

SUSTAINABILITY DEVELOPMENT PLAN/BUSINESS PLAN RECORD KEEPING  
VALUATION STRATEGIES & POLICIES PARTNERSHIP NETWORKING  
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& POLICIES PARTNERSHIP NETWORKING COMMITTEE SUSTAINABILITY



## **Building Community Capacity for Sustainability Challenges of developing integrated approaches**

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# 1 Introduction, Purpose and Policy Context



REGISTERED CHARITY CAPACITY MANAGEMENT COMMITTEE SUSTAINABILITY  
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*“If the only tool you  
have is a hammer,  
you tend to see every  
problem as a nail.”*

*Abraham Maslow*

*“We make our path  
by walking it”*

*African proverb*

## 1. Introduction

This publication highlights the key elements, challenges and lessons of the capacity building programme undertaken by Islington Training Network (ITN) on behalf of “Supporting Inclusion in Enterprise Development” (SIED) Development Partnership(DP) part-funded by the ESF Equal Programme 2004-2007.

Equal is one of the European Programmes that has enabled the development of genuine innovative practices at project level in combating discrimination and inequalities in the labour market. The SIED DP brings together different sectors including Local Authorities, Voluntary and Community Sector (VCS) and enterprise agencies. It is promoting self-employment and enterprise development in deprived urban areas through the development of community based business support<sup>1</sup>.

As a SIED Project partner it offered ITN<sup>2</sup> an opportunity to develop and test an integrated approach to strategic capacity building with Community Based Organisations (CBOs) participating in the project. They are predominantly Black and Minority Ethnic (BME) and Refugee Community Organisations (RCOs) embedded in their communities and providing culturally sensitive multiple services.

Building and enhancing capacity is essential for CBOs if they are to maximise social and beneficiary impact. This requires a long term and planned programme to enhance capabilities at all levels - from strategic to systems and structures. It requires commitment of management committee members, staff and volunteers to realising their aspirations and goals and to improving service delivery. It cannot be fully achieved within the lifetime of a single initiative or project.

Capacity building is commonly seen as a means to an end related to capacity to deliver targets and outputs of specific contracts. It is seldom seen as a process which is part of an integrated organisation and community development model rather than just about technical support and expertise.

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<sup>1</sup> Refer to <http://sied.acbba.org.uk>

<sup>2</sup> Refer to [www.itn.org.uk](http://www.itn.org.uk)

In the current competitive environment of resource crunch some of the constraints that capacity building programmes continue to operate under are:

- » Skepticism in VCS, particularly in CBOs, about the relevance of long term planning and capacity building when they are facing enormous survival challenges and difficulties in maintaining their original vision and mission
- » Dysfunctional funding environment which earmarks project funding without a sustainable core. This leaves organisations highly vulnerable which undermines continuity and results in reinventing the wheel leading to “projectivitis”
- » Lack of knowledge-capacity building is too often seen as a “technical fix” and/or purely in terms of funding

Short term funding is effectively shaping the work of the CBOs at the expense of sustainable projects. “Capacity building is an incremental and developmental process<sup>3</sup> which leads to effective practice”. Learning from practice requires time which is not available to CBOs in the current context of funding requirements of output measurements and monitoring and evaluation for accountability.

So integrated and sustainable capacity building remains one of the most challenging areas of our work.

## 2. Purpose

The purpose of the capacity building programme was to create opportunities for CBOs participating in the SIED project to actively participate in developing a creative programme. We offered a range of interlinked strategies as a progression route to organisational sustainability and empowerment.

The aims of the programme were to:

- » Enhance existing capacity of CBOs to enable them to deliver better services to their communities including business and enterprise support which is the main focus of the SIED project.
- » Embed the learning and benefits of a wide ranging programme which would continue beyond the lifetime of the SIED project.

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<sup>3</sup> Insight-Kennard T. Wing, Non-profit and Voluntary Sector Quarterly, vol.33, no.1, March

### 3. Policy Context

The gap between Government rhetoric of the importance of partnership with the Voluntary and Community Sector (VCS) in delivering public services is not reflected in practice in many instances. Availability of funding sources such as FutureBuilders with a mixed emphasis on loans and grants appears to benefit larger voluntary and community organisations. Often this marginalises smaller and emerging organisations with very little capacity to comply with such funding conditions.

The Change Up programme with the resultant strategic Hubs and CapacityBuilders fund goes some way towards promoting a coordinated approach in supporting infrastructure organisations. However, the lack of core funding continues to undermine sustainability in the sector, particularly for small-medium size CBOs working with communities having a multiplicity of unmet needs.

Government strategies and programmes with centrally determined outcomes are often remote from end users. The pressure from funders with their own targets and outputs to meet; result in CBOs working to deliver the often prescriptive agendas which may not always be in the long term interest of their beneficiaries and organisational sustainability.

LDA Third Sector Policy Statement (June 2006) mentions the added value of the Third Sector in delivering LDA regeneration and development objectives, in particular the “comparative advantage” it has in providing public services that are “flexible, responsive and accessible for disadvantaged local people and under-served communities”

It also mentions that a number of public sector agencies including local authorities, LSCs (Learning and Skills Councils) and PCTs (Primary Care Trusts) invest in business development or capacity building of the Third Sector. In the case of small-medium size CBOs there is little or no explicit ring fenced investment in developmental and integrated capacity building in the programmes of the agencies mentioned.

In terms of social inclusion and community cohesion we'd argue that CBOs have intrinsic value as well as instrumental impact. They are involved in creating and developing connections and relationships within and across diverse local communities by offering culturally sensitive multiple services. This contributes to increasing trust and facilitates co-operation. Second tier organisations such as ITN play a key role as anchor organisations in bringing together and facilitating such cross-cultural collaboration.

# 2 Methodology, Programme of Delivery and Quality Assurance Systems



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## Methodology

We know from our work that practitioners' own experiences are a source of rich insight for understanding what works on the ground and what conditions need to be created for communities and different groups of people to make positive changes in their lives. Practitioners seldom have or take the time to think about or reflect upon what they are doing. This is particularly true of BME and Refugee Community Organisations (RCOs).

This understanding of reflective practice underpins the methodology of the capacity building programme which is based on the principles of community development and democratic engagement through participatory voices.

The approach is based on peer and participatory learning within a structured framework with ITN as the facilitating organisation and with direct engagement of CBOs developing the programme strategies wherever possible.

The programme offered a portfolio of activities which reflected different dimensions of capacity enhancement. They range from:

- » Accessing tools for developing organisational structures, systems and policies.
- » Increasing capacity to deliver new services by acquiring relevant quality assurance systems.
- » Using benchmarking as a developmental tool by sharing good practice.
- » Promoting innovation and strengthening partnership working through events such as "Showcasing Innovation".
- » Increasing capacity for networking and peer learning through creating the Community Policy Forum.

## Programme of delivery

### Accessing tools for Organisation Development

The first stage was developed by:

- » Carrying out a needs analysis through Self Assessment (See page 4)
- » Briefing and discussion sessions based on the finding of the assessments. The final topics of the linked workshops to be delivered were identified from these discussions.

*“I realised the seriousness of strategic planning. Very informative and I feel I am equipped to start the work of producing a strategic plan”*

*“Helped me to understand the logical planning of implementing various stages”*

The second stage consisted of delivering the series of interactive workshops on topics identified by CBOs. They were:

- Introduction to Strategic Planning
- Introduction to Project Management
- Writing funding applications and total project cost recovery
- Evidence based work-monitoring and evaluation
- Financial management

The third stage consisted of:

- » One to one support-telephone and face to face
- » A series of on-site follow-up review meetings offering an opportunity of carrying out joint organisational diagnostics and plan a way forward.

The purpose of these meetings were to:

- » Look at what further progress CBOs would like to make in implementing the learning from workshops attended.  
Where relevant they were based on initial Self-Assessments and subsequent Action Plans produced by CBOs as an outcome of workshops.
- » Identify what further support such as one to one, on-site, CBOs needed in terms of increasing their current capacity at different levels.

### Quality assurance systems<sup>1</sup>

ITN believes that delivering good quality services requires developing a ‘culture of quality’ within the organisation and quality assurance systems are an important capacity development tool.

We co-ordinated a pilot project for testing the suitability of Customer First (CF) Quality Mark for organisations whose main function is not business support. This involved different stages of development such as:

- » Working closely with mainstream agencies such as Business Link and Customer First assessors QED in communicating the distinctive nature and organisational culture of CBOs, their specific needs and requirements.
- » Organising an initial briefing meeting with Business Link and CBOs to discuss pros and cons of Customer First.
- » Providing support to those CBOs who expressed an interest in obtaining CF.
- » Developing a brief and commissioning an evaluation report from the assessors QED.

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<sup>1</sup> Publication available at [www.itn.org.uk](http://www.itn.org.uk)

# Self Assessment Questionnaire for SIED Participatory Community Organisations

This self assessment questionnaire is not intended to be an exhaustive needs analysis of the capacity of your organisation to deliver effective services. The purpose is to generate enough information to identify gaps and areas of improvement to enable ITN to develop a programme of linked workshops to further develop the capacity of new SIED Project funded community organisations.

Area of organisation	In place/ Fully developed	Further development required	What specific subject would you like the workshop to address in this area	Any other comments
Structural framework: Legal status e.g. registered charity, limited company				
Governance e.g. Management Committee				
Management systems: Strategic Development Plan/Business Plan Record keeping/ documentation				
Financial Systems				
Quality Standards: Quality Marks obtained				
Monitoring and Evaluation Systems e.g. Data collection and analysis for evidence base				
Strategies & Policies e.g. » Health and safety » Marketing & Publicity » Equal Opportunities » IT/Communication systems » Funding » Staff & volunteer training and development » Others				
Service delivery/Outreach				
Partnership Development				
Networking Development				

# 3 Sharing Good Practice: A creative approach to benchmarking for Community Based Organisations



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# 1. Introduction: Making benchmarking more accessible to Community Based Organisations

Benchmarking is a popular performance improvement tool used within private and public sectors; however it is not as popular across the Voluntary and Community Sector (VCS) where it is often regarded as a tool used by bureaucrats and managing directors rather than VCS practitioners.

A benchmark is “a standard by which something can be measured or judged” (The American Heritage dictionary). Benchmarking put quite simply is about identifying a standard of good practice and then evaluating working practices to achieve that particular standard, whilst keeping in mind that practices adopted should suit the organisation and its users’ needs. Apart from increasing productivity and quality of services, other benefits of implementing a benchmarking process include the following:

- » promoting innovation by giving participants information and confidence to try new ideas and approaches;
- » identifying examples of good practice;
- » sharing solutions to common problems;
- » promoting a culture of cross-organisational learning;
- » promoting organisation and individual learning.

ITN supports Community Based Organisations (CBOs) who are constantly under pressure to meet targets and standards set by funders and other stakeholders whilst working with limited resource capacity. The benchmarking method which includes setting targets and indicators can be a lengthy process that organisations would be reluctant to commit to. ITN wants CBOs to aspire to use benchmarking as an organisational development tool.



## 2. Defining and drawing out good practice

### Defining good practice

The term good practice is frequently used within the VCS, however there is not one clear universal definition. We organised a preliminary meeting with CBOs to explore this and to identify their area of interest and expertise.

“When something is working well and can be used elsewhere”  
(Equal Support Unit, 2004, Partnership working – a guide for Development Partnership, p6).

“Good practice is being able to simultaneously meet the guidelines of funders and the needs of users” (Community Based Organisations at the Sharing Good Practice preliminary meeting)

### Drawing out good practice

CBOs’ definition of good practice was used as a starting point to construct the following questions to help draw out relevant information about developing particular services.

#### 1. Developing a service to meet existing or changing needs of the community

- a) Please give a general outline of the service
- b) Why did you decide this service will benefit your community?
- c) What were the gaps in mainstream service provision that you were able to meet?
- d) What is your knowledge of legislation and regulation that you have to comply with to deliver this particular service?

#### 2. Meeting delivery plans/outputs

- a) Where did you receive your funding?
- b) What outcomes/outputs did you have to meet?

- c) What resources were required and how did you acquire them (e.g. qualified staff, volunteers, premises, equipment)?
- d) What standards did you set for yourself to deliver this particular service?
- e) How did you cost your service?
- f) Have you come across any barriers when delivering your service, if so how have you overcome them?

### **3. Equalities legislation and practices**

- a) How did you market your service to target your users?
- b) How did you meet the diverse needs of your users e.g. people with disability?

### **4. Evaluation and documentation of work**

#### **External**

- a) How did you monitor services you referred your clients onto?

#### **Internal**

- b) How did you document your work?
- c) How did you monitor and evaluate your work?
- d) What indicators did you use to measure success (e.g. good feedback from your users, good turnout)?

### 3. Our approach to benchmarking: Sharing Good Practice

- » **Promoting Sharing Good Practice initiative:** We used appropriate language to encourage CBOs' participation, for example we did not mention benchmarking which is often associated with complicated indicators and targets. Instead we promoted the initiative as 'Sharing Good Practice' workshops, informal workshops that will give participants an opportunity to develop and extend their services to meet users' needs.
- » **Identifying areas of interest and expertise.** This involved communicating with CBOs by email, telephone and a preliminary meeting to identify CBOs areas of interests. At our preliminary meeting it was agreed that there will be two workshops focusing on business support and health-related services.
- » **Defining 'Good Practice'.** This terminology is frequently used within the VCS; however the definition can be vague. At the preliminary meeting we took into consideration CBOs' definition of good practice and then used this as a starting point to develop criteria to help draw out relevant information from participants about how to develop and deliver a successful service.
- » **Participant driven.** Participants were involved from the initial process of planning content and delivery of the workshops. The aim was to give CBOs a sense of ownership over the workshops, for example participants were asked to deliver presentations about their services.
- » **Appoint an organisation to lead and co-ordinate the workshops.** ITN coordinated and led the workshops.
- » **Encourage CBOs to share their successes and challenges.** Discussing challenges and constraints can help participants find possible solutions to common problems. ITN felt that many CBOs are reluctant to talk about the challenges they face therefore we decided to construct some of the questions to draw these out.
- » **Opening up opportunities to network and form collaborative relationships.** The workshops enabled participants to network and familiarise themselves with the work of other CBOs. Furthermore it gave participants the opportunity to initiate possible working relationships or partnerships with other CBOs who deliver similar services.



## 4. Examples of good practice

### Health –related services

#### Organisation: An-Viet Foundation

An-Viet Foundation was founded in 1982 to give practical support to Vietnamese refugees and asylum seekers living in Hackney and the surrounding areas. An-Viet aims to advance the education of the Vietnamese community, help alleviate need and hardship; promote employment training schemes and provide recreational facilities in the interest of social welfare.

**Address:** An-Viet House, 12-14 Englefield Road, Hackney, London, N1 4LS

**Tel:** 020 7275 7780

**Email address:** [anviet@anviet.org](mailto:anviet@anviet.org)

**Website address:** [www.anvietuk.org](http://www.anvietuk.org)

**Service:** Ballroom dancing lessons

**Interviewee:** My Diep, Co-ordinator of Older people’s project

#### 1. Developing a service to meet existing or changing needs of the community

*a) Please give a general outline of the service*

We deliver Ballroom dancing lessons once a week for two hours to encourage older generation to take some form of exercise and socialise with others within the community. The lessons are aimed at older people but because of the timing of the lessons (Wednesdays 2-4pm) unemployed people also attend. Users are charged £1 per lesson which includes refreshments such as soft drinks and biscuits. The lessons are delivered by a qualified tutor but he cannot speak Vietnamese and the users cannot speak English very well therefore I translate the lessons into Vietnamese.

*b) Why did you decide this service will benefit your community?*

We thought that the lessons are a good form of exercise to maintain a healthy mind and body. Keeping fit and healthy is important but rather than providing strenuous exercise routines we wanted to provide an exercise routine that people can enjoy. We wanted to provide recreational activity for older people to get them out of the house and mix with others within the community.



*f) Have you come across any barriers when delivering your service, if so how have you overcome them?*

Some of the participants have attended many classes and would like to improve their skills but we have newcomers coming in regularly and the same steps are taught over again. We need separate classes for improvers and beginners but we do not have the funding to do this.

### **3. Equalities legislation and practices**

*a) How did you market your service to target your users?*

The service was marketed by distributing leaflets in the Vietnamese language in local shops and within the community centre.

*b) How did you meet the diverse needs of your users e.g. people with disability?*

Many of our participants do not have diverse needs.

### **4. Evaluation and documentation of work**

#### **External**

*a) How did you monitor the services you referred your users onto?*  
N/A

#### **Internal**

*b) How did you document your work?*

We keep attendance list.

*c) How did you monitor and evaluate your work?*

We informally monitor the service by arranging consultation meetings when the participants are asked about the service. All feedback is taken into



## **Organisation: Bengali Workers Association (BWA)**

The organisation was established in 1976 to alleviate poverty, promote educational achievement of children and young people and to improve the quality of life of the Bengali and Bangladeshi communities. BWA provides a variety of socio-economic, educational, and leisure based activities and services including a day care service, ESOL lessons and advice and guidance on a range of issues such as housing and employment.

**Address:** Surma Centre, 1 Robert Street, Camden, London, NW1 3JU

**Tel:** 020 7388 7313

**Email address:** info@bwa-surma.org.uk

**Service:** Healthy eating on low cost budget project

**Interviewee:** Nahid Pervin, Co-ordinator of Healthy eating on low-cost budget project

### **1. Developing a service to meet existing or changing needs of the community**

*a) Please give a general outline of the service*

We delivered the Healthy Eating project in 2006 to encourage the Bengali community to lead a healthier lifestyle. We delivered this project in partnership with Jeebon Healthy Living Consortium, Camden PCT and SPH Housing Association.

The project involved delivering a total of 8 healthy eating sessions where food will be cooked on-site and distributed at lunch time, between 12-1pm, to all who attended. The project was divided into two phrases.

The first phrase involved recruiting 10 'Volunteer Peer Educators' (VPEs) and providing them with two-day training on the following issues:

- » food and hygiene;
- » eating for a healthy life;
- » health and safety.

After the training each VPE received an in-house certificate from BWA which recognised participants' commitment to the course. The VPEs were



*b) Why did you decide this service will benefit your community?*

The Bengali community are not very health conscious and many within the community suffer from illnesses such as diabetes and heart disease and minor problems such as digestive problems which are linked to bad eating habits. The key purpose of the project was to change the eating habits of the community by showing them that healthy food can be tasty, nutritious and inexpensive.

*c) What were the gaps in mainstream service provision that you were able to meet?*

Statutory health bodies such as the Camden PCT do not have established links or in depth knowledge of the lifestyles of the Bengali community like we have. Generally speaking, our users would feel more comfortable coming to BWA than to statutory body to access this type of service. We strongly believe that creating healthier communities involves directly working with the community to change their mindset and influence their lifestyles.

*d) What is your knowledge of legislation and regulation that you have to comply with to deliver this particular service?*

I have worked in the health research field for more than five years. I have also attended health and safety and food hygiene courses.

## **2. Meeting delivery plans/outputs**

*a) Where did you receive your funding?*

It is a pilot project for July - December 2006 funded by Camden PCT, and SPH Housing Association.

*b) What outcomes/outputs did you have to meet?*

### **Outputs**

- » Delivery of eight healthy eating sessions. Each session had to feed at least 40 people.
- » Train 8-12 VPEs
- » VPEs then had to train at least 24 more volunteers to deliver six healthy eating sessions

- » To produce a 'Healthy eating on a low budget' recipe book from the healthy eating sessions.

#### Outcomes

- » To raise awareness of the benefits of healthy eating at the community level
- » Improve communication between users especially between the sexes. Men and women do not mix and this project sought to open up communication and encourage greater interaction. For example both men and women were encouraged to work together to deliver each healthy eating session
- » Encourage participants to share and reuse information. Training VPEs who would then train more volunteers was a good way to transfer knowledge.

*c) What resources were required and how did you acquire them (e.g. qualified staff, volunteers, premises, equipment)?*

We already had most of the resources needed to deliver this project, for example we had the premises and cooking equipment.

Professional trainers were required to train the VPEs on the topics stated below.

- » Food and hygiene. An outside organisation charged BWA £350 for one day course.
- » Eating for a healthy life. Health worker from Hopscotch Asian Women's Centre provided training free of charge.
- » Health and safety. Camden PCT provided training free of charge.

*d) What standards have you set for yourself to deliver this particular service?*

I have health and safety and food hygiene qualification.

*e) How did you cost your service?*

We did not fully cost this service. We just used the guideline of spending £100 per session. There was a little amount for management cost.

*f) Have you come across any barriers when delivering your service, if so how have you overcome them?*

- » It was difficult to recruit unpaid volunteers, therefore I had to encourage and motivate people to volunteer.
- » The premises we needed for the project was also used by the luncheon club every day, therefore I had to negotiate with them to use the premises on particular days.
- » We had to work to a very tight budget.
- » It was a challenge to get men and women to work together in the kitchen.

### **3. Equalities legislation and practices**

*a) How did you market your service to target your users?*

I gave short presentations and raised awareness at other BWA projects, events and workshops. I have found that word of mouth is the best way to spread information.

*b) How did you meet the diverse needs of the users e.g. people with disability?*

We have facilities such as a lift, disabled toilet to meet the diverse needs of our users.

### **4. Evaluation and documentation of work**

*a) How did you monitor services you refer your clients onto?*

N/A

#### **Internal**

*b) How did you document your work?*

After each session I collected the recipes, receipts and invoices, list of participants who cooked the food, attendance list, and evaluation forms. At the end of the session I would have the total number of attendance, number of recipes, total expenditure, problems faced and solutions. I also took



## **Organisation: Day-Mer, Turkish and Kurdish community organisation**

Day-Mer was founded in 1989 to work on behalf of the Turkish and Kurdish people living and working within London to help them solve their problems and promote their cultural, economic, social and democratic rights. Day-Mer organises a range of cultural activities, deliver advice and guidance on a range of issues such as immigration and housing; and supplementary school for young people.

**Address:** Former Library, Howard Road, Hackney, London, N16 8PR

**Tel:** 020 7275 8440

**Email address:** info@daymer.org

**Website:** www.daymer.org

**Service:** Drugs education project

**Interviewee:** Mehtap Isik, Drugs education worker

### **1. Developing a service to meet existing or changing needs of the community**

*a) Please give a general outline of the service*

The key purpose of the project is to educate the community about the dangers of drugs and raise awareness of the problem of drug taking within the Turkish and Kurdish community. We do this by offering them advice, counselling and if necessary we would refer them to the appropriate professional health body e.g clinic for further support. We also deliver a range of workshops aimed at young people and their parents to educate them about drugs. We decided to approach this project from the family point of view and wanted to educate young people and parents to recognise the signs of drug use. By working together with family members and statutory bodies we have created a supportive network to tackle the drug culture at the community level.

We have developed a satellite service and linked our drug project with local professional health bodies we can refer our clients onto, such as John Scott House, Cross Roads alcohol service, Add-Action, Sub19 and Summerset

Grove Health centre. The satellite service has helped us to build professional relationships with health professionals, to widen our scope and reach out to more people.

*b) Why did you decide this service will benefit your community?*

In the 1990s we identified a drug problem within Turkish and Kurdish communities especially drug use among young people. Despite high profile reports in the national media about Turkish and Kurdish people drug trafficking class A drugs such as heroin, at the community level cannabis (class C drug) was widely used, in fact approx 90% of young people who take drugs consume cannabis.

We wanted to educate the community of the reality and extent of the drug problem to counteract the sensational reporting of media which has led many within the community to over react when they encounter the problem. We wanted to address the drug problem especially among young people before it worsened.

*c) What were the gaps in mainstream service provision that you were able to meet?*

Drug taking is a very sensitive issue and people may feel uncomfortable seeking help from statutory bodies. At the time there were no community organisations that addressed this problem and we thought that the best way to reach out to this group would be to develop a culturally sensitive service which involved educating family members and delivering support in the language of our service users.

Unlike statutory bodies, we provide a holistic approach to drug support. We are aware that those with housing or immigration problems may develop or already have drug problems and our advisors would raise awareness of the drugs project if necessary.

*d) What is your knowledge of legislation and regulation that you have to comply with to deliver this particular service?*

When I was recruited, I received one month training delivered by Hackney DAATT (Hackney Drug Alcohol Action Team) and I attained NVQ level 2 in Advice and Guidance from City and Islington College.

## 2. Meeting delivery plans/outputs

*a) Where did you receive your funding?*

We are funded by Hackney DAAT for 2005 to April 2007. The contact is renewed on an annual basis if the outputs and outcomes are met accordingly.

*b) What outcomes/outputs did you have to meet?*

### Outcomes

- » Raising awareness of drug taking within the community.
- » Provision of community centre based Advice and Guidance.
- » Dissemination of information at community events, seminars and other activities organised by Day-Mer. Since users are reluctant to come in for drug advice it is important to raise awareness of the support available when and wherever possible.

### Outputs

- » Distribution of 5000 leaflets.
- » 9-10 stalls promoting the drugs project at community events over the year e.g at Festivals and activities.
- » 3-4 information workshop sessions to Turkish and Kurdish parents at local schools.
- » Refer at least 25 users to statutory bodies.

*c) What resources were required and how did you acquire them (e.g qualified staff, volunteers, premises, equipment)?*

The funding was used to recruit and train me as a qualified drug and alcohol worker.

*d) What standards did you set for yourself to deliver this particular service?*

We already have the appropriate office policy and procedures e.g Equal Opportunity and confidentiality policies.

*e) How did you cost your service?*

The following was used to cost the service

- » Staff wages including National Insurance
- » Utilities (e.g rent, telephone use)

*f) Have you come across any barriers when delivering your service, if so how have you overcome them?*

Lack of funding to continue the service means that our experience cannot be reused and the community will lose a valuable service.

I have found that once GPs find out that the project is funded for one year they are reluctant to display the leaflets or signpost patients to our service because in their eyes they do not see us as providing a credible service.

### **3. Equalities legislation and practices**

*a) How did you market your service to target your users?*

- » Local community media such as newspapers.
- » Word of mouth.
- » Distributing leaflets printed in Turkish and Kurdish languages to inform people of the support available. The leaflets would be circulated at events and activities.

Promoting the service also involved a lot of outreach work and leaving leaflets within GP surgeries was not enough. After requesting the permission of the GP, I would sit in their waiting room to talk to Turkish and Kurdish patients about the drug education support that is available within Day-Mer.

I found it easier to talk to parents about the drugs project when they come into DayMer to use other services. Parents are easier to approach, however children are reluctant to speak to anyone within Day-Mer in case their parents found out therefore I would try to interact with young people during youth activities such as youth camps.

*b) How did you meet the diverse needs of the users e.g. people with disability?*

I would refer users with intense needs to the appropriate health body and accompany them if they required an interpreter. Some of the adults speak very little English and some are illiterate; therefore they needed help with interpreting and explaining processes and procedures.

#### **4. Evaluation and documentation of work**

##### **External**

*a) How did you monitor the services you referred your users onto?*

I accompany some of the users to health bodies to see for myself the service they receive. I also contact people after they have used a service to review their progress however this is not recorded.

##### **Internal**

*b) How did you document your work?*

We document our work by keeping client details/records, to show the number of clients we have seen. We also keep attendance sheets from workshops.

*c) How did you monitor and evaluate your work?*

We look at the following:

- » feedback from user evaluation forms;
- » informal feedback from staff;
- » number of leaflets given out.

We already have existing mechanisms in the form of a quality assurance system which encourages us to evaluate our work.

*d) What indicators did you use to measure success (e.g good feedback from your users, good turnout)?*

We look for positive informal and formal feedback from users and partners.

## Organisation: Eritrean Community in the UK (ECUK)

ECUK was founded in 1987 to support the most disadvantaged groups within the Eritrean community, especially refugees and asylum seekers, to improve their quality of life and encourage successful integration into British society. ECUK's core services include providing advice, information, support and advocacy to help relieve stress, promote educational achievement, and promote access to mainstream services.

**Address:** 226- 268 Holloway Road, Islington, London, N7 6NE

**Tel:** 020 7700 7995

**Email address:** [ecuk.office@btconnect.com](mailto:ecuk.office@btconnect.com)

**Service:** Workshops to raise awareness and combat Female Genital Mutilation (FGM)

**Interviewee:** Saba Melles - Advice worker on immigration, welfare rights, domestic violence and family matters.

### 1. Developing a service to meet existing or changing needs of the community

*a) Please give a general outline of the service*

I had developed and delivered workshops between 1999-2002 to raise awareness and combat FGM (Female Genital Mutilation) within the Eritrean community. FGM is seen in some African communities as a necessity or cultural tradition; which is an attitude that I wanted to change.

The workshops I designed and delivered helped to:

- » educate and inform participants of the psychological and physical consequences of FGM;
- » inform participants of the medical support and services available to those who have undergone FGM;
- » encourage women participants to socialise and build new friendships because many of the women that use ECUK services are single mothers with limited social contact;
- » act like a channel to disseminate information from UK to Eritrea. Since many Eritreans in the UK have friends and family back in Eritrea, I hoped participants would pass on the information and change people's attitudes towards FGM back home in Eritrea.

*b) Why did you decide this service will benefit your community?*

I used to represent the Eritrean community within the Community Involvement in Camden and Islington Health Action Zone (HAZ) and Camden and Islington FGM Strategy Group, between 1999-2002, at a time when the Government was working towards drawing up the 'Female Genital Mutilation Act 2003' legislation. I was also delivering drop-in sessions for women and I wanted to use the knowledge I had gained from the FGM Strategy Group to develop workshops specifically tailored to address the issue of FGM. I felt that many within this community were reluctant to discuss the issue because it was and still is considered to be a 'taboo' topic.

*c) What were the gaps in mainstream service provision that you were able to meet?*

There is limited information about FGM and limited initiatives undertaken by statutory health bodies to educate and combat FGM. This is a very sensitive topic and should ideally be handled by CBOs who have better understanding of the cultural context. Although changing legislation at the national level is important, raising awareness at the grass-root level is just as important.

*d) What is your knowledge of legislation and regulation that you have to comply with to deliver this particular service?*

Since I was in the Camden and Islington FGM Strategy Group I had developed wider knowledge of legislation within that field and I keep up-to-date with legislation.

## **2. Meeting delivery plans/outputs**

*a) Where did you receive your funding?*

Through Health Islington from Camden and Islington Health Action Zone (HAZ) funded us for three years.

*b) What outcomes/outputs did you have to meet?*

I had to produce a report which included the number of participants, discussion topics, feedback from participants, number of sessions, emerging issues and recommendations. I gave the funder copies of all the

resources I used including forms, programmes, handouts and booklets.

*c) What resources were required and how did you acquire them (e.g. qualified staff, volunteers, premises, equipment)?*

I needed premises with disabled access which I rented from another CBO. I created leaflets from the resources I had at the time.

*d) What standards did you set for yourself to deliver this particular service?*

There were no standards but I made sure I had up-to-date relevant information to disseminate to the users. The Camden and Islington FGM Strategy Group gave me the opportunity to learn from specialists within the field and from other CBOs about the different cultural techniques and attitudes towards FGM.

*e) How did you cost your service?*

Costing the service included looking at childcare costs, refreshments and renting out premises. However, the funding was not enough to cover the full cost of delivering the project.

*f) Have you come across any barriers when delivering your service, if so how have you overcome them?*

The main barrier has been the lack of funding. The funding did not cover the full cost of delivering the workshops which meant we had to raise the rest of the money through other fundraising initiatives. Also, we no longer have any funding to continue the workshops and we feel frustrated that the valuable support we had given our community members has not been recognised and financially supported by government funding.

### **3. Equalities legislation and practices**

*a) How did you market your service to target your users?*

The issue of FGM is a taboo subject within the Eritrean community so I linked the workshops with other health-related workshops such as domestic violence, breast cancer or healthy-eating workshops. I wanted to reach out to as many people as possible.

I distributed leaflets informing people about the dangers of FGM in my own community language at all of our events and seminars.

*b) How did you meet the diverse needs of your users e.g. people with disability?*

Changing the mindset of the older generation was difficult because they had accepted FGM to be part of the culture, whereas the younger women had limited knowledge of FGM. I decided to design the workshops to provide as much information as possible, especially focusing on the dangers of FGM.

#### **4. Evaluation and documentation of work**

##### **External**

*a) How did you monitor the services you referred your users onto?*

I did not come across anyone that wanted to be referred onto health professionals.

##### **Internal**

*b) How did you document your work?*

Attendance list were taken at every workshop.

*c) How did you monitor and evaluate your work?*

I collected evaluation forms and informal feedback from users. The feedback was used to see whether participants were learning from the workshops. Much of the feedback showed that participants valued the workshop and wanted more workshops on the same topic.

*d) What indicators did you use to measure success (e.g good feedback from your users, good turnout)?*

Positive feedback from participants.

## **Organisation: Halkevi, Kurdish and Turkish community organisation**

Halkevi was established in 1984 to meet the economic and social needs of the Kurdish and Turkish community through the provision of advice and guidance on a range of issues such as immigration and housing; supplementary schools for young people and pre-vocational training for adults.

**Address:** 92-100 Stoke Newington, Hackney, London, N16 7XB

**Tel:** 020 7249 6980

**Email:** info@halkevi.com

**Website:** www.halkevi.com

**Service:** Stop Smoking project

**Interviewee:** Yasar Ismailoglu, Co-ordinator of Halkevi

### **1. Developing a service to meet existing or changing needs of the community**

*a) Please give a general outline of the service*

At the first meeting the user will be required to complete a form to record information such as their personal details, their GP's contact details, and the number of cigarettes they smoke daily. Then they have to sign a contract expressing their desire to quit smoking.

The individual has to attend five visits over five weeks with the health worker and at every visit a carbon reading will be taken. On the fourth visit the individual should have quit smoking and the fifth week is the follow-up when their carbon reading should read zero. If the carbon reading reads zero on the fifth week, then we have met one target.

*b) Why did you decide this service will benefit your community?*

Many people within the Kurdish and Turkish communities are heavy smokers and we wanted to improve the lifestyles of smokers and their families. Before the Stop Smoking project people would smoke within Halkevi's premises and many non-smokers were complaining.

*c) What were the gaps in mainstream service provision that you were able to meet?*

Our users have expressed their dissatisfaction of NHS services and many users frequently complain about how they are unable to interact effectively with health practitioners due to the language barrier and the lack of interpreters.

We like to promote healthy living at the community level, for example we have run consultation meetings with the local ambulance service and twice a year we organise a health promotion day and invite the Hackney PCT (Primary Care Trust) to hold stalls. We have built close links with statutory and secondary care bodies, such as local GPs and Pharmacists, which has improved our knowledge of health care services. From the work we do and the feedback from our users we felt we were in a better position to deliver the Stop Smoking project because we could speak the same language as our users and we had established a level of trust with our users through other activities and projects.

*d) What is your knowledge of legislation and regulation that you have to comply with to deliver this particular service?*

We have very little knowledge of health-related legislation and laws, especially in-depth knowledge. However, we have more knowledge about data protection legislation.

## **2. Meeting delivery plans/outputs**

*a) Where did you receive your funding?*

City and Hackney PCT Health Improvement Unit contracted us to deliver the 'Stop Smoking' project. The contract is for 1 year and Halkevi has been successfully tendering the contract consecutively for three years, from 2003-2006.

We found the funding requirements to be unrealistic, for example the funders wanted us to see people living within the Hackney catchment area. I had to negotiate with the appropriate person from the Unit to give us some flexibility. I told them that many of our users are from outside the borough

which makes it very difficult to refuse the service. Furthermore, when our users come from outside the borough to Halkevi they tend to spend money buying goods and services which helps to boost Hackney's local economy. After listening to our point of view, the funder allowed 10% of our target to be non-Hackney residents and these users would fill in the form with Halkevi's postal address instead of their own address.

*b) What outcomes/outputs did you have to meet?*

We had to help the following number of users stop smoking for each year.

- » The first year (2004), a target of 200 participants.
- » Second year (2005), a target of 200 participants but we were only able to achieve 160 (40 short) and therefore the following year (2006) our target had been changed to 240.

Outcomes we had to meet included educating and raising awareness of the problems associated with smoking among our community through leaflets and presentations at events.

*c) What resources were required and how did you acquire them (e.g. qualified staff, volunteers, premises, equipment)?*

- » All the equipment such as the carbon reader was provided by the Unit.
- » The funding helped to pay for one full-time post. The PCT unit also provided free accredited one-day training for 'Stop Smoking advisor' Level 2. The training day was attended by five members of Halkevi staff including myself to ensure someone will always be available to fulfil that position despite company turnover or staff absences. Two years later the PCT unit provided a refresher training day.

*d) What standards did you set for yourself to deliver this particular service?*  
N/A

*e) How did you cost your service?*

Costing the service included the following budget headings:

- » staff cost (including Administrative support);
- » travelling;
- » utilises (including rent, telephone and fax);
- » publication in the Turkish and Kurdish languages (e.g. leaflets).

*f) Have you come across any barriers when delivering your service, if so how have you overcome them?*

Stop Smoking project is a short-term funding contract for 12 months. Although we have won the contract consecutively for four years, the tendering takes up so much of our time. Short-term contracts mean that by the time we have trained a member of staff and got the project off the ground the funding will stop.

Other barriers include young smokers, under the age of 16 who require their parent's consent to engage in this project but do not want their parents to know that they are smoking. Health workers are often left in a compromising position when they want to help the user but do not want to lose their user's trust or break confidentiality policy. We have been able to work around this problem by telling parents that their children require consent to learn about the dangers of smoking.

### **3. Equalities legislation and practices**

*a) How did you market your service to target your users?*

- » Firstly we banned smoking within the Halkevi premises.
- » We gave talks at local schools.
- » Promoted the service on the local Turkish and Kurdish radio station
- » Distributed leaflets advertising the service in local shops and at Halkevi's cultural events.
- » Contacted our local GP and made them aware of our service and left leaflets at GPs' waiting rooms.
- » We have promoted the Stop Smoking project at other Halkevi services and activities, for example at ESOL classes and advisory sessions.
- » We linked our project with Sure Start (Dalston/ Kingsland) outreach project to signpost smokers to our project.

*b) How did you meet the diverse needs of the users e.g. people with disability?*

- » Smoking was taken up by women, men, young and elders of the community. The project used different approaches to target different



*d) What indicators did you use to measure success (e.g good feedback from your users, good turnout)?*

Factors used to measure success include the following:

- » number of people who have stopped smoking;
- » number of leaflets distributed;
- » number of people who have signed up to the Stop Smoking project;
- » We were presented with the 'Stop Smoking Outstanding Community Service' in May 2006 by the City and Hackney PCT Health Improvement Unit.

## **Organisation: Islington Chinese Association (ICA)**

ICA was established in 1986 to promote social cohesion and pursue charitable objectives that are of benefit to the community, in particular the Chinese community in London. The main aims of the Association is to provide facilities for community education and training, to relieve poverty and distress through advisory services in addition to the promotion of racial harmony within the Borough of Islington and its environs.

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**Tel:** 020 7263 5986

**Email address:** [islingtonchinese@yahoo.co.uk](mailto:islingtonchinese@yahoo.co.uk)

**Website address:** [www.islingtonchinese.com](http://www.islingtonchinese.com)

**Service:** Youth counselling, family therapy and parenting project

**Interviewee:** Perry Fung, Youth service manager

### **1. Developing a service to meet existing or changing needs of the community**

*a) Please give a general outline of the service*

The project was delivered in partnership with Chinese Mental Health Association (CMHA) and Parentline Plus . CMHA has the expertise within the field of mental health and we are better able to engage with the Chinese community.

The aim of the project was to raise awareness and educate Chinese youths and parents on a range of emotional and mental health issues that may arise from adjusting to a new country and culture such as the UK. The project sought to achieve the following:

- » raise awareness and educate participants of psychological issues;
- » improve youths relationships with parents and peers;
- » help parents to have better understanding of the British culture and to be more appreciative of the pressures their children face;
- » encourage Chinese youths to be more appreciative of both their Chinese heritage and the multi-cultural society they are living in;
- » promote social integration of the Chinese community into British society.

The above objectives were achieved through the delivery of workshops and a range of recreational and cultural activities tailored to meet the needs and interests of young people and parents. For further information, please refer to the 'Youth Counselling and Family Therapy Project: Evaluation report' which can be accessed on the following website [www.islingtonchinese.com](http://www.islingtonchinese.com).

*b) Why did you decide this service will benefit your community?*

The family structure is an important function for many within the Chinese community and immigration into the UK has brought many challenges to the family. The differences between the British and Chinese cultures have caused many problems within the family which can contribute to the psychological distress for both the parent and child. Furthermore, due to the stigma attached to 'mental health' within the Chinese community many of our users' psychological needs were not met.

*c) What were the gaps in mainstream service provision that you were able to meet?*

Our users would be reluctant to use any mainstream service that was targeted for people with mental health problems. Many mainstream support services did not have specialised knowledge of how social integration into a new country such as UK can have a strain on the parent-child relationship and contribute to the psychological well-being of an individual. We wanted to deliver a culturally sensitive service that truly understands the problems facing Chinese youths and parents.

*d) What is your knowledge of legislation and regulation that you have to comply with to deliver this particular service?*

We already had the Child Protection policy in place but we had to go through a Police Check.

## **2. Meeting delivery plans/outputs**

*a) Where did you receive your funding?*

Princess Diana Memorial Trust for the period of 2003-2006.

b) *What outcomes/outputs did you have to meet?*

Each year we had to engage with a specific number of participants.

- » 1st Year  
200 participants (Actual figure was 403 youths + 157 parents = 560 participants)
- » 2nd Year  
400 participants (Actual figure was 838 youths + 326 parents = 1,164 participants)
- » 3rd Year  
400 participants (Actual figure was 640 youths + 420 parents = 1,060 participants)

Total: 1,881 Youths + 903 Parents = 2,784 participants in 104 events.

Some of the outcomes we had to meet included the following:

- » educate and raise awareness of mental health issues to give participants the knowledge to look out for common symptoms of psychological distress;
- » signpost users who require professional support to the appropriate body i.e CMHA;
- » develop young people's personal skills, such as their confidence and communication skills.

c) *What resources were required and how did you acquire them (e.g. qualified staff, volunteers, premises, equipment)?*

- » We have used ICA premises and their sports equipment to deliver some of the youth recreational and cultural activities.
- » For other sporting activities such as basketball we used local premises in Kentish Town.
- » Used volunteers to help organise and deliver some of the activities such as Sports Day, Karaoke Competitions and Musicals.
- » All the workshops were organised and delivered by ICA. Some of the workshops were delivered in partnership with statutory bodies, for example a representative from Islington DAAT (Drug and Alcohol Action Team) helped us to deliver the 'Alcohol Awareness' workshop. Only the mental health workshops were delivered by qualified psychiatrists from CMHA.
- » When we delivered the workshops for parents, we adapted the Parentline Plus workshops materials to take into consideration the Chinese culture.

*d) What standards did you set for yourself to deliver this particular service?*

I have limited knowledge of legislation concerning mental health service but I can access specialist information from CMHA. I am also a qualified Community interpreter and translator in the UK.

*e) How did you cost your service?*

Costing the service included staff costs, running costs, training staff, publication and recruitment costs.

*f) Have you come across any barriers when delivering your service, if so how have you overcome them?*

We do not have the funding to continue service which is a great shame. The Youth Forum will still continue but the activities and workshops will not be continued.

### **3. Equalities legislation and practices**

*a) How did you market your service to target your users?*

We were aware of the stigma attached to mental health needs, so we promoted the project as the 'Youth counselling, family therapy and parenting' service. We established a Youth Forum, CEYE (Chinese Energetic Young Enthusiastic), to give young people the opportunity to discuss sensitive issues but we promoted CEYE as a fun youth forum where young people can socialise and enjoy a range of recreational and cultural activities. The CEYE was advertised in major Chinese media such as Sing Tao Newspaper, the Chinese Channel Limited (TVB Europe), Phoenix CNE TV, Spectrum Radio Chinese Programme, EU Chinese Journal, UK-Chinese Times and Chinese Business Gazette.

*b) How did you meet the diverse needs of the users e.g. people with disability?*

- » Some of the users require professional counselling. I am not a professional counsellor but I would listen to their problem and, if necessary, I would refer the user onto a professional psychiatrist within CMHA.

- » I have learned to tailor my approach to engage with a variety of participants, for example it would take me longer to build a professional relationship based on trust with shy participants.
- » Chinese parents within this project had limited knowledge of the English language therefore their workshops were delivered in Cantonese or Mandarin.

#### 4. Evaluation and documentation of work

##### External

*a) How did you monitor the services you referred your users onto?*

Client files were created for users who sought counselling from CMHA and I would do a follow-up to see whether they were happy with the support they had received. I also have a good working relationship with CMHA and I would find out if the user had used their service, but no confidential information about the client would be discussed.

##### Internal

*b) How did you document your work?*

- » I have kept attendance sheets from the workshops and activities we have delivered.
- » ICA and CMHA have produced and disseminated a publication about the project in 2006.

*c) How did you monitor and evaluate your work?*

- » Every 6 weeks there would be an ICA internal meeting when I would provide feedback about the targets I have met, the project's achievements and problems I have encountered.
- » I have regular monthly meeting with CMHA to report back and share information.
- » Every month I would submit a report at the steering group meeting which includes 2 youths and 2 parents as well as representatives from Parentline Plus, ICA and CMHA.
- » Feedback questionnaires from users have been a useful way to find out if they are happy with the project. We have received 90 completed questionnaires from users.

*d) What indicators did you use to measure success (e.g good feedback from your users, good turnout)?*

- » ICA is the only Chinese community organisation in England to receive the 'Queen's Award for Voluntary Service 2005'.
- » The overall response from the feedback questionnaires has been positive.
- » Every time a user feels comfortable enough to talk to me about their problem, I consider this to be a success because the main purpose of this project is to reach out and give people the confidence to access counselling services.

Interpreting service is a valuable and sought after service within a multi-racial, diverse region like London where many people require interpreters to access a range of mainstream services including health services. Currently there is limited funding to fully resource CBOs to deliver interpreting services for their users. In 2004 Iranian Community Centre decided to charge statutory bodies for their interpreting service. We thought that the trial below was an example of good practice but was not successful due to barriers in the form of professional health bodies that were unable or unwilling to pay for interpreting service.

### **Organisation: Iranian Community Centre (ICC)**

ICC was established in 1984 to meet the needs and reduce the social isolation of Iranians and Farsi speakers. ICC organises a variety of cultural activities, delivers advice and guidance on a range of issues including business advice, and supplementary school for young people.

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**Tel:** 020 7700 0341

**Email address:** [iraniancommunitycentre@yahoo.co.uk](mailto:iraniancommunitycentre@yahoo.co.uk)

**Website:** [www.iraniancc.com](http://www.iraniancc.com)

**Service:** Health interpreting service (Trial)

**Interviewee:** Ali Shirazi, Co-ordinator of ICC

### **Why did you decide this service will benefit your users?**

There is a big demand for a interpreting service which is not fully met by statutory bodies. Users have often complained to us how health professionals have been reluctant to provide this service, for example GP (General Practitioner) surgeries would tell clients that they require more notice if they want an interpreter. Many of our users had limited or no access to interpreting services within the NHS and sometimes children were used to interpret for their parents. We were already interpreting for GPs for free but could not meet the high demand and had to prioritise our resources for 'urgent' cases.

### Outline of the service

Since we do not have the funding to fully meet the demand we decided to charge professional health bodies, such as GPs and hospitals for our service. We decided to offer the following rates which were much lower than professional interpretation services,

- » £30 for half a day
- » £50 for full day

At the time we had seven volunteers with the Community Interpreters qualification. The volunteers were trained by Workers Education Association free of charge in 2003. We decided to pay the volunteers 2/3 of the charge and 1/3 would go back to ICC.

### Outcome

Although we offered a subsidised rate and qualified interpreters, we found that GPs and hospitals were still reluctant to pay because of their limited budget. On one occasion I had spent over one hour interpreting over the phone for a GP surgery and the surgery was supposed to pay for the service but did not. I think that many of the hospitals and GPs should be providing interpreting services but the money appears to have gone missing in the system. There is a demand for the service but no funding from the Government to provide this service.

## Business advice

### Organisation: African Community Partnership (ACP)

ACP was founded to represent and meet the needs of all people who define themselves as being of African origin. They provide a range of service to improve the socio-economic status of members of their target communities through educational and training programmes such as Life Skills training and volunteer brokerage. ACP also provides advice and guidance on a range of issues such as housing and employment.

**Address:** 2 Wild Goose Drive, Lewisham, London, SE14 5LL

**Tel:** 020 7635 9000

**Email address:** [africap@btconnect.com](mailto:africap@btconnect.com)

**Service:** Business advice service

**Interviewee:** Elizabeth Adongo, Business Advisor

### 1. Developing a service to meet existing or changing needs of the community

*a) Please give a general outline of the service*

We have established a 'client journey' which begins with outreach and making the first contact. Entry routes to services comes from one of the following;

- » referrals from other organisations/agencies;
- » advertisement;
- » when they drop-in to use other services.

The receptionist or outreach worker will establish what the client wants and decide if we can help them. If we cannot help them they will be signposted elsewhere.

If the client wants to access business support then the following will occur,

- » I will do an initial assessment which gives me the opportunity to establish the situation, i.e to see what other business support services they have used, the resources they have.
- » I will then decide whether I can help them or whether they need to be signposted.
- » If I decide to help them, I will set objectives that the client has to agree to before I can give them any advice.
- » I will then look at their skills to see whether they require other support and advice. Our holistic approach to business support means that we look at the client's overall needs which may hinder their route into self-employment, for example the client may have poor quality of health.
- » I will also put them into networks to encourage them to meet other business clients to promote peer learning and support.
- » I constantly review their progress every 6 weeks to see whether they are on route to achieving their goal. If they have not attended the last few meetings, then I would close their file.

*b) Why did you decide this service will benefit your community?*

Many of our users requested this service, especially those who used our employment advice service and the opportunity of joining the SIED partnership came at the right time.

*c) What were the gaps in mainstream service provision that you were able to meet?*

Our business support service is not only output driven therefore we tailor the service to meet the needs of the individual, for example one client may require more help to write a business plan than another client. Mainstream providers do not take into consideration barriers that will prevent a client from setting-up a business, e.g the client may have poor health or low self-esteem. I look at other services my clients could benefit from which will increase their chances of starting-up their own business.

We look at the social element when delivering our business support not just at the economic benefits it will bring the client. We believe that peer support will improve client's confidence and we have developed our own model for business support delivery, IDEA (Inclusive Development for Enterprise for All). This model encompasses peer support, networking and loan fund to help clients to enter self-employment.

*d) What is your knowledge of legislation and regulation that you have to comply with to deliver this particular service?*

I have basic knowledge of tax legislation e.g I can support a client to complete tax returns forms. We work in partnership with HMRC (HM Revenue and Customs) and I would signpost my clients when necessary.

## **2. Meeting delivery plans/outputs**

*a) Where did you receive your funding?*

ESF (European Social Fund) Equal SIED.

*b) What outcomes/outputs did you have to meet?*

I have to achieve the following outputs;

- » deliver support to specific number of clients;
- » signpost specific number of clients;
- » deliver certain number of workshops;
- » produce one research report.

*c) What resources were required and how did you acquire them (e.g qualified staff, volunteers, premises, equipment)?*

We needed a Client Management Software which was provided by Lewisham local authority.

We also needed a qualified accredited SFEDI (Small Firms Enterprise Development Initiative) Business Advisor. Small Business Solutions organised training and support to help me achieve my SFEDI accreditation.

*d) What standards did you set for yourself to deliver this particular service?*

- » I have achieved the SFEDI accreditation.
- » ACP also decided to go for the Customer First quality assurance system to help us develop the organisation even further.

Both of the above have helped us to deliver business support more effectively.

*e) How did you cost your service?*

We do apportion our costs to cover premises, staff costs etc but the EFS Equal SIED funding does not cover the full cost of the service.

*f) Have you come across any barriers when delivering your service, if so how have you overcome them?*

Not enough manpower to meet the high demand for the business support service. Not enough funding for us to achieve full cost recovery. We have found it difficult to establish networks with other VCOs and mainstream organisations. It takes time to establish networks.

### **3. Equalities legislation and practices**

*a) How did you market your service to target your users?*

- » Distributing flyers.
- » Presenting at different local forums and events.
- » Produced an article in local paper.
- » Word of mouth.

*b) How did you meet the diverse needs of the users e.g. people with disability?*

We have a client monitoring form which includes details such as age and ethnicity.

We use this information to identify barriers that will discourage them from using our services e.g language. Then we plan services taking into consideration such issues e.g we would organise events at certain times to encourage more mothers to attend.

### **4. Evaluation and documentation of work**

#### **External**

*a) How did you monitor the services you referred your users onto?*



## Organisation: Ethiopian Development Association (EDA)

EDA was founded in 2001 to relieve poverty, protect health, encourage integration, promote education and social justice in their refugee community and among other ethnic minorities. EDA provides a range of services and programmes including advice and guidance on issues such as housing, employment and business support. Training and education programmes such as supplementary school for children and Information Technology for adults. As well as communal support in the form of youth and elderly support activities.

**Address:** 225-229 Seven Sisters Road, Islington, London N4 2DA

**Tel:** 020 7561 1155

**Email address:** edalondonuk@yahoo.co.uk

**Service:** Business advice service

**Interviewee:** Yosias Negash, Business Advisor

### 1. Developing a service to meet existing or changing needs of the community

*a) Please give a general outline of the service*

- » Firstly, there is a consultation meeting to find out what the client expects from the service. I provide an introduction to the service including outlining the terms and conditions of service delivery e.g confidentiality and boundaries of the service. Generally, once the user has agreed to the terms, they have to sign a Registration form and I can start to provide advice.
- » I will review the client's idea and will consider its viability before I give the client appropriate guidance.

*b) Why did you decide this service will benefit your community?*

A large percentage of our users are unemployed and on benefits. They do not like being on benefits and want to find a way out. We already provide employment support so we thought self-employment support will compliment what we already deliver.



*b) What outcomes/outputs did you have to meet?*

I have to achieve the following outputs:

- » provide business advice to a certain number of pre-start-up or start-up businesses;
- » provide business advice to a certain number of existing businesses;
- » deliver specific number of workshops and events.

The targets vary according to the two contracts.

*c) What resources were required and how did you acquire them (e.g. qualified staff, volunteers, premises, equipment)?*

Once I was recruited as a Business Advisor I received formal training from IEA (Innovative Enterprise Action) and IBC to help me attain the SFEDI accreditation. The training package I received included training in counselling, finance and marketing. I am now a SFEDI accredited business advisor and an associate member of IBC. I still receive on-going training and I have an individual training plan to help me up-date my skills.

*d) What standards did you set for yourself to deliver this particular service?*

I am now a SFEDI accredited business advisor.

*e) How did you cost your service?*

We take into consideration costs including staff time, premises, management cost, and workshops costs.

*f) Have you come across any barriers when delivering your service, if so how have you overcome them?*

- » I am a paid member of staff but I work outside my contracted hours because there is a lot of demand for this service. As I am the only business adviser at EDA I am training volunteers, a small business assistance team, to undertake administrative work such as following-up on clients.
- » The essence of business advice is listening to my client, discussing viability, providing guidance and empowering my client to make their own decisions. The initial barrier is gaining the confidence of my client so they can discuss openly about their circumstances.

- » Other barriers include clients who want you to do their business plan when they should be helped to do it themselves, but some clients cannot do this for understandable reasons such as their lack of language and numeracy skills.
- » Another problem is that some businesses may be from the informal economy and I do my best in advising them to comply with the law.

### 3. Equalities legislation and practices

*a) How did you market your service to target your users?*

- » This is done mostly by word of mouth, for example my clients would recommend my service to their friends and family.
- » I would use our client and community data base to send general emails about business advice service.
- » I have delivered workshops specifically designed to inform and encourage people to enter self-employment.
- » I would give short presentations at EDA events to publicise the service.
- » I also provide employment support and general advice (including housing, welfare benefits) which gives me many opportunities to encourage users to consider self-employment.

*b) How did you meet the diverse needs of the users e.g. people with disability?*

We have many women clients or women backed businesses (when the husband will register the business in his name but it is the wife who has thought of the idea and will be running the business). I have tried to tailor my support to meet gender, religious and cultural differences, for example some women are reluctant to receive support from a man. My business assistance team is made up of two women volunteers. The volunteers help to bring in women clients and would accompany female clients if they feel uncomfortable because of religious or cultural reasons attending a one-to-one meeting with me.

#### 4. Evaluation and documentation of work

##### External

*a) How did you monitor the services you referred your users onto?*

After I referred them to a particular organisation, I would contact the client afterwards to see whether they were happy with the service. I would also contact the agency.

##### Internal

*b) How did you document your work?*

I have client files and client data base which includes client's contact details and is used to track their progress. We already have a quality assurance system and we are working towards another one.

*c) How did you monitor and evaluate your work?*

We use forms such as:

- » registration forms to register every client who seeks help;
- » assessment forms on the business advice provided;
- » feedback forms used after workshops;
- » regular perusal of clients file and Business Analysis sheets including Action Plans/Business Plan/ Referrals.

Project manager evaluates the project and submits reports to EDA's Projects Board which meets up every 3 months to review all of our projects. The Projects Board is made up of EDA's director, a Management Committee member, volunteers and beneficiaries. Their role includes reviewing evaluation feedback from clients and staff and making recommendations about the best way to overcome problems that may arise. The Management Committee takes the final decision on matters outstanding including complaints that were unable to be resolved at the Director's level of management.



## **Organisation: Universal Church of the Kingdom of God (UCKG) Training Centre**

UCKG is a faith organisation with churches and church groups throughout Great Britain and in over 90 countries. The UCKG training centre was established as an arm of the UCKG Help Centre to provide vocational training to residents of Islington and other boroughs across London.

**Address:** 232 Seven Sisters Road, Islington, London, N4 3NX

**Tel:** 020 7686 6013

**Email address:** trainingcentre@uckg.org

**Website address:** www.uckg.org

**Service:** Business advice service

**Interviewee:** Charles Ajorgbor, Business Advisor

### **1. Developing a service to meet existing or changing needs of the community**

*a) Please give a general outline of the service*

From the initial stage we provide clients with one-to-one support. We identify any business-related training needs (e.g I.T training) the client may have and refer them to appropriate training programme. I also invite clients to UCKG's business networking motivational evenings which includes presentations from motivational speakers and an opportunity for networking.

*b) Why did you decide this service will benefit your community?*

There was a need within the community for business support services. Before the business advice support, I had clients coming in with business ideas but did not know how to take their idea forward or did not have the confidence to do so.

*c) What were the gaps in mainstream service provision that you were able to meet?*

We know more about our users' needs and we are flexible when helping them. Some clients are unhappy with mainstream services because of the

language barrier, inflexible nature and felt that they were being looked down on. Whereas, we look at their skills and abilities and see how we can help them. We accompany them to the bank and we help them fill in forms. In other words, we understand our clients much more and we go the extra mile to help them.

*d) What is your knowledge of legislation and regulations that you have to comply with to deliver this particular service?*

I have general knowledge of employment laws such as Equal Opportunity policies and maternity leave. I have basic knowledge of tax legislation and if the client requires specialist knowledge I would refer them to the relevant professional body.

## **2. Meeting delivery plans/outputs**

*a) Where did you receive your funding?*

European Social Fund (ESF) Equal SIED project.

*b) What outcomes/outputs did you have to meet?*

I have to meet the following outputs:

- » deliver start-up support to a certain number of clients;
- » support certain number of clients to establish their business;
- » deliver certain number of workshops and events.

*c) What resources were required and how did you acquire them (e.g. qualified staff, volunteers, premises, equipment)?*

- » I needed volunteers to provide administrative support. UCKG already has a team of regular volunteers we train.
- » My clients needed computers and since we are a training centre we already have computers available for use and skilled tutors.
- » I also needed tools such as computer packages, manuals and templates some of which were provided by ACBBA free of charge.

*d) What standards did you set for yourself to deliver this particular service?*

I used to run my own business and I went through professional development training organised by IEA and ACBBA to become a SFEDI accredited Business Advisor.

*e) How did you cost your service?*

Try to do full cost recovery.

*f) Have you come across any barriers when delivering your service, if so how have you overcome them?*

It has always been difficult for clients to access funding.

### **3. Equalities legislation and practices**

*a) How did you market your service to target your users?*

- » I have produced and distributed leaflets.
- » I have advertised in the internal weekly UCKG bulletin and in the City News newspaper which is distributed throughout Britain.
- » We have banners and pavement advertiser outside our premises to advertise the service.
- » I also give talks at UCKG business events within the community and at church.

*b) How did you meet the diverse needs of the users e.g. people with disability?*

I have organised programmes especially aimed at women. I have found that some prefer such an environment and it was a good way to encourage women entrepreneurs. Meeting diverse needs also means being aware and taking into consideration various needs of clients, for example clients with special needs would require additional support when using the computer.

## 4. Evaluation and documentation of work

### External

*a) How did you monitor services you referred your users onto?*

If I come across a client who does not require business-related support, I would refer them to the appropriate person or organisation. Then I would ring them and see if they were happy with the service. When I refer one of my business clients I would ask them to complete a feedback form about the service they had received.

### Internal

*b) How did you document your work?*

When the user first contacts my organisation their details are taken down and sent to the appropriate person within UCKG. After my first meeting with the client, I would complete a form to record information such as the client's needs, summary of their background and action plan.

*c) How did you monitor and evaluate your work?*

I use feedback forms. The formal process of reviewing feedback takes much longer but I informally refer to client feedback on a regular basis to improve my service. I also provide regular reports to ACBBA.

*d) What indicators did you use to measure success (e.g good feedback from your users, good turnout)?*

I use feedback forms which also encourages me to track the progress of my clients.

## 5. Setting good practice guidelines

We have identified examples of good practice under the following criteria. The criteria are areas of an organisation's work and the good practice guidelines are the approaches CBOs have taken to meet the criteria. There are many more criteria that can be used such as 'budgeting'.

### 5.1 Monitoring and evaluation

Monitoring and evaluation are essential practices for meeting requirements set by funders and regulatory bodies, and are also important tools used to review services for on-going improvement.

#### Health-related services:

All mentioned the collection of attendance sheets, feedback forms and writing reports for funders and regulatory bodies.

#### An-Viet and Halkevi: **Consultation meetings**

Arrange consultation meetings with their users to gather feedback about their services which can be a good alternative to filling in evaluation forms. The consultation meetings are a good method to draw out more information from users about services they have received and how it can be improved.

#### ICA: **Publication**

ICA produced a publication, an evaluation report of the project which was used as a good publicity tool to promote their organisation among their stakeholders.

#### Business advice service:

#### ACP: **Formal process of reviewing feedback**

ACP reviews their client feedback forms on a monthly basis to help them review their services. By setting a formal timetable the organisation ensures that monitoring and evaluation takes place.

#### EDA: **Involving stakeholders in the evaluation process**

EDA's user evaluation forms are reviewed by a 'projects board'. It is not enough to collect information there also needs to be a process which will show how feedback is used to improve and review the service. EDA's

Projects Board has a variety of stakeholders involved which is a good way to promote user involvement and to ensure they have an overall picture of service delivery.

## 5.2 Building links with other organisations

Building working relationships with statutory, private and VCS organisations has many advantages for CBOs including being able to signpost their users to the appropriate organisation to receive specialist support and advice. Drawing together expertise and knowledge from different organisations is a good way to use existing resources available, as well as providing a holistic approach to service delivery. Many of the links are created through networking and partnership work.

### Health-related services:

#### **BWA: Drawing together expertise**

BWA's partnership includes a statutory body, Camden PCT and VCO Jeebon Bengali Healthy Living Consortium. Camden PCT has provided BWA with a free training session in health and safety for their volunteers and allocated a dietician to the service. The Jeebon Bengali Healthy Living Consortium organised physical activities for the participants. This is a good example of how working within a partnership can draw in valuable resources.

#### **Day-Mer: Satellite service**

Day-Mer's 'satellite service' has linked their drug education service with statutory and VCS bodies who have appropriate knowledge and expertise. Day-Mer referred their users onto the relevant organisations when appropriate and also saw this as a good opportunity to promote their own service.

### Business advice service:

#### **Networking to make appropriate contacts**

Business advice service had very few examples of partnership work. All the Business Advisors mentioned that they have established links with bodies such as HMRC that have specialised knowledge in tax. However,

EDA highlighted the importance of networking. EDA's Business Advisor had specific people he would refer his clients onto; contacts he had made through networking.

## 5.3 Reaching out to target groups

CBOs are renowned for reaching out to groups statutory bodies often have difficulty engaging with. Raising awareness of sensitive issues and encouraging users to access services that are often considered to be a taboo within the community can be very difficult and often require a culturally-sensitive approach.

### Health-related services

#### ICA: Promoting the service from a different light

ICA wanted to raise awareness and educate the Chinese community of mental health issues. Due to the sensitivity of the issue, ICA promoted the service as 'Youth counselling, family therapy and parenting project' and made no initial reference to mental health. This example shows that sometimes it is more effective not to make explicit reference to a sensitive issue. ICA chose to encourage young people to access the service by establishing a youth forum and organising a range of recreational activities and then used these opportunities to raise awareness of mental health issues.

#### ECUK and Halkevi: Raising awareness through other services and activities

ECUK and Halkevi are two good examples of how they used other services and activities within the organisation to raise awareness of FGM and Stop Smoking service, respectively. Halkevi knew what services can be used to target specific groups, for example the Sure Start service was used to target women, the Luncheon club was used to target older people and the advisory services used to target men. ECUK used other health-related workshops specifically targeted at women such as domestic violence, breast cancer and healthy eating workshops to raise awareness of the FGM workshops. Both

took advantage of CBOs' holistic approach to service delivery and knew that users could be targeted through different workshops and it is their strategic outlook which has enabled them to target their users effectively.

### **Business advice service:**

#### **EDA: Training women volunteers**

EDA reached out to more diverse groups by tailoring support to overcome barriers associated with gender, cultural and religious differences. EDA's business advisor was aware of cultural and religious reasons why some women would feel uncomfortable accessing business advice from him. He decided to train volunteers to promote the service among other women within the community and even accompany women clients to the one-to-one meetings with him.

#### **EDA, ACP and UCKG: Presenting at workshops and other events**

All the Business Advisors targeted potential clients by organising and delivering workshops to encourage take-up of their service. In addition they would also give small presentations at other events organised by their organisation whenever possible. Being proactive was seen as the best way to encourage users to seek business advice.

## 6. Challenges and recommendations

For Sharing Good Practice initiative to be successful the following is required:

### **Appropriate support**

This initiative needs an anchor organisation to facilitate and create an opportunity for organisations to learn from each other. CBOs may also require intensive one-to-one support after initial workshop to develop and sustain services successfully. Capacity building organisations can be considered to be better placed to provide such support and guidance but many do not have the resources and funding to pursue such initiatives which do not fit into prescriptive funding programmes.

### **Better resourced CBOs**

The workshops were aimed at individuals responsible for delivering the service, but it was important for co-ordinators to attend because they had a more strategic outlook and greater influence over their organisation. Engaging with CBOs proved to be very difficult. Currently, CBOs face great pressure from stakeholders such as funders to improve their performance but many do not have spare capacity to attend relevant workshops and training sessions aimed at long-term organisation development.

## Feedback from sharing good practice workshops

*“The information about each organisation was provided, including projects and funding strategy”*

*“It broadened my knowledge on how to work towards sustaining the health project”*

*“Networking - knowing what other partners are doing”*

*“I feel there should be one-to-one support on how to develop projects we have heard about at the workshop”*

*“To hear about other community groups’ achievements, what methods they used to meet targets and to look at the similarity and differences between organisations”*

# 4 Showcasing Innovation



REGISTERED CHARITY CAPACITY MANAGEMENT COMMITTEE SUSTAINABILITY  
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POLICIES PARTNERSHIP NETWORKING REGISTERED CHARITY CAPACITY MANA  
COMMITTEE SUSTAINABILITY DEVELOPMENT PLAN/BUSINESS PLAN RECORD

Islington Training Network organised and hosted the Showcase Innovation in Enterprise event in July 2006 to provide an opportunity for showcasing the creative pool of ideas and talents that struggle for recognition and support from mainstream business support sector<sup>1</sup>.

The purpose of the event was to highlight innovative businesses supported by Business Advisers from CBOs and to provide a snapshot of the talented and creative entrepreneurs within London.

The planning and developing of the event was carried out with a core group of Business Advisers from the participating CBOs who conducted a small participatory action research to identify the range of innovative business ideas in their communities.

The cornerstone of the event was innovation in its myriad shapes and forms. It demonstrated the effectiveness of people centred and holistic service delivery in bringing together complex processes of social inclusion and economic development.

A range of unique enterprises displayed and marketed their products and services such as handmade crafts, lighting, sculptures, photography, water distribution and franchise for herbal products.

<sup>1</sup> Publication and DVD available at [www.itn.org.uk](http://www.itn.org.uk)

The event included presentations from motivational speakers, music from a Turkish and Kurdish band and 'Market Space' for businesses to promote their goods and services. In fact, a new business was launched at the event where they received their first order! It was a great opportunity for the entrepreneurs to network and share their experience of starting-up their business. The event was attended by over 50 CBOs, SIED partners and of course the entrepreneurs themselves.

The key aims of the event were to:

- » Raise awareness of innovative businesses within the BME and refugee communities
- » Celebrate and appreciate the talent and creativity that exists within the BME and refugee communities
- » Provide an environment to encourage participants to share their experience of starting-up innovative businesses
- » Build capacity through networking and meeting new contacts



# 5 Community Policy Forum



REGISTERED CHARITY CAPACITY MANAGEMENT COMMITTEE SUSTAINABILITY  
DEVELOPMENT PLAN/BUSINESS PLAN RECORD KEEPING FINANCIAL SYSTEMS  
STANDARDS MONITORING AND EVALUATION STRATEGIES & POLICIES PARTN  
NETWORKING REGISTERED CHARITY CAPACITY MANAGEMENT COMMITTEE  
SUSTAINABILITY DEVELOPMENT PLAN/BUSINESS PLAN RECORD KEEPING FINA  
SYSTEMS QUALITY STANDARDS MONITORING AND EVALUATION STRATEGIES  
POLICIES PARTNERSHIP NETWORKING REGISTERED CHARITY CAPACITY MANA  
COMMITTEE SUSTAINABILITY DEVELOPMENT PLAN/BUSINESS PLAN RECORD I

The development of the Forum was shaped by the following:

- » The main stakeholders in policy making are usually seen as government departments and public sector agencies.  
Our experience shows that many of those working in CBOs could also be seen as key contributors to policymaking. Their strength is their community roots. This enables them to access and develop knowledge of the aspirations and needs of disadvantaged communities which can be a valuable source for policymaking.
- » Peer learning and networking enhances capacity to influence policy.
- » Existing structures such as Local Strategic Partnerships have an uneven record of being inclusive
- » Increasing capacity for relevant knowledge is essential. Though knowledge will not by itself make an organisation influential it is the basis for building evidence to influence policy
- » CBOs are often seen as only delivery partners, 'useful to act with' not 'useful to think with'<sup>1</sup>.

## Purpose

The purpose of the Forum is to increase the capacity of participating CBOs to influence policy-making process, to share information and to create supportive networks.

It is intended to open up a "thinking" space where policy making is demystified and redefined

It was developed in a democratic and organic way by continuing the strategy of involving CBOs from the beginning of the process by:

- » Co-ordinating an exploratory meeting to gauge interest.
- » Conducting a small survey to scope out the level of current engagement of CBOs in consultative mechanisms as a basis of shaping future activities (See page 3)
- » Ensuring that Forum members continue to act as full partners in developing the Forum

The Community Policy Forum is a work in progress which continues to meet on a regular basis.

<sup>1</sup> Lewis, 2001 Howell and Pierce, 2002

*“ I’ve been working in the VCS for 10 years, this is the first real opportunity I’ve had to discuss wider policy issues”*

Its short-mid term activities include:

- » Drafting and finalising the Statement of Purpose and Key Objectives
- » Drafting an Action Plan
- » Exploratory discussions on engaging with the consultative process of National Action Plan on Social Inclusion.
- » Information sharing on thematic funding
- » Exploring sustainability issues for future work
- » Continuing to engage with other SIED partners such as Community Links

Form for survey undertaken for gathering information on CBO engagement in consultative mechanisms

Organisation	What areas of policy has an impact on your organisation’s work	Which of the following do you actively participate in	How has the organisation benefited from your participation	Please tick if you will attend the meeting
		LSP (local Strategic Partnership) CVS (council for Voluntary Service) PCT/Health consultative bodies NCVO Police Consultative Councils Refugee or BME networks Home Office consultative structures Other (please specify)		

## Statement of Purpose of Community Policy Forum

The Community Policy Forum (CPF) was established to engage community organisations from diverse communities in the policy making process at local and national level. The CPF will work together with policy makers to enable wider participation of communities, in particular disadvantaged communities, in the decision making process which affect their quality of life.

The key aims of the policy forum are to:

- » Build on the existing knowledge base of the Forum members regarding key pieces of policy covering a wide spectrum of areas, including training and employment/self-employment, health and education.
- » Develop processes and tools to enable Forum members to engage effectively in existing consultative structures such as Local Strategic Partnerships and National Action Plans on Social Inclusion.
- » Ensure that the Forum members have a clear commitment to cascade relevant information down to their beneficiaries in order to gauge interest and receive feedback
- » Create an ongoing dialogue with policy makers in order to influence policy and hold them to account

# 6 Evaluative Lessons



REGISTERED CHARITY CAPACITY MANAGEMENT COMMITTEE SUSTAINABILITY  
DEVELOPMENT PLAN/BUSINESS PLAN RECORD KEEPING FINANCIAL SYSTEMS  
STANDARDS MONITORING AND EVALUATION STRATEGIES & POLICIES PARTN  
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COMMITTEE SUSTAINABILITY DEVELOPMENT PLAN/BUSINESS PLAN RECORD I

1. As the capacity building programme developed and evolved with learning from each stage shaping the next, it became obvious that there are no easy answers to the tensions between:
  - » Survival and growth
  - » Compliance with current project based funding conditions and holistic development
  - » Accountability and flexible and responsive nature of CBOs.
2. The dynamic and developmental nature of capacity building that enables organisations to progress from one level of capacity to the next needs to be recognised and reflected in funding programmes.
3. It was difficult for some of the CBOs to sustain their commitment to the capacity building programme when most of their energies were focused on fundraising for survival.
4. The integrated capacity building programme sowed the seeds of a learning community by involving different practitioners from the participating organisations at different levels.





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