



WERC

Wales Ethnicity Research Collaboration
Cydwethrediad Ymchwil Ethnigrwydd Cymru

A scoping study to map the research capacity of health social welfare voluntary organisations in Wales, with a focus on BME organisations and equalities agencies

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INTRODUCTION

According to a recent publication by the Wales Council for Voluntary Action (WCVA 2008), there are 26,000 voluntary organisations in Wales (United Kingdom (UK)), almost 11,000 of which are registered charities. Voluntary organisations (VOs) range from large organisations with well-developed management systems and significant budgets to local community groups consisting of a handful of individuals with much less formal constitutional arrangements and fewer resources. Recent legislation underpins the growing importance of the voluntary or third sector in Wales. The legal separation of powers, brought about by the Government of Wales Act (2006), has meant that the duty to promote the interests of this sector now falls on the Welsh Assembly Government. As *The Third Dimension: A Strategic Action Plan for the Voluntary Sector Scheme*, published by the Welsh Assembly Government, indicates, in Wales the voluntary sector is now on an equal footing with local government and the business sector (WAG 2008). Thus, the voluntary sector is increasingly seen as playing a key role in the design, delivery and evaluation of public services.

In Wales, the public sector (i.e., Welsh Assembly Government, Local Authorities, Assembly sponsored public bodies, UK Government funding, Health bodies and European funding) is now one of the largest sources of income for third sector organisations. Moreover, as in other parts of the UK, in Wales there has been a push to foster capacity within the voluntary sector that addresses the increasing levels of regulation and accountability required by funding agencies, and to enhance leadership and management abilities, in order to make VOs successful in an arena of increased competition for scarce resources (Active Community Unit, 2003, Baker, 2001, Diamond, 2004, Docherty et al., 2001, National Council for Voluntary Organisations, 2003). One result of this has been that VOs are increasingly expected to conduct studies and provide research findings that underpin the services they provide. The recent establishment of an independent multidisciplinary centre for third sector research, coupled with three capacity building clusters in England, funded by the Economic and

Social Research Council (ESRC), in collaboration with the Office of the Third Sector and the Barrow Cadbury Trust, are just two of the UK government initiatives that seek to develop the research capacity of VOs. Although there is currently no such national initiative in Wales, there is an established expectation of evidence-based service provision; thus, it comes as no surprise that, in Wales, as in other parts of the UK, an increasing number of voluntary organisations are actively engaged in research.

This scoping study has a focus on research-active VOs that are dedicated to addressing and monitoring the health and related social concerns of minoritised groups. The term Black and Minority Ethnic (BME) is most often seen as a shorthand phrase to describe groups who are the main focus of the Race Relations Amendment Act. The focus of this paper is on minority ethnic groups as identified in the 2001 national census for England and Wales (ONS 2001), and it includes any individuals and groups likely to self-identify in any of the categories (or sub-categories) listed. In this paper, 'minoritised' groups – a term that indicates that 'minority' status is something that has been 'put on' these groups – will also be used. In so doing, we are aware that other variables (i.e., socio-economic, environmental and genetic) all play a part in the articulation of such minoritisation.

KEY CHARACTERISTICS OF BME (BLACK AND MINORITY ETHNIC) HEALTH AND SOCIAL CARE VOLUNTARY ORGANISATIONS IN WALES

In 2002, a mapping study undertaken by the Council for Ethnic Minority Voluntary Sector Organisations (CEMVO) found 136 active BME voluntary sector organisations across Wales (Saltus *et al.*, 2005). Like other voluntary sector sub-groups, most organisations within this sub-group are also associated with religious activity, cultural programmes, sports and recreation, community empowerment through various capacity building activities or health and social care activity. However, it is important to highlight several key characteristics of BME voluntary organisations. This sub-group of VOs usually consists of small, generally under-resourced organisations, which have much shorter histories than their mainstream counterparts (Kemp *et al.*, 1998). Secondly, BME voluntary organisations are most often established to articulate and address the

needs of specific population groups. They advocate and challenge universalist assumptions of health and welfare provision: a philosophy that treats everyone the same regardless of origin or status. They also play a critical role in identifying gaps in service delivery and failings in social policies (Atkin, 1996, Williams, 1993). Moreover, as Ahmed and Webb-Johnson (1995) argue, BME community initiatives and projects are developed in response to local demands, from the community, to fill the gaps in mainstream service provision.

Another distinguishing feature of BME voluntary organisations is that, in addition to making visible the needs of their clients, customers and constituents, these organisations also provide a range of bespoke services that provide examples of culturally appropriate practice (Gray 1999). A fourth important characteristic is that of the organisational cultures within BME voluntary organisations, which have been, until recently, distinct from those of mainstream voluntary sector organisations, with the cultural traditions of the communities they serve reflected in the structure and practice of the organisation (Gray 1999). The political and ideological commitments of the members of staff in these VOs, and in the grassroots within this sub-sector, have led to less bureaucratised and more flexible and open cultures and structures, where job roles are less clearly defined and communication structures less formalised, with an ethos that is therefore more social, rather than market driven (Iglehart and Becerra 1996, Phillips 1997). This can be seen as both a strength and a weakness. Less formalised structures and procedures can lead to a blurring of boundaries and unclear lines of accountability, and these factors are known to impact on organisational efficiency and effectiveness. Moreover, in the contract culture now underpinning the sector as a whole, the BME voluntary organisations, like all VOs, are expected to professionalise in order to realise potential (Atkin 1996). Often BME voluntary organisations do not have the capacity or infrastructure to meet this demand (Yee and Mussenden 2000). A limited and insecure funding base can add to this problem, which, in turn, impacts negatively on the collective skills base of those working within the sector (Home Office 1999, Yee and Mussenden 1994). Thus, within the context of the re-positioning of the third sector, the

rise of professionalisation, and the corresponding push for evidence-based service provision and delivery, BME organisations in particular have faced great and increasing difficulties.

THE AIMS OF THE STUDY

Despite the growing importance of the third sector, and the need for public sector services and programmes to be underpinned by an evidence base, there remains in Wales a paucity of data on the role the BME voluntary organisations are playing in the development of a rigorous, readily accessible research evidence base. Although some work has been done in this area, the nature, extent and impact of the research conducted by community and voluntary organisations, especially research on health and social care needs, has yet to be adequately collated, archived and made readily available (Williams *et al.* 2007). Moreover, the type of research taking place, the role that clients and members of the public are playing, and the lessons that can be learned and transferred to other sectors regarding participatory methodologies in operation, has yet to be mapped. In order to build this evidence base, this study sought to explore the perceived need for, the possible barriers to, and the opportunities for developing the research capacity of VOs working on behalf of minoritised people in Wales. As a scoping study, the aim was to also to develop and test a conceptual framework that could be used in larger future studies in this area.

THE STUDY SAMPLE

Based on the findings from a previous study conducted by the authors (Saltus *et al.*, 2005), we arrived at a sample of 15 local and regional research-active voluntary organisations (including equality agencies) dedicated solely to, or with a specific focus on, people from minoritised backgrounds. Eight VOs agreed to take part in the scoping study. In terms of size, length of service and funding sources, all the VOs that participated in the study operate with a small to medium level of staff (3-9) and a varying number of volunteers. Over half the VOs have been in operation since 2000, with one

established in 1976 and two in the early 1990s. As highlighted in the research literature, all the VOs targeted secured funding from local authorities and departments within the Welsh Assembly Government, as well as via funding bodies dedicated to charitable organisations. Regarding geographical coverage, the core services offered by two VOs were on a local basis, with one VO providing services on a regional level. The majority provided the bulk of their services locally or regionally, with their policy development work conducted on an all-Wales level. All the organisations that participated in this pilot study have mission statements that focus on improving the health and social care outcomes of BME people. Most carry out research activities when implementing routine activities. High-level members (Directors, CEOs and Coordinators) of the eight VOs completed the questionnaire.

ETHICAL CONSIDERATIONS

Formal ethical approval from the University Ethics Committee was not secured because most of the data was already in the public domain. However, the key issues relating to the on-line survey concern the costs to respondents in terms of their time, the promotion of informed consent and safeguards concerning confidentiality. Accordingly, all potential respondents were sent information about the study, how the data would be used and the safeguards in place to ensure anonymity, confidentiality and the safety of the data once the study was completed.

METHODOLOGY

RESEARCH CAPACITY ASSESSMENT FRAMEWORK

In the context of the key characteristics of BME voluntary organisations discussed above, capacity can be understood as the ability of an organisation to meet its goals and achieve its overall mission. Given the legacy of BME VO organisational structure and limited resources, we sought to develop a research capacity assessment framework rooted in the challenges faced by the sub-sector, and the opportunities

available to it. The conceptual map underpinning this study is based on the external and internal factors that could potentially impact on the organisation's ability to perform, as illustrated in Figure 1. The internal environment of an organisation influences the extent to which the organisation uses its capacities to achieve its goals and perform at a high level, and it includes factors inside the organisation that make up what might be called the organisation's 'personality'. The dimensions of capacity in this context comprise the staffing, physical infrastructure, technology, financial resources, strategic leadership and programme and process management, as well as networks and linkages with other organisations; in our research framework (Fig1), this is referred to as the 'internal environment'. Of equal importance is the fact that an organisation's performance is influenced by the external environment in which it operates (Lusthaus *et al.*, 2002). The external operating environment includes the political environment, funding trends and the social and cultural context in which the organisation operates.

The core dimensions of the conceptual framework in this study therefore comprised the identified major aspects of the internal and external dimensions of BME VOs in Wales. As presented in Figure 1, these dimensions were placed within the context of the external environment, and then linked to four key areas underpinning a VO's internal environment: (i) the leadership, (ii) the culture of the VO, (iii) the structure of the organisation, (iv) the people or human resources within an organisation, including its partnership links.

In addition, in the development of the framework, three sets of research capacity indicators were developed to frame and shape our analysis. The indicators for research knowledge/expertise, the first set of indicators, include interaction with other researchers, external reports, newspaper articles, publications in scientific journals and in conference presentations, and the presence of identifiable bodies of research, evidence or quality champions. The second set of indicators focussed on generating research and included evidence of the number of studies commissioned, number of studies completed, number of researchers involved (both type and experience), number

of institutions involved in research and, lastly, level of funding for research activities. The last set of indicators was linked to disseminating research and includes the number of parties or groups involved, willingness to share information, testimonies from people about how the research was used, and the number of people involved in research who are formally identified with the organisation.

Using the research framework (Figure 1), an online questionnaire was designed, with ten questions linked to the management, structure, culture or people sections of the research framework. The questionnaire included space for free text responses aimed at giving respondents the opportunity to express their perceptions and opinions in their own words. The questionnaire was piloted with six organisations and adopted as per their recommendations. Questionnaires were sent by email to 15 VOs.

DATA COLLECTION AND ANALYSIS

Eight of the 15 selected BME organisations completed and returned the questionnaire, giving the study a 53% response rate. The questionnaire was designed, and the data analysed, using an online survey programme, [surveymonkey.com](https://www.surveymonkey.com). The data were also checked manually for errors, and to aid in the analysis of the free text responses. The data will be presented thematically in narrative form. However a table will also be utilised in one section for clarity and emphasis.

Conceptual Framework to assess a voluntary organisational capacity to do research.

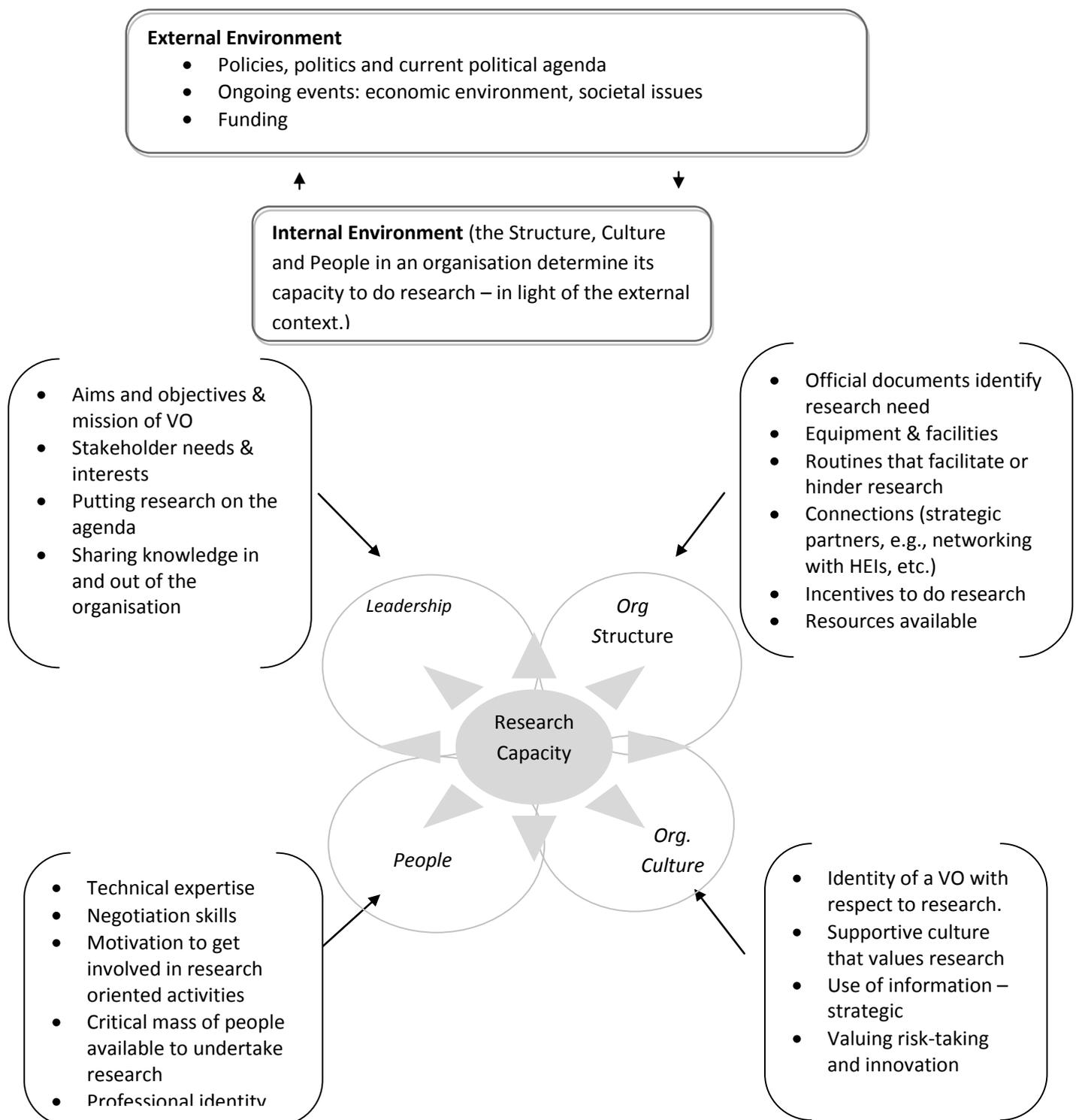


Figure 1 Organisational capacity to do research refers to the resources, knowledge and processes employed by the organisation. *External environment* refers to the context, which influences research activities in an organisation, e.g., funding. *Internal environment* refers to factors that influence the direction of the organisation, e.g., leadership and management style.

STUDY FINDINGS

THE VOs KEY AREAS OF RESEARCH ACTIVITIES

The work undertaken by the targeted VOs can be grouped into three broad areas: delivery of culturally sensitive services, empowerment and support, and the promotion of race equality and anti-racism. All of the organisations that participated in this study have mission statements that focus on improving the health and social care outcomes of BME people, including health (i.e., mental health, disability and chronic illness), social welfare (i.e., domestic violence and social exclusion) and the bespoke services offered (e.g., information, advocacy, mentoring, awareness raising, training and outreach). Thus, the majority of VOs have been established to address the specific needs of their constituents, to provide culturally sensitive services and to provide training and support to 'mainstream' service providers.

Second, underpinning the work of all the VOs was the need to promote race equality. The mission statements, manifestos and other related documentation revealed a high level of commitment to addressing racism and other societal discrimination (by status, gender or by physical or mental ability) faced by their constituents. What was also evident was the role that this anti-racism plays in shaping all their core activities, with issues of exclusion and discrimination often addressed in terms of empowerment and capacity. Two 'intermediary' or 'second tier' VOs worked specifically to address leadership and management skills, and the capacity of other VOs and community groups. The VOs also empowered the communities they serve by enabling service users to develop their own initiatives, and by providing a forum for mutual support, sharing expertise and experience. Three of the VOs worked specifically to empower and to engender the capacity of the minoritised groups and subgroups (e.g., children, women). The remaining two VOs worked specifically with practitioners, service managers and policy makers from a range of sectors, to raise their capacity to monitor and address racial discrimination.

THE VOs' CAPACITY TO UNDERTAKE RESEARCH AND RESEARCH RELATED ACTIVITIES

When asked if research activity was part of the organisation's key activities, all respondents except one indicated that it was. At least 75% of respondents said that they routinely read policy documents and wrote proposals, undertook research activities such as conducting surveys, facilitating focus groups and interviews, and that they produced evidence-based material. All respondents reported that their organisation was connected with, or had experience of working with, research active institutions (i.e., higher education, NHS and other third sector organisations), and 37% indicated that they worked collaboratively with researchers or academics on all their projects. The types of research activity undertaken when implementing routine activities in targeted voluntary organisations are summarised in Table 1.

Table 1: Research activities undertaken by VOs when implementing routine activities

Research activity	% respondents (n=8)		
	All the time	Sometimes	Not necessarily
Read policy documents	75.0	25.0	0.0
Literature review	50.0	50.0	0.0
Conduct surveys, focus groups, interviews	75.0	12.5	12.5
Write grant proposals to fund some of your activities	85.7	14.3	0.0
Produce evidence-based material	75.0	25.0	0.0
Work collaboratively with researchers or academics	37.5	50.0	12.5

When asked about the research-related education or experience available to the organisation, all respondents indicated that their organisation had staff or partners with research-related education or experience. The type of research experience available to the organisations is summarised in table 2.

Table 2: Research-related education or experience available to the VOs.

Research experience	% of respondents who said they had staff with experience
Formulating research questions	87.5% (7 respondents)
Conducting research in the field (focus groups interviews)	87.5% (7 respondents)
Commissioning research	87.5% (7 respondents)
Participating on research advisory/steering groups	75.0% (6 respondents)
Data analysis and interpretation	87.5% (7 respondents)
Disseminating research results (reports, conferences, etc.)	100.0% (8 respondents)
Training in research methods & approaches	50.0% (4 respondents)

In response to the question on the research activities conducted by the organisation between 2003 and 2008, all except one organisation indicated that they had applied for funding to conduct research. To gain more insight into the type of research and the complexity of the work, the respondents were asked to list the titles of the research projects undertaken. The studies listed included literature reviews, social-political studies, qualitative surveys and quantitative research projects. The areas examined included community participation integration, service needs and gaps, social care issues and the needs of family carers. The titles of projects also included scoping studies on BME health and healthcare needs, discrimination, equality and diversity issues, racism in schools and workplaces, forced marriages, female genital mutilation, human trafficking and prostitution.

The responses to the question on how the organisations conducted the funded research projects showed that about 60% of the surveyed organisations conducted their research within the organisation, while 25% commissioned all their research work and 50% conducted research in partnership with other organisations. One VO both commissioned and conducted studies. The majority of partnerships and/or collaborations involved only one research institution; in a few cases, however, up to 14

institutions were involved. The number of studies conducted by the individual VOs between 2003 and 2008 ranged from one to four, with the number of individual researchers involved ranging from one to six. On the issue of dissemination, all VOs except one indicated that their research findings were available from their offices or website, and the key methods of dissemination were listed as written reports, CD ROMS, conference/workshops presentations, online dissemination and journal articles.

IDENTIFIED ISSUES THAT MAY HINDER RESEARCH ACTIVITY

As shown in Table 3 below, all those who responded to this question indicated that “time constraints” and “expertise” in research formulation, design and execution, including access to statistical analysis packages and relevant journals, were among the major barriers to research in the third sector. Of those who completed this section (n = 6), 50% indicated that the lack of staff with research experience hindered research activity, with a slightly higher percentage of respondents (66%) indicating that not having the appropriate training or strategic partners also hindered research activity. One respondent included a comment in the answer, and stated that “most 3rd sector organisations lack the infrastructure to support research. They will not have automatic access to statistical packages (or) access to abstracts and journal articles.”

Table 3: Identified issues that may hinder VOs from conducting research

Issues that hinder research	% Yes	% No
Time constraints	100.0% (7)	0.0% (0) 7
Research knowledge, including research tools and statistical packages	100.0% (6)	0.0% (0) 6
Staff with research expertise	50.0% (3)	50.0% (3) 6
Appropriate training	66.7% (4)	33.3% (2) 6
Strategic partners	66.7% (4)	33.3% (2) 6
Other (please specify)	See comment above	

STRENGTHENING RESEARCH CAPACITY IN BME VOLUNTARY ORGANISATIONS

The final question was open, to allow respondents the opportunity to reflect on how best to strengthen their own, as well as the sector's, research capacity. The comments ranged from the need for editorial support, and advice on how to access funding and research training, to fostering university-voluntary sector research partnerships. Most respondents indicated that links with research active institutions would strengthen their capacity. As one respondent stated, one way in which to strengthen research capacity would be to foster a "closer partnership with academics and research departments, to enable us to carry out research with BME communities..." A related theme that emerged from the data was that partners from academic and other organisations could work to complement and strengthen the research capacity and expertise in the third sector. As one respondent stated, "close links with these academics and departments would also be a valuable way of hopefully training staff appropriately in the research field, and keeping them up to date with new types of software and data analysis." Linked to this was a focus on the problems associated with securing a partner with the required expertise, especially when funding is limited. As one respondent commented, "if the organisation lacks the means to analyse the data then the raw data remains unanalysed and unreported. One can buy in expertise but (the development of such an) infrastructure takes time and an inordinate amount of money."

The analysis of the responses to this question indicates that

1. Research is necessary in the implementation and success of the organisations' objectives and overall goals
2. Research requires dedicated staff and adequate funding
3. Partners from academic and other organisations can compliment research capacity and expertise in the third sector
4. It is important to have collaborating partners, and sometimes this is a pre-requisite requirement by funders
5. It is not always easy to find partners with the required expertise, especially when funding is limited

DISCUSSION

Although the sample number is small, the study provided a platform on which to test the research approach and framework, and also provided much needed preliminary data in this area, on which to base future research. Second, the research framework developed for this study proved to be a useful tool that can be used to test a VO capacity for research; such a framework could be used to support the VOs to assess and put in place dimensions that support best practice in research. Third, of all the dimensions detailed in the research framework, it is clear that more attention must be given in future studies to the organisational dimensions and the links between research, organisational culture and the wider, external drivers operating in the voluntary sector. For rooted in the fact that, faced with a limited and insecure funding base, pressures to conform to market-based and more formal and professionalized structures, for the VOs, the commissioning, conducting and disseminating of research is not only deemed necessary, but is also seen as a way in which to evidence capacity and their competitive edge. What needs to be explored in greater detail is whether this route to professionalism is both working and viable in the context of the current climate within the BME voluntary sector.

Fourth, in keeping with the identified characteristics of BME voluntary organisations (Ahmed and Webb-Johnson 1995, Gray 1999), all the VOs indicated that their main objective was to deliver specialist services that address the key concerns of their constituent groups, and to put in place opportunities that would foster empowerment and personal, corporate and community level capacity building. In addition, to deliver programmes of work aimed at sensitising statutory and public sector providers, and 'mainstream' voluntary sector organisations, to the needs of service users from BME backgrounds, and how best to meet these needs. Another important point to make is that the study indicates that the research capacity of this sub-sector is growing. Based on existing and emergent areas of work, feedback from constituent members and past experiences of conducting research, staff members within these organisations are not

only engaged in health and social research, but are also beginning to commission research that is being used, in turn, to underpin their services. What is evident is the growing research evidence being generated by the voluntary sector in the broad area of ethnicity, health and social research.

Finally, the study highlights the perceived need to strengthen research capacity within this sector, with stronger partnerships with universities and training opportunities considered to have priority. Most respondents believed that links with research active institutions would strengthen their capacity, and were aware that as partnerships and collaborations within or across sectors are increasingly a requirement of some funders, there is a growing need to access appropriate partners who can offer their time and skills to develop proposals. This scoping study has revealed a need to focus on research partnerships as a way in which to strengthen research capacity within the BME voluntary sector. Further research in the area of equitable partnership arrangements for the mutual benefit of academic researchers and other statutory bodies, and BME third sector organisations, needs to be undertaken.

REFERENCES

- Active Community Unit (2003) *Voluntary and Community Sector Infrastructure: A Consultation Document*, London: ACU publications.
- Ahmed, T. and Webb-Johnson, A. (1995) 'Voluntary groups', in Fernando, S. (ed.) *Mental Health in a Multi-ethnic Society*. London: Routledge.
- Atkin, K. (1996) 'An opportunity for change: voluntary sector provision in a mixed economy of care,' in Ahmed, W.I.U. and Atkin, K. (eds) *Race and Community Care*, Buckingham: Open University Press.
- Backer, T.E. (2001) 'Strengthening nonprofits: foundation initiatives for non-profit organizations', in De Vita, C.J. and Fleming, C. (eds.) *Building Capacity in Non-profit Organizations*. Washington D. C.: Urban Institute.
- Chouhan K. and Lusane C. (2004) *Black Voluntary and Community Sector Funding, Civic Engagement and Capacity-building*. Joseph Rowntree publications.

- Diamond, J. (2004) 'Local regeneration initiatives and capacity building: whose 'capacity' and 'building' for what?' *Community Development Journal*, **39**:177–189.
- Docherty, I., Goodlad, R. and Paddison, R. (2001) 'Civic culture, community and citizen participation in contrasting neighbourhoods', *Urban Studies*, **38**: 2225-2250.
- Gray, P. (1996) 'Voluntary organisations' perspective on mental health needs', in Bhugra, D. and Bahl, V. (eds) *Ethnicity: An Agenda for Mental Health*. London: Gaskell.
- Home Office (1999) *Strengthening the Black and Minority Ethnic Voluntary Sector Infrastructure: Report on a Consultation*. London: Home Office Active Community Unit.
- Iglehart, A.P. and Becerra, R.M. (1996) 'Social work and the Ethnic Agency: A history of neglect'. *Journal of Multicultural Social Work*, **4** (1) 1-20.
- Kemp, K., Pharoah, C., Romney-Alexander, D., and Smeardon, M. (1998) 'Voluntary sector and local authority partnerships', in Pharoah, C. and Smeardon M. (eds) *Dimensions of the Voluntary Sector: Key Facts, Figures, Analysis and Trends*. West Malling, Kent: Charities Aid Foundation.
- Lusthaus, C., Adrien, M.H., Anderson, G., Carden, F. and Montalvan G.P. (2002) *Organisational assessment: A framework for improving performance*. IDRC publications.
- National Council for Voluntary Organisations (NCVO) (2003) *Voluntary and Community Sector Infrastructure: A Model for the Future*. London: NCVO publications.
- National Statistics: Ethnicity and Religion (2001) Available at <http://www.statistics.gov.uk/census2001/profiles/commentaries/ethnicity.asp>.
- Phillips, M. (1997) 'Ipamo: An alternative to hospital for the African and Caribbean communities in Lambeth'. *The Mental Health Review*, **2(1)**: 18-21.
- Saltus, R., Hawthorn, K., Karani, G., Johnson, M., Kaur-Mann, K., Merrell, J., Olumide, J., Rance, J. and Williams, C. (2005) *Scoping Study to Explore the Feasibility of a Health and Social Care Research and Development Network covering Black and Minority Ethnic Groups in Wales*. Report for Wales Office of Research and Development (WORD).
- Wales Council for Voluntary Action (WCVA) (2008) *Analysis of the All Wales database of Voluntary Organisations in Wales by county based and county active*. Cardiff: WCVA publications.

Walker, R. and Ahmad, W.I.U. (1994) 'Windows of opportunity in rotting frames: care providers' perspectives on community care and Black communities'. *Critical Social Policy*, **40**: 46-69.

Welsh Assembly Government (WAG) (2008) *The Third Dimension. A Strategic Action Plan for the Voluntary Sector Scheme*. Cardiff: WAG publication, 2008.

Williams, C., Merrell, J., Rance, J., Olumide, G., Saltus, R., and Hawthorne, K. A. (2007) 'Critical reflection on the research priorities for improving the health and social care to black and minority ethnic groups in Wales.' *Diversity in Health and Social Care*, **4**:193-199.

Williams, F. (1993) 'Gender, Race and Class in British Welfare Policy', in Cochrane, A. and Clarke, J. (eds) *Comparing Welfare States*. West Malling, Kent: Charities Aid Foundation.

Yee, L. and Mussenden, B. (2000) *Best Value for Black Communities? Involving Black and Minority Ethnic Organisations in Community Care Contracting*, London: Race on the Agenda.

APPENDIX 1: Online Questionnaire

Mapping Research Capacity in BME Third Sector Organisations in Wales.

ABOUT WEDHS

The Wales Equality and Diversity in Health and Social Care Research and Support Service (WEDHS) is an all Wales research programme that was established in 2005 to promote race equality in health and social research. We are a group of academics, equalities agents, community development and other professionals who are passionate about increasing the quality and quantity of research with a focus on BME population groups in Wales.

THE BME THIRD SECTOR IN WALES

WEDHS recognises that the BME third sector has an increasingly important contribution to make to health, social care and well-being, especially its ability to involve and engage directly with citizens, service users and carers. We are therefore actively promoting and encouraging research to be done in the third sector in Wales.

ABOUT THIS STUDY

This is a short exploratory study to map the research activities of targeted sections of the third sector in Wales. We have designed a short questionnaire to help us identify current research capacity and best practice, and are also seeking to identify the specific issues and barriers faced by BME community and voluntary organisations working to make improvements in the health and welfare of BME groups in Wales.

Your responses will be completely anonymised in accordance with established ethics guidelines. Findings of the study will be shared with all those who have taken part. If you have questions about the questionnaire below, or would like to discuss your experiences and views by telephone or face-to-face, please contact Susanah Kimani on 01443 483881, or by email skimani@glam.ac.uk.

1. Please fill in the details of your organisation in the boxes below.

- Name of Organisation
- Contact details (optional)

2. In general what are your organisation's key areas of activity, e.g., the aims and objectives, etc.?

3. In implementing the organisation's key activities, do you or other staff members need to

All the time Sometimes Not necessarily

- read policy documents
- read published research reports (literature review)
- conduct surveys, focus groups, interviews
- write grant proposals to fund some of your activities
- produce evidence-based material
- work collaboratively with researchers or academics

4. Does your organisation have staff or partners who have research-related education or experiences?

YES No

5. If the answer to the question above is "yes" please select all applicable options on

type of research experience below, If "no", then go to Q6.

- Formulating research questions

- Conducting research in the field (focus groups, interviews)
- Commissioning research
- Participating in research advisory/steering groups
- Data analysis and interpretation
- Disseminating research results (reports, conferences, etc.)
- Training in research methods & approaches

6. Is your organisation connected or working with research active institutions (e.g., higher education, NHS and or other third-sector organisations)?

YES NO

7. Has your organisation applied for funding to conduct a piece of research in the past 5 years?

Yes No

If yes please state the title(s) of the project(s).

8. If your organisation has been research active in the last 5 years please tell us:

YES NO

- Whether the studies were externally commissioned or carried out by staff within the organisation. Or
- Conducted in partnership (e.g., with university, local authority, another third sector organisation).
- Number of studies completed.
- Number of individual researchers involved.
- Number of research institutions/partners involved in each project.
- Method of research dissemination (e.g., conference/workshop, reports, other publications, etc.).

- Whether research reports were archived/made available to service users (e.g., university or health promotion library).

9. Apart from funding, which of the issues listed below do you think may hinder your organisation from conducting research?

- Time constraints
- Research knowledge (including research tools and statistical packages)
- Staff with research expertise
- Appropriate training
- Strategic partners
- Other (please specify)

10. Finally, we would like to know your thoughts on how best to enhance your organisation's capacity to undertake research, or how best to enhance research capacity within the third sector in general. Your thoughts are important, so please enter your comments below.

