A shared vision for the future

of the BME voluntary & community sector

The aim of this document is to set out a long term shared vision for the BME voluntary and community sector. This document identifies areas of action that policymakers can take working in partnership with BME voluntary and community organisations to improve outcomes for BME communities.

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Produced by Voice4Change England

VOICE 4 CHANGE

A national voice for the Black and Minority Ethnic voluntary and community sector

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About Voice4Change England

Voice4Change England is a national support organisation for the Black and Minority Ethnic voluntary, community and social enterprise sector (BME VCS).

We are a leading voice in public policy to inform and influence practice that has a direct affect on the development, delivery and impact of BME voluntary and community organisations (VCOs). We support the sector to build its capacity and secure resources to meet the needs of vulnerable and excluded communities.

By engaging and consulting with a wide range of organisations at the national, regional and local level, we provide an informed, authentic voice which shapes policy and decision making. We also connect and develop BME VCOs so organisations can influence policy in their own right.

Our mission at Voice4Change England is to ensure public policy meets the needs of BME communities by valuing and supporting BME VCOs to challenge inequality and strengthen civil society.

Acknowledgements

Foreword

'A shared vision for the future of the BME VCS' is a contemporary narrative informed and shaped by an emerging consensus on the role, contribution and value of the Black and Minority Ethnic voluntary and community sector (BME VCS) including social enterprises in building a strong, diverse and healthy society.

We believe that this is the first time that a shared vision document for the future of the BME VCS has been produced. We have analysed findings from over a 100 survey respondents representing a cross section of the BME VCS and in-depth interview responses from thirteen leading figures working closely with or in the BME VCS. As a result, this publication sets out what the BME VCS can offer in helping the Government and other policymakers to tackle social, economic and environmental challenges facing Britain today.

This document presents nine policy areas that emerged as priorities for the BME VCS. We explore each by firstly outlining the current context, secondly by identifying actions for the BME VCS and policy makers and thirdly by setting out our vision for the future. Looking forward to the next five to ten years, our vision can only be achieved if our actions are prioritised and implemented by policymakers and the BME VCS. We call on policy makers to promote race equality, engage BME and other marginalised communities at all spatial levels, strengthen organisational support for frontline BME VCOs, recognise persisting discrimination and its long term cost, implement a robust Compact, and provide equitable access to funding. If Government wants to achieve its ambitions around Big Society it is essential that BME voluntary and community organisations (VCOs) are engaged, valued, strengthened and supported to ensure that disadvantaged BME communities are to be part of a 'Big inclusive Society'.

Voice4Change England is committed to achieving this vision and calls on the BME and wider VCS to join us and seize the opportunities we have identified for the sector to collaborate, to communicate and to celebrate its work. We are inviting pledges of support to the BME VCS and a Shared Vision on our website to strengthen our shared voice and raise awareness of the challenges and opportunities moving forward to ensure we achieve better outcomes for BME and other marginalised communities.

We urge the Government to listen and respond to a collective voice from the BME VCS and to engage in dialogue with the BME VCS to create an equal and fairer society for all.

Caryl Agard OBE, Chair   Vandna Gohil, Director

Summary

About the Black and Minority Ethnic voluntary and community sector (BME VCS)

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

The BME VCS calls on policy makers to:

1. Continue to have a distinct Race Equality Strategy to identify, prioritise and tackle the continuing inequalities and disadvantage experienced by BME communities.

2. Carry out rigorous and timely Equality Impact Assessments as required by equality law and ensure all further obligations under equality legislation are met at all spatial levels.

3. Explore ways of providing a strong national steer on equality and human rights objectives whilst allowing local authorities to be responsive to local needs.

4. Ensure aspirations to engage local people in decision making have resources for implementation and monitoring.

5. Recognise and strengthen the value of BME VCS infrastructure support organisations in identifying and meeting the needs of frontline BME VCOs. Organisational development support should be widely accessible, responsive and tailored.

6. Improve and agree Compact commitments that are succinct and achievable with clear expectations for the Government and the VCS. Strengthen the Compact as a tool to deliver fairness especially during the spending cuts.

7. Recognise the cost of discrimination vs. the costs of tackling discrimination.

8. Recognise social return on investment as well as value for money in procurement.

9. Ensure fair access to funding with transparency in funding processes and measure which organisations receive funding for which purposes. Funding allocations should be based on indicators of deprivation, disadvantage and poverty.

10. Support the involvement of BME VCOs and BME communities in the climate change agenda.

The following document provides a more detailed list with explanations of ways policymakers can help the BME VCS to support BME and other marginalised communities. It also gives details on what the sector itself plans to do.

About the BME VCS

"Since inequalities still exist in our society so there is a need for a sector that challenges that and seeks to address it through the services, the campaigning, the voice it puts forward. And I think that if the sector wasn't there…that voice would not be heard anywhere and it may be absorbed or diluted by other agendas." (Shared vision interviewee)

Is there a BME VCS?

There is no one definition of a BME voluntary and community organisation (VCO) or social enterprise. The BME voluntary and community sector (VCS) is a hugely diverse sector and whilst some organisations clearly fall into the BME VCS, such as those delivering services to a targeted community, others sit more on the periphery. For some, leadership and self-determination is a defining factor, for others it is the propensity to work not only with BME communities, but parts of the BME community suffering deprivation, exclusion and poverty. Some add it is not only who they work with but how they work with them. For others the BME VCS is not a separate sector but a crucial part of the wider VCS.

What is the role of the BME VCS?

The following is an exemplar list that emerged on the role of the BME VCS.

• To promote equality and human rights.
• To tackle exclusion, discrimination, injustice and poverty.
• To contribute to social economic and cultural development.
• To celebrate and value minority cultures.
• To champion the voice of BME communities.
• To support a right to self determination.
• To connect, engage and be accountable to communities.
• To create opportunities for voluntary action.
• To ensure civic participation and representation.
• To galvanise entrepreneurial spirit.
• To respond to the changing needs of BME communities.
• To meet the needs of groups that others label 'hard to reach'.
• To build confidence and capacity in communities through information, advice and guidance services.
• To influence Public Authorities to ensure they embed equality in their work.

What communities does the BME VCS support?

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

BME VCOs are often challenged on how representative they are of the communities they serve. Engaging communities is an essential part of the BME VCS' work. However no organisation can claim to be the only voice of a particular community and few have the mandate to do so. But the BME VCS can present to policy makers researched and evidenced needs, based on its experiences working with communities.

A challenge for the BME VCS moving forward is to ensure it is able to respond to changing population needs. Creating solidarities and sharing learning between different communities is essential to the future success of the BME VCS.

The role of BME VCS infrastructure

To support and strengthen the BME VCS, a strong BME infrastructure is required at all levels. BME infrastructure is essential to provide a coordinated voice for the sector. This requires a reach and understanding of communities who have faced disadvantage and discrimination. BME infrastructure organisations provide customised, specialist support to reach and meet the needs of BME VCOs.

Capacity building is not a generic skill that can be rolled out to meet the needs of all organisations. BME VCOs have specific challenges and capacity building needs. For instance, research by Shared Intelligence[1] into procurement and commissioning found that whilst BME VCOs shared many challenges with other small organisations they also had distinct concerns and support needs.

It is important that BME infrastructure organisations work with generic infrastructure providers to ensure BME VCOs can access the full range of support available. However it is also important to recognise that historically, generic support providers have not effectively engaged BME VCOs. Voice4Change England's Regional BME networks paper[2] found that generic VCS networks and infrastructure organisations have not had the resources, organisational capacity or reach to act as an effective or trusted voice for the BME VCS.

> *"In a society based on divisions, there needs to be specialist infrastructure. May it be supporting communities on housing issues, boy scouts, gender issues or BME issues."*
> (Shared vision interviewee)

1 Shared Intelligence, 2008, Evaluation of the National Programme for Third Sector Commissioning: Consultation with BME Third Sector Organisations
2 Voice4Change England, 2008, The Continuing Need for Government Support for the Black and Minority Ethnic Regional Voluntary and Community Sector Networks in England, A Voice4Change England position paper.

The current climate for the BME VCS

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

There are however opportunities. The focus on localism and the Big Society agenda will need to engage BME VCOs working with disadvantaged BME communities if they are to be successful. The drive to diversify public service providers will benefit from the innovation and reach of the BME VCS and the anticipated increase in BME social enterprises.

Three key opportunities for the BME VCS:

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

Communication: We need to work together to better develop a shared narrative on race equality. This should communicate the effects of persisting inequalities facing BME communities in areas such as education, health and the criminal justice system. Whilst BME communities are diverse, it is becoming more important to bring out commonalities and to take a wider view of equality.

Celebration: We need to celebrate our successes and share good practice to raise our profile on a self promoted and declared basis. It is important that we are able to better articulate what we do and the impact we have on excluded and vulnerable communities. We need to have more examples of our work and demonstrate our role and value in wider civil society.

"This next period requires building new solidarities, delivering really effective scrutiny of change, and being creative about the routes that we take to do so. I think the only way that we will start to create a narrative that is not about sectional interests but about a shared humanity and a shared story about how we want our society to be is through building alliances."
(Shared vision interviewee)

"I think that we need to look at the statistics of disadvantage and priorities have to be based on the extent of disadvantage that communities experience. The case must be that if BME communities experience disadvantage disproportionately, then whatever policy makers do, they have to make sure that it's a priority within their work and that is absolutely critical."
(Shared vision interviewee)

The context

The role of BME VCOs in tackling race inequality and racism remains crucial in a society where race and ethnicity remain linked to indicators of disadvantage. Although outcomes for some ethnic minorities in areas such as housing, education and employment have seen improvements others have seen limited progress and BME communities still face high levels of deprivation and discrimination.

Changing policy approaches to race have at times been hard for BME VCOs to negotiate and have sometimes risked marginalising race. The policy focus on community cohesion and related withdrawal of proposals on funding for single identity groups (Cohesion Guidance for Funders) have had a continuing negative impact on the BME VCS. There has been a withdrawal of support and funding with the result many organisations have closed.

The Single Equality Act 2010 and the wider single equality approach have the potential to tackle inequalities across the diversity of BME communities. However, there is also a concern that under the Single Equalities legislation ongoing race inequalities will not be sufficiently recognised or tackled.

The existing approaches to race equality are not fully inclusive. For instance, the needs of smaller minority communities such as francophone Africans, individuals of Thai heritage, and Gypsies and Travellers are being overlooked by policy makers. A north/south divide is being created with Government responses to race inequality not effectively engaging northern communities.

There is a concern that policymakers and the media use migration as a political issue to cover up scarcity of resources and opportunities created by inequality and poverty. For instance issues around a lack of social housing are often attributed to migration which drives racial tensions and damages community relations.

"And when you take away that layer (of BME VCOs) you effectively take away the notion of race equality because what you have done is relegate the people who are most marginalised to the margins of society without having that safety net that the BME VCS afforded."
(Shared vision interviewee)

What the BME VCS can do:

- Increase engagement with the wider equalities agenda whilst keeping our focus on challenging racism and persisting inequalities.

- Collaborate with other BME VCOs and wider equality groups to develop a shared narrative on race equality. This should communicate the effects of persisting inequalities facing BME communities in areas such as education, health and the criminal justice system. Whilst BME communities are diverse it is important to bring out commonalities and to take a wider view of equality.

- Use human rights approaches to strengthen work on race equality and become more familiar with human rights legislation.

- Make better use of existing evidence, including our own experience of working with communities, to argue for a continued focus on tackling race inequality and to challenge and strengthen policy and practice that fails to address needs.

- Articulate better our perspective on migration and challenge political and media scapegoating of migrants.

- Build a stronger relationship with the media to influence government's approach to race inequality.

"All I ask policy makers is that they do their jobs. That they deliver on their commitments that they have under the legislation to promote race equality. That would be a great start. I think if Equality Impact Assessments were to be taken seriously, and not just as an after thought or at the stage when the policy is already written on paper…it might lead people to think a bit more carefully about the direction of reform and how it needs to be more inclusive."
(Shared vision interviewee)

We call on policy makers to:

1. **Continue to have a distinct Race Equality Strategy to identify, prioritise and tackle the continuing inequalities and disadvantage experienced by BME communities.** This should respond to the evidence on continuing inequalities for BME communities and ensure the needs of smaller BME communities are included.

2. **Carry out rigorous and timely Equality Impact Assessments as required by equality law and ensure all further obligations under equality legislation are met at all spatial levels.**

3. **Ensure that the Single Equality approach does not dilute the need to tackle race inequalities, but allows better opportunities to tackle multiple discrimination.**

4. **Explore ways of providing a strong national steer on equality and human rights objectives whilst allowing local authorities to be responsive to local needs.** Whilst light touch bureaucracy can have benefits there is a need for national Government to hold public authorities to account.

5. **Help tackle racism against migrant communities** by recognising the importance of migrants in strengthening the economy and by addressing issues facing migrants such as: access to jobs, encouraging banks to support and create new businesses, and tackling discrimination in access to business opportunities.

Our shared vision for a more equal society

We want to see the impact of racism being widely recognised by policy makers, alongside the need to tackle inequalities. We envisage policymakers responding to the evidence on how different BME communities are affected. BME VCOs will speak more authoritatively on equality, developing synergies with other BME VCOs and wider equality organisations. We want BME communities to report better outcomes in all areas of life.

"We feel that a lot of BME organisations are well placed to deliver the services, they are very well in touch with the needs that need to be responded to and will be very flexible in terms of adapting the services to changing needs or to reach those people that wouldn't ordinarily be reached." (Shared vision interviewee)

The context

BME VCOs and social enterprises play a critical role in ensuring disadvantaged BME communities can access public services. They provide services that are in touch with service users, flexible to changing needs and reach people that others label 'hard to reach'. Their approach combines creativity, flexibility, commitment to service provision and an understanding of direct experiences of discrimination.

Despite cuts in funding, BME VCOs have experienced an increase in service demand and a need for new services such as unemployment counseling and job skills training[3]. There is a risk that public spending cuts will have a profound effect on deprived BME communities that rely on public services.

Often a false dichotomy is drawn between generic or specialist services. In reality both are needed to meet the needs of disadvantaged BME communities. We know that many generic services do not adequately meet the needs of diverse communities. BME VCOs have a key role to play by advocating for BME communities and transferring knowledge and good practice to generic service providers.

Some BME VCOs have secured public sector service delivery contracts, but many lose out to barriers in commissioning and procurement processes including limited understanding of the BME VCS and the communities it works with, institutional racism, perceived lack of trust amongst commissioners of BME VCOs, and lack of engagement with the early stages of the commissioning process[4]. Consortia bidding can help BME VCOs to bid for contracts but they can find they play a marginal role in consortia arrangements, receiving minimal resources and in effect being included only as an equality tick box exercise.

The growth of the personalisation agenda and a focus on user-led services has the potential to benefit BME communities and provide opportunities for BME VCOs. However, personal budgets could make it difficult for BME VCOs to achieve economies of scale and risk fragmenting support between those who will seize the opportunity to manage their own services and those who will need support.

"I think you would have to be touched by an issue in order to come up with a response that you think is appropriate, and you talk to the people, you know that young people will respond in this way or older people need this. It's not the run of the mill service that we're talking about". (Shared vision interviewee)

3 MiNet, 2009, The Economic Downturn and the Black, Asian and Minority Ethnic (BAME) Third Sector.
4 Shared Intelligence, 2008, Evaluation of the National Programme for Third Sector Commissioning: Consultation with BME Third Sector Organisations

What the BME VCS can do:

- Improve the evidence used to demonstrate the value we bring in delivering services to communities that others do not reach.

- Bring together and form consortia to deliver quality services to BME communities. Encourage larger BME VCOs and organisations in the wider VCS to subcontract to smaller VCOs. This will absorb some of the risk to smaller VCOs and provide monitoring and financial and legal support.

- Explore and invest in opportunities to work with others to deliver our services in different areas and/or to wider communities.

- Identify BME VCOs that have won public service contracts and share their success stories. Ensure BME VCOs are 'fit for purpose' before bidding for contracts.

- Identify practical examples/ models which demonstrate social return on investment.

- Increase awareness of the social enterprise and co-op models in the BME VCS including through role models.

Our shared vision for fair access to services

We see the BME VCS including small organisations being integral to public service provision to all communities and in particular to the most disadvantaged and marginalised. We will remain mission focused with the public service contracts we take on and act as effective advocates for BME communities so that generic services better meet the needs of these communities.

We picture better collaboration between the VCS, private sector and public sector. There will be recognition of BME VCOs as equal partners in consortia. We see partnerships between the sectors to bid for contracts and deliver services. Investment will be made in supporting the BME VCS to develop partnerships and join consortia.

We call on policy makers to:

1. **Recognise social return on investment as well as value for money in procurement.** An emphasis on value for money will lead to loss of funding for BME VCOs who are unable to achieve economies of scale but who deliver to parts of the community that others cannot reach. Competing for value for money contracts may lead to BME VCOs taking on contracts that are not deliverable in terms of organisational survival.

2. **Make payments in advance and assess the appropriateness of payment by results when the needs of vulnerable communities are being addressed.** Cash flow difficulties are being created for BME VCOs due to payment in arrears and the move to payment by results is seen to create huge challenges especially when working with vulnerable communities.

3. **Ensure flexibility in contracts to allow BME VCOs to respond to changing service user needs.** There is a risk that tenders can be too prescriptive preventing BME VCOs from responding to user needs.

4. **Ensure equality and Compact duties are an integral part of commissioning and procurement processes.** This should include recognising the value of delivering BME specific services and the requirement in Equality law to provide specialist services[5].

5. **Invest in support for BME VCOs and social enterprises to compete in commissioning and procurement processes.** Market building can be important to ensure that the needs of all communities are met. This could include ensuring organisations are contract ready by providing or funding support on, packaging and costing services, organisational policies, financial and management structures, IT structures, and risk management.

6. **Invest in building meaningful consortia and partnerships. When taking on consortia ensure** that the role of each consortia member is clearly defined and reward a track record of successful working with the breadth of the VCS.

7. **Open up opportunities for smaller providers** by breaking large contracts into smaller contracts or including subclauses allowing prime contractors to work with small providers.

5 Monaghan, K, 2008, An Independent Legal Analysis of the Compact Code of Good Practice on Relations with 'BME' Voluntary and Community Organisations, for the Commission for the Compact.

"I think you can have localism, but you can still have a strong steer from the centre as to what kind of outcomes you want to achieve, and what you expect in terms of basic process for engaging local people. But it seems to me it won't work unless you really do think through, how do you empower the citizen locally, and organisations." (Shared vision interviewee)

The context

Most BME VCOs work at a local level as marginalised communities come together to develop their own solutions to discrimination and disadvantage. The sector is well placed to identify local needs and support citizens to have a greater say in decision making.

To make localism successful there need to be checks and balances in place to ensure all citizens have equality of opportunity, including a strong steer from central Government. Without this there is a fear that a postcode lottery will be created for BME communities with some local authorities meeting equality and human rights requirements better than others.

Steps need to be taken to ensure that under localism and the Big Society agenda all communities can benefit and not just those with the loudest voices. There will need to be support, active out-reach and strategic direction to ensure marginalised communities are heard and can take part. Without a strong steer from central Government, there is concern over how decisions on unpopular but vital land use will be reached. For instance, Gypsy and Traveller sites can be very unpopular locally and without a central Government steer, this essential function to society may be compromised.

What the BME VCS can do:

- Advocate for measures from central government to monitor public service provision at local levels to ensure that localism and the Big Society agenda is inclusive of BME communities.

- Continue to support communities, informing them of the resources and support available under localism and the Big Society agenda. Communities must be empowered to participate in the design of local services

- Be clear about the needs we can meet and identify how we can play a role in achieving a Big inclusive Society.

- Collaborate more with staff from local generic infrastructure bodies to increase their understanding and reach to BME VCOs and the communities they serve.

- Respond to emerging opportunities to deliver multi-ethnic service provision for the whole community e.g. schools, day care centres for older people and youth provision.

- Increase specialist advice, information and guidance to help support BME communities to set up social enterprises and co-ops.

We call on policy makers to:

1. **Explore ways of providing a strong national steer on equality and human rights objectives whilst allowing local authorities to be responsive to local needs.** Whilst light touch bureaucracy can have benefits there is a need for national Government to hold Public Authorities to account.

2. **Ensure local decision making includes strategic mechanisms and clear processes for unpopular but essential land uses and other decisions. Councillors and local politicians are equipped to make strategic decisions on land use.** For example by providing training to ensure they understand the needs of Gypsies and Travellers and the issues they face.

3. **Fund BME VCOs to ensure marginalised communities are able to benefit from the localism agenda** for example the freeing up of state services.

Our shared vision for localism

We want to see BME VCOs fully taking on the opportunities that the localism and Big Society agenda offer to ensure that the needs of BME communities are met and public service provision is responsive to these needs. We envisage the BME VCS enabling an environment where BME communities are encouraged and empowered to run public services and establish social enterprises, co-ops and other forms of VCOs.

*"I would probably say that across the piece minority and BME communities have no real
 representation and it's the nature of being in a minority that drives that exclusion. It's majority
communities that dominate the agenda and minority communities, because they are minority
communities, never have sufficient civic voting power to achieve the influence they need."*
(Shared vision interviewee)

The context

**BME VCOs often work with communities that others do not reach and can help ensure
decision making is inclusive of the needs of BME communities. However BME communities
are under-represented at decision making tables across the board particularly at a local
level. Under-representation is particularly acute for groups including BME communities in
rural areas and suburbs and for Gypsies and Travellers.**

Limited grant and contract relationships can lead to limited access to decision makers. Inflexible
processes that do not recognise the need to do things differently, by, for example actively out-
reaching to BME communities or ensuring meetings are accessible, limit the involvement of BME
VCOs. In addition, many BME VCOs do not have a history of representation at a local level and are
assumed to be represented by generic organisations.

Personal barriers may also exist for BME community representatives including discrimination and
scrutiny levels, lack of a support group, media pressures, and negative responses in challenging
the status quo i.e. hostility from the BNP.

Lack of capacity can prevent BME VCOs from actively canvassing policymakers with ideas
and proposals and can mean BME VCOs find the number of consultations from Government
a challenge to respond to. Many BME VCOs feel their consultation responses do not impact the
final outcomes.

What the BME VCS can do:

• Explore different models of collaboration to provide a more powerful voice for the sector
  including at decision making tables and through joint consultation responses.

• Advocate for more capacity building on representation and leadership skills including
  through sharing good practice and mentoring inside and outside the BME VCS.

• Exploit social media options as a means for reaching and engaging communities and
  building networks.

• Promote citizens' rights and business case arguments as a means to ensure fair
  representation happens at the right time to inform policy and resource allocation.

We call on policy makers to:

1. **Ensure transparency and accountability.** Public authorities should be more transparent, accountable and willing to communicate their role and activities to marginalised communities.

2. **Take steps to engage with the diversity of the VCS in order to meet the needs of diverse communities.**

3. **Be proactive in seeking BME representation and use legislation to create policies or programmes to support people.** This could include making structures more accessible via mentoring, expenses payable and outreach to BME VCOs to bring them on board.

4. **Build on existing targeted programmes to make Parliament more representative.** For example by addressing the under representation of Gypsies and Travellers and ensuring schemes reach out beyond London.

5. **Ensure aspirations to engage local people in decision making have resources for implementation and monitoring.** This should address the need for organisational structural change rather than simply promoting opportunities to local communities. Equality and diversity should be built into engagement mechanisms and there should be checks and balances to ensure that the BME voice is not marginalised.

6. **Ensure that the current economic environment does not lead to cuts in forums and mechanisms of representation.**

7. **Ensure race equality and the role of BME VCOs is included in civil servants' training.**

8. **Work with BME VCOs to help increase the representation of BME communities on Government Boards, Panels ad Advisory Bodies.**

Our shared vision for fair representation

We want to see BME VCOs visible at all levels of decision making. Where they are not directly represented clear mechanisms for engagement will be built in and decision making structures made open and accountable. The shift to local decision making will create targeted programmes to reach and engage disadvantaged BME communities who feel they have a say in decisions that affect their lives.

❺ Supporting stronger organisational development

"I see a hub of BME organisations providing various capacity building support from voice to training in fundraising for example. A BME VCS consortium which bids for contracts. This will have to be an initiative of BME VCOs coming together. … a pool of organisations with different skills and thematic expertise. How we pool these activities is a challenge for all of us."
(Shared vision interviewee)

The context

The BME VCS is diverse and has a range of support needs. To meet these needs, infrastructure support providers need an approach that understand specific beneficiary needs, organisational culture and dynamics, different definitions of voluntary action, and appropriate organisational models including social enterprise.

An underdeveloped and fragmented approach in infrastructure support to BME VCOs persists. In particular there is a void in support for aspiring BME social enterprises at a local level. Limited capacity can prevent BME VCS support providers reaching frontline organisations particularly as there is a demand for intensive one to one support. They often do not have systems or processes in place to effectively cascade support and resources.

There is concern in the BME VCS that generic VCOs receive resources to provide support to the diversity of the VCS including BME VCOs, but are not transparent in demonstrating reach or tailoring of support. At times this may be because organisations are not confident in meeting different community needs. It is important that BME VCOs are able to influence funders and those delivering support. Demonstrating the needs of the BME VCS and the impact of organisations not receiving this support is also important.

There is an opportunity for better partnership working between infrastructure support organisations to ensure BME VCOs can access the full range of support available and to achieve efficiency savings. There is a risk that partnerships with generic infrastructure support providers may lead to the invisibility of the sector and the 'BME perspective'. To be successful the ethos of each organisations should match and the role of each partner clearly recognised. It may work best to separate back office functions from the role and voice of each organisation.

What the BME VCS can do:

• Seek ways to work with generic infrastructure support providers to ensure the needs of BME VCOs are meaningfully embedded in the design and delivery of their services.

• Explore partnership models with generic and BME infrastructure support providers that recognise the specialism's of both sectors whilst allowing frontline BME VCOs to access the full range of support available. Partnerships should recognise the expertise of all partners and have clear memorandums of understanding.

• Invest in training and support for the BME workforce to develop key competencies.

• Continue to provide support in areas including; developing and promoting business strategy; supporting premises needs of small groups; leadership; governance; mergers, partnerships and collaboration; fundraising and diversifying income.

• Develop a menu of options to maximize engagement and participation to include one to one coaching; in house working with all relevant staff; volunteers; trustees and peer learning.

• Raise our profile and better demonstrate our role and value with clear examples of our work and achievements.

• Explore options for longer term sustainability including collaboration, demonstration of impact and strengthening the workforce.

"A lot of the organisations we work with are being referred to us by other organisations that have been set up to deliver mainstream social enterprise support. You can only deal with a small percentage of need which means that there is whole lot of need that isn't being met by anybody... and there isn't a voice that is saying to anyone 'hey, the resources aren't being put to develop the sector" (Shared vision interviewee)

We call on policy makers to:

1. **Recognise and strengthen the value of BME VCS infrastructure support organisations** in identifying and meeting the needs of frontline BME VCOs in organisational development and making the available support accessible, responsive and tailored.

2. **Ensure a 'needs led' and coherent approach to infrastructure support provision** for BME VCOs operating at local levels including outreach and one to one support provision.

3. **Ensure that generic infrastructure support factors in the distinct challenges particularly facing grassroots BME VCOs.** Challenges include discrimination and disadvantage facing BME communities which makes it harder for individuals to establish formal organisational structures whilst struggling with their day jobs.

4. **Invest in building consortia, partnerships and collaboration models** within the BME VCS and between BME VCS and generic infrastructure support providers.

5. **Invest in the BME VCS to evidence its value and impact on society.**

6. **Invest in a coherent programme of organisational support provision for BME social enterprises** including support in governance, business strategy, innovation, marketing, financial management to include cash-flow projection and loan financing.

Our shared vision for organisational development

We envisage organisational development support to BME VCOs (including BME social enterprises) being increasingly coherent, responsive, accessible and tailored to meet their needs. BME VCOs will be strengthened by enhanced workforce competencies and leadership skills will grow. Partnerships, collaboration and mergers within and across the VCS will progress whilst equality between the organisations involved will be respected and the specialist needs of communities recognised.

We see the BME VCS fully demonstrating its value and impact, and evidencing good practice.
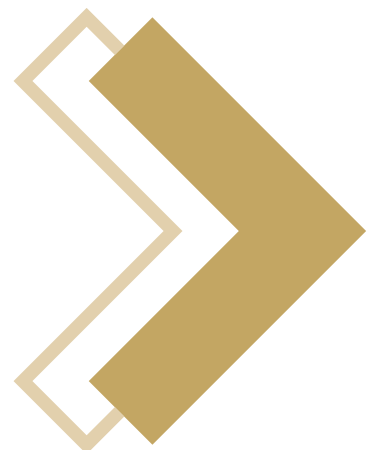
❻ Achieving a robust Compact

"If I am honest, I cannot recall too many BME frontline organisations and groups saying 'we have used the Compact to do this and we have used the Compact to do that' or 'our local authority has abided by the Compact and therefore this has been the outcome' and I think that this is worry for me." (Shared vision interviewee)

The context

The Compact has the potential to build better relationships between the BME VCS and Government and it is important that this is not lost against a background of spending cuts and localism.

Many BME VCOs remain unaware of the Compact and how it can be used to strengthen their relationships with public bodies. Marketing of the Compact has not effectively reached the frontline in part due to a lack of frontline workers to champion its use and promote its benefits. Where BME VCOs are aware of the Compact they have not always used it effectively in their negotiations with public bodies. This is partly due to a lack of resources during negotiation. Small BME VCOs cannot sustain themselves during the three to six months a dispute can take to be resolved..

BME VCOs felt that Government, including commissioners in public authorities, needed to improve their awareness of the Compact. This should be coupled with ensuring staff are better aware of the BME VCS.

A lack of legislation for the Compact is also seen to have resulted in a lack of compliance. This could be remedied by better linking the Compact to equality legislation. Additionally the Compact document needs to be simpler, shorter and easily accessible with realistic commitments for both the VCS and Government.

What the BME VCS can do:

• Increase awareness of the Compact as a model of good practice especially for frontline organisations.

• Advocate and implement the Compact and its commitments to ensure public bodies effectively engage and work with the sector.

• Learn from organisations that have effectively used the Compact to provide leadership by promoting the Compact and supporting others to use it.

We call on policy makers to:

1. **Agree Compact commitments that are succinct and achievable.** The Compact should be shorter so it is more accessible to Government and the VCS. Implementation Guides should also be short with clear expectations for each partner. They should recognise and raise awareness of the role and need of sub sectors within the VCS.

2. **Ensure Compact principles are linked to equality legislation.** This will help ensure the Compact 'has teeth' and that Government meets its equality commitments in its relationships with the VCS.

3. **Invest in implementing the Compact.** Without this the Compact will solely be a tool that people do not know how to use.

4. **Raise awareness of the Compact within Government and invest in infrastructure support organisations to raise awareness in the BME VCS.**

5. **Ensure the Compact is relevant to organisations beyond those delivering public services** for instance in terms of consultation and policy development.

6. **Support an Ombudsman role for implementing the Compact.** This should support BME VCOs with limited resources to challenge non compliance and provide redress for VCOs successfully challenging non compliance.

7. **Strengthen and improve commitment to the Compact** especially during the spending cuts as a tool to deliver fairness.

Our shared vision for the Compact

We see better collaboration between the VCS, private sector and public sector. There is a simpler, accessible and robust Compact framework which strengthens mutual trust, involvement and partnership working between the government and BME VCOs. Frontline BME VCOs will be better aware of the Compact and how to use it effectively to improve their relationships with public authorities.

7 Advocating for evidence based policy making

"I think the real issue is whether people are aware of what evidence is there, and secondly how it then can be marshaled and used in bringing about change."
(Shared vision interviewee)

The context

Evidence on the experiences of BME communities is comparatively good in the UK despite some key gaps including regional differences and the diversity within BME communities such as experiences of Lesbian, Gay, Bisexual and Transgender (LGBT) individuals. Although the evidence could be improved the key issue is how existing evidence is shared, understood and acted upon. Researchers and policy makers need to be able to critically analyse existing evidence and relate it to the social and political context.

Evidence on the size and scale of the BME VCS itself is patchy. Whilst a number of organisations hold some data on the BME VCS including social enterprises, no one organisation holds a dataset that is considered representative of the whole sector. Limited resources in the sector mean that this data would be difficult to compile. This limited data can be a barrier to the sector effectively demonstrating its value, particularly in economic terms.

Another way for the sector to demonstrate its impact is through evaluation of its work. The shift towards an outcomes approach provides opportunities for BME VCOs to demonstrate the changes they make but this can be costly and challenging especially when working with disadvantaged communities. Measuring softer outcomes can be particularly challenging. For instance, supporting an ex-offender into paid work can be 'counted' but it is much harder to measure the journey travelled to achieve this result.
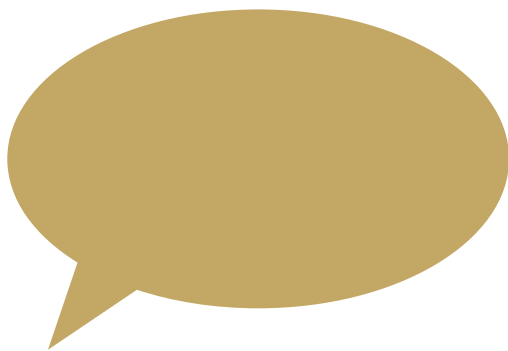
What the BME VCS can do:

- Maximise research on the impact of racism on minority groups for the needs of emerging minority groups and disseminate this widely.

- Develop closer working relationships with independent trusts and research bodies to help fill gaps in evidence for BME communities.

- Forge closer relationships with academics working on race and ethnicity to ensure ownership and benefit for the communities involved.

- Explore social action research methods so that communities are engaged in the research and capacity is built in BME communities and with community activists to undertake research themselves.

- Provide more examples that demonstrate the benefit of our work for service users, volunteers and trustees using different methods including visual, social media, websites, factsheets, peer visits, and narratives.

- Share evaluation of 'what works' for learning and inspiring others on a self declared self promoting basis. This can include collecting and sharing good practice case studies and recognising leaders and organisations reaching high standards.

We call on policy makers to:

1. **Recognise the cost of discrimination vs. the costs of tackling discrimination.** Value for money and cost analysis should take into account the costs of not providing a service to different communities over the long term as well as any shorter term savings that could be made.

2. **Ensure policy making and the design and delivery of services is informed by recent data on the diversity of communities and how this is changing over time.**

3. **Value different types of data.** As well as data from bigger academic institutions, include types of qualitative data and evidence from communities and activists using social research methods.

4. **Ensure that policymaking is evidence based and does not rely on a partial view of the evidence.** Policymakers should use the knowledge and experience of frontline and grassroots organisations to ensure decisions made at a strategic level are better connected with the needs of communities.

5. **Ensure effective monitoring of the needs of chronically excluded groups such as Gypsies and Travellers.** This may involve outreach with communities and a need to create a safe environment where people are not afraid to disclose their identity for fear of discrimination.

6. **Provide funded organisations with resources for effective evaluation and ensure that agreed outcomes are proportionate within the time and resources available.** This should take into account that achieving outcomes for disadvantaged communities can be challenging and long term.

Our shared vision for evidence based policy making

The existing evidence on BME communities and BME VCOs will be utilised by the government and wider stakeholders in developing policies and action plans to promote race equality. Robust data on the scale and scope of the BME VCS and its contribution and impact will be centrally located and supported by the government. We see BME VCOs embedding evaluation into their work and disseminating findings to share good practice and better inform advocacy on behalf of BME communities.
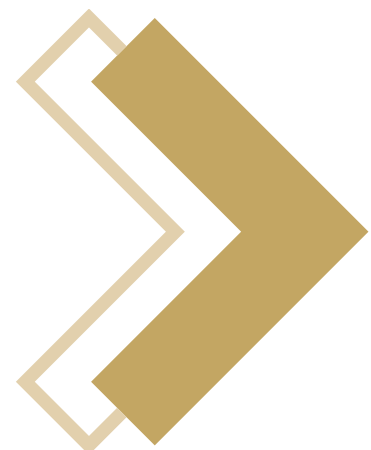
"We don't want any favours or neptoism. We want equity, we want to be treated at the same level as other organisations are treated for. This is level playing field where our ethos is respected." (Shared vision interviewee)

The context

Lack of income has long been an issue for the BME VCS with few organisations able to secure longer term funding. The resulting low level of funding makes it hard to build up reserves. Of the 17,000 organisations that make up the BME voluntary and community sector (VCS), 53% receive their funding from statutory sources[6]. Combined with the low level of funding there is a fear that BME VCOs will suffer disproportionately from public spending cuts. In addition rejected proposals against 'single group' or specialist funding continue to have a negative impact on the sector.

Traditionally many BME VCOs have relied on grant funding. This remains an essential part of the funding mix and can help kick start social enterprises. Others have looked at ways to diversify. Social investment and the Big Society Bank could benefit parts of the BME VCS, especially those with good business models and a higher level of growth. Past experience tells us to expect barriers for the sector including access to finance, lack of collateral amongst BME social enterprises, and the risky nature of innovation with marginalised communities.

In terms of corporate giving it can be hard to attract sponsors to invest in issues such as anti discrimination work and race equality. At a national level a lack of donor relationship with individuals has been a limiting factor for some BME VCOs. There is a careful balance to be drawn between exploring individual giving and avoiding putting a burden of income generation on deprived communities.

What the BME VCS can do:

• Become more enterprising to reduce reliance on Government funding and build longer term sustainability and increase independence.

• Increase collaboration within the BME VCS and consider the option of mergers.

• Promote different methods to provide support to frontline BME VCOs including toolkits and guides, networking opportunities especially for emerging BME social entrepreneurs, mentoring and advice by successful BME social enterprises and VCOs, good practice examples, and legal representation for when inequalities occur.

• Increase funding advice, information, guidance and support tailored to frontline BME VCOs particularly around full cost recovery and beyond, business development strategy and promotion, governance, communication, and winning contracts.

6 Bridge the Gap: What is known about the BME Third Sector in England, 2007, Voice4Change England

We call on policy makers to:

1. **Continue to provide grant funding.** Light touch grants programmes should be retained for community based organisations. Grants are an important way to support communities and respond to need.

2. **Ensure fair access to funding.** Government should ensure transparency in funding processes and measure which organisations receive funding for which purposes. By reducing unnecessary paperwork and ensuring monitoring and evaluation is proportionate to the level and type of funding, Government can ensure that small organisations are able to access funding.

3. **Ensure funding reaches the communities that need it.** Funding allocations should be based on indicators of deprivation, disadvantage and poverty. The ability of organisations to reach different communities should be understood and Government should consider targeted funding where open programmes have not been able to reach a range of organisations.

4. **Value and invest in the BME VCS and other specialist organisations.** Government should recognise the value and legal opportunity to deliver BME specific services and support their continued role at all spatial levels.

5. **Ensure BME VCOs can benefit from the Big Society Bank.** Those administering Big Society Bank funds should have an understanding of the role and value of the BME VCS and there should be transparent application and assessment processes. The Big Society Bank should include a range of products to meet different needs. This would include funds that BME social enterprises can use as collateral to look more attractive to investors. Competitive loan interest and overdraft rates should also be considered.

6. **Provide leadership on corporate giving.** By setting targets for bank profits and dormant accounts as called for in the Black Manifesto[7]: 1% of bank profits and 10% of dormant accounts should be invested in poor communities.

7. **Invest in BME VCS infrastructure support organisations at all spatial levels** to continue to support, mentor, advise and provide training to frontline BME VCOs.

Our shared vision for fair access to funding

We envisage larger and more established BME VCOs diversifying their income to include a mix of social investment, individual and corporate giving, income generation, and monies from trusts and independent funders. Community based BME VCOs will be able to access light touch grants programmes with funders recognising and investing in the value of specialist BME VCOs.

7 http://raceequalitypolicy.co.uk/inner_lf.php?sid=24&sub=3

⑨ Tackling climate change and race inequality

"It's not something I think our sector…can ignore, because we're working with vulnerable and disadvantaged communities and we need to make those connections between sustainability… and actually ensuring that we have practices that actually don't exploit communities around the world, that in a way are part of our local communities". (Shared vision interviewee)

The context

Increasingly VCOs are taking steps to tackle climate change both in their own organisations and through mobilising communities. Despite some exemplar organisations and a number of environmentally focused BME social enterprises, BME VCOs have not been part of this green movement.

Lack of resources and the need to prioritise core work and organisational survival have been key barriers to BME VCOs in advancing actions to tackle climate change. Similarly it can be difficult for the disadvantaged and marginalised communities they support to engage in the climate change agenda. Many BME VCOs do not feel any ownership of the climate change agenda which is compounded by perceptions that BME communities are not involved or interested in climate change.

BME VCOs have a key role in making the links between climate change and poverty and deprivation and in supporting disadvantaged communities to engage in the climate change agenda. The BME VCS is also needed to ensure BME communities can benefit from the social and economic benefits of the climate change agenda including low-cost public transport and the creation of new green jobs.

What the BME VCS can do:

• Join organisations leading on climate change to enhance our knowledge of the issues and establish links between race equality and sustainability, using the triple bottom line of economic, social and environmental performance to measure our organisational performance.

• Advocate for more information and increasingly tailored information and resources, such as those under Every Action Counts[8], and facilitate mentoring with good practice organisations and experts.

• Work across all sectors to tackle the cultural disconnect between climate change and BME communities. This should challenge the perception that BME communities are not interested in climate change and instead consider why messages have not successfully reached different communities.

• Develop better international links to share knowledge and expertise around climate change issues and their impact.

8 See Every Action Counts website: http://www.justact.org.uk/

We call on policy makers to:

1. **Support the involvement of BME VCOs and BME communities in responding to the challenges of climate change.** Provide funding for partnerships between environmental organisations and BME VCOs and invest in organisations that demonstrate their engagement with BME communities on climate change issues.

2. **Support research on the impact of climate change and race equality.** There is a lack of work on the impact of climate change and race equality which is surprising given the disproportionate impact of climate change on BME communities globally.

3. **Funders should consider including steps to tackle climate change as a funding requirement and ensure they provide sufficient resources to achieve this.** For example by ensuring costs allow for using environmentally friendly products and requiring environmental policies or attendance on a climate change training programme. This should be proportionate to the size of organisation and scale of funding.

Our shared vision for tackling climate change and race inequality

The BME VCS will increasingly contribute to the climate change movement by involving and supporting BME communities to understand the challenges ahead and take action in reducing their carbon emissions. In its advocacy role, we see the BME VCS making critical links between promoting race equality and the sustainability agenda. BME VCOs will incorporate principles of supporting climate change in their mission and values to support a sustainable society.

Purpose

The aim of this document is to set out a long term shared vision for the BME VCS. This document identifies areas for action that policymakers can take working in partnership with BME VCOs including social enterprises to improve outcomes for BME communities.

Methodology

In the first consultation stage, between March and April 2010, Voice4Change England ran an online survey with the BME VCS asking a series of questions to draw out the sector's views on the following:

- *What are the key barriers facing BME VCOs?*
- *What should the government and other stakeholders do to remove these barriers?*
- *What are the key shared principles for the BME VCS?*
- *What should be the priority policy areas for the new government and other stakeholders to support BME communities and the BME VCS?*

We received over 100 responses from a cross section of the BME VCS including infrastructure support organisations, social enterprises, unincorporated community groups and training organisations, representing a range of people including, faith communities, Gypsies and Travellers, LGBT individuals, refugees, older people, younger people and women.

In the second consultation stage we held in depth semi-structured interviews with thirteen leading figures working in or closely with the BME VCS. The interviews built on the survey responses and explored the priority themes resulting from the data gathered at the survey stage to inform and shape this final document.

Pledge your support

To help us achieve a Shared vision, Voice4Change England are calling on the BME and wider VCS to join us and seize the opportunities we have identified for the sector to collaborate, communicate and celebrate its work. Pledge your support for the BME VCS and help us strengthen our collective voice. By signing this pledge, you are raising awareness of the challenges and opportunities facing the BME VCS as they face the future and strive to bring about better outcomes for BME and disadvantaged communities.

You can pledge your support to the BME VCS and the Shared Vision on our website: http://www.voice4change-england.co.uk/shared-vision.html

A shared vision for the future of the BME VCS

We want to see a **strong, resilient, sustainable and responsive BME VCS at all spatial levels,** including BME social enterprises. It will have an increasingly critical edge in **challenging inequality** and **strengthening civil society.** By developing a strong narrative on the importance of **promoting race equality, solidarities** will be created across all communities. Our voice will be valued by policy makers and will influence public policy at all spatial levels to better meet the needs of BME and other marginalised communities.

We want to see the **impact of racism** and the need to tackle inequalities widely **recognised.** We see BME VCOs speaking authoritatively on **equality in broader terms,** and developing synergies within the BME VCS and across wider equality organisations.

We want to see existing evidence on BME communities and BME VCOs utilised by the government and others to **develop policies and action plans to promote race equality.**

We imagine the BME VCS including small organisations as **integral to public service delivery** to all communities and in particular to the most disadvantaged and marginalised. The shift to local decision making will create **targeted programmes to reach and engage disadvantaged BME communities** who feel they have a say in decisions that affect their lives.

We picture **organisational development support** to BME VCOs including social enterprises that is **coherent, responsive, accessible and tailored** to meet their needs.

We see ourselves effectively demonstrating our **value** and **impact** and evidencing good practice.

We see **better collaboration** between the VCS, private sector and public sector. There is a **simpler, accessible and robust Compact** framework which strengthens mutual trust, involvement and partnership working between the government and BME VCOs.

We aspire to larger and more established BME VCOs **diversifying** their **income** and community based BME VCOs that can access light touch **grants programmes.** We want to see funders recognise and invest in our value.

In our advocacy role, we want to see BME VCOs making critical links between promoting race equality and environmental sustainability and in **tackling threats to our climate.**