



GOVERNMENT OFFICE
FOR YORKSHIRE AND THE HUMBER

ChangeUp - voluntary and community sector infrastructure

race equality framework
and guidance for regional and sub-
regional consortia

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Introduction

In taking forward ChangeUp in Yorkshire and the Humber we have an opportunity to embed a set of principles and practices that will ensure that the whole voluntary and community sector benefits from the strategy. The ChangeUp budget for the region is £5.7m. As valuable as this is, we also recognise ChangeUp's potential for the way we plan, manage, organise and deliver infrastructure support services in the region. For the first time, we can take a strategic approach – identifying needs and targeting provision accordingly.

Government has a vision for a fairer more tolerant and inclusive society where there is equality of opportunity for all. This cannot be achieved if significant communities remain entrenched in social and economic exclusion. Published data has clearly demonstrated that Black and minority ethnic (BME) communities are over-represented in deprived areas and similarly there is evidence that BME communities have been 'invisible partners' in past regeneration programmes. ChangeUp Yorkshire and the Humber must avoid replicating those earlier failings.

The voluntary sector plays a critical role in building strong communities and delivering public services but its performance on race equality has been constrained by –

- the incidence of many generalist infrastructure organisations being slow to understand and respond to the needs of BME voluntary sector organisations (VCOs); and
- the fragility of many BME organisations.

Our purpose in producing this Race Equality Framework is to strengthen the infrastructure support available to BME frontline VCOs – to make it more accessible, more responsive and more accountable.

Purpose of the Race Equality Framework

The purpose of the Race Equality Framework (the Framework) is to ensure that BME voluntary and community organisations benefit from ChangeUp investment in Yorkshire and the Humber.

Its objectives are -

- 1 to ensure that the BME voluntary and community sector is actively engaged in managing and delivering ChangeUp in Yorkshire & the Humber;
- 2 to ensure that generalist and specialist infrastructure understand and accept their shared and distinct responsibilities for meeting the needs of BME frontline voluntary and community organisations;
- 3 to increase generalist infrastructure's penetration into and impact upon BME voluntary and community organisations;
- 4 to strengthen the capacity of BME infrastructure to deliver specialist services; and
- 5 to record and disseminate good practice in engaging BME VCOs as partners, delivery agents and users.

Who is the Race Equality Framework for?

The Race Equality Framework (the Framework) has been developed with consortia¹ needs in mind. Nonetheless there are other stakeholder groups that will be interested in improving infrastructure support delivered to BME VCOs. This Framework will be helpful to –

- Government Office for Yorkshire and the Humber
- The Regional Forum
- Sub-regional consortia
- Generalist infrastructure support organisations
- Specialist BME infrastructure support organisations
- Frontline VCOs

These stakeholders have different needs but whether they are for widening engagement in management structures, ensuring contracting and procurement processes promote race equality, building race equality into project delivery, a medium for developing and disseminating good practice or advice on monitoring and continuous improvement the Framework will be of value.

What does race equality mean?

Under race relations legislation it is unlawful for a person to discriminate on racial grounds against another. On top of this

¹ The term consortium is used to describe the partnership arrangement put into place to manage ChangeUp delivery regionally, sub-regionally and locally.

many public institutions are bound by the general duty to promote race equality. This means they must have due regard to the need to –

- eliminate unlawful discrimination;
- promote equality of opportunity; and
- promote good relations between different persons of different racial groups

Voluntary sector organisations are bound by the legislation on racial discrimination but not by the race equality general duty. However should you be working in partnership with listed authorities, then the requirement for that listed authority to meet the general duty will impact upon you.

What are the benefits of promoting race equality?

Underpinning ChangeUp is the vision of frontline organisations playing their full potential in improving the quality of life of the communities they serve and so contributing to civil renewal. Recognising the increasing diversity in our communities, voluntary and community organisations will be ill-prepared to accomplish this if they are not geared up to promoting race equality.

Promoting race equality will help consortia to –

- meet the needs of all the VCOs they serve or hope to benefit;
- improve the way infrastructure support services are delivered;

- contribute to a culture of inclusion, based on mutual respect for people from different racial groups;
- prevent racism and discrimination, both in the way the consortia work and in the outcomes towards which they are working;
- improve public confidence in VCS services; and
- be examples of good practice for others in the VCS and public sectors to emulate.

The BME voluntary and community sector

BME VCOs work primarily within BME communities, being vital agents in alleviating social and economic exclusion and advocating on behalf of marginalised communities. In spite of this there is still a tendency for BME VCOs to be excluded from traditional structures, processes and resources. Published information about the BME voluntary and community sector (VCS) confirms that –

- BME VCOs actively involve some of the most socially excluded people and communities;
- they are relatively much younger than many of the generalist counterparts;
- very few have achieved the size or scale of generalist medium and large scale charities;
- few BME VCOs are in a position to affect real change at national level;
- BME VCOs find it increasingly difficult to secure long term core funding;

- few BME VCOs were aware of local compact development and did not feel engaged as full partners in local development work.

The debate about the role of specialist infrastructure has become increasingly sophisticated. The consultation on voluntary and community sector infrastructure² presented arguments that – “... *the accent should be shifted more towards addressing the issues underlying the way BME needs have been excluded and marginalised from the concerns of some generic infrastructure organisations.*” The same consultation document also pointed out that whilst some functions are best delivered by specialist BME infrastructure “...*on occasion inappropriate support is provided by BME specialist organisations that lack the generic skills and expertise in infrastructure building.*”

BME infrastructure is part of the solution, but only part. Generalist infrastructure support also has a role to play.

The regional context

Yorkshire and the Humber is comparatively well served by BME VCOs, having 7.6% of total BME VCOs against a BME population of 6.5%. But this is no cause for complacency. In some parts of the region, BME communities are tightly concentrated whilst in others they are thinly dispersed with very little BME voluntary sector infrastructure.

At a regional level, we no longer have a fully functioning BME network, increasing the risk

² OPM, Voluntary and Community Sector Infrastructure – Summary of consultation responses: Final Report, March 2004

of fragmentation within the sector and dislocation from the wider network of VCS infrastructure organisations.

In reconfiguring infrastructure support provision we must ensure that we are getting the best out of both the specialist BME infrastructure and the generalist infrastructure. Each has its strengths and role to play and each will become increasingly dependent on the other.

In the coming months a new BME VCS Regional Panel will be established. Its objectives are outlined below.

BME VCS Regional Panel Objectives

1. Provide effective BME advocacy at the regional level by:
 - improving collective understanding of the BME sector's diversity, varying needs and the multiple problems that they face; and
 - working at a strategic policy level with regional partners from the statutory, non-statutory and voluntary sector, to ensure that an equality framework is not only built in, but becomes an intrinsic part of the region's strategic agenda for prosperity.
2. Helping sub-regional and local BME and non-BME VCS organisations to fully engage and benefit from the wider VCS infrastructure support at a district, sub-regional and regional level by:
 - providing the BME VCS intelligence spoke to the regional hub;
 - working through existing District networks to develop sub-regional

hubs that interface with sub-regional consortia;

- redressing the 'equality deficit' by ensuring through its sub-regional and district links, that resources are better directed to the priority areas of need within the community;
- building links with sub-regional consortia and district infrastructure organisations to commission specialist support that enhances their ability to work across BME communities; and
- ensuring that infrastructure organisations develop race equality action plans that demonstrate what impacts they have made in terms of the service they provided to engage and develop BME communities.

Principles

The Race Equality Framework offers a strategic approach for all stakeholders. Whether consortia are operating in areas of high BME populations or areas where BME communities are more dispersed and experience both isolation from other BME communities and rural isolation the Race Equality Framework is equally applicable.

As it was developing it became clear that along with the sector's excitement about its arrival there was some anxiety about its possible use as a regulatory tool. The primary purpose of the Race Equality Framework is to ensure that BME voluntary and community organisations benefit from ChangeUp investment in Yorkshire and the Humber. It is underpinned by a number of principles that aim to simultaneously

recognise the sector's independence and sovereignty and its role in delivering a public policy -

- **promoting race equality** – consortia are signed up to this goal;
- **no-blame** – the Race Equality Framework aims to encourage achievement rather than apportion blame for failure;
- **flexibility** - organisations are at different starting points, working in different VCS environments and with different capabilities and resources;
- **risk** – organisations are keen to succeed but fear making mistakes and further alienating BME VCOs;
- **learning** – mistakes will be made and the Race Equality Framework enables lessons to be learnt from those mistakes and disseminated for the benefit of others; and
- **continuous improvement** – the Race Equality Framework is not a process that you start and complete or an examination that you pass or fail. It is a process of continuous improvement through which you systematically move towards race equality.

Terminology

Terms are often be used without a common understanding of their meaning. The terminology used in this Race Equality Framework is defined below.

Direct discrimination

Less favourable treatment of a person on racial grounds compared with the treatment or likely treatment of a person from another racial group in the same or similar circumstances.

Indirect discrimination

Two categories, being –

On grounds of race or ethnic or national origins – the use of an apparently non-discriminatory 'provision, criterion or practice' which puts people from a particular race or ethnic or national origin at a particular disadvantage compared with others, unless it can be shown that the provision, criterion or practice is a proportionate means of achieving a legitimate end.

On all racial grounds (but effectively grounds of colour or nationality) – the use of an apparently non-discriminatory requirement or condition which applies equally to everyone, but can only be met by a considerably smaller proportion of people from a particular racial group, is to the detriment of someone from that group, and cannot be objectively justified

Race equality proofing

Reviewing policies and practices within your consortium to ensure that they take account of the circumstances and needs of BME communities

Race equality impact assessment

A systematic way of finding out how a proposed policy is likely to affect the promotion of race equality

Race equality mainstreaming

Race equality mainstreaming race equality is about promoting race equality by making the necessary changes in –

- corporate policies;
- patterns of resource allocation;
- services provided; and
- the way services and facilities are accessed.

How to use the framework

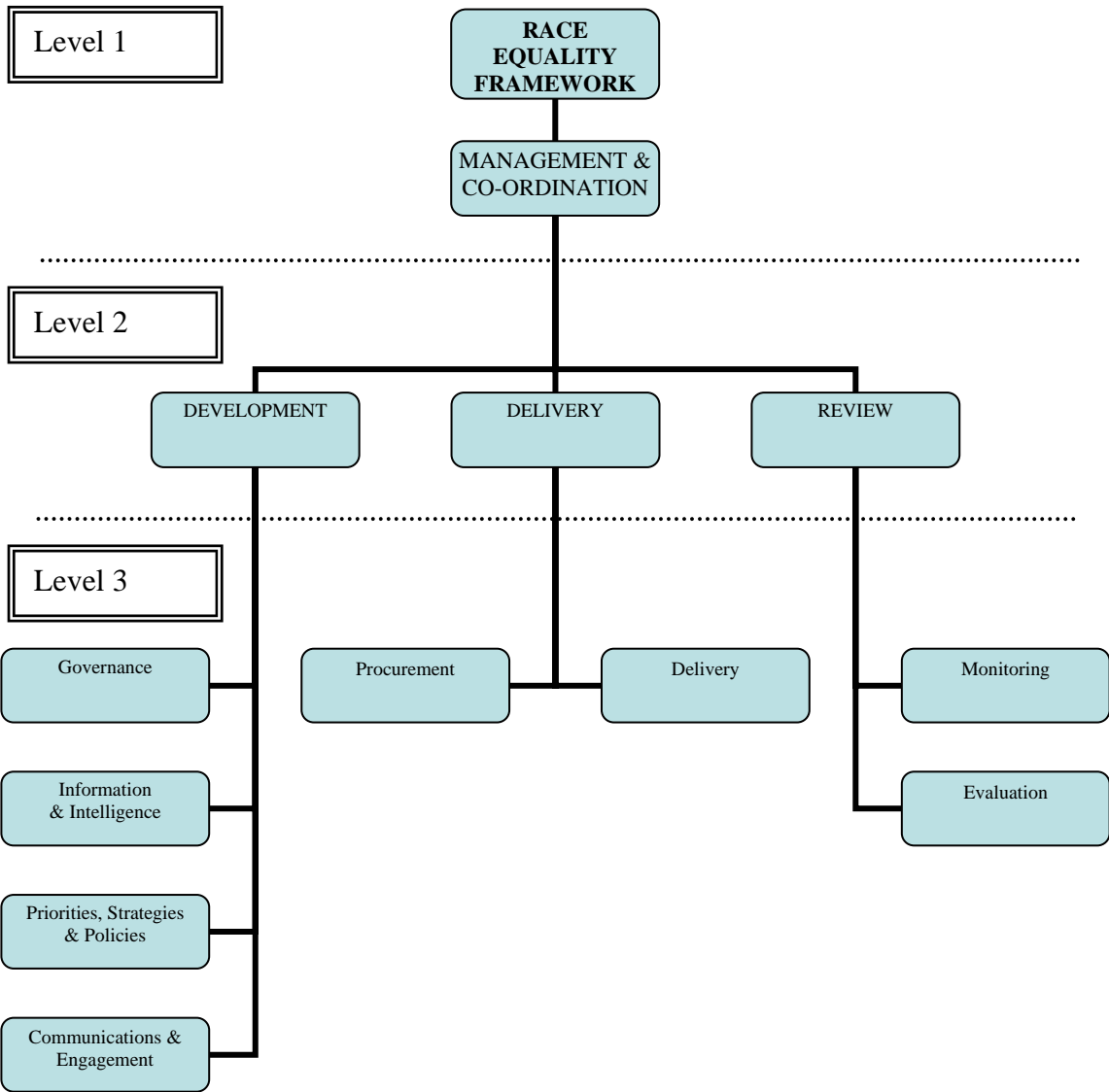
The Framework is structured into three levels -

Level 1 – covers consortia’s management and co-ordination of the Framework.

Level 2 – contains overviews of the three pillars supporting the Framework.

Level 3 – contains the modules under each respective pillar.

Consortia are at different stages in the completion of their Infrastructure Investment Plans and commissioning project delivery. The Race Equality Framework is designed to give consortia discretion about which pillars/modules to prioritise for immediate attention. However, it should be emphasised that where race equality has not featured in the development of a plan, it is unlikely to feature in its delivery, monitoring or evaluation.



Resources

The Framework contains tools and resources to guide its management, development, delivery and review. Each pillar is introduced with an overview citing key issues and lessons, before drilling down to individual modules. There you will find –

- descriptions of the issues that need to be addressed under each respective module;
- illustrations of typical traps, gaps and weaknesses;
- checklist;
- illustrations of good practice; and
- a pro forma action planning framework.

Management and Co-ordination

Ownership

Consortia have responsibility for delivering ChangeUp either sub-regionally or regionally. This includes responding to unmet needs amongst specialist organisations, marginalised groups, BME communities and those in rural areas. Consortia need to take the lead and be seen to be taking the lead in building race equality into their management, delivery plans, contracting, monitoring and evaluation.

Governance structures vary from consortium to consortium, with some delegating specified function to sub-groups. The practice of delegating race equality to a sub-group has its merits under the right circumstances but in other cases it can be extremely counter-productive. With regard to ownership and implementation of the Race Equality Framework, each consortium must decide which appropriate suits itself most.

The checklist below will help you to determine if it is best for this function to be retained by the full consortium or if you can afford to delegate it to a sub-group. In responding to each question, you should also consider what evidence could be offered in support of your response.

Checklist

3. Is your consortium reflective of the diversity of BME communities in its catchment area?
4. Have BME communities been fully engaged in developing your Investment Plan?
5. Do you have an agreed 'corporate strategy' for race equality?
6. Are you confident in BME communities' belief that your consortium is committed to race equality and has mainstreamed it into your work programme?
7. Do all consortium members share a well informed understanding of the BME VCS and BME communities in your catchment area?
8. Are members confident in their capacity to engage BME communities and to deliver services to them?
9. Are there any reasons why particular consortium members should not participate in implementing the Race Equality Framework?

If you have answered NO more times than YES, then you should strongly consider retaining responsibility for implementation of the Race Equality Framework with the full consortium.

Preparing for implementation

Consortium members should prepare for working through the Framework by –

- reading through the Framework;
- collating and reading background information to the BME VCS in the region or sub-region (this could include research commissioned through the Early Investment Programme or any research and reports that may have been commissioned by other local, regional or national organisations);
- reviewing your consortium's membership structure and management protocols;
- reviewing your Investment Plan

- being open-minded and not defensive of the historic or current situation.

When to use the Race Equality Framework

The Race Equality Framework is designed to be used from the introduction of the ChangeUp strategy. Obviously consortia have progressed from this point significantly but the Framework is a resource for use in –

- planning
- procurement and contracting
- project delivery
- performance management
- evaluation

It is not too late to start using the Race Equality Framework

Where to start

The Framework's foundation is BME engagement in the consortium's governance arrangements and preparation of your Investment Plan. Inevitably there will be a tension between reviewing existing structures and commitments and those yet to be determined. Consortia will need to reconcile this locally, appreciating the risk of perceived exclusion amongst BME VCOs and the imperative to introduce more effective infrastructure support sooner rather than later.

A strategy worth considering is dividing implementation amongst consortium members. This would enable modules to be addressed in parallel whilst keeping overall management and control with the full consortium. Should this strategy be implemented it remains essential that all consortium members are involved in working groups and each reports back to the full

consortium on its performance. In addition it is good practice for consortia to agree standard terms of reference for working groups introduced.

Annex 2 contains illustrative terms of reference.

How to work through modules

Once you have agreed where to start or have designated modules to dedicated working groups, you need to plan how you will work through each module. There is no single approach to how to tackle this. Some consortia may prefer group discussion and consensus on each item and others may prefer to collect individual members' responses against each module and go with the majority decision. Similarly, some consortia may opt for the process to be independently facilitated whilst other may prefer to manage the process within the group itself.

Whichever approach is adopted, each module contains material to provoke debate and to help you shape your way forward.

Evidence

Each module asks you to identify what evidence you have or will need in order to substantiate your plans and decision-making. The value of this is that evidence –

- gives you confidence that you understand the nature of the situation;
- enables you to develop solutions that are appropriate to the situation;
- underpins your communications to stakeholders; and
- provides a baseline for robust monitoring and evaluation.

Development

The vision expressed in ChangeUp includes ensuring that support is structured for maximum efficiency, offering excellent provision that is accessible to all while reflecting and promoting diversity. It will be through these means that the sector's role in improving the quality of life for communities will be strengthened.

Delivery of infrastructure support provision is not new. It has been available in various guises over many years, delivered by councils for voluntary service, local, sub-regional and regional networks, umbrella groups and special interest groups that may be based on thematic or diversity issues.

The Cross-Cutting Review's description of infrastructure support was that it "... has developed piecemeal and while some parts of the sector are well served, the overall coverage is variable in quality and fragile." Through ChangeUp, the future development of infrastructure provision can be strategically driven. This means –

- establishing consortium structures to drive ChangeUp regionally and sub-regionally;
- obtaining reliable information about the needs and opportunities in the target area;
- setting out priorities for what consortia aim to achieve in the short, medium and longer terms;
- developing strategies and policies to steer the consortium's work;
- engaging stakeholders throughout the process.

These activities fall under the Race Equality Framework's Development Pillar ie developing the structures, strategies and resources necessary for the effective delivery of ChangeUp regionally and sub-regionally. Development is the foundation of the Race Equality Framework as if race equality is not built in here then it becomes progressively difficult to expect it in project delivery, outcomes and impact.

MODULE: GOVERNANCE

Why governance issues need to be addressed within the REF

For the purpose of this Toolkit, Governance is interpreted as 'the systems and processes concerned with ensuring the overall direction, effectiveness, supervision, and accountability of an organisation.'³ It is at the heart of the Race Equality Framework as the design, composition and operation of your consortium's governance structures and protocols have a significant bearing on whether the BME VCS feels engaged and believes that it will benefit from the ChangeUp investment.

It is the responsibility of each Consortium to develop governance structures that are effective, ie

- they represent the interests of the whole VCS in the region or sub-region;
- they build relationships with wider stakeholders;
- they are accountable to the VCS in the region or sub-region; and
- they operate democratically.

Illustrations of typical traps, gaps and weaknesses

Sometimes the way that race equality is built into governance structures can look right on paper but yet fail to deliver its potential. Some of the assumptions and pitfalls to avoid are presented below.

- Partnerships build on past relationships which may serve to exclude or inhibit involvement of BME VCOs
- Assumptions that the generalist VCS adequately understands and represents the interests of BME VCOs
- BME members coming on board after key decisions have been taken and resources allocated
- Presumption that representatives from all BME communities must be present at all meetings and that failing this it is 'safer' to have none rather than run the risk of stimulating conflict
- The number of BME consortium members is only prima facia evidence of a commitment to race equality
- Being from a BME community is not necessarily synonymous with representing the BME VCS or having a perspective informed by being from the BME VCS
- Having a high profile does not in itself mean that the candidate is best placed to advocate impartially for the BME VCS as a whole
- A small BME VCS does not mean that it can be overlooked. In many ways there is even greater cause for engagement as not only will

³ Foundation for Good Governance, (June 2004) Development of a Governance Strategy for the Voluntary and Community Sector, Active Community Unit, Home Office, London

they face discrimination and other barriers experienced by BME VCOs, they may also be experiencing isolation.

- No BME VCOs wish to engage in the process – it may be a capacity issue within the BME VCOs but equally it may be the process itself
- Expectation that BME members will meet your consortium's responsibilities for race equality and meet BME VCOs' needs

Checklist

Below is a set of questions for consortia to consider. You should aim to reach agreement on each question and to evidence your conclusions.

- Does the BME VCS feel that it is valued as an equal partner? For example have you consulted BME VCOs about the ChangeUp process and do they feel their interests are represented on your consortium, whether this is by generic infrastructure organisations, or if appropriate, a BME infrastructure organisation
- Does the BME VCS have an equal opportunity to participate in decision making? If there are any member(s) from BME organisations on the Consortium, then do they attend regularly and do they feel they are able to influence decisions? If there are not any then what alternative arrangements have you made to ensure BME input?
- What do you know about the different characteristics and experiences of BME VCOs that might impact upon their engagement with the consortium? For example, BME infrastructure organisations may be small and have little time to participate. They may be part of a voluntary BME network. There may not be any BME infrastructure organisations, but only front-line organisations which may be difficult to engage. Potential members of the consortium may be members of other networks and committees and may be over-stretched in terms of time and energy.
- What are the implications of these differences? Have you thought of what you can do to overcome any barriers identified? For example, getting a front-line group on the consortium if there is no BME infrastructure group, or including within the Investment Plan, a bid to develop a BME voluntary network so it has a paid worker who might then have the time to participate on the consortium.
- Was your appointment process the most effective way to appoint the most effective candidates from the BME VCS? How did you identify BME groups throughout the sub-region? Was your information as up-to-date as possible? How did you market the benefits of participation on the Consortium to groups? Did you have a ChangeUp consultation meeting to discuss what is involved in being on the Consortium?
- Do your membership criteria unwittingly exclude BME VCS engagement? For example, a criterion which includes only paid staff of an organisation may exclude BME groups and networks that do not have paid staff. A criterion that excludes front-line groups may also exclude BME participation if there are no BME infrastructure groups, or there are none that have time to participate.
- If candidates within your membership criteria are not forthcoming, what steps are you taking to explore candidates from other areas of the BME voluntary and community sector? Have you thought of involving BME front-line groups as members of the consortium? These may have a specialist remit, such as care sector issues, and may have useful knowledge of the infrastructure needs of front-line groups in this sector.
- In view of the size and development of the BME VCS relative to the generalist VCS, what steps are you taking to identify and support

'rising stars'? For example, do you network formally or informally with BME organisations or to you keep in touch with any BME representatives that you might meet at meetings and events that you attend?

Illustrations of good practice

Below are a number of good practice points that your consortium could consider in order to improve BME engagement in your governance structures and processes.

- Validate the reliability of information upon which judgements and decisions are made about BME engagement
- Undertake outreach promotions to and networking with BME VCOs
- Consultation – consumer surveys, focus groups
- Set aside a budget for engagement costs
- Commit time to understanding the BME VCS in the region or sub-region

Evidence

What evidence do you have or will you need to support your decision-making

Available evidence

Evidence to be collected

MODULE: INFORMATION AND INTELLIGENCE

Why information and intelligence need to be addressed within the REF

It is well documented that relative to the generalist voluntary sector the BME VCS is -

- poorly resourced
- inexperienced in partnership working
- poorly organised with a weak infrastructure

The Early Investment Programme mapping report signalled an emerging theme to undertake in-depth mapping of the BME sector to establish current activity in relation to need. Evidently the absence of such critical information has severe knock-on effects for the consortium and its effective delivery of race equality.

Consortia need to ensure their accessibility to reliable and up to date information and intelligence about the BME voluntary and community sector in order to -

- know where BME voluntary and community groups are located and what their broad remit is;
- have knowledge of where the infrastructure organisations are and what kind of infrastructure support they are offering;
- know what networks of BME VCOs are operating in the sub-region;
- understand the different support needs of the BME voluntary and community sector; and
- use the information and intelligence gathered to inform your consortium's direction and activities.

Illustrations of typical traps, gaps and weaknesses

Sometimes within the generalist voluntary sector and indeed the BME voluntary sector, people presume to know what BME organisations exist, where they are located, what they do and what their needs are. This can breed future problems. Other assumptions and pitfalls to avoid are presented below.

- Some BME self-help groups may be difficult to find as they have no premises and may not be registered as a charity or company.
- Surveys of the sector can be out-of-date.
- The dynamics within the sector mean that surveys will never capture 100% of the information and intelligence available. At some point it is necessary to decide that there is sufficient information to at least make an informed start.
- Some networks of BME organisations may be convened by a statutory authority such as a PCT to help with its planning. Although these are not strictly BME-led networks this does not mean they should not be consulted but keep in mind their remit and understand their

limitations.

- There may be BME infrastructure organisations who act as 'gatekeepers'; they may have the strongest voice but they may not consult widely within their own sector and may keep information to themselves.
- Organisational capacity building is not the only form of infrastructure support the BME VCOs need. Like most small VCOs they often have a need for hands-on specialist technical support.
- It is a mistake to focus information gathering only on the BME infrastructure when the generalist sector also has a role to play and its own unique needs to enable it to deliver that role.

Checklist

Below is a set of questions for consortia to consider. You should aim to reach agreement on each question and to evidence your conclusions.

- Do you have an up-to-date knowledge of the characteristics of the BME voluntary and community sector in the consortium area – its location, size and remit?
- Have you engaged the BME VCS in analysing information and intelligence gathered, developing options and undertaking options' appraisals?
- Do you know what the support needs of the front-line organisations and the impact of meeting those needs?
- Do you know what BME infrastructure organisations and networks operate within the catchment area, how they are resourced, what they offer and to whom?
- Have you assembled up to date information about the experience of generalist infrastructure organisations in meeting the support needs of BME VCOs?
- Do you know what (if any) the barriers are that might be restricting BME VCS uptake of infrastructure support – generalist and specialist?
- What are the implications of these barriers?
- What steps have you taken to go beyond the 'gatekeepers' and find out if other BME infrastructure organisations exist, or strong frontline groups who may act as a network link into a group of BME organisations with similar characteristics (eg refugee community organisations)?
- How has your knowledge of the characteristics of the BME voluntary and community sector influenced your Infrastructure Investment Plan?
- Are you confident that you have the most appropriate configuration of services and delivery mechanisms in place to meet the needs of BME frontline VCOs, BME specialist infrastructure and generalist infrastructure?

Illustrations of good practice

Below is a set of good practice points that your consortium could consider in order to improve your knowledge BME VCS needs and existing support structures and provision.

- Analyse existing surveys and research into the characteristics of the BME VCS and identify gaps for further research
- Commission your own surveys to find out more information
- Consult with the sector to gain an in-depth understanding of the barriers to take up of infrastructure support and how to overcome them
- Take time to visit infrastructure organisations and networks if they cannot come to a consultation meeting

Evidence

What evidence do you have or will you need to support your decision-making

Available evidence

Evidence to be collected

MODULE: PRIORITIES, STRATEGIES AND POLICIES

Why priorities, strategies and policies need to be addressed within the REF

There is clear evidence of consortia having a commitment to race equality and engaging the BME VCS but this commitment needs to be underpinned by a 'strategic, systematic and coherent approach led from the top'⁴ underpinned by clearly identified race equality outcomes. This is often a daunting task and there are institutions subject to the Race Relations (Amendment) Act 2000 that have struggled to achieve this.

It is quite plausible that consortia strategies and policies can unwittingly discriminate against BME infrastructure. For example membership could be targeted at structured networks with full time staff, thereby potentially excluding well-established yet informal BME networks that do not have staff. Similarly the urgency to allocate ChangeUp resources could result in exclusion of BME providers or service delivery to BME VCOs being inadequate to meet their needs. These examples illustrate how discriminatory practices can be built into strategies and policies even against consortium's commitment to race equality. Because of these risks and the damage that they can cause consortia should be formally reviewing priorities, strategies and policies to ensure that they are consistent with the objective to ensure that BME voluntary and community organisations benefit from ChangeUp investment in Yorkshire and the Humber.

Illustrations of typical traps, gaps and weaknesses

Consortia have been under pressure to produce their Infrastructure Investment Plans and unlike rural issues where a rural proofing checklist was provided, they have not had any central guidance about expectations on race equality. Some of the assumptions and pitfalls to avoid are presented below.

- Devising priorities, strategies and policies and then retrospectively reviewing them to ensure that they do not discriminate against any ethnic communities – as opposed to mainstreaming race equality in the strategy development process with a clear commitment to promoting equality of opportunity and good relations between people of different racial groups
- Fears that addressing race equality will result in a backlash from the generalist VCS who may perceive that they are not benefiting from the same 'special attention'
- Not having race equality outcome targets
- Confusion that addressing race equality means having specialist race equality staff or tailored projects delivered specifically by BME VCOs
- Designating responsibility for race equality proofing and impact assessment to the BME members in the consortium
- Comfort zone – reluctance to change

⁴ Audit Commission, *The Journey to Race Equality: Delivering improved services to local communities*, 2004, The Audit Commission

- Decisions made based on inadequate information and a poor understanding of issues across the target area
- Fear of failure or being 'exposed' – how will it look to GOYH and others if the strategy or policy is found to be discriminatory?

Checklist

Below is a set of questions for consortia to consider. You should aim to reach agreement on each question and to evidence your conclusions.

- ☑ Identify the aims of the strategy or policy – what do you hope to achieve, how will you do it, have you set targets for BME infrastructure and BME VCOs, are there risks to the promotion of race equality?
- ☑ Consider the evidence - what do you know about the different characteristics and experiences, situations and roles of BME infrastructure and BME VCOs (quantitative and qualitative) and the past experience of infrastructure support provision?
- ☑ Assess the likely impact – does the proposed strategy/policy have a significant negative consequence for any BME communities, could the strategy/policy damage relations between you and BME communities or between BME communities themselves, does it promote race equality?
- ☑ Consider alternatives and make a decision about the strategy/policy– is the strategy/policy necessary, how else could you achieve its objectives, could you change particular elements of the strategy/policy, what justification is there for leaving it as it is?
- ☑ Implement decision and communicate it to stakeholders
- ☑ Make monitoring arrangements – monitor delivery to ensure its positive impact up race equality, taking remedial action where necessary
- ☑ Publish assessment results –promote good practice, influence other public and voluntary sector stakeholders, encourage engagement by BME VCOs

Illustrations of good practice

Below are some practice points that your consortium can consider in order to ensure that your priorities, strategies and policies promote your commitment to race equality.

- Consultation should be ongoing throughout each stage of impact assessment
- Seek advice should you become stuck at any point in the process
- Challenge – do not base decisions on unfounded assumptions

Evidence

What evidence do you have or will you need to support your decision-making

Available evidence

Evidence to be collected

MODULE: COMMUNICATIONS AND ENGAGEMENT

Why communication and engagement issues need to be addressed within the REF

It is important that the whole of the BME VCS should feel engaged with the ChangeUp process, not only through the governance structure, but through regular communication flows, as well as consultation processes where they have the opportunity to influence decisions about their own support needs. Communication is about finding ways of reaching BME VCOs to inform them of the development of the Infrastructure Investment Plan and its implementation, and how they might get involved. Engagement is about participating in the governance structure and also about opening up opportunities for the whole of the BME VCS to feed back its views on the development of the Plan and influencing the nature of the Plan.

It is the responsibility of each consortium to communicate and engage with the BME voluntary and community sector so that:

- the BME VCS knows about the ChangeUp process and how to get involved;
- the BME VCS has an opportunity to input into the Infrastructure Investment Plan; and
- relationships and trust are built between the generic VCS and the BME VCS.

Illustrations of typical traps, gaps and weaknesses

Communication and engagement processes need to be customised to their audiences and a 'one-size-fits-all' approach is not always appropriate, especially at the awareness stage. Some of pitfalls and things to look out for are presented below.

- Some people do not read written communications unless they can understand and value what they might get out of it. This is increasingly the case for email attachments.
- Communications may not reach all intended recipients eg if the addresses are wrong (see information section) or organisations are not on email.
- Time or other operational issues may limit the capacity for engagement amongst small front-line BME organisations but this is not to say they might not be interested in becoming involved in some way if these barriers were overcome.
- Some BME infrastructure organisations may feel unconfident to participate in the governance structures as they may not be used to presenting their case for packages of support and negotiating around this.
- Some BME front-line VCOs may not want to engage in the ChangeUp process as they may have had a poor experience of engaging with infrastructure organisations in the past.
- In some areas, once a BME organisation raises its head above the parapet, it is deluged by requests to join other partnership structures. This can be a strong deterrent.

Checklist

Below is a set of questions for consortia to consider. You should aim to reach agreement on each question and to evidence your conclusions.

- What promotional activity have you done about the ChangeUp process, and do you know what issues might engage the initial interest of different sub-sectors of the BME VCS: infrastructure organisations, front-line groups in different sectors?
- Do you know what type of communication would be most likely to reach different BME groups?
- Are you aware of the barriers to engaging in the ChangeUp process, either in governance or in feeding back views?
- Do your engagement processes overcome these barriers?
- Does the ChangeUp process support BME infrastructure organisations to be effective in their involvement in governance?
- Are you building relationships within the BME VCS through consultation so organisations are confident that their views will be taken into consideration?

Illustrations of good practice

Below is a set of good practice points that your consortium could consider in order to improve the effectiveness of your communications and engagement processes.

- Ongoing consultation about the ChangeUp process to increase awareness
- Holding some of your general consultation events in BME community centres to increase the likelihood of BME attendance and to build relationships
- Running focus groups to discuss the type and means of communication that would increase the likelihood that BME organisations would take notice of ChangeUp
- Running focus groups to explore what would increase involvement and engagement by both infrastructure groups and front-line groups
- Training all consortium members to become effective participants in ChangeUp's governance

Evidence

What evidence do you have or will you need to support your decision-making

Available evidence

Evidence to be collected

Action planning

| Output | Actions/Methods | Timescale | Lead member |
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Delivery

Working through the Development Pillar will have led consortia to identifying and justifying race equality outcome targets and developing strategies for how to achieve them. The Delivery Pillar builds on this foundation to consider how to configure and deliver services that meet your consortium's objectives.

For many consortium members, responsibility for administering resources such as these under ChangeUp will be quite new. There is an abundance of experience in applying for funds and managing their own financial resources but sitting on the consortium brings a new challenge to strategically manage the distribution of a limited resource.

The role requires members to take a strategic look at what is best for the region or sub-region and not what is best for them or even their respective target groups. It entails making harsh decisions about –

- what services are needed;
- what is the best way of delivering them;
- who is best placed to deliver them;
- the appropriate cost of service delivery; and
- the aggregate impact of different profiles of service delivery.

There are choices to be made and well developed processes eg option appraisal that can usefully inform decision making. The capacity to engage BME VCOs varies significantly across the region but regardless of geography it is your

responsibility to ensure that all infrastructure works for the benefit of BME VCOs. Consortia must be seen as leading from the front – promoting race equality throughout their procurement processes and ensuring that it is mainstreamed – not merely tacked on, in service delivery contracted.

MODULE: PROCUREMENT

Why procurement needs to be addressed within the REF

Increasingly sustainability in the voluntary sector is becoming dependent upon VCOs' ability to secure contracts for delivering public services. We have seen a strong shift toward commissioning through which public sector agencies are specifying quite the services, outputs and outcomes that they wish to purchase and openly advertising tendering opportunities amongst public, private and voluntary sector suppliers. The notion of 'procurement' may sound as if it is beyond consortia's realm but as the Audit commission notes *"Procurement is more than just buying goods and services or outsourcing. When used well it is a mechanism to challenge current services and to determine new models for service delivery."*

Nationally and regionally there are gaps in information about the extent to which BME VCOs are providing contracted services although judging by NCVO's Voluntary Sector Almanac, there is reason to believe that they are under-represented by number and by value. Whether your consortium is adopting open bidding or a commissioning process you have a responsibility and opportunity to redress this. Through your procurement strategy you are able to –

- specify services that will meet users needs (based on reliable information and intelligence);
- ensure that services meet the diverse user needs;
- actively promote tender opportunities to ensure that BME VCOs are aware of them and can consider responding;
- encourage collaborations and sub-contracting of specialist skills and knowledge; and
- continue to achieve value for money

Illustrations of typical traps, gaps and weaknesses

Procurement is typically considered as a process ie how to procure services, rather that a strategy ie what do you want to achieve through your procurement process? Some of pitfalls and things to look out for are presented below.

- Assuming that the only providers of support services to BME VCOs must be specialist BME infrastructure support organisations
- Assuming that BME infrastructure can only be considered for delivery of specialist support for BME VCOs
- Presuming that services that have worked well with one target group will work equally well for BME VCOs
- Risk aversion – fearing trying something new
- Lack of information and intelligence about supply-side capacity
- Tendering and contracting procedures discriminating against small providers, which many BME infrastructure organisations are
- Accepting the principle of full cost recovery but failing to acknowledge disproportionately higher costs for BME organisations - by virtue of

scale and intensity of support provided

- Contracting with the 'usual suspects' because it is easier – always do what you've always done
- Larger organisations do not necessarily offer best value for money – particularly if they need to spend time developing their capacity and access and still carry the risk of low take up and little impact

Checklist

Below is a set of questions for consortia to consider. You should aim to reach agreement on each question and to evidence your conclusions.

- Have needs been clearly identified and prioritised?
- Have BME VCOs been involved in generating and appraising options for how best to respond to needs identified?
- Are BME engagement and delivery of race equality outcomes built into tender specifications and supporting guidelines?
- What steps have you taken to explore the full range of delivery options available across both the generalist and specialist BME sectors?
- What steps have you taken to ensure that BME infrastructure is aware of the tender opportunities, understands the process and is able to submit a tender?
- If you have pre-tender qualification what steps have you taken to ensure that they do not unwittingly discriminate against engagement by BME infrastructure organisations?
- Are tender specifications of a scale (financially, content, outputs and geographic coverage) that they prohibit engagement by BME infrastructure organisations?
- Are BME engagement and delivery of race equality outcomes built into the appraisal process?
- Does the appraisal team have sufficient knowledge of the BMV VCS to make informed judgements on tenders received and is there a facility for referral back to tenderers for clarification?
- Have you considered a strategy for 'supplier development' to increase BME engagement in contracting to deliver ChangeUp services?

Illustrations of good practice

Below is a set of good practice points that your consortium could consider in order to improve the effectiveness of your procurement processes.

- Be clear about what you want out of the procurement – particularly in terms of widening engagement, capacity building, diversifying provision, changing your culture, sending a message to public sector contractors
- If necessary build in a requirement for partnership working that engages BME infrastructure
- Undertake promotional activity eg outreach and 'Meet the Buyer' events to ensure that BME infrastructure is aware of the opportunities

and understands the tendering and appraisal process

- Undertake follow-up work to investigate reasons for low take up or failure of tenders and implement remedial action – including reviewing your own processes
- Ensure that BME infrastructure is engaged throughout the process

Evidence

What evidence do you have or will you need to support your decision-making

Available evidence

Evidence to be collected

Action planning

| Output | Actions/Methods | Timescale | Lead member |
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MODULE: DELIVERY

Why delivery issues need to be addressed within the Race Equality Framework

There are a number of roles the BME voluntary and community sector can take within the ChangeUp programme. This framework has discussed Governance, but BME organisations can be users of the activities, can be deliverers of activities and can act in an advisory role.

Users: the BME voluntary and community sector should benefit from participation in the ChangeUp programme. This means ensuring that the ChangeUp activities meet the needs identified in any research. Activities may be delivered specifically for BME organisations, but generalist activities too should be accessible for BME organisations. However, it can sometimes be difficult for BME organisations to transfer the initial wish list that may have arisen through research to actual participation, and thus barriers to participation must also be identified. Each consortium will need to think carefully about how best to make its activities accessible to BME organisations.

Deliverers: BME organisations can also benefit from ChangeUp by becoming deliverers within the programme (see also module on procurement). It may be that they are the most appropriate organisation to deliver activities specific to BME organisations, but this should not preclude them from delivering generic activities too.

Advisors: these may be members of BME organisations who can advise the consortium on the best way to encourage other BME organisations to participate in the programme.

Illustrations of typical traps, gaps and weaknesses

The promotional strategy, and the design and delivery processes need to be designed to attract BME organisations. Some assumptions and pitfalls to avoid are presented below.

- Assuming that the infrastructure needs of BME organisations are the same as all small organisations. To an extent this may be true, but there may be some specific needs eg for refugee community organisations who may need very specific advice on delivering advice.
- Assuming that all the infrastructure needs of BME organisations should be delivered by and for BME organisations. In some cases it will make sense to gather a group of BME organisations together and deliver, for example some training on volunteering. In others it will make more sense to ensure that BME organisations have access to specialist support that is delivered for all VCOs eg on procurement issues for example.
- Needs identified in a needs' analysis may not translate into demand for support services. You should therefore explore barriers to participation and the best way to overcome these. Getting the views of a BME advisor may be useful in this respect.
- You may only be considering delivery in terms of packages of support for VCOs. Yet one way of encouraging BME organisations to participate in support services may be to fund an outreach worker to promote the services provided by the ChangeUp programme.
- Assuming that BME infrastructure should be restricted to delivering specialist support activities only to BME organisations. In reality the specialisms developed may place them at an advantage for delivering similar services to generalist organisations. Similarly, the contacts

and relationships developed amongst BME VCOs may place them at an advantage for also delivering generic support services.

Checklist

Below is a set of questions for consortia to consider. You should aim to reach agreement on each question and to evidence your conclusions.

- What activities should be specific to BME organisations?
- What generalist activities should be available to everyone and if so what proportion of attendees would be expected to be BME organisations? Are you considering setting an aspirational target for attendance by BME organisations?
- Have the support needs identified by BME organisations in the initial consultation been accounted for within the ChangeUp programme?
- Has the publicity and promotional strategy been designed to attract BME organisations to participate? Has any thought been given to the kind of publicity or promotional outreach that would be most likely to reach and attract a range of BME organisations, including BME women's groups and youth organisations?
- Have you considered what venues might be likely to attract BME organisations?
- Have you considered what times might be best for particular types of groups? For example if you are expecting volunteers/volunteer management committee members you might have to consider delivering at weekends or in the evening?
- What might be the best way to deliver particular services – in the form of one-to-one consultancy or advice sessions, small groups, e-learning?
- Who will deliver your ChangeUp programme? Will BME organisations be able to collaborate or sub-contract the delivery of services?
- Have you thought about how to measure benefits of the ChangeUp programme? While it is important that BME organisations are encouraged to participate, they must also benefit from the services offered. Thinking about how to collect that information and analyse it is important when planning delivery.

Illustrations of good practice

Below is a set of good practice points that your consortium could consider in order to maximise participation by BME organisations.

- Fund an outreach worker to signpost BME organisations to ChangeUp provision.
- Gain the advice of members of BME organisations who are knowledgeable about the infrastructure needs of BME organisations, and who may be able to advise on promotion, design and delivery mechanisms of the programme.
- Make publicity relevant and attractive to BME organisations, perhaps by citing an example of a BME organisation that has benefited from the type of service being promoted?
- Ensure that publicity reaches BME organisations by putting advertisements in BME newsletters etc

- Deliver some generic activities in BME community centres to ensure inclusivity
- Likewise ensure that contractors from diverse minority ethnic communities are engaged in delivering ChangeUp services.
- Consider collaboration and sub-contracting with BME organisations/contractors
- Deliver some activities in the evenings and/or weekends where you are expecting attendance by volunteers/management committee
- Recognise the implications of different cultural and faith events
- Set target for the proportion of BME attendees at ChangeUp events
- Disaggregate monitoring data by ethnic group.
- Collect qualitative evidence of benefit from generic and BME groups.

Evidence

What evidence do you have or will you need to support your decision-making

Available evidence

Evidence to be collected

Action planning

| Output | Actions/Methods | Timescale | Lead member |
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Review

Achievement of race equality does not happen by chance but through the deliberate efforts to build it into programme management, design and delivery. That is the purpose of this Race Equality Framework. By now your consortium has spent more than a year (taking into account the Early Investment Programme) in researching sector needs, negotiating priorities and preparing their investment plans. By now you will have also scrutinised and amended plans accordingly drawing on the resources under the Development and Delivery Pillars. This is a huge investment of time by consortia and having made the investment it is only fitting that you put into place systems and processes to monitor its performance.

Monitoring Guidance is being issued by Government Office for Yorkshire and the Humber and is designed to capture race equality information. That information will provide a means of accountability to GO-YH but moreover it will enable consortia to -

- monitor programme delivery against planned delivery;
- examine project and programme outputs, milestones and outcomes against targets, budget and workplans;
- learn about 'what works' in delivering race equality and effectively engaging BME VCOs in the programme;
- provide an evidence base to underpin assertions about 'what works';

- highlight possible inequalities between BME VCOs and the generalist sector as well as inequalities between the different BME communities;
- develop timely corrective action where performance targets are not being met.

Whilst monitoring enables consortia to keep track of what they are doing, evaluation can be used to track how consortia are working (*formative* evaluation) and the impact that they are making (*summative* evaluation).

Consortia will benefit from both forms of evaluation but must weigh up the cost of undertaking them with the anticipated benefits that can accrue. Inevitably this can result in a negotiation through which consortia design their evaluations commensurately with the time that they can devote to the process and their perceptions of how they will use the evaluation results. It is therefore worth stressing that in evaluating performance against race equality consortia are not restricted to applying evaluation results only under ChangeUp. The results will help to shape future service delivery regardless of how it is resourced and will be a powerful source of information for advocating with public sector stakeholders and accountability to the voluntary sector at large.

MODULE: MONITORING

Why monitoring need to be addressed within the REF

Once race equality targets and strategies have been set it is important to monitor programme delivery. Monitoring applies at three levels, being –

- project
- consortium
- Government Office

At each level management will generate monitoring information that can be used for –

- ensuring that there are no inequalities in the way services are being targeted, delivered and received
- upward reporting and accountability
- tracking progress
- taking remedial action
- communications and PR with stakeholders
- learning and continuous improvement

Illustrations of typical traps, gaps and weaknesses

Monitoring generally can degenerate into an administrative task rather than being a management process. Ethnic monitoring suffers accordingly as it is pushed even further from decision making processes. Some assumptions and pitfalls to avoid are presented below.

- Believing that monitoring is imposed upon consortia
- Assuming that monitoring is about filling in forms for reporting and accountability purposes
- Monitoring the wrong indicators
- Recording BME engagement and benefit under the catch-all heading 'BME communities' rather than by recognised ethnic monitoring categories (See Commission for Racial Equality expanded version in Annex 3)
- Designing monitoring systems around third party reporting requirements rather than your own information management needs
- Reporting requirements expressed by Government Office for Yorkshire and the Humber, identify the information that you need to supply to them. This is by no means the sum total of all the information that you will need in order to manage your programmes effectively.

- Not using monitoring information to guide management decisions

Checklist

Below is a set of questions for consortia to consider. You should aim to reach agreement on each question and to evidence your conclusions.

- How do you plan to use your monitoring information?
- What are the key indicators that you plan to monitor eg number and diversity of BME VCOs –
 - ➔ on the consortium
 - ➔ delivering ChangeUp services
 - ➔ receiving services
 - ➔ engaged in consultation and advocacy processes
 - ➔ securing contracts for delivering public service
 - ➔ satisfaction
- What information do you need to collect, how will you go about collecting it and who will do it?
- Will your monitoring systems readily allow information from all your delivery projects to be easily aggregated?
- How are you going to explain to delivery partners and service users why you are requesting ethnic monitoring information – they need to see the positive side and not perceive it as ‘another burden’
- How will you ensure that BME communities are suitably represented within survey samples eg you may undertake a survey in which the number of BME VCOs participating is statistically insignificant, thereby invalidating meaningful analysis. In this case you may need to undertake a booster survey to increase BME VCS representation
- Who will be responsible for producing consolidated monitoring reports?
- What benchmarks have you agreed against which monitoring information will be compared eg strategic targets set in your investment plan, performance relative to generalist VCOs and time series analysis ie how performance is improving over time?
- What course of action will the consortium pursue in the event of persistent failure to meet race equality targets?

Illustrations of good practice

Below is a set of good practice points that your consortium could consider in order to improve monitoring or performance on race equality.

- Monitor and report against the indicators that matter ie link in to your strategic objectives
- Include ethnic monitoring within standard reporting processes
- Use ethnic monitoring information
- Seek wider BME engagement in interpreting ethnic monitoring information and in revising plans where appropriate

Evidence

What evidence do you have or will you need to support your decision-making

Available evidence

Evidence to be collected

Action planning

| Output | Actions/Methods | Timescale | Lead member |
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MODULE: EVALUATION

Why evaluation need to be addressed within the REF

Evaluation is about make judgements about your programme of work, eg –

- how it is being managed;
- whether the objective set with the Investment Plan are being met;
- whether meeting your Investment Plan objectives is resulting in the desirable impact upon all VCOs in the target area;
- what impact you are having on wider public sector stakeholders;
- what works and how it can be replicated elsewhere.

Evaluation should not be confused with monitoring. Both formative and summative evaluations draw upon monitoring information in order to stimulate learning eg is this the right way to approach this issue, does this intervention achieve the necessary impact upon BME VCOs and taking into account what we have been doing, what would we do differently next time?

Illustrations of typical traps, gaps and weaknesses

Evaluation should be considered as a standard good practice management process. It is something that consortia should initiate and embrace rather than having it done to them. Some assumptions and pitfalls to avoid are presented below.

- Forced evaluations at the behest of a funder can arouse resentment and concern – why are they evaluating us, do they want to cut our funding?
- Evaluation is more than analysing take up of services. It is concerned with impact.
- A focus on evaluation process ie how you are doing it, can obscure the evaluation purpose ie why you are doing it and what you hope to achieve
- Short-term perspectives – impact takes time to achieve and is typically the result of a number of interventions working in harmony. Consortia must avoid the temptation to make rushed judgements – particularly in view of the starting point with regard to engaging BME VCOs and delivering race equality outcomes
- Inaccessibility to stakeholders (eg consortium members, delivery projects and service users) can quickly undermine the quality of the evaluation in progress
- Blinkers – taking a narrow view and not being receptive to challenge or open minded about different ways of working
- No feedback mechanism to ensure use of evaluation outputs

- Successful delivery of outputs is not the same as successful delivery of outcome and impact

Checklist

Below is a set of questions for consortia to consider. You should aim to reach agreement on each question and to evidence your conclusions.

- Have you decided what form of evaluation you want to undertake – formative, summative or both?
- Have you established objectives for the evaluation – ie what do you want to evaluate and how will you use the evaluation outputs?
- Have you agreed benchmarks – ie standards by which you can assess management and delivery performance in a non-arbitrary fashion?
- Have you prepared an evaluation framework and clarified the information and activities required against each evaluation objective
- If you are using personnel from within the consortium, have you ensured that they are suitably trained and can commit the time for the duration of the evaluation?
- In view of a history of difficulty in engaging BME VCOs, what steps are being taken to reach out to BME VCOs to ensure that their voices and experiences are represented in the evaluation?
- If you are contracting out the evaluation what steps are you taking to ensure that race equality is built into the tendering, appraisal and contracting procedures?
- Have you agreed which consortium member will champion the evaluation?

Illustrations of good practice

Below is a set of good practice points that your consortium could consider in order to maximise prospects for a successful evaluation.

- Invest time in planning and ensure that your monitoring systems are capturing the information that they need to contribute to the evaluation
- Build on existing information collection methods and media eg network meetings
- Avoid collecting masses of information because 'it is interesting'. This is time-consuming and can confuse the evaluation objectives
- It is not compulsory for evaluations to be out-sourced but if you are using internal staff should consider their relevant expertise, time and objectivity and ensure that they feel confident in their ability to put forward findings and recommendations without reprisals for superiors or other consortium members
- Recognise impact upon VCOs from different BME communities rather than group all BME communities together

Evidence

What evidence do you have or will you need to support your decision-making

Available evidence

Evidence to be collected

Action planning

| Output | Actions/Methods | Timescale | Lead member |
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Summary

This Race Equality Framework has been initiated by Government Office for Yorkshire and the Humber in response to the voluntary sector's request for advice and guidance about how to take forward this agenda. Consortia have reported a wide range of experiences in their attempts to engage BME VCOs – some positive and some negative. However, a desire to ensure that BME VCOs receive a fair and equitable service under ChangeUp has been a consistent undercurrent.

Racial injustice has been with us for generations upon generations and will not be conquered overnight. This is not an excuse for inertia but we do have to be realistic about our timescales. Using the Race Equality framework we can begin to put into place the structures, systems and processes that ensure that BME VCOs are effectively engaged in ChangeUp in the region and that they are able to access

support services that are designed and delivered in a manner that respond to their needs.

Implementation of the Race Equality Framework is not compulsory for consortia but you will be expected to demonstrate an active commitment to race equality and for this to be reflected in your Investment Plan. The Race Equality Framework will help you to do this.

As a final note, it is worth emphasising that in many ways the Race Equality Framework offers consortia a good practice general management framework. It provokes thought and its principles are immediately transferable to other areas of diversity – gender, age, disability, sexuality and geography. We trust that consortia will find it a valuable resource and we look forward to working with consortia to ensure that race equality is mainstreamed in infrastructure support provision across the region.

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Annex 2 Illustrative terms of reference for working groups

Role of Working Groups

Working groups have been established in order to efficiently manage implementation of the Race Equality Framework. Their role is to –

1. Promote race equality and BME VCS engagement in the consortium's ChangeUp Infrastructure Investment Plan
2. Determine its approach to undertaking a baseline assessment against designated Module within the Race Equality Framework
3. Undertake a baseline assessment of performance in race equality for the designated Module
4. Prepare an action plan
5. Secure the necessary delivery resources eg negotiating staff time with member agencies
6. Implement the action plan
7. Monitor performance against the action plan taking corrective action where required
8. Validate evidence provided
9. Maintain a record of what works and what has not worked in order to inform continuous improvement and for dissemination to other Working Groups/consortia and beyond
10. Ensure that consortium policy and practice as advised by complementary Working Groups is embedded into their own policy and practice
11. Participate in peer group reviews and learning
12. Report back to the full consortium

Annex 3 Commission for Racial Equality expanded ethnic monitoring categories for England and Wales

What is your ethnic group? Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A White

- British
 - English
 - Scottish
 - Welsh
 - Other, please write in
- Irish
- Any other White background, please write in

B Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed background, please write in

C Asian, Asian British, Asian English, Asian Scottish, or Asian Welsh

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background, please write in

D Black, Black British, Black English, Black Scottish, or Black Welsh

- Caribbean
- African
- Any other Black background, please write in

E Chinese, Chinese British, Chinese English, Chinese Scottish, Chinese Welsh, or other ethnic group

- Chinese
- Any other background, please write in

Annex 4 Useful contacts and references