



## **SOUTHAMPTON COMPACT**

### **Between the Public Sector and the Voluntary and Community Sector**

## **BLACK AND MINORITY ETHNIC (BME) VOLUNTARY AND COMMUNITY ORGANISATIONS CODE OF GOOD PRACTICE**

### **INTRODUCTION**

1. The Black and Minority Ethnic (BME) Voluntary and Community Organisations Code is one of five Codes of Good Practice developed as part of the Local Compact between the Public Sector and the Voluntary and Community Sector in Southampton. The other Compact Codes cover Volunteering, Funding and Procurement, Consultation and Policy Appraisal and Community Groups.
2. The Compact sets out the Principles that underpin that relationship whilst the Codes of Good Practice set out the more detailed recommended best working practice. Together they aim to increase understanding, clarify expectations and improve joint working in the City.
3. The Compact and Codes are not legally binding but have been developed jointly by representatives of the public sector and the voluntary and community sector with the intention that organisations from all sectors will be able to adopt them as a shared and common way of working.

### **THE BME CODE**

4. The BME Code of Good Practice has been developed to improve the partnership between the BME voluntary and community sector, the voluntary sector and the public sector. Not only does it enshrine issues specifically relevant to BME communities but it is anticipated that what it contains will impact directly on the other Codes developed as part of the Southampton Compact. It aims to
  1. Ensure that policies, procedures and processes do not have an adverse impact on diverse communities and social groups and are consistent with the Race Relations Amendment Act.
  2. Increase understanding and recognition of the role and importance of the BME voluntary and community sector in developing, shaping and supporting policies in promoting race equality.
  3. Increase the involvement of the BME voluntary and community sector at a strategic level in all public service agencies.

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4. Encourage communication and the sharing of good practice across all sectors.

### **WHAT IS A BME ORGANISATION?**

5. An organisation whose main aim is to identify and represent the interests of black and minority ethnic people - this would include faith communities and gypsy and traveller communities.

### **WHAT IS THE PUBLIC SECTOR?**

6. Public funded organisations such as NHS Trusts, the City Council, the Southampton Partnership, the Police, the Learning and Skills Council, the Probation Service.

### **WHAT IS THE VOLUNTARY AND COMMUNITY SECTOR**

*Definition to be agreed and inserted*

### **THE SOUTHAMPTON BME COMMUNITY**

7. The 2001 Census statistics show Southampton with a population of 221,200 including 16,586 (7.63%) people from BME communities half of whom (3.8%) are "Asian or Asian British", primarily from the Sikh communities. The second largest identifiable community is the "Other White" category at 2.57% which includes other Europeans. The new "Mixed" category makes up 1.8% of the population and the "Black or Black British" category 1.1%. The 2001 Census figures are the best currently available but it should be recognised that changes have occurred since that date.
8. Southampton has become increasingly more diverse over the years, with a number of people from "new communities" now settled here. There are communities from Afghanistan, Somalia, French speaking African countries and people from countries in Eastern Europe such as Poland and Russia.
9. Southampton, clearly has a responsibility to ensure that the needs and aspirations of all communities are fulfilled as far as is practicable, and compliance with the Race Relations Act and in particular with the statutory duties as amended under the 2000 Act is one means by which this can be achieved. However, there are also other means by which agencies and organisations can work together to foster dialogue, further community cohesion and address race inequality and some of these are explored in this code.
10. Some of the ways in which race inequality manifest itself are:
  1. Under achievement of BME pupils in some schools
  2. Greater numbers of BME people in the Criminal Justice System
  3. Greater numbers of BME people in the mental health services
  4. Disproportionately higher numbers of BME people unemployed in some

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areas

5. Greater numbers of BME people subjected to stop and search
6. Higher numbers of BME people subjected to racial harassment
7. Disproportionately more BME people living in areas of deprivation

All of these apply to the various communities in different ways, and are examples of the manner in which racism impacts on BME communities.

### **TACKLING RACISM**

11. Tackling racism is therefore fundamental to creating an environment in which diverse communities and social groups can realise their potential and contribute fully to a cohesive Southampton.

#### **Public bodies need to demonstrate**

1. what steps they are taking to achieve racial equality and support the diverse, social, cultural and faith needs of BME communities
2. they are meeting their obligations under the Race Relations (Amendment) Act 2000
3. they operate and monitor a Race Equality Scheme
4. staff are made aware of and receive training on their individual responsibilities under statutory race equality legislation

#### **The Voluntary Sector needs to**

5. make visible and available the strategies they deploy to achieve race equality
6. identify the steps taken to review and monitor the outcome of those strategies

#### **BME Voluntary and Community Groups need to**

7. work together to identify racism

### **CONSULTATION**

12. Consulting with and seeking the views of BME communities and groups is vital in ensuring that services are responsive to needs.

#### **Public bodies need to**

1. consider the views and opinions of Southampton's diverse communities when strategies, policies and plans are developed and approved
2. consult with BME organisations and with individuals from BME

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communities and regularly check that the contact information used is accurate and up-to-date

3. be clear about what they are consulting on from the outset
4. be clear about the difference between providing information on something that cannot be influenced and consulting on something that can be influenced
5. ensure documentation is as clear and concise as possible and made available in other languages and formats
6. allow a minimum 12 week consultation period
7. ensure they feed-back appropriately to BME communities

### **The Voluntary Sector needs to**

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9. consult with BME organisations and with individuals from BME communities and regularly check that the contact information used is accurate and up-to-date
10. be clear about what they are consulting on from the outset
11. be clear about the difference between providing information on something that cannot be influenced and consulting on something that can be influenced
12. ensure documentation is as clear and concise as possible and made available in other languages and formats
13. allow a reasonable consultation period
14. ensure they feed-back appropriately to BME communities

### **All Sectors need to**

15. agree alternative and varied means by which information can be disseminated e.g. places of worship, shops and community centres
16. develop systems to identify and support BME communities who do not have a formal means of representation
17. regularly review consultation mechanisms and contact lists

**BME Voluntary and Community Groups need to**

18. identify and agree designated contacts for communication and consultation with agencies who will also feed back to their own communities
19. provide information on events and activities sufficiently early to ensure an adequate response from all sectors

**13. FUNDING**

**Public bodies need to**

1. publish and make available information regarding the availability of grants and funding
2. publish and make available information about grants and funding received by and on behalf of BME organisations
3. regularly review funding criteria and procedures to ensure that BME groups are not disadvantaged or excluded
4. consider ways of supporting groups who do not have the organisational structure to access funding opportunities
5. recognise and support the capacity building and infrastructure needs of the BME voluntary and community sector

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**All sectors need to**

11. support BME groups and individuals to build a resilient and sustainable infrastructure

**BME Voluntary and Community Groups need to**

12. have in place the structures and mechanisms required to manage grants and funding

13. make information available to their members about grants and funding

**13. VOLUNTEERING**

**The Public Sector need to**

1. recognise the contribution of the BME voluntary sector and BME volunteers and take steps to ensure fuller integration in the wider voluntary sector

2. develop specific programmes to encourage more people from BME communities to participate in voluntary activity

3. recruit young people from BME communities as volunteers and to act as role models.

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**BME Voluntary and Community Groups need to**

7. promote the contribution that BME volunteers make in their own communities

**14. COMMUNITY GROUPS**

**All sectors need to**

1. consider the particular needs of new and small BME community groups and develop ways of supporting and assisting their long term sustainability and growth

**MONITORING AND EVALUATION**

15. There is a deeply held view amongst many in BME communities that for the Compact and Codes of Good Practice to work effectively there needs to be a means by which progress can be measured and monitored. The areas that should be covered are:
1. complaints and disagreements between various participants of the Compact and Code in matters relating to BME communities
  2. ensuring public bodies regularly publish information on funding applications for projects and programmes to ensure that the funding process does not unfairly disadvantage BME groups and reflects the views and aspirations of people in BME communities
  3. regularly reviewing funding criteria and procedures to ensure that BME groups are not disadvantaged or excluded
  4. regularly reviewing the quality of consultation mechanisms
  5. reviewing the work of Public bodies with regard to their responsibilities under race equality legislation

Consideration might therefore be given to a single body to monitor and evaluate the quality of these arrangements.