

Rights & Responsibilities: Developing Options for Effective BME Engagement

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The regional leader for
developing economic prosperity

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INTRODUCTION

Advantage West Midlands, the Regional Development Agency for the West Midlands, has a vision for transforming the West Midlands into a world class region by 2010. This is a demanding vision that recognises particular challenges associated with economic exclusion and changing demographic conditions. Levels of economic exclusion are disproportionately high amongst Black and minority ethnic (BME) communities, aggravated by the fact that a high proportion of the ethnic minority population live in the most deprived local authority districts. With a growing BME population, it is a social, economic and political imperative that regeneration and neighbourhood renewal activity is designed, managed and delivered in a manner that assures its positive impact across all BME communities, closing the gap between them and the wider West Midlands population. Advantage West Midlands (AWM) cannot turn around a legacy of social and economic exclusion on its own. It needs to work with partners in the public, private and voluntary sectors and to ensure that it fully engages BME communities across the region.

The principle of engaging communities is firmly embedded into regeneration and neighbourhood renewal. However, much more work is needed in order to achieve effective community engagement in practice especially with regard to BME communities. In partnership with Government Office for the West Midlands, Embrace West Midlands and Regional Action West Midlands, AWM commissioned a consultation and development process that would result in a set of options for improving the engagement of the BME voluntary and community sector in regeneration activity across the 7 neighbourhood renewal areas.

CONTEXT

Rights and Responsibilities

The theme Rights and Responsibilities has been adopted in acknowledgement that any effective partnership working is built upon members signing up to shared objectives and respecting one another's rights and responsibilities. These principles also apply in pursuing the effective engagement of BME communities. Current Government policy is advocating improving quality of life and increasing voluntary and community sector involvement in service delivery. This effectively gives the sector rights to engage with public sector service providers whilst simultaneously underlining its responsibilities for improving service delivery to deprived and excluded communities. The BME voluntary and community sector has a critical role to play in these new delivery arrangements but it is essential that it is not over-burdened with responsibilities that rightfully belong elsewhere. Conversely it is also essential that it is not marginalised and left on the extremities of mainstream service delivery. The challenge is therefore to strike the right balance between the sector's rights and its responsibilities and in turn with those due to/from public sector agencies and regeneration partnerships.

Delivering race equality

Racial inequality is prevalent across the region - in 2002/2003 unemployment amongst BME communities in the West Midlands was 14.5% compared to 5% for White communities. On the basis of national trends, further inequalities exist in housing, education, earnings, health and living conditions. Through the Race Relations

(Amendment) Act 2000, it is now incumbent on listed public authorities to promote race equality. It is their duty to have regard to the need to –

1. eliminate unlawful racial discrimination;
2. promote equality of opportunity; and
3. promote good relations between persons of different racial groups

Institutions and partnerships may be at different stages in the journey to race equality but this is a lesser concern than the strength of their commitment to this goal. A genuine commitment to delivering race equality and achieving race equality outcomes is fundamental to engaging BME communities. It needs to be the common objective driving and maintaining BME community engagement. It sets the tone for productive working relationships, improving quality of life for all and reducing differences between communities in the region.

Community engagement

For the purpose of this commission, engagement is an inclusive term covering –

- beneficiaries of the programme and users of service
- consultees and representatives of local opinion
- a source of general community activity
- a source of delivery for regeneration programmes
- partners in regeneration

The reasons why the principles of community engagement are attracting so much support through government policy reflect lessons from past regeneration programmes and the detrimental consequences of failing to engage the communities to which they are targeted. Redressing this has been a thrust of public policy with attributes of community engagement being cited as –

1. Involvement is people's right
2. Involvement overcomes alienation and exclusion
3. Involvement makes the community stronger in itself
4. Involvement maximises the effectiveness of services and resources
5. Involvement helps 'join-up' different contributions to development
6. Involvement helps sustainability

Valid as these may be, the motivation for VCOs to engage with public institutions and partnerships is likely to be driven by –

- how they can benefit directly eg access to resources, influence and decision-making; and

- how their defined communities (geographic or interest) will benefit as a consequence of their engagement.

Both these drivers require VCOs to make judgements – judgements informed by experience, perceptions, aspirations, expectations, relative priorities and capacity. If they are not confident that their engagement will advance the achievement of either of these objectives then they will be disinclined to invest time and energy in engagement processes.

It is apparent that current levels of BME engagement across the region are a matter of concern to institutions and partnerships. Similarly it is a matter of concern that past efforts to achieve these goals (eg through the Black Regeneration Network and Embrace West Midlands) have floundered. Other work is underway to enumerate lessons form the BRN experience but one message from that experience is that interventions that target BME communities without addressing issues within public institutions and partnerships are unlikely to succeed. Effective BME engagement is akin to effective partnership working in that it requires clarity of purpose and for all partners to examine what they want from the relationship, what they are prepared to contribute to it, their expectations of their fellow partners and the validity of those expectations and most of all how they will collectively achieve the partnership goals. Integral to this is creating an environment in which BME VCOs are motivated and empowered to engage.

CONSULTATION FINDINGS

Approach

A problem solving approach was adopted for the consultation. Through this public, voluntary and community sector stakeholders across the region were invited to comment upon their experiences and perceptions of barriers to effective BME voluntary and community sector engagement. The feedback obtained has been analysed and structured under 7 headings –

- Vision
- Cultural change
- Leadership
- Strategy
- Structure
- Capacity
- Information

Vision

Effective BME engagement benefits the region as a whole. It is a medium for delivering improved services, reducing social and economic exclusion and building stronger communities. In spite of both the benefits that effective BME engagement can bring and institutions promoting a commitment to achieving it, currently there are no published visions for BME engagement and no benchmarks against which progress could be

measured. The consultation process identified a number of indicators that respondents believe would characterise effective engagement -

- Equal access to influence and power
- To be treated fairly and with respect
- Proportionate representation on partnership boards
- ‘Proper’ access to funding
- To be valued
- BME providers delivering projects and services
- More people from BME communities using public/regeneration services
- More people from BME communities involved with regeneration/neighbourhood renewal partnerships and activity

To complement regional visions published by AWM and West Midlands Regional Concordat, it is fitting that a common vision for BME engagement is developed at a regional level, mainstreamed into regeneration and neighbourhood renewal activity at partnership level with regular monitoring of progress towards its achievement.

Cultural change

Values, attitudes and behaviour communicate more about institutions’ commitment to race equality than may or may not be communicated verbally or in writing. Respondents report challenges for institutional culture on two fronts –

- partnership working is complex especially where there is an uneven distribution of ‘power’; and
- the possibility of institutions (and the partnerships in which they are members) having a history of poor performance on race equality.

During the consultations, some concern was expressed at partnership level about the prevalence of a ‘default’ culture characterised by programme delivery within tight timescales and limited discretion for local flexibility. Amongst BME communities the perception was that organisational culture does constitute a constraint and that there is an inconsistency between the strength of messages promoting race equality and cultural change required to deliver it. The challenges for institutions and regeneration partnerships are to review their own values, attitudes and behaviours in order to assess the extent to which they enable or constrain delivery of race equality and effective BME engagement. They need to win BME communities’ confidence that whilst their words are communicating one message, their attitudes, values and beliefs are not communicating a contradictory message.

Leadership

In the context of delivering race equality, the leadership role is a pivotal one as it embraces championing, strategy formulation, developing priorities, allocating resources, monitoring implementation and evaluating impact. The Government believes that public

sector authorities have a special responsibility as employers, policy makers and service providers to deliver race equality. They should set the pace on race equality and lead by example.¹ The extent to which this is happening and the way that it is being delivered varies tremendously across the region and across partnerships. It may be feasible for all agencies and partnerships to take a lead on race equality but there is a clear case for co-ordinated action that minimises duplication and avoids fragmentation.

At a community level, there is also a strong case for revisiting the concept of leadership and creating the conditions for BME communities to be directly engaged in partnership activity rather represented by a third party. Notions of the community leader are fast becoming outdated as a wider body of individuals and organisations take up an advocacy role on a thematic basis rather than a community of interest basis. Through the nurturing of thematic leadership that encourages the growth of specialist subject knowledge and skills in advocacy, negotiating and community accountability, partnerships will benefit from –

- more informed BME engagement;
- wider BME engagement;
- more sustainable BME engagement;
- minimising the risk of ‘burn out previously associated with ‘community leaders’; and
- capacity building and empowering the sector.

Strategy

Responses in the consultation highlight the absence of a strategic approach to BME engagement. Again they acknowledge the publicly stated commitment to race equality and BME engagement but question what strategies are being implemented to deliver these public commitments. Target setting is an emotive issue, but without targets judgements of actual performance achieved will be unsubstantiated. Global outcome targets that are intended to serve all sections of the region’s community may unwittingly discriminate against BME communities if partnerships believe it to be easier and more cost-effective to hit the target by focusing on non-BME communities. An expression of regional BME outcome targets (eg based on achieving parity) is a means of acknowledging the greater levels of social and economic exclusion within BME communities and providing a clear focus for directing regeneration strategies and activity at sub-regional and local levels.

It is evident that progress is being made with wider community engagement and this may be due to the fact that partnerships are beginning to produce community engagement strategies that set out how they propose to engage with their respective communities. Not all partnerships are required to produce community engagement strategies and amongst those that have done so, there is variability in structure and content and little evidence of explicit recognition being given to BME communities. The ‘colour-blind’ approach that fails to differentiate between sections of the local community undermines the partnership’s commitment to race equality and engaging

¹ Home Office, Race Relations (Amendment) Act 2000, New Laws for a Successful Multi-Racial Britain, Proposals for Implementation, 2001

BME communities. Nonetheless, this is not a call for partnerships to develop targeted BME Community Engagement strategies but rather for general community engagement strategies to be strengthened so that they acknowledge the distinct needs of BME communities and propose targeted actions that will foster their engagement.

Structure

There is a complex web of engagement structures extending from neighbourhood level to regional level. Despite many of these structures being open to all communities and organisations within those communities, respondents from regeneration partnerships and BME communities make reference to participation being concentrated within a small number of people. The process of engaging with regeneration partnerships is a costly one in terms of time and finance. Many organisations in the BME voluntary and community sector are small and have difficulty meeting these costs. The option for BME communities to be represented in partnership processes by third parties has not always proved to be successful, more so where the third party organisation is not from within the BME voluntary and community sector or the particular BME community seeking engagement.

Representation is just one of the functions ascribed to infrastructure support organisations ie voluntary sector organisations that provide support services to other voluntary sector organisations. Other functions include providing an interface between the sector and public institutions, undertaking policy analysis, research and development and capacity building. The Single Regeneration Budget Round 3 programme managed by the Black Regeneration Network (BRN) provided infrastructure support for BME-led organisations within the West Midlands county. Programme activities included developing local network structures, delivering capacity building and providing access to information and policy making arenas. Its demise in 2002 left a void that has not been filled by any other sub-regional infrastructure support organisation. Embrace, the regional network for the BME-led voluntary sector, had a strategic focus which it did not want to risk undermining by absorbing the operational functions vacated by BRN and pragmatically it did not have the resources to expand its activities into these functions. Consequently, at best BRN's demise resulted in a re-distribution of support functions across generic and specialist infrastructure support organisations and at worst left BME needs unmet. In an environment that acknowledges acute needs within BME communities and prioritises community engagement, there is a continuing need for infrastructure support targeting BME communities, creating opportunities for their engagement and empowering them to do so.

Continuing the theme of Rights and Responsibilities, BME voluntary and community sector organisations have rights to access support from generic infrastructure support organisations. The rationale that excuses generic organisations from their responsibility to serve all communities on the basis that BME communities have a preference for obtaining support from BME infrastructure support organisations has not been proven through the consultation. On the contrary, BME organisations want to be able to access high quality services regardless of the sources. Improving the structure and provision of infrastructure support functions therefore depends upon improving accessibility to services available in the wider voluntary and community sector and identifying the distinct value that specialist infrastructure support provides over and above this.

Regeneration partnerships have a key role to play in embedding structures that promote BME engagement. Dedicated structures in partnerships and staffing arrangements offer a means of accessing expertise and providing specialist services but too often these structures are resourced by BME personnel who ultimately end up being marginalised from other activity within the partnership programme. Partnerships cannot afford to marginalise BME engagement whether that is within their own structures or within BME communities.

Capacity

BME communities' experience of capacity building is of programmes that aim to develop skills in organisation and management, business planning, project development and fund-raising. These are all necessary but focus attention just on developing the organisation, not on enhancing the funder's knowledge and understanding of specific issues or building the relationship between the funder and the organisation. The introduction of Regional Centres of Excellence is a testimony to the fact that across all stakeholders there is a need to improve skills and knowledge to deliver sustainable regeneration. Partnerships need to develop better understanding of their BME communities in order to improve the productivity of their working relationships. Similarly, amongst BME VCOs there is need for investment in organisational and management development, subject knowledge and skills for partnership working. Across both sectors there is a need to strengthen approaches to learning from the experiences (good and bad) of other regeneration partnerships.

A weakness in current capacity building provision was reported to be its perceived fragmentation. Activity and resources to support organisational capacity building appear to be plentiful but not necessarily co-ordinated to maximise their collective impact. There is concern that this is resulting in duplicate services, competition for the same customers and inefficient coverage of the span of skills and knowledge needed. A co-ordinated approach delivered at a district or neighbourhood level can overcome these weaknesses. Furthermore, concern was reported that capacity building is being delivered as an end in its own right without regard for an outcome from the process. Rather than perpetuate this concern, our approach has been to integrate capacity building throughout the full set of recommendations, reinforcing its status as a means to an end not an end in itself. Hence for BME VCOs to influence regeneration policy they may require some aspects of capacity building but it is clear that the possession of the necessary skills and knowledge would be just one of the ingredients needed to achieve this objective.

Information

Information is fundamental to effective planning, resource allocations, monitoring and impact assessment. Currently no systematic processes are in place for establishing baselines for BME community engagement, nor do partnerships appear to be under a mandate to do so. Partnerships need to understand the characteristics of the BME communities with whom they are working in order to deliver a sustainable impact. In addition, they need to know where there is potential within BME communities for more effective engagement and to have a more informed view about what works in meeting BME communities' needs. For their part, BME communities have a responsibility to ensure that they are informed about relevant national, regional and local policy and need to have robust communications processes that enable them to plan for and take advantage of opportunities as they arise.

OPTIONS

Generating options

The brief for this commission was to develop ‘options’ for BME effective engagement. Opportunities for respondents to contribute to this had been built into the consultation and their feedback used to produce an initial list of options.

The Project Steering Group had previously determined that it should provide clear messages about the actions that will need to be taken to achieve effective BME engagement. Pursuant to this, it had agreed that whilst the principle of options suggests discretion and choice it was likely that some activities would be critical to achieving effective BME engagement and therefore should not be presented as discretionary albeit options for how they could be delivered would still be required. To take this forward a series of recommendations (activities) were proposed in an Options paper. The recommendations were presented against the same headings adopted for the consultation findings and against each recommendation up to 3 Delivery Options were given.

Option appraisal

The Options paper was structured to invite –

1. feedback on the Recommendations made and the corresponding Delivery Options proposed;
2. Steering Group members’ to prioritise Delivery Options and to justify their priorities;
3. suggestions about who should be the lead agency/agencies for each respective Recommendation

Project Steering Group members individually reviewed the Recommendations and corresponding Delivery Options in advance of two intensive appraisal workshops. `

Presentation of options

It is apparent from the research findings that the quest for effective BME engagement will not be met by focussing upon BME communities and VCOs in isolation. There will be interventions that need to be targeted to this sector but these must be part of a comprehensive package of actions that aims to develop an environment through which –

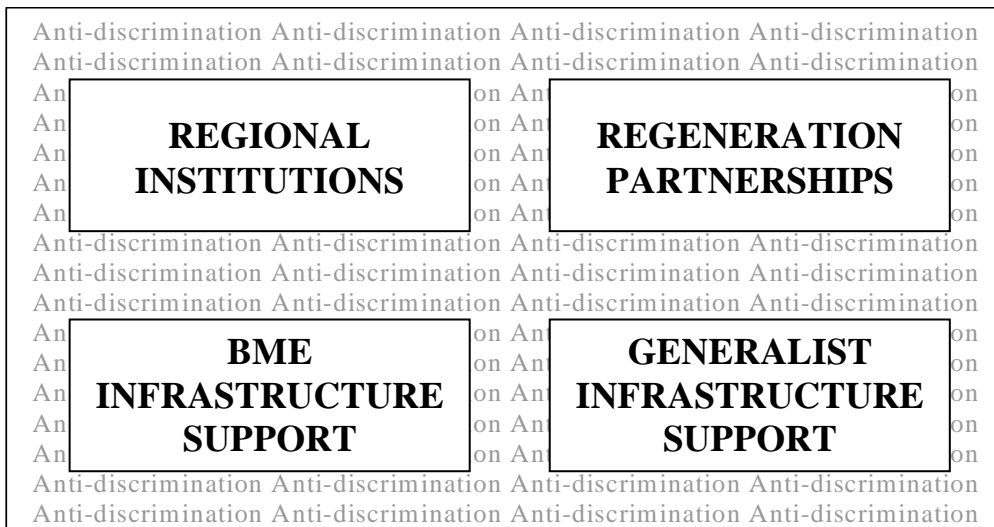
1. BME voluntary and community organisations can believe that their engagement is meaningful and will make a difference; and
2. institutions understand and fully commit to the process of delivering race quality outcomes and the effective engagement of BME VCOs.

In keeping with the research findings, we have adopted an holistic approach to the recommendations. We have considered who needs to be involved in shaping a solution, how they should be involved and how the whole process should be managed and co-ordinated. This has resulted in identification of respective roles for –

- regional institutions
- regeneration partnerships
- generalist infrastructure support
- specialist BME infrastructure support.

We are also advocating the adoption of anti-discriminatory practices as a theme underpinning each of these roles. This is represented in Figure 1 below.

Figure 1 Structure of Options



RECOMMENDATIONS

The matrix overleaf introduces the recommendations by summarising the baseline under each heading in the consultation findings followed by the key responsibilities proposed for each respective sector.

	Vision	Cultural change	Leadership	Strategy	Structure	Capacity	Information
Baseline	<p>No agreed vision for effective BME engagement</p> <p>No indicators against which performance can be monitored</p>	<p>Community perceptions that institutional culture does not promote race equality and effective engagement of BME VCOs</p> <p>Community perceptions of a inconsistency in institutions' messages promoting race equality and the cultural change required to deliver it</p>	<p>An absence of leadership on delivering race equality outcomes at a regional level</p> <p>Under-developed community leadership capacity and skills</p>	<p>Absence of a strategic approach and targets for performance on race equality and BME engagement</p> <p>Community engagement strategies not addressing the distinct needs of BME VCOs</p>	<p>BME VCOs not directly engaged in partnership structures but represented by generalist organisations</p> <p>BME infrastructure support under-resourced to respond to the breadth of needs within BME VCOs</p> <p>BME VCOs not enjoying equal benefit from generalist infrastructure support services</p>	<p>One-sided approach to capacity building that does not identify and address capacity building needs within institutions and partnerships</p> <p>Fragmented approaches to community capacity building</p>	<p>Inadequate BME baselines and ethnic monitoring</p> <p>No strategic approach to developing an evidence base of what works in delivering race equality outcomes and effective BME engagement</p>
Roles and responsibilities							
Regional institutions	<p>Lead responsibility for establishing a vision and indicators against which performance can be monitored</p>	<p>Ensuring that the culture throughout public institutions promotes race equality</p> <p>Cascading cultural change throughout their regeneration</p>	<p>Providing leadership on race equality at a regional level</p>	<p>Setting regional priorities for race equality impact</p>	<p>Formulating good practice principles for their relationships with and investment in BME organisations</p>		

	Vision	Cultural change	Leadership	Strategy	Structure	Capacity	Information
Regeneration Partnerships		partnerships	Providing leadership on delivery of race equality at local and sub-regional levels	Translation of regional vision and priorities into delivery strategies	Direct targeting of BME VCOs for engagement in partnership structures and programme delivery	Developing a better understanding of their respective BME VCOs	Ensuring ethnic monitoring in core monitoring processes and impact assessments
Generalist infrastructure support			Increase its capacity to provide a leadership role on behalf of BME VCOs	Develop strategies for increasing penetration into and impact upon BME VCOs	Diversify structures for engaging, representing and being accountable to BME VCOs	Develop coordinated approaches to capacity building at a local/sub-regional level	
BME infrastructure support	Collaboration in formulating the vision and determining performance indicators		Providing a leadership role on behalf of BME VCOs	Stimulate wider access by and to BME VCOs in developing regeneration strategies	Developing structures for BME engagement on thematic issues and in public service delivery	Capacity building to increase the level and quality of engagement by BME VCOs	Building an evidence base from national case studies and developing a database of good practice

Recommendations for each stakeholder group are proposed below together with the key delivery actions associated with each one respectively. A Lead Partner is also identified whose role is to initiate and co-ordinate delivery of the attendant actions, not necessarily to undertake them nor to finance them.

Regional Institutions

Recommendation

Regional institutions to take a leadership role in mainstreaming BME engagement through -

- i Establishing a vision for effective BME engagement
- ii Setting regional priorities
- iii Providing leadership
- iv Embedding race equality measures, guidelines, monitoring and impact assessment into partnership relationships
- v Formulating a set of good practice principles underpinning their relationships with and investment in BME infrastructure support and frontline organisations

Rationale

How services impact upon the public is a complex product of how they are delivered and the policy/strategic framework that led to their commissioning. Whilst delivery is in the hands of regeneration partnerships and their contractors, creating the policy and strategic framework is clearly the responsibility of national and regional institutions. They determine the high level objectives and produce the strategies through which they are to be delivered. If these objectives and strategies do not make explicit reference to achieving race equality and effective BME engagement then as reported² these aspirations remain outside of partnerships' specified tasks with little incentive for partnerships to pursue them.

Public institutions have a leadership role to play in achieving race equality. Under the Race Relations (Amendment) Act (RRA), they have a general duty to promote race equality with the objective behind this being to make race equality a central part of the way institutions work. This means going beyond written statements and policies to mainstreaming the General Duty throughout all institutions' activities - policy making, formulating strategies, management, allocating resources, service delivery and employment. It means assuring quality and best value in what institutions do. However, the Audit Commission³ recently reported that many authorities are focusing upon

² Regional Co-ordination Unit, Collaboration in Area-Based Initiatives, Research Summary No 1, May 2002, Neighbourhood Renewal Unit

³ Audit Commission, The Journey to Race Equality – delivering improved services to local communities, 2004

compliance with RRA requirements and are unclear about what they are trying to achieve. This is evidenced in –

- poor progress in identifying race equality outcomes;
- implementation of race equality schemes meaning no more than having a working group in place with an action plan that has been endorsed by a senior manager;
- institutional attitudes and behaviours that get in the way of defining and delivering a vision for race equality.

The consultation confirmed this highlighting a lack of association between guidance issued to regeneration partnerships and race equality schemes.

The leadership role the institutions have for regional policy makes it incumbent upon them to ensure that such policies impact positively upon BME communities. This requires them to not only establish a policy and strategic framework that empowers partnerships to achieve this but also to lead by example. They exert tremendous influence over partnerships and their actions are likely to speak far louder than words. For partnerships to achieve effective BME engagement they must first believe that this is a genuine aspiration for regional institutions and that those institutions are actively working towards the same goal.

Priorities for Regional Institutions

Weaknesses	Delivery Actions	Outcomes
Vision		
<p>There is a strong commitment to engaging BME VCOs, supported by an investment of time and money to achieving it. Whilst this good work is underway, it is imperative that there is a clear notion of where it is headed – what effective BME engagement will look like when it is achieved and what the incremental benefit of it will be. Currently this clarity is lacking at a regional level.</p>	<p>Race equality and BME engagement performance indicators are incorporated under existing regional visions eg West Midlands Regional Concordat or West Midlands Economic Strategy</p> <p>Race equality and BME engagement performance indicators are adopted within the framework for monitoring performance against the region’s key targets</p>	<p>A framework for developing implementation plans, resource allocations, monitoring and impact assessment</p> <p>A focus for including reference to race equality outcomes in regional strategies</p>

Weaknesses	Delivery Actions	Outcomes
Regional priorities		
<p>The principles of diversity generally and race equality specifically are commonly espoused in regional strategies without a clear picture of the impact those strategies aim to make upon BME communities. This is illustrated through a review of local public sector agreement (PSA) targets across the region where despite an understanding of the relatively high rate of exclusion amongst BME communities, only 1 out of 108 local PSA focused upon race equality outcomes. Without priorities and targets it is impossible to determine whether strategies are on track to deliver the desired change, what is working and where further improvement is required.</p>	<p>Baseline information analysed by ethnicity is collated against key regional priorities</p> <p>Realistic and challenging race equality outcome targets are assigned against regional priorities</p>	<p>Informed targets to guide delivery strategies and against which monitoring can be implemented.</p>
Leadership		
<p>Currently there is confusion about who should be driving the agenda for effective BME. Individual institutions take a lead in their respective policy fields but co-ordination and leadership at a regional level is not occurring. The threat associated with this is fragmentation, duplication and under-performance in securing effective BME</p>	<p>At a regional level, the lead on BME engagement is taken up through the West Midlands Regional Concordat and evidenced in the Collective Commitments</p> <p>At a local level, regeneration partnerships take a lead in delivering the vision for BME engagement within their respective catchment areas.</p>	<p>Regeneration partnerships include reference to and actions for delivering race equality and effective BME engagement in the Local Neighbourhood Renewal Strategies or Zone Implementation Plans</p>

Weaknesses	Delivery Actions	Outcomes
engagement.		
Monitoring and impact assessment		
<p>Information is crucial for effective monitoring and impact assessment. Information needs to be reliable, sufficient and relevant to the geographic area of coverage. Currently there is no systematic approach to collating information that identifies capacity with the local BME VCS and the needs and aspirations of partnerships' respective BME communities. Without this endeavours to improve BME engagement and the impact of regeneration activity are to undertake any meaningful monitoring and impact assessment are undermined.</p>	<p>A specification of information requirements is issued covering -</p> <ul style="list-style-type: none"> • Quantitative data, qualitative needs and social capital • Good practice Information gathering methods • Timescales for producing and updating baselines <p>Existing monitoring requirements and procedures are reviewed to enable them to report performance disaggregated by ethnicity</p>	<p>Consistent framework for collecting and sharing information and a reliable basis for monitoring regeneration activity and its impact upon different BME communities</p>
Good practice		
<p>The lead set by the Home Office in agreeing Compacts between the Government and the voluntary and community sector is being followed at local levels across the region. The approach to this has been fragmented with little consistency in design or content. In addition it is evident that not all institutions especially at a regional level have adopted the practice of agreeing joint undertakings and undertakings applicable to</p>	<p>A compact between regional institutions and BME-led voluntary and community sector organisations is agreed, covering working relationships between the two sectors, undertaking and resourcing consultations and investment into the sector</p> <p>A common framework for sub-regional and local compacts is established and promoted.</p>	<p>Mutual understanding of how public institutions will work with and support the BME VCS.</p> <p>Tiers of sub-regional and local compacts complementary to regional compacts</p>

Weaknesses	Delivery Actions	Outcomes
each respectively party. A systematic approach to addressing these gaps and the fragmented array of local compacts can be the basis of a long term investment strategy that provides for the sector's effective engagement and sustainability.		

Partners

Agency	Role	Outcome
Concordat Partners	Establishing a vision for effective BME engagement and indicators against which progress can be monitored Partner institutions embedding race equality outcomes within their respective strategies	Race Equality and BME engagement mainstreamed into regional strategies ad regional institutions Clear ownership and management of BME engagement and race equality at a regional level
Advantage West Midlands	Joint preparation and issuing of specifications for establishing BME engagement baselines Communicating to partners their leadership roles in delivering race equality and empowering them with the freedoms and flexibilities required to do so	Better informed basis for linking need to opportunity Structures in place to assume a 'leadership' role in delivering race equality
Government Office for the West Midlands	Joint preparation and issuing of specifications for establishing BME engagement baselines Drawing together best practice in compact development, implementation and	Better informed basis for linking need to opportunity Framework for a sustainable relationship with the BME VCS, for investment planning and for commissioning delivery of infrastructure support

Agency	Role	Outcome
	monitoring Establishing a good practice for developing compacts	functions

Implementation

The first stage in the implementation process will be to gain the full backing of the Concordat partners and their commitment to taking on the leadership role. There is already in principle support for this from a number of Concordat partners but no formal request for support has been made. As champions of Rights and Responsibilities it is fitting that AWM takes the lead in making the presentation and request to Concordat partners.

Regeneration partnerships

Recommendation

Partnerships' structures and processes are reviewed in order to remove perceived barriers to engagement and to positively encourage engagement. Priorities for review are -

1. Strategy – race equality outcomes, BME engagement
2. Structures
3. Information
4. Procurement
5. Monitoring and impact assessment

Rationale

Regeneration partnerships play a critical role in enabling effective BME engagement. In principle they offer opportunities for engagement in different roles⁴ –

- As beneficiaries of regeneration programmes and service users
- As consultees and representatives of local opinion
- As the source of general community activity
- As a source of delivery for regeneration programmes
- As potential long term partners in regeneration

⁴CDF, Building Community Strengths, 1995, Skinner S

In practice the attractiveness of this offer is dulled by BME VCOs' fears and perceptions that –

- Partnerships are run by the same institutions that previously under-performed in meeting BME communities' needs as service users
- Consultation is tokenistic making no real improvement to the lives of the partnership's BME communities
- The time, costs and bureaucracy associated with engaging with partnerships are too great and project development, appraisal and funding decision making processes too long
- Partnerships (especially regeneration zones) have no money
- Access to service delivery is denied through unfamiliarity with the commissioning process and inability to deliver the scale of activity that meets partnerships' value for money considerations
- Partnership structures favouring institutional membership with even voluntary sector membership geared towards institutional voluntary sector eg councils for voluntary service (CVSs), community empowerment networks (CENs) and race equality councils (RECs)
- Regeneration Zone partnerships not having any real teeth – decision making

These perceptions, reported by BME respondents during the consultation process, may not be wholly accurate but in the absence of evidence to the contrary, they shape communities' attitudes towards partnership processes and partnership engagement. They have a cumulative effect in discouraging BME VCOs' active engagement, requiring partnerships to adopt strategies for –

- Removing perceived barriers to engagement;
- Encouraging engagement across each of the roles listed above; and
- Celebrating the benefits of effective engagement

Regional institutions play a crucial role in empowering and supporting their respective partnerships to achieve these objectives. The observation by the Regional Co-ordination Unit⁵ that area-based initiatives have no incentive for doing things that lie outside their specified tasks suggests quite strongly that the objectives listed above must be expressed within their specified tasks. It is appropriate that regional institutions take responsibility for providing the lead and supporting guidance that ensures that these objectives are included in partnerships' specified tasks.

⁵ Regional Co-ordination Unit, Collaboration in Area-Based Initiatives, Research Summary No 1, May 2002, Neighbourhood Renewal Unit

Priorities for Regeneration partnerships

Weaknesses	Delivery Actions	Outcomes
Strategy		
<p>Nationally and regionally, BME communities are understood to be over-represented amongst the most economically and socially excluded. There has been evidence of processes, attitudes and behaviour which amount to discrimination, preventing organisations from providing an appropriate and professional service to people because of their colour, culture or ethnic origin. The weakness in strategies that do not differentiate BME communities' needs or set corresponding targets or incorporate targeted actions is that they perpetuate the institutional racism highlighted in the Stephen Lawrence Inquiry Report</p>	<p>The regional vision for effective BME engagement⁶ is communicated to regeneration partnerships together with guidance (to be developed) about how to translate the vision into practice.</p> <p>The specifications for Zone Implementation Plans and Local Neighbourhood Renewal Strategies are amended to include outcome targets for BME communities.</p> <p>Good practice guidance is prepared for partnerships' collaborative working with communities to establish local outcome targets and to develop delivery strategies.</p>	<p>Race equality outcomes mainstreamed into partnerships' objectives and strategies</p> <p>A yardstick against which to monitor performance in delivering race equality outcomes and progress towards the regional vision for effective BME engagement</p>
<p>Few partnerships interviewed had any form of strategy for engaging their local communities. There was little evidence of co-ordinated approaches to community engagement generally and rarely any specific focus given to BME community engagement. The absence of a community engagement strategy denies the partnership access to a</p>	<p>Regeneration partnerships to develop community engagement strategies demonstrating how BME communities will be involved and how they will contribute to delivering race equality outcomes.</p> <p>To assist this a good practice framework and guidance on developing a community engagement strategy is developed,</p>	<p>Improved community engagement across the spectrum of partnerships' activities, leading to more well-informed planning and implementation.</p>

⁶ Proposed for development under Level 4 – Regional Institutions

Weaknesses	Delivery Actions	Outcomes
planned programme of activity, structured and resourced to meet clearly specified objectives.	incorporating guidance for ensuring BME community engagement through generic community engagement strategies	
Structure		
<p>Partnerships have raised concerns about their inability to attract members from BME communities. This reflects a number of weaknesses in partnership working and structures –</p> <ul style="list-style-type: none"> • inequalities between partners • BME VCOs’ perceptions of an imbalance between inputs (time, expenses and energy) and outcomes (influence on partnerships’ strategies and processes, funding, better service delivery, improved impact upon BME communities) • lengthy decision making timescales and processes that discourage active engagement • generalist infrastructure support organisations being assumed to ‘represent’ all of their constituents – including BME VCOs • explicit provision for BME engagement (more than representation) not made in partnership structures 	<p>Partnerships to adopt a positive action approach to engaging BME VCOs within their structures through –</p> <ul style="list-style-type: none"> • making explicit provision for engagement of the BME voluntary and community sector as an equal stakeholder in partnership boards • targeted promotions and recruitment • a programme of quick wins • streamlining decision making such that it is a shorter and quicker process • provision of practical support to engender effective engagement eg policy briefings, access to members and partnership policies & strategies, bursaries for local consultation and dissemination activities 	<p>Confidence amongst BME VCOs that their input will make a difference and that this will result in improved outcomes for BME VCOs and BME communities generally</p> <p>The delivery actions proposed are transferable across other dimensions of the equalities’ agenda as well as being applicable to improving the quality of community engagement more generally.</p>

Weaknesses	Delivery Actions	Outcomes
<ul style="list-style-type: none"> • race equality being relegated to a sub-committee or thematic group rather than being addressed as a mainstream issue for the whole partnership 		
Information		
<p>For strategies to deliver race equality and BME engagement outcomes they need to be based upon reliable information. This information needs to be analysed by ethnicity and needs to include a profile of local community assets ie capacity for engagement in the span of partnership activity.</p>	<p>AWM/GOWM develop a good practice specification of information requirements (quantitative, qualitative and social capital), recommended information gathering procedures (eg generating primary information and sources of secondary information) and timescales for producing/ updating baselines</p> <p>Partnerships compile a social and economic profile of BME communities within their catchment areas consistent with the good practice specification issued</p> <p>Partnerships undertake benchmarking of BME engagement in regeneration partnerships using existing tools such as Active Partners - Benchmarking Community Participation in Regeneration and Auditing Community Participation</p>	<p>Reliable information developed against a standard specification ensuring</p> <p>A robust foundation for building SMART targets into delivery plans</p> <p>Reliable information about the capacity of BME VCOs to engage in partnership activity from consultation through to participation in managing partnership programmes</p> <p>A baseline of BME engagement to inform delivery of community engagement strategies</p>
Procurement		
<p>The notion of grant funding for regeneration activity has all but been replaced by strategically driven</p>	<p>Review commissioning and contracting systems and processes to investigate any opportunities for BME</p>	<p>Effective compliance with the Race Relations (Amendment) Act</p> <p>Increased opportunities for</p>

Weaknesses	Delivery Actions	Outcomes
<p>commissioning. This presents new challenges across the voluntary sector and more so for those organisations that lack experience in project design and tendering and who, due to their scale of operation, are unable to demonstrate the economies associated with large scale institutional service delivery.</p>	<p>communities to be disadvantaged and take corrective action to remove any barriers that may be so identified. The CRE publication ‘Public Procurement and Race Equality: Guidelines for public authorities’ provides a framework for conducting the assessment</p> <p>Establish links with and learn from the local procurement schemes planned within the Regional Economic Strategy</p> <p>In collaboration with BME VCOs, develop models for consortium tendering and service delivery</p> <p>Develop a mechanism for factoring in the disproportionate cost of providing services to communities that are traditionally marginalised from regeneration activity</p>	<p>BME VCOs’ engagement in delivering regeneration services</p> <p>New service delivery that reaches the ‘hard to reach’ and is delivered in a manner that prompts take up and impact</p>
<p>Monitoring and impact assessment</p>		
<p>Regeneration partnerships already operate within a stringent monitoring framework. A balance needs to be struck between the amount of additional monitoring information requested, its value in directing partnership activity and the incremental cost of its collecting monitoring information. At the very least, monitoring information should be</p>	<p>Regeneration partnerships to adopt –</p> <ul style="list-style-type: none"> • the expanded ethnic categories advocated by the Commission for Racial Equality • published good practice guidance eg ‘Ethnic Monitoring – A guide for public authorities (CRE) and ‘The journey to race equality’ (Audit Commission) to improve 	<p>Reliable information on the partnership’s progress in delivering race equality outcomes</p> <p>Reliable information to aid public authorities to monitor performance in delivering their statutory duty to promote race equality and in implementing their respective race equality schemes</p>

Weaknesses	Delivery Actions	Outcomes
sufficient to inform the partnership about its performance in achieving its core objectives, analysed by ethnicity	monitoring processes and information, particularly with regard to targets and targeting, take up of services and satisfaction.	Management information for improvement planning Information to support publicity and PR

Partners

Agency	Role	Outcome
Regional Concordat ⁷	Dissemination of vision for effective BME engagement	Partnerships committing to the regional vision
Advantage West Midlands/ Government Office for the West Midlands	Preparation of specification and guidances for – <ul style="list-style-type: none"> • translating the vision for effective BME engagement into action • collaborative working with BME VCOs to establish outcome targets • developing community engagement strategies • inclusion of BME VCOs as an equal stakeholder on partnership boards • preparation and updating of baseline information • value for money assessments of ‘specialist’ service delivery 	Basis of a closer fit between need and opportunity Standard framework for developing best practice and support for community empowerment Contribution to AWM Equality, Diversity and Inclusion Statement - <i>“working to achieve equality of access and opportunity in all aspects of life for all the region’s inhabitants.”</i>
Regeneration partnerships	Preparation of baselines and conducting benchmarking Implementing new	Detailed information about BME communities feeding into partnership and community engagement strategy

⁷ We acknowledge that the Regional Concordat does not exist as a structure, but as a framework for bringing together regional partners it is the most appropriate medium through which a regional vision for effective BME engagement is developed and disseminated.

Agency	Role	Outcome
	<p>guidances issued</p> <p>Developing outcome targets and strategies that demonstrate how BME communities will be engaged in and benefit from the partnership's management and programme delivery</p> <p>Providing or commissioning the practical support for effective BME engagement on the basis of benchmarking information collated</p>	<p>Information and data to feed into the State of the Region reports</p> <p>Strengthening infrastructure support that is appropriately configured, offering specialist support and sustainably funded</p>
BME Infrastructure Support Organisations	<p>Advising on race equality/BME engagement content specification for Zone Implementation Plans and Local Neighbourhood Renewal Strategies</p> <p>Advising on structure and content of good practice framework for community engagement</p> <p>Delivery of practical support as commissioned</p>	<p>Improved performance by regeneration partnerships in reducing social exclusion and executing the General Duty to promote race equality</p> <p>Effective community engagement</p> <p>Infrastructure support that is appropriately configured, offering specialist support and sustainably funded</p>
Generalist Infrastructure Support Organisations	<p>Advice on structure and content of good practice framework for community engagement</p> <p>Delivery of practical support as commissioned</p>	<p>Effective community engagement</p> <p>Infrastructure support that is appropriately configured, offering specialist support and sustainably funded</p>
Commission for Racial Equality	<p>Delivery of advice and support for monitoring and impact assessment</p>	<p>Awareness of where/how systems and processes can be amended to record and report race equality monitoring information</p> <p>Partnerships acquiring knowledge about processes for conducting race</p>

Agency	Role	Outcome
		equality impact assessments

Implementation

Some of the delivery actions presented above are dependent upon the completion of other delivery actions. The order in which they are implemented therefore needs to be carefully considered so far example requests are not made to partnerships in advance of them receiving guidance about how to respond.

Generalist Infrastructure

Recommendation

To enhance the impact upon BME VCOs of support provided by generalist infrastructure support organisations through -

- Improving BME access to infrastructure support services
- Remodelling services and service delivery to BME organisations
- Strengthening its lobbying role on behalf of BME organisations and communities
- Diversifying its ‘representatives’
- Collaborating with BME infrastructure support organisations

Rationale

In principle, generalist infrastructure support is available to VCOs without regard to focus (eg, by community of interest or by thematic issue). Services and functions delivered vary from organisation to organisation and location to location but overall provision would include –

- Community development
- Access to resources
- Fund-raising advice and support
- Technical support
- Interface
- Voice
- Representation
- Leadership
- Policy analysis
- Research
- Information and advice
- Good practice
- Development
- Partnership building/brokerage
- Networking
- Signposting
- Skills development

The extent to which VCOs call upon any of these services is dependent upon their size and stage of development. Evidence from the Voluntary and Community Sector Infrastructure consultation confirms that small organisations have the greatest need for support across all these functions. BME VCOs are typically small and under-developed and equally in need of all these support functions. The issue for BME VCOs is which functions should be delivered by generalist infrastructure support organisations and which are best delivered by specialist BME infrastructure support.

The report of the Voluntary and Community Sector Infrastructure consultation echoes fears raised during the fieldwork conducted within this commission – ie that ‘BME needs have been excluded and marginalised from the concerns of some generalist infrastructure organisations’⁸. The Capacity Building and Infrastructure Framework for the Voluntary and Community Sector⁹ (CBIF) reports that ‘Many generalist infrastructure organisations have been slow to understand and respond to the particular needs of marginalised communities’. This may be a consequence of their deferral to specialist BME ISOs to respond to BME VCOs’ needs or it may be the result the more fundamental problem of adopting a colour-blind approach. Either way, this situation is unsustainable, even more so now with the survival of the regional BME network hanging in the balance.

The challenges for generalist ISOs are to –

- Increase their penetration into BME VCOs
- Increase their impact upon BME VCOs
- Become a more effective gateway for BME engagement in partnership structures and decision making processes.

Priorities for generalist ISOs

Weaknesses	Delivery Actions	Outcomes
Access and impact		
National research findings support regional BME concerns about BME VCOs not accessing support from generalist ISOs. The reality and extent of this is	Mapping services delivered by generalist and BME ISOs and profile of service users Consultation with BME	Hard intelligence about – <ul style="list-style-type: none"> • the extent of usage of ISOs by BME VCOs’; • BME VCOs’ needs;

⁸ OPM, Voluntary and Community Sector Infrastructure: Summary of consultation responses – Final Report, March 2004

⁹ Active Communities Unit, ChangeUp: Capacity Building and Infrastructure Framework for the Voluntary and Community Sector, Home Office, 2004

Weaknesses	Delivery Actions	Outcomes
<p>unknown and unlikely to be evenly distributed across the region. A reliable baseline is needed in order to inform an improvement strategy and against which monitoring can take place.</p>	<p>user groups to ascertain perceptions and experiences of services and opportunities for improving access to existing services, improving existing services and/or adding new services</p> <p>Review of findings and development of remedial action plans eg staff development, collaborative and sub-contract service delivery and targeted outreach</p>	<ul style="list-style-type: none"> • the services used; • perceived strengths and weaknesses of services; • ISO's impact upon BME VCOs: • how services could be improved; • which services are best located within generalist or BME ISOs respectively <p>Standards of performance for service delivery to BME VCOs</p>
<p>The vision in the CBIF is that voluntary sector infrastructure will be structured for maximum efficiency and offer excellent provision. Ensuring maximum efficiency implies agreed standards and performance management, none of which currently exist. The CBIF undertakes to develop tools and standards for performance improvement in VCS infrastructure by 2006. In the meanwhile, there is a continuing need for a consistent basis for appraising performance and impact upon BME VCOs.</p>	<p>Establish a working group with representation from generalist and specialist ISOs to develop a framework (self assessment or externally assessed) for performance improvement in services and functions delivered by ISOs</p> <p>Implement performance management</p> <p>Collate and review outcome of performance management – by individual IOSs and/or for a geographic area (local, sub-regional or regional)</p>	<p>Local strategies for improving BME VCOs' access to generalist ISOs</p> <p>More effective linking of need to opportunity</p> <p>Improvement plans – geographically and/or for individual ISOs.</p>
Representation		
<p>Generalist ISOs are comparatively better placed networked and engaged in partnership processes than BME ISOs. The longstanding existence of councils for voluntary</p>	<p>ISOs to audit their representation of BME VCOs –</p> <ul style="list-style-type: none"> • how do they ensure that they are appropriately informed from the different BME 	<p>BME VCS more effectively represented by generalist ISOs</p> <p>Public policy and programmes more sensitive to the needs of BME VCOs</p>

Weaknesses	Delivery Actions	Outcomes
<p>service (CVS) or more recently Community Empowerment Networks (CENs) are popular vehicles through which voluntary sector engagement and representation are pursued. Both organisations have legitimate roles in this regard but these roles do not include offering a specialist perspective informed by BME VCOs. More sensitive structures and process are required in order for generalist ISOs, to become effective representatives of and advocates for BME VCOs.</p>	<p>perspectives?</p> <ul style="list-style-type: none"> • what mechanism do they use to ensure that they have current knowledge? • how are ‘representatives’ supported to ensure that they advocate effectively on behalf of BME VCOs? • how is the impact upon BME VCOs measured? • what steps have been taken to ensure a BME VCS participation in advocacy and representation? <p>Good practice guidance to be developed for generalist ISOs</p>	

Partners and implementation

Generalist ISOs draw their income from a variety of sources. Some of this income may be for specific functions eg Regional Strategic Engagement Fund and some of it is for more general service delivery. Regardless of the source of the income, the objective of the delivery actions listed above is that those funds should work better for BME VCOs. As such, all funding, contracting and commissioning organisations are potentially partners in these actions.

Improving the quality of infrastructure support is at the heart of the CBIF. Through the CBIF Regional Consortia will be required to make plans for regional infrastructure development. Regional Consortia will be inclusive, drawing their membership form across the public, voluntary and community sectors. As such they will offer a medium through which partners eg GO-WM, AWM, LSC, voluntary sector networks and others develop priorities and devise specifications against which service delivery will be commissioned.

The government is committed to “ ... more effective and wider-ranging involvement of the sector (voluntary and community organisations) in public services ... especially

where their close understanding of local communities and of the needs of particular groups of the population enables them to provide more responsive and personalised public services¹⁰” There is a case for strengthening BME VCOs in order to improve access to excluded communities. This is the thrust of the actions listed above and the basis upon which partners will benefit.

The financial implications of these delivery actions are minimal. The over-riding objective is to improve generalist ISOs’ mainstream service delivery to BME VCOs not to further marginalise it through ring-fenced funding.

BME Infrastructure

Recommendation

Specialist BME infrastructure support is strengthened across the region in order to –

- Increase BME VCOs participation in delivering public services
- Widen engagement in economic and social regeneration

Rationale

Government policy is advocating community empowerment and engagement in public service delivery. The voluntary sector plays a critical role in both objectives through accessing ‘hard to reach’ communities, building cohesion within communities and providing services to those most at risk from social and economic exclusion. Despite the sector doubling its revenue from public service delivery between 1991 and 2002, many small and medium sized VCOs are still unable to access the support that will in turn improve access to public service delivery and the attendant resources. This scenario is particularly acute within the BME VCS where –

- BME-led organisations are smaller and have greater development needs
- There is poor access to/use of support provided by generic infrastructure support organisations
- Networks and contacts with policy makers are under-developed
- The fear of discrimination stifles attempts at wider engagement

The draft Capacity Building and Infrastructure Framework sets out a goal ‘that by 2014 the needs of frontline voluntary and community organisations will be met by support which is available nationwide, structured for maximum efficiency, offering excellent provision accessible to all, truly reflecting and promoting diversity and sustainably funded’. Meeting the diverse needs across BME VCOs will require –

¹⁰ 2004 Spending Review: Stability, security and opportunity for all: investing for Britain's long-term future
New Public Spending Plans 2005-2008

- Access to high quality specialist support services designed and delivered by BME-led infrastructure support organisations(s); and
- Better access to and benefit from the range of infrastructure support provision delivered by generic infrastructure support organisations.

Critical to ensuring maximum efficiency and excellent provision available to all, is an understanding of the relative strengths and weaknesses of service provision by specialist BME infrastructure support and generic infrastructure support respectively. Generic infrastructure support organisations are generally better resourced and better equipped to deliver a comprehensive portfolio of support services. A failing of some BME infrastructure support organisations is that they have sought to duplicate or compete with general services provided by generic ISOs rather than specialise based upon their unique strengths –

- a fundamental understanding of and empathy with BME VCOs’ objectives;
- the ability to access organisations that are not served by generic ISOs;
- commitment to advocating on behalf of BME VCOs and brokering relationships with public sector institutions;
- a dedication to combating racial discrimination.

Any infrastructure support organisation needs to be customer focussed ie responding to their members’ needs. Whilst acknowledging its own needs BME infrastructure must also acknowledge and respect the comparative strengths within generalist infrastructure support organisations. This means being clear about the support function that it is best suited to deliver and strategies that it will implement to ensure remaining functions are effectively delivered by other providers. The functions prioritised for BME infrastructure are proposed below.

Priorities for BME-led Infrastructure support

Weaknesses	Delivery Actions	Outcomes
Development		
BME VCOs under-represented in public service delivery due to being too small and lacking the necessary management and administrative systems and economies of scale	Develop pilot projects to test the feasibility of third party contracting and consortium working	BME VCOs in a position to competitively tender for service delivery BME VCOs able to bid for larger scale funding
BME VCOs have disproportionate needs	Establish and resource a network of ‘accredited	More, better quality project proposals and tenders

Weaknesses	Delivery Actions	Outcomes
(more organisations with greater levels of need) for independent advice, assistance and hand-holding. Currently there is little capacity within ISOs (generic and BME) to provide the range of expertise (eg market research or business planning) or the time required on a case by case basis.	providers, with the capacity to undertake short term commissions delivering professional advice and assistance to BME VCOs	submitted by BME VCOs. BME VCOs acquiring new skills in project development and tendering
Policy and advocacy		
Public sector institutions subscribe to the principle of engaging with BME VCOs but there is no good practice framework to either guide or regulate performance of that aspiration.	A compact between regional institutions and BME-led voluntary and community sector organisations is developed and agreed, covering working relationships between the two sectors, undertaking and resourcing consultations and investment into the sector.	A framework for more effective and sustainable joint working between the public sector and BME VCOs A BME VCS 'Investment Plan'
BME-led organisations wanting to see change but lacking the necessary understanding of the national, regional or local policy framework to influence change in a meaningful way	Capacity building targeting BME-led organisations to increase their understanding of public policy and partnership processes.	Improved knowledge and understanding by BME organisations of public sector policy and greater capacity for engagement in consultation, advocacy and representation, partnership structures and service delivery
Research		
BME-led organisations are not accessing/benefiting from services delivered by generic infrastructure support agencies	Consultation with BME-led organisations and generic infrastructure support organisations to determine barriers to access/impact and to develop corrective action	More effective representation of BME VCO by generic ISOs Improved impact by generic ISOs upon BME VCOs Increased capacity for

Weaknesses	Delivery Actions	Outcomes
	Develop and pilot a Impact Assessment Tool for monitoring the impact of infrastructure support organisations (all) upon BME-led organisations	BME VCOs to deliver public services and increased knowledge of and access to service delivery opportunities
Weak evidence base of what works in BME engagement	Collation of case studies and evaluation reports nationally to assemble a database of innovation and good practice in BME engagement – particularly under the Capacity Building Infrastructure Framework for the Voluntary and Community Sector	Better knowledge of what works in engaging BME VCOs Better informed BME VCO investment decision making Improved public service delivery to and impact upon BME communities
Brokering/Networking		
Fragmentation amongst BME VCOs with little interface with policy makers and public sector service providers/commissioners	Develop cross-sector clusters through which BME-led organisations can interface directly with institutions and partnerships on thematic issues (eg employment, learning and enterprise)	Improved understanding amongst institutions and partnerships of BME VCO and communities and how to tailor services/service delivery Relationship building, shared agendas and development routes into public sector service delivery
Capacity building		
Insufficient pool of willing and capable BME candidates to engage in partnership structures and consultation processes	Promotion, awareness raising and capacity building to increase the pool of candidates willing and able to serve within partnership structures	Informed and diversified engagement in partnership structures and processes

Partners

Agency	Role	Outcome
Advantage West Midlands	Joint funding, particularly of those functions that relate directly to delivering the Regional Economic Strategy eg piloting consortia working and third party contracting, developing Clusters and capacity building	Regional Economic Strategy and Zone Implementation Plans more reflective of BME communities Greater BME engagement in delivering regeneration activity and greater take up by/impact upon BME communities
Government Office for the West Midlands	Joint funding particularly with regard to ISO core costs Lead partner for – <ul style="list-style-type: none"> • developing and promoting Compact arrangements 	Contribution to delivery Capacity Building and Infrastructure Framework for the Voluntary and Community Sector, particularly with regard to – <ul style="list-style-type: none"> • Developing infrastructure support that is structured for maximum efficiency, offering excellent provision accessible to all and reflecting and promoting diversity • Developing tools and standards or performance improvement in VCO infrastructure support • Securing the integration of specialist ISOs
Business Link	Support for technical assistance to social economy VCOs.	High quality project proposals submitted Broader service delivery and impact upon BME communities Improved performance and sustainability of BME social enterprise
Regeneration Zones/Local	Support for and	Improved understanding of

Agency	Role	Outcome
Strategic Partnerships	<p>participation in pilot projects</p> <p>Adopting Compact principles</p> <p>Support for and participation in Clusters</p>	<p>and engagement with BME VCOs</p> <p>Local/sub-regional policies, strategies and priorities informed by a better understanding of BME communities – improved impact and sustainability</p> <p>BME VCOs able to play an improved role in regeneration activity sub-regionally and locally</p>
Infrastructure Support Organisations	Participating in activity to develop and pilot an Impact Assessment Tool	Mechanism for improving and monitoring performance of infrastructure support in engaging BME VCOs

Implementation Options

The analysis below presents options for how institutions may channel an investment into Level 1 actions.

Options	Description	Strengths	Weaknesses
Direct contracting	<p>Institutions contracts directly with organisation(s) to deliver the functions described above.</p> <p>The use of a commissioning approach would enable institutions to specify the precise details of the services and outcomes that they wish to commission respectively and ensure transparency in the selection</p>	<p>Institutions retain control in their respective contract relationship</p> <p>Lines of accountability between delivery agency and contracting institutions are clear</p>	<p>Does not guarantee synergy through a co-ordinated approach</p> <p>Possibility of ‘double-funding’ if there is no dialogue between institutions</p> <p>Risk of marginalising delivery of support to BME frontline organisations to BME ISOs ie not setting this support within the framework of a broader range of</p>

Options	Description	Strengths	Weaknesses
	process		provision Possibility of multiple contract relationships for any individual institution and for any individual organisation. The indirect and direct costs associated with this option need to be factored into the decision
Contracting via a 'managing agent'	Institutions contract via a third party that in turn sub-contracts delivery of function. A commissioning approach could be used to facilitate selection of the managing agent	A single point of contact and accountability Lower transaction costs	No direct control over service delivery Risk of marginalising delivery of support to BME frontline organisations to BME ISOs
Capacity Building Infrastructure Framework (CBIF)	Institutions transfer their budgets to the CBIF Fund (GOWM)	Design of commissions and decision making is located within the context of a strategic framework for infrastructure support across the region and across generalist and specialist agencies Affords synergy with other institutions priorities, strategies and funds Supports strategic monitoring of the impact of a total package of provision in	Institutions lose direct control over their respective budgets

Options	Description	Strengths	Weaknesses
		preference to attempts to track impact to any individual fund or intervention	

Recommendation

We recommend that budgets allocated by individual institutions are transfer into a central pool alongside monies allocated to the region through the Capacity Building and Infrastructure Framework - ChangeUP. In addition to the strategic advantages described above, this mechanism is likely to permit greater flexibility in how services are commissioned. For example it may be inappropriate to implement a single structure of delivery for all support functions. Some may be more cost effectively delivered regionally, some locally and some sub-regionally. The CBIF will enable this flexibility.

Anti-discriminatory practice

Recommendation

3. Regional institutions embed anti-discriminatory approaches in programme management and service delivery with an emphasis on social justice, equality and cultural change through -
 6. Reviewing institutional policy and practice linking to published race equality schemes
 7. Linking race equality schemes to policy, strategy, structures, processes and monitoring
 8. Awareness raising and skills' development

Rationale

Government policy for improving public services recognises that communities are different, have different needs and require services to be delivered in different ways. Race is just one of the differentiating factors but with BME communities being more likely to be economically and socially excluded, they are also likely to have disproportionate levels of demand upon public services. This reinforces the requirement for public institutions to understand their BME communities' needs and to ensure that they are addressed in designing and delivering public service. It is an essential component in consumer-focussed strategy and one that serves to improve the quality of services and quality of life for BME communities.

Effective BME engagement in managing and delivering public services contributes to their improvement and impact but the greatest difference will be made by institutions reviewing their own policies and procedures and embedding a philosophy that aims to

identify and root out discrimination wherever it may lie. The consultation findings identified prevailing organisational cultures as a threat to effective BME engagement. Perceived threats arose from –

- uneven distribution of power (control of policy, decision making processes and financial resources and greater access to skills, knowledge and information); and
- current levels of social and economic exclusion that belie institutions’ commitment to race equality and BME engagement.

Uneven distribution of power applies across a spectrum of partnership structures and the relationships between partnerships and the institutions to which they are accountable. A further dimension to this inequality is the marginalisation of BME engagement and race equality. A consequence of this as evidenced in the NDC National Evaluation¹¹ is that “Partnership working does not appear to have proved especially successful in engaging BME groups or leading to any wider understanding of race equality issues.”

Exceptions to these findings were described as arising where stakeholders were actively represented on NDC boards. In such cases agencies developed a closer cultural and organisational fit with the NDC. With regard to BME engagement and race equality in the West Midlands, parallel scenarios have been observed where public institutions have developed close partnership working practices with local BME VCOs and are realising the associated benefits – better access to BME communities, change in institutional attitudes, beliefs and behaviours, improved service delivery and increased sustainability for those BME VCOs. These outcomes impact positively on institutions’ core businesses and significantly on delivery of their responsibilities under the Race Relations (Amendment) Act 2002. Yet, during the consultation there was little evidence that institutions’ published Race Equality Schemes had been consulted in the preparation of strategies and guidance documents. This is a real opportunity missed and a threat to relationship building between institutions and BME communities.

Fears voiced by BME respondents were that the persistence of race inequalities was a consequence of –

- race equality being a low priority (despite the published diversity/race equality strategies);
- institutions lacking understanding, skills and knowledge and not attempting to redress this;
- colour-blind policies that assume that through treating everyone the same race equality will be guaranteed; and
- misconceptions that achieving race equality eat into already over-stretched budgets.

¹¹ Neighbourhood Renewal Unit, Research Report 7 NDC National Evaluation, Annual Report 2002/03, ODPM

These fears reflect a greater concern than levels of BME engagement, cutting to the core of how race equality is adopted as a mainstream dimension in a consumer-focussed strategy and how it is reflected in how services are delivered, monitored and evaluated.

Race equality need not and should not be an add-on. Contemporary guidance on achieving race equality does exist (eg CRE – ‘The duty to promote race equality: A Guide for Public Authorities’ and ‘Public authorities and partnerships: A guide to the duty to promote race equality’, Audit Commission - ‘The Journey to Race Equality’ and the Improvement & Development Agency ‘Building equality into Best Value’). Use of these guidances by institutions will help to embed a pattern of beliefs, attitudes and behaviours that tackle the barriers their effective pursuit of race equality.

Priorities for anti-discriminatory practice

Weaknesses	Delivery Actions	Outcomes
Institutional policy and practice		
Race equality not integrated into policy and practice	<p>Institutions’ race equality schemes are independently reviewed to identify –</p> <ul style="list-style-type: none"> • opportunities for closer integration of race equality schemes and corporate strategy/service delivery; and • potential barriers to the effective delivery of race equality schemes (eg capacity or lack of information) <p>A guidance protocol is prepared and adopted advising on procedures for ‘race-proofing’ eg –</p> <ul style="list-style-type: none"> • referral to race equality schemes during drafting of policies, strategies and guidance documents • validating proposals against race equality schemes 	<p>Policy and practice consistent with and reinforcing institutions’ commitments to race equality</p> <p>Improved service delivery and impact upon BME communities</p> <p>Increased confidence amongst BME communities of institutions’ commitments to delivering race equality and consequently an increased propensity for their active support and engagement.</p>

Weaknesses	Delivery Actions	Outcomes
	<ul style="list-style-type: none"> • proof reading documents to ensure their sensitivity and compliance with institutions' commitments to race equality • checking to preparation of against strategies, policies and guidance documents 	
Cultural change		
<p>Institutions have made public commitments to race equality but there remains a need for institutions to understand how organisational culture needs to develop in order to meet these public commitments. Central to this is institutions taking responsibility for improving performance on race equality through better services and better service delivery rather than merely improving take up of services that are not meeting needs.</p>	<p>Institutions and partnerships forge closer relationships with and understanding of BME communities through -</p> <ul style="list-style-type: none"> • visits • placements • information gathering (eg quantitative, qualitative and social capital) • workshops (eg the legislative and policy frameworks for race equality) • structured networking events between partnerships and BME VCOs • two-way mentoring between partnerships and BME VCOs <p>Institutions work through a structured process to mainstream race equality eg The Journey to Race Equality or the CRE's guide for public authorities</p>	<p>Better understanding of BME communities and race equality issues and changes in institutional culture necessary to achieve them</p> <p>Mechanisms for assuring race equality in place</p> <p>All staff have an understanding of race equality issues and the roles that they play in delivering it within their respective organisations and the services delivered or procured.</p>

Weaknesses	Delivery Actions	Outcomes
	and partnerships	

Delivery Options

It is very probable that in order to implement these delivery actions, institutions and partnerships will need to commission external facilitation. As there is a synergy between these delivery actions it will be beneficial for their delivery to be commissioned in a single package rather than multiple packages. The options presented below consider how the commissioning process could be managed and implemented.

Options	Strengths	Weaknesses
Management and co-ordination		
Each institution commissions its own support	Each institution has direct control over the scheduling of these activities, how and who to contract and the pace of implementation.	Multiple costs of commissioning Risk of variations in the quality and consistency of support commissioned Loss of synergy between respective institutions activities and opportunities for joint/shared activities
Regeneration partnerships (LSPs or regeneration zones) commission support for their respective partners	Co-ordinated approach at a local or sub-regional level Cost-efficient commissioning Consistency at a local or sub-regional level Potential for co-ordinated and more cost-effective contract delivery	Reliance upon a single provider to simultaneously service the needs of multiple partners

Recommendation

Management and co-ordination is through regeneration partnerships, working to a common specification determined by regional institutions collectively.

IMPLEMENTATION

This is a reminder of some of the discussion that we have had on this issue, but is still subject to finalisation, with your input.

Purpose of Paper

To make recommendations for a Transitional Strategy from developing options for effective engagement to the implementation of selected options.

Context

The purpose of the current Steering Group is to provide advice, support and guidance to AWM and M·E·L Regeneration Ltd in delivering against key objectives and milestones of the ‘Developing Options for Effective BME Engagement Across the West Midlands’ commission.’ The Steering Group’s lifespan has been agreed as being the duration of the commission. This raises questions about how activity post-delivery of the final report will be administered, monitored and co-ordinated. These functions fall outside the tenure of the existing Steering Group and outside of its terms of reference.

By the same token, these functions do not necessarily lie under the domain of Implementation. They sit between these two activities creating the link that ensures effective translation of options into delivery strategies -



Objectives for a Transitional Strategy

In making recommendations for a Transitional Strategy, the following objectives have been taken into account –

4. To feedback the outcome of the consultation and present options to consumers¹² and to stakeholders¹³
5. To support stakeholders through their own respective option appraisals and preparation of action plans
6. To provide an opportunity for stakeholders to present their responses to Rights & Responsibilities and corresponding draft action plans

¹² The term ‘consumers’ is used to cover the BME communities expected to benefit from Rights & Responsibilities

¹³ The term ‘stakeholders’ is used to cover all those responsible for delivering Rights & Responsibilities, whether they are in public institutions, voluntary sector at large or BME communities specifically

7. To provide BME communities with an opportunity to endorse or modify draft action plans
8. To establish links between Rights & Responsibilities and complementary research being undertaken
9. To put into place procedures for monitoring the impact of Rights & Responsibilities.

An underpinning objective is to continue to build confidence and buy-in from BME communities that there is a genuine commitment to improving their engagement and to delivering more sustainable benefits.

Proposal

We propose that the Transitional Strategy comprises four elements –

- Feedback
- Action Planning
- Succession arrangements
- Dissemination

The content of each component is set out below.

Component	Tasks	Objectives met
Feedback	Roadshows to feedback consumers Presentation of options to regional public sector agencies	A
Action Planning	Support to regional agencies to disseminate the options throughout their respective networks of delivery partnerships Technical assistance to stakeholders in selecting options and preparing action plans Co-ordination role to maximise synergy	B, E
Succession arrangements	Preparing a specification/terms of reference for co-ordination and monitoring post- Transitional Stage ie Implementation	F
Dissemination	Roadshows/regional event for stakeholders to promote action plans to consumers	C, D

Implications

Should the Steering Group approve the proposed Implementation Strategy, there are a number of consequent decisions that need to be made –

- How will the Transitional Strategy be resourced?
- Who will administer the recruitment and selection of members to the Transitional Steering Group?
- What reasonable timescale should be provided for stakeholders to produce their action plans?
- Other questions will inevitably arise but are likely to be addressed through delivery of the components outlined above.

Recommendation

- The Steering Group approves the Objectives for the proposed Transitional Strategy
- The Steering Group approves the content of the proposed Transitional Strategy
- The Steering Group secures the necessary resources to implement the Transitional Strategy