2003
SRB year 4 September 2002–July 2003	Year 2 capacity building of second cohort of BME groups	Capacity building of second cohort of BME groups October 2002–February 2004
SRB year 5 Sept 2003–July 2004	Year 3 capacity building of third cohort of BME groups	Capacity building of some third cohort groups between October 2003 and end of programme August 2004
CEMVO year 6 September 2004–July 2005	Year 4 capacity building of fourth cohort of BME groups	Not started, as funding not secured

Note: some CBOs were unable to start recruiting or working effectively with their second cohort until early 2003 and were carrying forward these groups into early 2004.

A diminishing resource

The programme worked with a built-in disadvantage, in that outputs were negotiated for a five-year programme, assuming four years of capacity building. With the first year lost to the bid agreement⁴ and planning processes, and the second year to the MBA course work, the programme had at best three years to work with the groups before SRB funding ended in March 2004.

A total of 15 CBOs started the MBA course in 2000. Within the first year of capacity building (2002), two CBOs had left. Another four left between December 2003 and June 2004, one took up a new post and contributed to the programme part-time, and another was unable to participate fully because of ill health. This steady depletion of human resources from the programme had an effect on CEMVO’s ability to deliver to the scope intended.

The very design of the programme, with delivery by CBOs with a tailor-made MBA qualification, had a built-in vulnerability. However good the recruitment, it would be difficult to protect against failure of the MBA, illness or other reasons for early leaving from the programme. The arrangements for salary clawback in the case of early leaving did not operate in practice and could not guarantee against these factors.

Drop-out rate

We have seen that CEMVO achieved some substantial results for many of those organisations engaged fully with the programme. However, one aspect of the programme was the high number of organisations that withdrew from, or were dropped from, the programme. Approximately one-third of the 302 groups⁵ taken on in years 1 and 2 dropped out at various stages of work with CBOs, and less than a third had portfolios certified. From these two cohorts, a total of 91 portfolios were recommended for certification and a further 37 portfolios were reviewed but not recommended for certification, requiring further evidence of work undertaken.

Non-completion of portfolios does not in itself indicate withdrawal from the programme, nor indeed failure to get benefits. There were also groups that remained with the programme but continued to work at a slower pace.

Organisations could drop out at a number of points and for various reasons, principally:

- no engagement in the diagnostic process
- no engagement with the action plan
- some work on the action plan but subsequent withdrawal.

Many of those dropping out in the latter stages, after the action plan had been developed, did so simply because they were not willing to discuss or implement recommendations, or did not engage in the development process.

The evidence suggests that a fundamental reason for organisations dropping out was a lack of match of organisations to the CEMVO model of capacity building. Difficulties often arose first in finding appropriate groups to work with. Fifty-seven of the sample for year 1 (for which we have monitoring information) were registered charities, but some could barely be identified as organisations. In Bexley, BME groups were at such an early stage that CEMVO agreed with the council to withdraw the capacity building programme and work to develop the BME sector in the borough in other ways. However, even in a borough with a more vibrant and well-funded sector, many BME organisations were small, poorly developed and not well suited to the CEMVO rigorous and holistic approach, which required consistent commitment over a period of time.

Delivering to BME organisations – was the programme efficient?

Another major reason for leaving the programme was personal issues or organisational crisis, some of which could be difficult to predict, such as premises or funding issues. For example, one organisation lost half of its funding during the assessment period and had to engage in four months of campaigning to restore funding. In some cases, organisations closed down despite strenuous efforts by the CBO to implement a recovery strategy.

There were also practical obstacles to participation in the programme. Groups surveyed mentioned issues such as the difficulty of finding a convenient time for all board members to train during weekdays. One mentioned 'the pace he [CBO] expected us to work. There were other priorities as well.' One CBO estimated that only '40 per cent of my organisations were comfortable with the process of capacity building'.

Currently only the founder of the organisation is actively involved in the capacity building process. Involving the rest of the management committee members has been one of the most challenging problems.
(Second-year group – CBO monthly report)

One of the major learning points from the first year was that the intensive, holistic and standardised approach to capacity building adopted by CEMVO did not match with the stage of the smaller, more embryonic organisations. Additionally, some organisations recruited were undoubtedly not in a state of health likely to respond to capacity building.

For the second year, CEMVO issued guidance notes about increasing effectiveness, 'bearing in mind the need to achieve [LDA] targets'. CBOs would work only with established groups – that is, groups that had a constitution and an active management committee – and with groups having an office base and at least one member of staff.

It proved difficult to meet these new criteria and a review of files found many of the same difficulties in the second year. In year 2, although CBOs were assigned a workload of 15 groups, by the middle of the year, six CBOs were working with less than ten groups, with some groups being carried forward into year 3.

Appropriateness of the model

The very condition of the organisations that capacity building was designed to address made it difficult to work with them – lack of premises, funding, dedicated staff resources and time, and a poor understanding of the importance of organisation management. These issues were intensified for refugee community organisations, which sometimes worked from a number of different places and at irregular hours, and whose volunteers sometimes faced difficulties in reading and writing English.

Our CBO had gone beyond her brief to help us. As charities are resource strapped – cash as well as manpower – it is difficult to fill the gaps identified by the CBO. In our case we had all the necessary skills within the charity but volunteers were stretched and didn't have time to carry out the actions recommended.

(First-year group – questionnaire)

Sometimes the timetable – geared to the requirements of the funding regime – was too inflexible and rigorous to meet the situation, even for organisations with paid staff.

Timing issues

Other indications of why organisations left the programme can be found in satisfaction levels about the service delivered, relating to both timing issues and individual style and approach. The pressure of completing the work within the time period was frequently a source of dissatisfaction for groups. In year 1 questionnaire responses, the implementation stage of the work was often found less helpful than the diagnosis stage, with ten organisations, nearly one-third – a high percentage of our sample – finding this stage not helpful or not at all helpful. Reservations often related to the amount of time available. Just over half of all groups thought that too little time was spent on one or more of the stages – diagnosis, action planning and implementation – with 14 groups saying they had too little time for development work. Indeed, we found that there was a correlation between whether a stage was found helpful and whether it was felt there had been sufficient time. These findings were echoed in the second-year questionnaires, with ten groups (one-quarter of the sample) finding there was too little time for development and five groups finding the implementation stage not helpful or not at all helpful:

Delivering to BME organisations – was the programme efficient?

Desperately needed a business plan, lot of ground work required for document, not enough time to collect material for this.

(Year 2 group)

CBO wanted result in short period of time and did not realise they were pressing us too much.

(Year 2 group)

Several groups in both year 1 and year 2 surveys said that there was little meeting time with the group or, by the time they had agreed the action plan, the CBO had to move to another organisation. They found it difficult to understand the lack of flexibility in extending their deadline to take into account times, such as holiday periods, when the working schedule was severely affected, particularly for organisations working with children and young people.

Capacity building in practice

Although our sample over-represented organisations that stayed with the programme and developed portfolios, there were still some disappointed expectations. Three organisations responding to the questionnaire in year 1 said that the programme had made no contribution to the organisation and, even where the responses were positive, there were other negative comments, reflecting dashed expectations.

She did her best but she was restricted by the way the project was designed and she had no budget to organise training on each policy and procedure, which is what I expected.

(Year 1 group)

The most important point of dissatisfaction for groups was inadequate contact and insufficient hands-on work.

I was informed we would get one-to-one support to develop the policies, which turned out not to be true. I had to complain to CEMVO to get one-to-one support then it wasn't adequate.

(Year 1 group)

There were differences in approach by CBOs, some of these relating to individual background and experience. Some favoured a more businesslike approach and others were committed to a 'softer', more community development approach.

Capacity building

Several CBOs interviewed felt that the MBA course had been unable to use such differences in perception in a constructive way to explore values and the styles, approaches and skills that might be appropriate for different situations. Nor was the concept of capacity building sufficiently explored in relation to these differences.

So, quite apart from any tailoring to individual organisational needs, CBOs delivered capacity building quite differently across a number of different dimensions:

- whether they were working within a borough, facilitating group working, local policy work, greater link-up with other service deliverers, or were working across London
- the extent of their familiarity with the voluntary sector
- the presence or absence of supportive structures
- their own understanding of capacity building
- their unique emphasis and areas of interest, evident in the portfolios and monthly reports
- the interpersonal dynamics and the specific relationship formed with the group.

Satisfaction levels understandably vary from organisation to organisation and across the CBOs. Organisations were highly individual and a match might not always have been made between the organisation's development stage, organisational and personal learning styles and the CBO delivery style – an important issue even for one-off training. Monitoring data shows differences in the amount of hands-on work done, affected by issues such as the amount of time travelled across London or individual approach.

A review of CBO reports shows a clear difference in the extent to which action plans were individualised; in some cases a barely adapted standardised plan was produced. Reporting also indicated that a standardised action plan produced more standard solutions, such as a circulation of policy templates, rather than an individualised application.

Practical matters

There were very specific conditions affecting capacity building work in the first year. Creating networks, researching and identifying the groups, and obtaining agreement to start work were time-consuming, reducing the amount of time available for capacity building.

Levels of infrastructure and other conditions in which the placements were made had important implications for making an early and effective start. Where networks were lacking, CBOs had to create frameworks, expanding community consultation and building relationships. They also had to manage unrealistic expectations.

Gaining the trust of groups

Getting the trust of local organisations was most important. This was easier for those CBOs already having a local profile or knowledge. CBOs who had knowledge of specific communities or languages found this helped access. Access could be more difficult because of cultural sensitivities or gender issues, and these had to be managed by finding culturally appropriate ways of working. New criteria for the second cohort of groups, and relocation of CBOs, necessitated new networks, contacts and publicity. All these factors affected time available.

There were other issues that reduced the efficiency of CBOs, including work demands from hosts, general pressures and lack of support, and computer issues; computer hardware and software problems were a major source of continuing frustration and pressure. Where CBOs had a strong host context in which to work, this proved key to their ability to function effectively.

Many CBOs felt pressure on their personal, family and social life of working long, often unsocial hours to achieve targets, often juggling commitment to an array of stakeholders: CEMVO, host organisations, local authorities, capacity built groups, forums, alliances and networks, evaluators. Unresolved terms and conditions of working, such as payment of travel expenses and access to time off in lieu (TOIL), remained a source of friction and additional frustration.

Setting realistic and achievable targets

As CEMVO pointed out, LDA targets were set before work was started and could at best be viewed as an estimate; to an extent it was the function of a pilot programme to explore what could be reasonably achieved.

However, some assumptions were clearly untenable and both CEMVO and LDA had responsibility for ensuring that targets were set at a reasonable level. First, targets were set that looked for successful capacity building (as demonstrated by completed portfolios) with all groups recruited – that is, a 100 per cent success rate. Given the very fragility of the sector and the groups being capacity built, this can never have been achievable; any programme must allow for an element of drop-out. Second, the numbers aimed for were high. The lessons clearly have been learnt – CEMVO's new programme in partnership with the London Borough of Tower Hamlets has a more realistic budget and set of targets.

Ultimately, CEMVO reached only half of the 600 organisations it intended with the resources provided. Approximately one-third of these dropped out from the programme and only one-third had their portfolios of work certified. We have described issues of programme design and efficiency that need consideration in any future programme. There is evidence that lessons of the pilot have been taken on board in the planning of subsequent capacity building interventions.

The gap between the work 'counted' by SRB and the reality of capacity building on the ground is also important. Monitoring requirements neither gave value to organisational development outcomes rather than outputs, nor recognised the important interrelated strategic work involved in building networks, developing community structures and intra-group working, and work that impacted on local policy and funding streams. In these, CEMVO CBOs had an excellent record of achievement, despite limited resources, and provided a practical demonstration of how capacity building could work at a number of different levels to greater impact.

7 Did the programmatic approach add value?

This chapter looks at how local-level capacity building was affected by working within the context of a London-wide programme. We will be looking at central capacity building support activities, management and personnel support, and overall strategic drive.

Central support

There were a number of activities carried out either by the CEMVO programme team or by other teams within CEMVO, which interlinked with or supported the capacity building work carried out by CBOs and have been valued by programme participants. Programme activities have included networking activities in London boroughs organised by CEMVO to promote the programme and launch capacity building work at local level, funding fairs (see Chapter 4) and a programme of training and leadership dinners.

Following requests from groups and from CBOs, a wide range of one-day training courses were put on centrally by CEMVO: 16 different one-day courses between April and July 2003, and 29 separate courses between March and June 2004. These courses covered all aspects of voluntary sector organisation and management – from budgeting and financial management, to time management and conflict resolution, partnership and networking. The quality of the trainers and the training was generally held to be excellent. The very high level of satisfaction was shown in the compiled course feedback forms, many of the comments showing an appreciation for a level of training that would not otherwise be available to small organisations:

So many times I've heard about business planning but I've never been able to be with someone to explain it in detail ... until today. It has been a good experience.

CBOs, together with two of the groups they were capacity building, were invited to a series of dinners, designed to provide a networking opportunity and a channel for disseminating experience and building ideas. Speakers were invited from different fields, such as trusts and policy networks, to speak on widely diverse topics

important to the sector. Informants generally held them to be positive: ‘a fantastic opportunity to remind yourself of the complexity of issues facing the community’.

Achieving linkages

CEMVO intended to develop a synergy that would be created by linking the capacity building programme specifically with other aspects of CEMVO’s work, such as the CEMVO mentoring programme and the Ethnic Minority Fund’s (EMF) national volunteer programme. It was also intended that, once an endowment had been set up, ‘London EMVSOs supported by this programme will benefit from a range of grants made by the EMF’.

The initial programme design was a complex one of interlocking components that would have the effect of mutually reinforcing and multiplying the immediate outcomes and broader impact, but this was always heavily dependent on the availability of resources and the development of other CEMVO programmes, as well as a high level of co-ordination within CEMVO. This most striking aspect of the programme was compromised at the outset when the original bid for £5 million was reduced by half.

The CEMVO mentoring programme and the national volunteer recruitment project were in fact managed as separate projects and these linkages were not made, although CBOs engaged in some mentoring initiatives within their boroughs. Building the EMF endowment proved a long-term enterprise and the links with capacity building originally hoped for could not be made.

To a certain extent, and in some areas, it was more possible to see the capacity building programme as part of a wider provision of CEMVO support during year 2 of capacity building than in year 1. CBOs co-ordinated with the four CEMVO Job Centre Plus officers, who were also working on organisational structure and management issues. More structured links were also created with CEMVO’s development officers, missing in the first year. Several CBOs reported good relationships with them, delivering personal handover of organisations, or even working together with a single organisation.

From an analysis of programme planning documents, and monitoring and interview data sources, it was possible to see there were a number of factors that affected the ability of the programme to add value to CEMVO’s local capacity building initiatives. In the first year of the programme, with a delayed bid agreement and release of

funds, the need to swiftly create delivery plans, develop the MBA course and partnership arrangements, and recruit to the programme compressed valuable planning time for other elements. Second, throughout the programme, management and administration costs were poorly resourced by SRB funding, which set these costs at 5 per cent of the total budget.

Also important was the lack of budgeted resources for CBOs to carry out the capacity building work at a local level. Where hosts were not well resourced, CBOs had difficulty in obtaining the most basic resources, such as desk space with access to necessary IT and administrative resources – for example, stationery, printers and telephone. Resources for other elements of the work, such as running local training to respond to needs, work-related travel, expenses involved in working relations with key partners, and developing and running local networks, were not routinely available from CEMVO. This was an essential element within the chain of capacity building that remained unfunded within a £2.5 million programme.

Focusing capacity building

One of the features of the CEMVO programme was the spread of activity across London. It is relevant to ask if this served to maximise the effect of the work and was resource efficient, or whether a more intense, area-focused approach might have achieved greater impact. The programme worked in three different ways:

- 1 individual CBOs focused at borough level
- 2 CBOs worked with London-wide, theme-based networks
- 3 CBOs worked with disparate organisations across London.

Whereas, in year 1, 11 CBOs had a single-borough focus, by the second year this was limited to seven of the CBOs.

Three CBOs were able to work thematically across London boroughs with organisations with a similar focus or agenda. For example, the CBO working with Chinese groups – mainly community associations with shared aims and objectives – explored networking and partnerships through the London Chinese Community Network, the regional arm of the Chinese in Britain Forum. The regional network could reflect issues back through the London Mayor's Office, to the Government Office for London and to the Home Office.

Where there were no advantages of common interest or shared networks, working with dispersed and disparate organisations across London offered the least efficient and least advantageous working circumstances. CBOs interviewed indicated that it was more difficult to become familiar with local authority or community politics, or with local resources. Travelling to different parts of London was burdensome and time-consuming, and our monitoring shows that those CBOs were doing less work by face-to-face contact and more work by telephone and email – the least effective way of working, according to groups.

The most efficient unit of operation appears to be the borough level. Indeed, we have seen an opportunity to build local, cohesive networks, providing small organisations with a better position to access small pots of money and to enter larger partnerships. CEMVO referred to capacity building as the empowerment of whole communities, where all partners would learn to work together effectively to add value to their own activities: ‘without capacity building at all levels, the concept of joined-up thinking and joined-up action will be meaningless’.¹ In some cases the CBO was able to make strong connections with the local council, demonstrating a role as liaison officer and advocate. CBOs were vital conduits for building relations and facilitating conversations between groups and various stakeholders.

Given this finding, consideration should be given in the design of programmes to how resources can best be focused at local level to include community capacity building and making strategic connections, possibly through a smaller number of satellite units rather than single-operated ‘outposts’. Alternatively, working at higher geographical levels has been found helpful with the right contextual and operational support.

Sharing learning

CBOs could also engage with each other’s work, compare and contrast performance in each area, draw lessons from each other and share new and innovative methods of working.

(Paper to Partnership Board, September 2000, unpublished)

Some difficulties in pooling resources, ideas and experiences, and the isolation of some CBOs, which started during the MBA course, continued into the capacity building programme itself. While there was some sharing in small clusters, there were differences in experience, values and agenda. This could have been used to advantage if opportunities for debate had been created.

Instead, quarterly meetings provided a forum for discussion of implementation issues and management and general business information, rather than to feed back the practical experiences of CBOs into new theories of capacity building for the BME voluntary sector. All CBOs interviewed felt that they did not have the opportunity to reflect and learn jointly the broader lessons from implementing the programme in the way envisaged or to develop a theory of capacity building – a view echoed by hosts. For example, MBA management reports might have provided one focus and a platform for discussion at seminars relating to the practice on the ground:

At no time did we have a full and open discussion about what we mean, in the CEMVO context, by capacity building, neither did we explore the attitudes, approaches and skills necessary to properly capacity build the 'CEMVO way'.
(CEMVO CBO)

This CBO would like to have seen at least a more evident linkage between the capacity building unit and the research unit at CEMVO, and ideally a capacity building think tank, which could feed back into operational work. This view was echoed in interviews with a number of hosts, who would have liked more debate generated, 'to make a science of it'. CEMVO appears to have missed an opportunity to create a sense of shared venture in a cross-London programme, although this had been the original vision and intention. The network meetings in boroughs at the end of 2002 did not serve to do this. Those hosts that had strong links with CEMVO valued them, particularly working together at a policy level, but there was little sense of real partnership. To hosts, the relationship did not feel sufficiently equal, and contact was felt to be based on difficulties rather than sharing good practice or experiences. An ongoing network of host organisations might also have created a greater sense of strategic direction rather than, as expressed by one CBO, '15 different interpretations of what the programme was about'.

CEMVO's programme delivered a high quality and highly individualised approach to capacity building, delivering some striking results and contributing greatly to the learning on capacity building. It also provided some excellent support activities centrally, but the data indicates that the programme was not able to achieve the overall coherence implied in the design, nor to provide a sufficiently responsive framework to its CBOs working at a local level.

8 Conclusions and implications

A right time for capacity building

CEMVO's capacity building programme was well timed; in many ways it anticipated the policy agenda that emerged in 2001 and 2002, with its emphasis on the voluntary and community sector's role in public services. Since the Cross Cutting Review in 2002 (HM Treasury, 2002), capacity building has moved centre stage. The period saw many local authorities moving towards commissioning, specifying council objectives and desired outcomes, and inviting proposals from agencies best placed to deliver; this was seen by some voluntary groups as an opportunity. However, if BME organisations are to survive and flourish within the new climate, and to benefit from money channelled through networks and consortiums, they will have to both look inwards, and adopt more businesslike approaches, and outwards, to better understand and connect with their environment.

Yet, while the public discourse is on building social capital, many BME organisations have found it increasingly difficult to survive. There was evidence from some boroughs that structural shifts in funding caused considerable instability, with groups facing substantial reduction in service provision and potential closure. Local authority officers in Croydon and Waltham Forest, for example, recognised that BME organisations were most likely to be affected by grant cuts; there could be a strong argument for capacity building defensively in these situations. For those groups with purposes such as campaigning, community engagement, the arts, for whom the public services agenda may not be relevant, this is also a critical juncture.

The design of CEMVO's capacity building programme was ambitious and in many ways pioneering. The approach was a strategic one, working through networks, linking with local structures, and combining organisational development work with profile raising and bringing the sector to the policy tables. The practical realisation was found to require a greater degree of planning and co-ordination, and greater resources to build networks and to integrate fully learning from the separate local or pan-London initiatives. However, the programme was funded as a pilot, and as such it offers learning about what is achievable and effective within different contexts, and the extent to which vision depended on practical implementation for its realisation.

Strengthening the model

A realistic time-frame

The Government's consultation document, *Building Civic Renewal* (Civil Renewal Unit, 2003) raises the question of how sufficient and appropriate time and resources can be built in for the necessary community capacity building. This is a pertinent question. The one-year time-frame to introduce rigorous change that was imposed by CEMVO's funding agreement with GOL sometimes worked against the best development of the organisation. In practice, the 12 months available for capacity building itself with each organisation was severely reduced by associated activities. Even without recruitment activity, sector-level work, portfolio completion and so on, work with ten to 15 groups per year would allow approximately 15 working days for each organisation – little time to do the diagnostic work, the action plan and to work on all nine areas of the framework.

In practice, the first year's monitoring showed that organisations were more likely to develop a portfolio of work where CBOs worked with them for a longer period; in year 1, 80 per cent of groups that were worked with for between 13 and 18 months completed portfolios. One CBO, who was capacity building small refugee organisations, had in practice adopted a two-year time-frame as more appropriate for her target groups, and other CBOs sometimes carried forward work with first-year groups in order to complete it.

There were indications that a longer time-frame was also needed to bring some resource gains, with a change of nearly 150 per cent growth in paid staff being seen in organisations with which CBOs had been working for between 13 and 18 months. This compares with a 15 per cent change for those organisations with which CBOs were working for up to 12 months.

Sustainable development of BME voluntary organisations may be more readily achieved by targeting smaller numbers in more concentrated areas with a package of support over a period of time. The evidence suggests that an inflexible one-year delivery time is not sufficient in many cases for groups to reach a critical point where further development is self-sustaining.

The Diagnostic Toolkit

CEMVO's diagnostic tool – the DTK – was custom designed by the University of East London. It was intended as a tool for the CBOs, a comprehensive framework, rather than as a self-assessment for groups. Although the process of diagnosis was shared with groups, the tool was not designed to be available for them to revisit their own profile and development. This must be regarded as a real limitation to promoting learning and sustainability and continuing improvement for groups.

The DTK was the first diagnostic tool to be produced specifically for the BME voluntary sector. This came at a time that increasingly saw the development of other user-friendly toolkits in the sector providing health checks and skills audits. However, CEMVO's decision to keep the DTK as a closed tool restricted its ability to influence those developments.

Certification

CEMVO also decided to focus on providing its own certification rather than on how the completed work might meet recognised quality standards. Originally, assessment was planned to include a visit to the capacity built organisation and structured interviews.

Certification as originally outlined assumed speed and was time-limited, with first certificates to be awarded in January 2003, immediately after capacity building was completed. However, the potential scope and cost of the work as originally anticipated was substantial. Certificates were eventually issued in March 2005 to 91 groups following a modified process, CEMVO verifying that organisations had 'satisfied CEMVO's Standard for Capacity Building' on the basis of a review of portfolios, with the MBA status of the CBO confirmed by the University of East London. The recognition is valid for a period of two years.

One of the main objectives of the certificate as set out in the Standard was to develop closer links between CEMVO and charitable trusts and foundations, to create a 'level playing field' for BME voluntary organisations to access funding opportunities. This anticipated outcome did act as an attraction to groups, and was also a major source of disappointment and dissatisfaction during the period of delay. As CEMVO did not carry through the planned negotiation with funders about the value of CEMVO certificates, it is difficult to assess whether the anticipated funding benefits had been realistic.

What must be asked is the extent to which the amount of time involved in the preparation of portfolios for certification can compare favourably to benefits that might have accrued through further capacity building work. A focus on such concrete, visible results also appears to be at odds with a model that lays emphasis on the *process* of capacity building. Although building and maintaining records of policies and procedures should be integral to the capacity building process, a greater emphasis should be put on the ownership of these processes by the groups themselves.

Working from a strong base

Although finding suitable host organisations was not always achieved, where a good host relationship was established, this offered an important, sometimes vital base from which the CBO could work at a community level and engage with policy makers. Consideration should be given to how these advantages of co-operative working and sharing of networks and experience can be maintained in future programmes. A smaller number of local initiatives running concurrently, with a higher priority given to partner relationships, might provide a stronger input, possibly with a greater degree of localised back-up.

Messages for funders

Some of the difficulties experienced by the CEMVO capacity building programme in working within the SRB funding regime related specifically to the incompatibility of delivering and reporting the complexities of capacity building at an individual and organisational level against the framework of an output-focused social and economic regeneration funding model.

Other issues were those common to other funded programmes. These include the following considerations.

- A realistic lead-in time is required for programme planning and set-up. Spending time during this period can prove fruitful in terms of overall efficiency and effectiveness.
- Central co-ordinating activities should be realistically costed and funded; these activities should go beyond administrative and management tasks to include activities that have the potential to make sense of local or individual programme initiatives and to feed back to them, adding value.

- Targets that are set too high, or held too inflexibly in the light of learning as the programme unfolds, can reduce effectiveness; targets should anticipate a level of drop-out where appropriate.
- In a decentralised programme of work, budgets should allow for local costs essential to undertake the work. For the capacity building programme, this should have included the proper resourcing of local support, desk space, stationery costs and other oncosts, but also the costs of holding training and workshops and meeting travelling expenses.

There were other difficulties more specific to the CEMVO programme. The programmatic approach and the reporting requirements to LDA brought with it tight time boundaries. This was a constraint that worked against the importance that CEMVO attached to the process of capacity building and did not acknowledge the dynamic nature of the sector. Organisations varied in terms of the amount of time required to work effectively with each one; this needed a more flexible time-frame.

It is also important to be clear about the specific purposes of capacity building. For example, capacity building to achieve organisational goals, or to deliver public services more efficiently or effectively, or to build local communities will each require different strategies and methods; expectations and targets need to be set accordingly. CEMVO's programme focused on organisational development, individual skill building and community networking. Yet it was difficult to reflect the real outcomes of organisational development and individual skill building within the range of SRB 'outputs' reported on. Nor did it allow adequately for the need to address the relationships between local government and the voluntary sector. We have seen that the approaches taken by local authorities could be key to supporting or undermining work at organisational level. The important work of networking and building relationships between local authorities and other funders and the BME sector remained hidden within the work reported.

Insights into capacity building

CEMVO's programme worked with a developed model of organisational capacity building, and offered some specific characteristics such as working one-to-one over a period of time, working with an MBA-trained professional and working to a rigorous, standardised framework based on a business approach.

A professional approach

CEMVO's model gave a unique emphasis to the importance of the skills and training of the capacity building officer. The MBA training that was provided for 15 CBOs as an integral part of the programme was a distinguishing feature, with 13 of them being awarded the MBA. It was intended that the professional development of CBOs would enhance their position as change agents and the development of leadership was an approach to be cascaded through individual skill building within communities. The training of CBOs was funded as an investment, not just for the programme, but also for the BME sector; each individual would have a longer-term impact as they continued to share learning and experience. The destination of the CBOs once the programme ended – largely within the voluntary sector – would justify this. Although some left the programme early, the investment remains.

Most CBOs would agree that the MBA gave a professional qualification that in practical terms provided credibility in the BME sector. Questionnaire responses from groups, and interviews with hosts and groups, also stressed the importance of the professionalism of the CBO to their perceptions of success of the programme. 'Absolutely brilliant', 'very efficient', 'very experienced', 'very knowledgeable' were all terms used by hosts and groups to describe CBOs. One group described their CBO as a 'friend, motivator, colleague and confidante'.

Interviews and questionnaire responses to groups clearly showed that they valued the intensive one-to-one support and we have seen that this approach has given some significant results. This is supported by other research.¹

CBOs stressed that it was important to gain trust and confidence, and to have a 'commitment to use passion to bring about meaningful change for those in need'. This was echoed by one capacity built group, which said that 'our workers are very passionate and, if you have a CBO who is passionate, you have a good recipe'.

Applying a business model

Although working with a 'standard' model of capacity building, we have seen differences caused by working circumstances and individual inclination and, quite appropriately, as a pragmatic response to organisational needs. This response often challenged the process defined by the CEMVO model, which described a direct pathway through the different phases of capacity building.

Often the different stages of the process – diagnosis, development of action plans and development work – were not discrete and were sometimes carried out in different orders. Getting the elements of a business plan and focusing on funding sometimes needed to be done before the diagnostic work, often because of the demands of funding applications or from funders. Diagnosis could be long term, often ending as a formal process, but in reality continuing in the light of new demands and changing needs.

The application of the model needed to be considered in relation to the practicalities and realities of the voluntary and community sector, deriving not just from management and resource difficulties but also from community politics – the cultural, political and internal personal dynamics, and the relationship of organisations and individuals to the external environment.² Some groups were set up for personal reasons and might be highly dependent on an individual, often with extensive influence. Cultural background and conflict sometimes acted as more of a constraint on management committee development, for example, than a skills deficit.

Any definition of capacity building that focuses on organisational development alone ignores the context in which capacity building programmes occur – the ‘enabling environment’. There is an important question about whether capacity building can be separated from a wider engagement within communities and community development in the sense of ‘changing power structures to remove the barriers that prevent people from participating in the issues that affect their lives’.³ Indeed, CEMVO’s CBOs did address different levels of capacity building: organisational, individual and community level; what is needed is an analysis and approach that emphasises an interconnectedness between them.

Working collaboratively

Needham and Barclay (2004a) quote research by Advice UK on the need for greater co-ordination of support:

BME organisations need access to a range of infrastructure and capacity building services ... Therefore attention has to be paid to achieve effective collaboration between the existing second tier organisations.

(Inclusive Advice, 1999, quoted in Needham and Barclay, 2004a)

Similarly, BTEG (2004) identified a lack of joined-up working between different capacity building providers, particularly between area-based and pan-London

providers, and noted that CEMVO was working in Camden alongside a local authority capacity building project in the BME sector, with little or no co-ordination.

Despite the strategy for working through host networks, one host felt that there was no effort by CEMVO to synchronise its capacity building efforts with those going on in the borough, and was not aware of any mechanism for bringing groups that it was working with at the pre-capacity building stage within CEMVO's radar. It wanted to be able to cascade information from CEMVO to a wider group of organisations, but no protocols had been set up to do this. Another host felt its own capacity building efforts had suffered because it had to become subsumed within the CEMVO programme, without being able to share ideas and experience.

In a competitive environment, voluntary sector organisations are encouraged to emphasise the uniqueness of what they are doing. Yet CEMVO's role and initiative need to be analysed in relation to, and as part of, a continuum of capacity building delivery. The capacity building role of local second-tier organisations is being strengthened, and it makes sense for CEMVO to work closely with them and with other providers. The challenge is for agencies to define and determine the level at which they work.

While the CEMVO programme had some strongly individual characteristics, it would have been more helpful to have demonstrated how it might synchronise with other initiatives. This might have contributed to the building of sustainability at organisational level and have suggested an effective exit strategy. A learning point that CEMVO has taken into its national programme is to strengthen its linkages with local infrastructure organisations. One local authority informant spoke of the role of regional development bodies, Government of London and other major funders to encourage and enable this collaboration through their funding approaches.

Targeting capacity building

CEMVO worked with its model with just over 300 organisations,⁴ half of its agreed programme target and probably a realistic number given the three years available for capacity building. However, of these, almost one-third dropped out from the programme. Although some drop-out should be planned for, this level was inefficient in terms of the programme approach and its use of resources.

The pressures of the one-year time-frame within which CBOs were working accounted for some of the drop-out from the programme and, in some cases, groups

were carried forward to the next round. This linked with the need to find organisations that were appropriate for CEMVO's specific approach. It is clear that, even with tightened criteria, CBOs struggled to apply its rigorous, holistic model in some situations. If the CEMVO intervention with MBA-trained CBOs only was regarded as capacity building,⁵ then one conclusion arrived at was the need to carry out 'pre-capacity building' work, taking the organisations from where they were to the point at which they could engage with the programme.

In interviews, CBOs identified certain factors common in those groups working well with the programme and in those groups that struggled or failed to keep up (see Table 5). These are echoed by the monitoring information.

Table 5 Factors common in those groups working well with the programme and in those groups that struggled or failed to keep up

Factors predisposing to positive outcomes	Factors predisposing to negative outcomes
Some understanding about why the organisation exists – to provide services to meet real needs	A poor understanding of why the organisation exists, its role in providing services to meet real needs and its relationship to its environment
A positive attitude and understanding of the capacity building process	The desire for a 'quick fix' and inability to see the benefits of capacity building
Some management and service delivery skills, however basic	An absence of management and service delivery skills
Committed person or persons	The absence of key members for prolonged periods, e.g. travelling abroad
A desire to change things and understand its role in that process of change	A lack of acceptance of the organisation's role in the process of change; lack of commitment to training
A wish to work in ways that promote accountable practices	A lack of understanding of the need for accountability
A willingness to work co-operatively with others	Little or no recognition that the organisation lacks the skills necessary to promote sustainability

Apart from the readiness of the organisation to engage in capacity building, and its ability to overcome any difficulties of time commitment and other such constraints, there are a number of other factors that appear to be important to achieving outcomes.

- *Timing*: there seems to be a 'right time' for capacity building – for example, when key personnel are looking for a new direction for the organisation and are able to use the support.
- *A match of personalities* and learning styles between the CBO and the organisation.
- *The commitment and dedication* of the chair, management committee members, co-ordinator/chief executive or volunteers. In some cases, the skills and qualifications of a co-ordinator have been cited as an important factor in bringing about successful outcomes. CBOs have identified the importance of the key person within the organisation actively taking back the learning to other parts of the organisation – to staff, volunteer meetings and management committee meetings.

It was a useful message for all BME organisations that a minimum organisational structure and standards are needed to ensure accountability. However, there have been clear warnings from many in the sector not to apply a public service model to all organisations. What we see is that the CEMVO model was well matched with medium-sized organisations, which needed to position themselves to meet the new commissioning culture. The evidence would point to the CEMVO model meeting most success in organisations that were semi-developed, often located in boroughs where the BME voluntary sector and the voluntary sector generally were better resourced and supported by the local authority.

The high standards and rigour of the CEMVO model, particularly its professional approach, have been a useful addition to the menu of capacity building options to be made available to groups. However, for CEMVO, the options appear to be to use this model more flexibly across a variety of organisations, or to retain a range of methodologies while targeting the MBA-trained CBO 'capacity building' more consciously and precisely. We have seen that CBOs could indeed be the agents of change envisioned by CEMVO, injecting high-quality support into the BME voluntary sector. The evaluation has also emphasised that the context in which that work was carried out at a number of levels, the support environment in which the CBO was working, the local political environment and the state of development of the organisation itself all had an important role in the extent to which CEMVO was able to realise the extent of its aims.

Notes

Chapter 1

- 1 With the first year of the programme absorbed in negotiations with the LDA, CEMVO planned to find funds for a fourth year of capacity building once SRB funding finished in March 2004.
- 2 The term 'black' is political and is often used as an acknowledgment of a shared identity beyond ethnicity, including experience of racism (Davis and Cooke, 2002).
- 3 CEMVO database, 2002.
- 4 For example, in Hackney, a total of 108 BME organisations were listed on the local government information system (according to Hackney CVS website, July 2006). However the CVS suggests there is an 'unknown' BME sector and that there are more like 200 BME organisations in Hackney.
- 5 The key purpose of community development is defined as 'collectively to bring about social change and justice, by working with communities to identify their needs, opportunities, rights and responsibilities, plan, organise and take action (*National Occupational Standards for Community Development Work*, www.lifelonglearninguk.org/documents/standards/cdw_nos.pdf).
- 6 Civil Renewal Unit (2003).

Chapter 2

- 1 See Community Development Foundation (www.cdf.org.uk); Coventry and Warwickshire Partnerships (www.adept.org.uk/CHEX/contents/background/definitions.htm); Asian Trades Link Community Action Training Support (CATS) (www.asiantradeslink.co.uk/projects/cat).
- 2 For example, Waltham Forest Voluntary Action developed the aKtion Kit, consisting of an organisational health check, a skills audit and a tool enabling organisations to draw up an action plan. Croydon Voluntary Action (CVA) has developed a toolkit and capacity checking service to conduct a 'root and branch'

check of the organisation (CVA workplan). This new service is being established as a performance indicator within the commissioning framework.

Chapter 4

- 1 CEMVO discussion paper, 2000 (unpublished); Kaufmann (2002).

Chapter 6

- 1 CEMVO's SRB bid and delivery plan documents.
- 2 SRB output 8F, Number of Capacity Building Initiatives Carried out, states: 'Capacity building initiatives here means activities to increase the capacity of local communities to contribute to regeneration and the strengthening of the social fabric, for example, through training the staff and volunteers in community groups, through the strengthening of networks, forums or representative structures.'
- 3 CEMVO provided CES with a database of 132 in the first year and 154 in the second year. Once this had been checked with CBOs for groups that had not pursued their initial application, CES had a final database of 151 in the first year and 151 in the second year.
- 4 There was considerable delay by GOL in giving final approval.
- 5 CES database of two cohorts of groups October 2001–February 2004, verified with CBOs.

Chapter 7

- 1 CEMVO paper to the Partnership Board, 2000 (unpublished).

Chapter 8

- 1 Needham and Barclay (2004a); also Ahmed-Dobson and Nguyen (2003).

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- 2 The second course learnt from this and adapted the action learning module, bringing in more tutors with direct personal knowledge of the sector.
- 3 Community Development Exchange (CDX) definition of community development (<http://www.cdx.org.uk/about/whatiscd.htm>).
- 4 CES database of groups participating in the programme from October 2001 to February 2004, as confirmed with all CBOs, contained 151 first-year groups and 151 second-year groups. The remaining eight CBOs started work with a smaller number of third-year groups, but this was terminated early when the programme closed in August 2004.
- 5 CEMVO remained committed to applying the term capacity building only to the programme carried out by MBA-trained CBOs (management meeting, 2 February 2004).

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Hackney CVS: www.hcvs.org.uk

Joseph Rowntree Foundation (JRF): www.jrf.org.uk

Voice East Midlands: www.voice-em.org.uk/

Appendix: Methodological and data issues

Monitoring data

The research began in June 2003, 20 months after capacity building with groups started. The programme's main monitoring system, the CBO monthly reports, had been set up primarily for performance monitoring, and focused on processes and outputs. Information was held qualitatively and was not generally aggregated or collated electronically. There were some periods not covered, or not covered in standard report style – the format for the monthly reports was not established until May 2002; no reports were found for the period from April 2004, after the LDA reporting had been completed. For systematic analysis purposes, the quality of the CEMVO monthly monitoring data was also inconsistent in the second year.

In order to gather some quantifiable outcome data, CES asked CBOs to complete final monitoring forms for all the groups they worked with at the end of years 1 and 2. Although this was a reasonable approach and yielded usable data, there were a number of limitations. First, the baseline data had already been completed without reference to evaluation needs. Further, fixing a single end-of-year data collection point meant that it was difficult to obtain information for some organisations, either no longer with the programme, or for which work was not yet complete.

Monitoring data from CBOs for year 1 provided information on 61.8 per cent of the groups starting with the programme. Comparing with the baseline data, we found very few differences in terms of ethnicity of users, but a slightly higher presence of paid staff – 45 per cent, against 46 per cent at the baseline. When CBOs were made redundant at the end of July 2004, we were able to gather monitoring reports from only three CBOs for their second cohort of groups. This meant that data for the second cohort of capacity built groups was useful for comparison purposes only. This report largely uses quantitative data from year 1 monitoring.

Questionnaires to capacity built groups

Questionnaires were sent to both the first and second cohort of groups. This provided some broad perspective on satisfaction from the groups themselves, and responses about areas of perceived benefit from the programme and what elements

of working methods were helpful or not. The response rate to the questionnaires to capacity building groups, at 23 per cent for the first year and 29 per cent for the second year, was reasonable given the length of time since work with them was completed. A particular consideration was that one-third of the groups had left the programme early.

In both groups of respondents to questionnaires there was an over-representation of those completing a portfolio.¹ Only two responses in year 1 and one response in year 2 indicated that groups had withdrawn from the programme, whereas the overall drop-out rate across the two years was almost one-third. In the second year, attempts were made to contact 26 non-respondents, but contact was successful with only three. There are strong indications that the non-response group more closely matched the groups withdrawn from the programme; our questionnaire sample is therefore likely to over-represent those who gained most from the programme.

Portfolio review

CBOs compiled portfolios of work completed for groups, intended to demonstrate the work undertaken by the group to CEMVO's standard and the resulting organisational change for those organisations that completed them (approximately one-third of all groups worked with). We randomly selected 28 portfolios, between one and three per CBO from 60 portfolios submitted by ten CBOs and reviewed by CEMVO at that time.

These were thoroughly reviewed to provide supplementary information to the monitoring and interview data. The portfolios gave some indication of the outcomes from capacity building against the nine business management areas, mainly indicating changes in organisational structures and governance, planning, policies and procedures. However, there were limits to the extent to which portfolios were able to demonstrate real organisational change.

Note

- 1 In year 1, this was 73 per cent and, in year 2, 60 per cent. The comparison figure is 43 per cent of the total groups worked with across two years' completed portfolios.