

5. Black and Minority Ethnic Groups

INTRODUCTION

The Trafford Compact sets out a series of principles and undertakings with the aim of improving and strengthening relationships between voluntary and community sector (VCS) and statutory sectors in order to best meet the needs of the people of Trafford. However, particular consideration needs to be given to the specific needs, interests and contribution of black and minority ethnic (BME) voluntary and community organisations and the communities they support.

We recognise that in using the term “BME VCS” we are treating a diverse range of communities and groups (with different cultural practices, languages, histories, faiths etc) as one homogenous group. We also recognise that BME groups range from volunteer-led grassroots organisations with minimal funding and informal ways of working, to larger organisations with paid staff, substantial funding, and that the issues they face can be very different. However at this point we find it hard to find a better term than “BME VCS” and so will use it throughout this Code.

BME communities bring a richness and diversity to our borough that has not, to date, been fully appreciated and utilized. BME communities experience many common issues with other communities; however they disproportionately suffer from the effects of racism (individual and institutional), social exclusion and hate crimes. They may also be disproportionately affected by poverty and ill health.

BME voluntary and community groups in Trafford play a vital part in improving the quality of life of their communities, and are often best placed to identify and meet community needs. Mainstream voluntary groups and statutory bodies, however, also have moral and (sometimes) legal duties to work with BME communities to develop local strategies and services to tackle inequalities and meet needs.

This Code of Practice is built on the premise that a cross-sectoral approach is the most effective one to support, engage with and develop BME communities, as well as deliver appropriate and effective services that meet community needs – this will involve closer cooperation between the statutory sectors, mainstream voluntary and community sectors and the BME voluntary and community sectors.

THE LOCAL CONTEXT

In April 2006 the Manchester Council for Community Relations (MCCR) carried out a mapping exercise of infrastructure support for BME VCS groups. The key findings were that Trafford has the fourth highest percentage of BME residents in Greater Manchester (8.36% of population). The largest BME communities are Indian, Pakistani and Caribbean, and are located in the north of the borough, in three of the borough’s most disadvantage wards.

There have been large changes in the composition of the BME community in Trafford, with the arrival of many Eastern European migrant workers as well as refugees and asylum seekers over more recent years. There are clearly new needs to address, however, it is difficult to map these newer arrivals, as they are not as well organised as settled communities and are sometimes harder to reach.

Despite this sizeable BME population there are proportionally fewer BME groups to support the BME population than in comparable areas. In Trafford, the voluntary and community sector in general is under-developed and poorly resourced, and BME groups seem to be disproportionately disadvantaged. There is some support for these groups: both Voluntary and Community Action Trafford and the smaller Trafford Council for Voluntary Services offer support to BME groups in Trafford. The Voice of BME Trafford brings together a range of BME groups, as well as community members, to act as a combined voice and represent the BME community. The BME Service Improvement Partnership (SIP) led by Trafford Council, brings together health and social care organisations across sectors to share best practice and promote joint working.

ISSUES TO ADDRESS

In order to write this Code of Practice, a small-scale survey was carried out with both BME and mainstream VCS organisations. Mainstream organisations were asked about their ability to recruit and support people from BME communities as staff, volunteers and Board members, and their ability to develop services for local BME residents. BME groups were asked about the challenges they face in meeting their community's needs; and to what extent they've been able to work with the statutory sector in identifying and meeting their community's needs.

Mainstream responses showed:

- Evidence of active attempts to develop services to meet the needs of the BME community
- Evidence of a willingness to work together at strategic and operational level with BME VCS organisations
- An acknowledgement that their BME workforce percentage was lower than their desired level
- The majority of responders feel that the costs of targeted recruitment, printing of alternate format information and use of interpreters are barriers to further development
- A high percentage of responders felt that although diversity training was undertaken, their own lack of knowledge of the BME communities was a barrier to meeting BME community needs.

Mainstream organisations clearly have their own support needs in ensuring that services are widely accessible, and their staff, volunteers and Board members represent diverse communities.

BME groups reported:

- The key barriers to their development was the lack of funding; exclusion from mainstream partnerships and initiatives; and short-term funding.
- Most groups felt that being kept informed about consultations and engagement activities would help their groups to be more involved in partnerships and consultations. Many felt that a clear invitation to take part would also help.
- Many also felt that some kind of financial recognition of the work involved when actively taking part would mean that small groups could participate in consultations and partnerships.

It was notable that many of the respondents clearly felt very disillusioned and felt that any attempts at consultation and/or involvement of BME communities and groups are tokenistic and that agendas have already been set. There is also a strong feeling that there needs to be more practical and long-term support for BME groups in order for them to have the capacity to get involved more.

Worryingly, a number of people declined to answer the questionnaire, as they felt that their views had not been valued in the past, and that it was just a tokenistic exercise. There is a strong need, then, for this Code of Practice to address this disillusionment.

AIM OF THE CODE OF PRACTICE

The broad aims of the Code of Practice are:

- To help build a positive relationship between BME communities, BME voluntary & community groups, the wider voluntary and community sector, and statutory partners
- To recommend a number of undertakings for all parties, which will form the basis of a multi-agency approach to identifying BME communities needs, and developing services and strategies to meet those needs
- To support the development of BME voluntary and community groups, building their capacity to meet their community needs
- To recognise and tackle the barriers which prevent BME groups developing and delivering services.
- To address the exclusion experienced by the BME voluntary and community sector, and to commit to involving BME groups in multi-agency strategies at all stages, in real and meaningful ways.
- To support mainstream VCS groups, so they are able to provide appropriate services to BME members of their communities, and to recruit more diverse staff, volunteers and Board members
- To improve statutory services so that they reflect the cultural needs of the diverse communities they serve.

UNDERTAKINGS

The Code of Practice is made up of a series of undertakings for all or specific partners, which all work towards the main aims of the Code, as set out above.

SHARED UNDERTAKINGS:

All partners (statutory sector, BME and mainstream VCS groups) will:

- Work positively together to develop appropriate services for BME communities, delivered by statutory, mainstream VCS and BME VCS groups.
- Improve access to mainstream services
- Work towards the delivery of learning and development programmes for staff, volunteers and management committees of BME VCS groups, as well as BME residents.

- Work towards the delivery of learning and development programmes to support mainstream VCS groups, and statutory agencies, to improve their understanding of the needs of BME communities.
- Work towards an increased level of BME staff, volunteers and Board members in statutory agencies and mainstream VCS groups.
- Develop effective partnerships, ensuring that BME communities are represented by the most appropriate agencies and individuals
- Actively involve BME groups and community representatives in consultations, joint-work and partnerships.

Set up coordinated systems for monitoring ethnicity and other equalities data for all personnel and service users, and use this data to monitor workforce diversity and service uptake.

STATUTORY SECTOR UNDERTAKINGS:

Statutory sector agencies will:

- Recognise the diversity of the local community and work to ensure that its services are culturally sensitive and meet the specific needs of the BME communities.
- Engage BME communities when planning, developing and implementing local services.
- Be pro-active in working with, and consulting with the BME VCS, in order to improve its understanding of the issues affecting the BME communities in Trafford.
- Utilise existing forums as a means of consulting with BME communities on specific issues. Support the development of new and emerging BME (or related) forums, where there would be benefit in increased networking and joint-work
- Seek to use the most effective and meaningful means of engagement with BME communities. Where possible, to provide appropriate resources to facilitate effective engagement, with involvement from all parts of the community.
- Involve BME groups and communities at all stages in consultations, including at the planning and preparatory stages, as well as giving information and feedback on decisions made and outcomes.
- Recognise the vital role that BME VCS groups play in local partnerships and joint initiatives, and seek to involve them actively at all stages, especially in decision making.
- Involve a wide range of groups and individuals to represent the BME perspective, therefore avoiding overload on a few individuals.
- Identify what prevents or inhibits BME VCS groups and community representatives taking part in consultations and partnerships, and agree appropriate measures to address these.
- Provide capacity building support to BME VCS groups, to enable them to deliver their services effectively and to represent their communities in partnerships, consultations, and networks / forums.
- Ensure that funding regimes and processes do not exclude or discourage BME VCS groups. Identify measures that could be taken to enable them to take part in tendering and application processes
- Ensure continuation of diversity and equality training for statutory sector staff, making this available to VCS groups where possible.
- Involve the BME VCS on race equality impact assessments in relation to proposed policies and strategies.

- Support mainstream VCS groups to address their difficulties in developing strategies and services to meet BME the needs of communities.

BME VCS GROUPS' UNDERTAKINGS:

BME VCS groups will:

- Ensure proper governance and accountability, following best practice and using appropriate quality systems
- Make use of appropriate training and learning opportunities, for staff, volunteers and board members.
- Wherever possible take part in forums and networks of other BME groups, sharing knowledge, skills and expertise with the shared aim of improving the quality of life for BME communities
- Within the limited resources available, seek to represent BME communities and present community concerns in local forums, consultations, partnerships and / or multi-agency initiatives
- Recognise that within their communities there are people who experience other kinds of discrimination (based on gender, sexuality, physical ability, age etc), and that other, specialist organisations, are often better placed to support and represent those people.
- Work positively in partnership with mainstream VCS organisations to ensure their services meet the needs of BME communities
- Engage positively in joint work with other BME or mainstream VCS organisations to develop the best ways of meeting community needs (eg joint funding applications, shared posts, collaborative working)

MAINSTREAM VCS GROUPS' UNDERTAKINGS:

Mainstream (non-BME) VCS groups will:

- To actively seek to recruit staff, volunteers and Management Committee members from BME backgrounds as a matter of course. This includes, wherever possible, using specific measures to target BME communities when recruiting staff, Management Committee members and volunteers
- Take into account the needs of BME members of the community when planning and delivering services
- Recognise and value the knowledge, skills and expertise of BME VCS groups and seek to involve them in developing and delivering services
- Play an enabling role in the participation of BME groups in community consultations, planning and partnerships.
- To consult with BME VCS groups and consider their perspective before responding to invitations for representation on partnerships and multi-agency task groups
- Engage positively in joint work with BME or mainstream VCS organisations to develop the best ways of meeting community needs (eg joint funding applications, shared posts, collaborative working)
- Share knowledge, skills and resources wherever possible with BME VCS groups
- Provide access to diversity and equality training for staff, volunteers and Board members

Action Plan:

An action plan will be drawn up annually in relation to the undertakings:

Links to other codes of practice:

The Trafford Compact group will seek to identify areas of common concern for all Codes of Practice Work streams.