

Black and Minority Ethnic Voluntary and Community Organisations Compact Code of Good Practice

**Black and Minority Ethnic Voluntary
and Community Organisations
Compact Code of Good Practice**

Key points for a framework of partnership between Government and the Black and Minority Ethnic (BME) voluntary and community sector.

- Vital that Government and BME sector engage in a positive relationship for mutual benefit.
- Recognition of the important role of the BME voluntary and community sector and the diverse communities it seeks to represent including faith groups and refugee and asylum seeker organisations.
- Commitment by both Government and the sector to taking forward Race Equality together.
- Ensure BME organisations are an inherent part of consultation and policy processes through involvement from a large pool of individuals and organisations.
- Invest in the BME voluntary and community sector.
- Support the development of capacity and infrastructure within the BME sector at local, regional and national levels.
- Recognise importance of local relations and partnership involvement.
- Value and celebrate volunteering by BME people.

Original publication date: February 2001

Reprinted: May 2008

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COI reference number 287823

Contents

	Page
1. Aim	2
2. The Black and Minority Ethnic voluntary and community sector	2
3. Framework of partnership between Government and the Black and Minority Ethnic voluntary and community sector	3
4. Tackling racism, inequality and exclusion	6
5. Consultation, participation and representation: developing inclusive Government policy	8
6. Funding and other support	10
7. Local relations and partnership	13
8. Developing capacity	15
9. Volunteering and mentoring	17
10. Scope and application of the Code	18

1. Aim

- 1.1 This Code of Good Practice aims to make a positive impact on the relationship between Government and the Black and Minority Ethnic (BME) voluntary and community sector. The Code embodies key considerations that emerged from a consultation¹ exercise carried out by the voluntary and community sector's Compact Working Group, as well as best practice from within Government. In this way, the Code underpins the Compact on Relations between Government and the Voluntary and Community Sector in England, published in November 1998.
- 1.2 Government recognises that the BME voluntary and community sector, including faith groups and refugee and asylum seeker organisations, has an important and continuing role in helping it to achieve its objectives and that Government can play a positive role in supporting the work of the sector. As independent, not-for-profit organisations run by, for and located within BME communities, the sector brings distinctive value to society. In particular it enables BME individuals to contribute to public life and supports the development of active thriving communities by providing opportunities for voluntary and community action. The sector: empowers users through involvement in the design and delivery of services; advocates for community needs; helps alleviate poverty; improves quality of life; and actively involves some of the most socially excluded people and communities in England. An effective partnership with Government is an essential part of ensuring that the BME voluntary and community sector is able to develop its full potential as an important contributor to society and a strategic agent of those it seeks to represent.
- 1.3 The Code applies to central Government departments, including Government Offices for the Regions, and 'Next Steps' Executive Agencies in England (separate Compacts have been developed in other parts of the United Kingdom). The Code also applies to the full range of organisations in the BME and mainstream voluntary and community sectors. Section 7 of this Code deals with local relations and partnership. This recognises that the majority of BME groups are local and that their relations with local statutory agencies are key. Further information about the status and application of the Compact and Code is given in Section 10.

2. The Black and Minority Ethnic voluntary and community sector

- 2.1 The Government's Social Exclusion Unit states that "ethnic minority disadvantage cuts across all aspects of deprivation. Taken as a whole, ethnic minority groups are more likely than the rest of the population to live in poor areas, be unemployed, have low incomes, live in poor housing, have poor health and be the victims of crime." (**Bringing Britain Together - a National Strategy for Neighbourhood Renewal, 1998**).
- 2.2 The BME voluntary and community sector works to tackle the disadvantage experienced by the communities from which it springs. However, despite their

¹ Views were sought from BME and mainstream voluntary and community sector organisations and health and local authorities.

work with a diverse range of groups and communities, many BME voluntary and community organisations continue to be excluded from the traditional structures of the voluntary and community sector. This often results in exclusion from engagement with Government. It is vital that the BME voluntary and community sector engages in a positive relationship with Government, building mutual trust and confidence. Action should be taken by all concerned to ensure that the sector has equal opportunity to be directly involved in partnerships, consultation and decision making with Government. This Code of Good Practice applies the Compact theme of **getting it right together** and aims to address the exclusion experienced by the BME voluntary and community sector. Through the identification and implementation of key principles and practices the sector can enjoy equality of opportunity and actively contribute at national, regional and local levels, improving the policy and implementation outcomes for BME communities.

2.3 In order for Government and the sector to engage effectively a number of key issues need to be addressed. These include:

- joint commitment to taking forward the race equality agenda as well as recognising the significant role to be played by the BME voluntary and community sector in partnership with Government and others towards achieving race equality;
- improved quality and quantity of consultation and participation by the BME voluntary and community sector in policy development, implementation and evaluation;
- better support and resources to the BME voluntary and community sector which reflect its role in addressing public service inequalities and allow it to operate, develop and contribute on an equal footing with other partners, particularly Government and the mainstream voluntary and community sector; and
- recognition of the specific contribution and needs of the BME sector, particularly at local level, and how this impacts on funding, capacity and sustainability.

3. Framework of partnership between Government and the Black and Minority Ethnic voluntary and community sector

Joint undertakings

3.1 Government and the BME voluntary and community sector are committed to establishing and maintaining best practice in their relationship. Both parties undertake to:

- develop a partnership approach to carry forward the Government's strategy for achieving race equality, including promoting and sharing best practice and celebrating success;
- work together in partnership with other agencies to promote joint working initiatives which improve the policy and implementation outcomes for BME communities at a national, regional and local level (particularly those programmes aimed at community regeneration and a more inclusive and cohesive society);
- encourage, develop and support volunteering by and within BME communities in line with the Compact Code of Good Practice on Volunteering and the Code of Good Practice for Community Groups; and
- make suitable mention of this Code of Good Practice in all appropriate Government documentation and voluntary and community sector publications.

Government undertakings

3.2 The Government recognises and values the distinctive skills, expertise and experience that the BME voluntary and community sector holds. The Government undertakes to implement an effective framework of engagement to:

- value the work, knowledge and expertise of the BME voluntary and community sector, including its important role in helping Government to achieve its objectives;
- recognise and support the independence of the BME sector and its right within law to challenge institutions, policy and practice, irrespective of any funding relationship that might exist, and to determine and manage its own affairs;
- operate effective and transparent equal opportunity monitoring and evaluation systems that ensure BME voluntary and community organisations are treated fairly and with respect in all their interactions with Government;
- build, as appropriate, consultation with the BME voluntary and community sector into plans for policy development from the pre-consultation stage through to implementation, with the aim that implications for BME communities and race equality are examined and considered;
- establish race equality strategies within the corporate planning processes of all Government departments, with clearly expressed objectives and targets;
- ensure that BME voluntary and community organisations have fair and equal access to Government funding programmes, particularly those that impact significantly on BME communities;

- consider the case for setting aside additional funds for BME organisations to build capacity, prepare and deliver projects;
- ensure that Government grants are appropriately administered and allocated to BME groups with the capacity to deliver agreed outputs and outcomes to agreed and predetermined standards;
- endeavour to include consultation, partnership and funding of the BME voluntary and community sector within guidance on the statutory duty of public authorities to promote race equality;
- include within the Best Value framework for Local Authorities specific and robust requirements to ensure equality of access to quality public services and that BME groups are actively involved in service planning, performance target setting and scrutiny processes;
- consider the views and encourage the active engagement of the BME voluntary and community organisations (along with other voluntary and community organisations), in the community strategies that local authorities will prepare under Part 1 of the Local Government Act 2000 and in development of Local Strategic Partnerships; and
- require all partnership bids to Government programmes to demonstrate genuine consultation and involvement with BME communities, inclusive of partnership boards, programme plans, outputs and outcomes.

Black and Minority Ethnic voluntary and community sector's undertakings

3.3 The BME voluntary and community sector recognises that receipt of public funds, and active involvement in the processes of Government carries with it responsibilities. In order to meet these responsibilities the sector undertakes to:

- play a full and active part within the wider voluntary and community sector in fulfilling the significant undertakings in the Compact, this Code of Good Practice and the other Compact Codes of Good Practice;
- work in partnership with Government and other voluntary and community organisations in promoting race equality, tackling social exclusion and promoting civil society;
- aim to establish a responsive regional structure that is accountable to local groups and which will enable communication and consultation with them in order to provide BME perspectives on key regional and national issues;
- facilitate consortium and partnership working among diverse ethnic and religious groups within the sector, sharing professional leadership expertise and other practical skills;

- inform and present community concerns to Government and other partners based on accountable partnerships with local communities;
- ensure proper governance, placing clear responsibility on trustees and chief officers to use public funds appropriately and inform funders when organisations face significant management and resource challenges, including financial difficulties;
- adopt appropriate quality standards and apply best practice in management and delivery within organisations;
- make use of appropriate training opportunities, particularly support and training for trustees and senior staff; and
- develop open and dynamic organisations providing opportunities for voluntary and community action by a diverse range of individuals demonstrating a commitment to wider equality issues in addition to race equality.

4. Tackling racism, inequality and exclusion

- 4.1 The need to tackle racism effectively has long been recognised. The Government has stated its commitment to an inclusive society, and its determination to address social exclusion and promote race equality and justice.
- 4.2 The independent inquiry into the death of Stephen Lawrence, the amendment of the Race Relations legislation, and the Government’s agenda for action in **Race Equality In Public Services** (2000) are some of the key actions taken to push forward race equality.
- 4.3 The Stephen Lawrence Inquiry Report (1999) noted that: “Institutional racism consists of the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness, and racist stereotyping which disadvantage minority ethnic people.”
- 4.4 The Compact provides a framework through which the BME voluntary and community sector can develop partnership with Government. This Code of Good Practice builds on and contributes to addressing the post Lawrence Inquiry challenges.
- 4.5 A successful BME voluntary and community sector is an important partner in helping Government make its commitment to race equality a reality. Support from Government to the BME voluntary and community sector should be a central feature of pushing forward on this agenda.

- 4.6** Joined up action on race equality between Government and other public bodies is required. This should be planned and implemented in partnership with key stakeholders, including those from the BME and mainstream voluntary and community sectors.
- 4.7** The negative outcomes of social exclusion are disproportionately represented within BME communities. Tackling social exclusion effectively should include initiatives which target BME communities. Through partnership with the BME voluntary and community sector, which draws on the experience and knowledge of the sector, Government can make such targeted interventions more effective.
- 4.8** Tackling racism, inequality and exclusion should be kept firmly on the agenda right across Government, its regional offices and executive agencies.

Best practice examples

- The Home Secretary's Action Plan published in response to the report of the Stephen Lawrence Inquiry.
- The North East Regional Development Agency signing up to the Commission for Racial Equality's Leadership Challenge.
- The Charity Commission's appointment of a 'Champion' at Board level on race issues; research on service delivery to BME organisations; language line; and leaflets in minority languages.

Action point checklist

- Clear performance management frameworks for achieving race equality objectives within Government and the sector.
- All public and voluntary and community sector organisations should develop and implement a human resource strategy which creates a diverse workforce.
- Committed and visible leadership at senior levels within Government and the sector to achieving race equality objectives.
- Ensure that complaints procedures are known and that BME voluntary and community groups are encouraged to utilise these without fear of reprisals.

5. Consultation, participation and representation: developing inclusive Government policy

Consultation

- 5.1** The activities and knowledge of the BME voluntary and community sector can provide Government with experience and skills of vital importance in the effective development and delivery of policy to BME communities. Consultation with the sector should be all inclusive, recognising the broad spectrum of interests, such as women's groups, gay and lesbian groups, youth groups, disabled groups, age groups, religious and faith groups, which make up the BME voluntary and community sector.

- 5.2** A number of barriers exclude BME voluntary and community organisations from effective involvement in consultation processes. Implementation of the Compact Code of Good Practice on Consultation and Policy Appraisal will go some way to addressing these. Particular attention should be given to the most appropriate means of engaging smaller under-resourced groups (these constitute the majority of the BME voluntary and community sector). This may include informal interactions and meeting language needs, also offering financial support for expenses incurred for being part of the consultation process, such as financing meetings and offering payment for attendance.

Participation and representation in policy development, delivery and appraisal

- 5.3** The cost of social policy interventions that fail BME communities is enormous, not only for public expenditure but also in terms of community confidence, cohesion and leadership. It is imperative therefore that policy development and implementation adequately meets the needs of BME communities.

- 5.4** Government should draw on the expertise and unique experience of the BME voluntary and community sector throughout policy and consultation processes, including maintaining links with specialist organisations to ensure the impact upon BME communities is taken into account.

BME representation

- 5.5** Careful consideration should be given by Government and the voluntary and community sector to the selection of individuals to act as representatives from BME communities. To avoid individual overload, diversify input into Government policy and practice and to extend opportunities for involvement, representatives from the BME sector should be drawn from a large pool of individuals and organisations. In addition, it is important that all relevant skills, experience and knowledge held by BME individuals are recognised and valued.

- 5.6** Faith based groups and organisations addressing the needs of refugees and asylum seekers are important parts of the BME voluntary and community sectors. Government should recognise these interests as valid and important contributors to policy making and implementation within Government.

Best practice examples

- Home Office consultation process on the grant programme for strengthening BME voluntary and community sector infrastructure.
- Government and the voluntary and community sector's adoption of the Code of Good Practice on Consultation and Policy Appraisal.
- Home Secretary's Race Relations Forum.
- The Department for Education and Employment recruitment campaign for Early Years, Childcare and Playwork.

Action point checklist

- Where appropriate, Government departments to review with the BME voluntary and community sector how representatives from organisations and communities are selected to engage in Government processes.
- Government should set up appropriate departmental race equality advisory and consultation mechanisms.
- Where appropriate, Government departments should develop a network of specialist national and regional BME voluntary and community organisations to contribute to policy and consultation processes.
- Government departments should aim to develop an equality protocol for the involvement of BME voluntary and community organisations in the policy process.
- Government should monitor the race equality practices of funded mainstream voluntary organisations with regards to employment, service delivery and composition of trustee boards, and consider setting equality targets where appropriate.

6. Funding and other support

Funding needs

- 6.1 To date, funding for the BME voluntary and community sector, whether from existing or new sources has been significantly below that of similar organisations in the mainstream voluntary and community sector. This is all the more detrimental given that the BME sector does not generally have the windfall legacies, income streams and leverage opportunities that the more established mainstream sector attracts. Funders should take this into account in determining the level of allocations against funding bids.

Why fund?

- 6.2 The BME Sector requires fair funding and long term funding stability to:
- establish a level playing field with the mainstream voluntary and community sector;
 - build sustainable infrastructure at national, regional and local level;
 - represent and support BME communities;
 - fill the gaps in services to BME communities;
 - deliver mainstream services to society; and
 - play a meaningful role in building a fair and just society.

Addressing BME funding issues

- 6.3 The Home Office report **Strengthening the Black and Minority Ethnic Voluntary Sector Infrastructure**,² explored the concerns that the BME voluntary and community sector has about funding. The report identified a number of possible actions to address BME funding concerns, including: encouraging and supporting applications; implementing transparent and robust procedures designed to ensure fair treatment; and setting annual targets for funding.
- 6.4 Implementation of the Compact Code of Good Practice on Funding will help to address many of the issues raised. An important step is the Government's aim to publish the share of funding received by BME organisations, subject to the robustness of the available data. This will help to identify whether the arrangements for ensuring fair access to Government funding programmes are effective, and whether any further action, both by funders and the sector, is necessary.

² This is a Home Office report published in 1999. The report is no longer available in print but can be viewed on the Home Office website – www.homeoffice.gov.uk

However, other specific action required includes regular review of:

- which BME communities are not receiving funding;
- how access, approval and funding rates compare with the mainstream voluntary and community sector;
- the scope provided for new or unfunded BME groups to secure funding, advice and support; and
- policy or service areas where funding is allocated to the voluntary and community sector but not to BME organisations.

Redistribution of funding

- 6.5** In circumstances where strategic grants are withdrawn from BME organisations, consideration should be given to whether there is an alternative organisation within the BME sector that is well positioned to take receipt of such strategic funding. Prioritising the redistribution of funds within the BME sector will help to ensure that services to the community and resources to the sector are not lost.

Reducing risk

- 6.6** Organisational crisis happens within all sectors, but in the BME voluntary and community sector, such crises are often more visible and far reaching. It is therefore crucial that Government adopts a flexible and supportive approach to BME organisations experiencing organisational difficulties.
- 6.7** It is important that Government and the sector undertake a joint review where withdrawal of funding has occurred. Identifying key causes, sharing lessons for organisational management practice and highlighting general support needs will help to prevent similar problems in the future. Actions that can be taken by Government and the sector at the outset of funding to reduce risk of failure include:
- ensuring that each funding allocation is adequate for purpose;
 - providing accountable mechanisms at organisational and individual grants officer level;
 - developing effective and supportive monitoring and evaluation systems.

Faith groups

- 6.8 Faith organisations often play a vital role in leading voluntary action within their communities. Government should recognise the potential of faith organisations to contribute to social inclusion and that this is distinct from the promotion of religion. A failure to understand this distinction could lead to faith groups being incorrectly assessed as ineligible for funding.

Refugee and asylum seeker organisations

- 6.9 The funding needs of those organisations working with refugees and asylum seekers should also be taken into account. Public bodies with welfare responsibilities should consult with the BME voluntary and community sector about their role in helping to meet the needs of refugees and asylum seekers. It is also important that funders take note of good practice models within the BME sector.

Best practice examples

- National Lottery Charities Board and London Borough Grants monitor and publicise the proportion of their funding which goes to the BME voluntary and community sector.
- The Lottery Distributors' statement of principle on Minority Ethnic groups' access to lottery funding opportunities.
- The City & Parochial Foundation's model example of how to fund BME groups.

Action point checklist

- Government departments should aim to establish an accessible database of all funded BME organisations.
- Government departments should ensure that they have good quality internal policy advice on BME issues.
- Government should use its influence to work with other funding bodies on supporting the BME voluntary and community sector.
- Government should encourage other funders where appropriate, particularly local authorities and NHS bodies, to monitor and publish the proportion of funding that goes to the BME voluntary and community sector.

- Government should recognise that the BME sector includes faith groups and refugee and asylum seeker organisations and consult with them to resolve issues of their access to public funds.
- Government should consult BME organisations on the design and evaluation of funding programmes.

7. Local relations and partnership

- 7.1 While recognising that this Code sets a framework for **national** relations between Government and the BME sector, this section of the Code also acts as a complement to the Local Compact Guidelines. The majority of BME voluntary and community groups work at a local level, delivering crucial frontline services. Consequently, relations with local statutory agencies are key. However, the sector often finds itself playing the joint roles of providing services for local BME communities while challenging the performance on race equality of statutory institutions.

Local Compacts

- 7.2 The development of Local Compacts provides a framework for the BME voluntary and community sector to establish strong and supportive partnerships with local statutory bodies based on mutual respect. Some local authorities have developed exemplary models for engaging with the local BME communities. Organisations such as the Local Government Association, the Local Government Information Unit and the Improvement and Development Agency for Local Government should take a significant role in disseminating and ensuring integration of such best practice within standard service delivery.
- 7.3 The diversity of the BME voluntary and community sector should be adequately represented on Local Compact steering groups and in consultation. When action plans are being drawn up to implement Local Compacts, consideration should be given to the inclusion of a protocol on BME groups or joint review of any existing strategy on working with BME groups.

Promoting equality

- 7.4 Local statutory agencies need to ensure that there is commitment throughout their organisation to the new statutory duty to promote race equality. By doing so the challenges of establishing race equality and tackling social exclusion within BME communities can be met within reasonable timescales. Developing partnership with the BME voluntary and community sector on this agenda will be a key to success.

Regeneration

- 7.5** Local regeneration initiatives are most successful where communities are involved and empowered. The BME voluntary and community sector plays a vital role in ensuring that BME community involvement in regeneration is effective. Mutually advantageous local partnerships should be formed between BME and mainstream voluntary and community organisations.
- 7.6** Where new local partnership arrangements are being established, such as local strategic partnerships, or where public services are being reconfigured, it is vital that proper consideration is given to ensuring good links with, and the involvement of, BME voluntary and community groups.

Best practice examples

- The BME emphasis in the South West of England's and Lambeth's Local Compact development work.
- The Department of Health's National Teenage Pregnancy Strategy, identified BME young people as a target group and provided specific guidance on meeting the needs of ethnic minorities to local agencies.
- Finsbury Park Single Regeneration Budget. BME people involved at Board level; race equality key objective across the programme; BME sector encouraged to bid.
- Suffolk Prosper Partnership: a statutory and BME voluntary and community sector Single Regeneration Budget partnership to improve the economic prospects of the county's BME communities.

Action point checklist

- BME organisations must be involved in developing Local Compacts and, where appropriate, local BME codes or protocols should also be produced.
- Government should provide more vigorous structures to ensure that race equality and the involvement of BME communities is a prerequisite for accessing regional and local partnership funding.
- Partnership programmes (Health Action Zones, New Deal for Communities etc) should be required to set out clear race equality objectives, outcomes and outputs including targets for involving BME voluntary and community organisations.
- Local statutory authorities should aim to have a lead officer on race equality and BME voluntary and community sector relations, within their senior management structure.

8. Developing capacity

Capacity building at all levels

- 8.1 The capacity of the BME voluntary and community sector to be a full and equal partner with Government and the mainstream sector is limited. All parties should take proactive measures to further develop the sector's capacity. It is important that activities to develop the capacity of the sector are targeted at all levels, therefore sustainability should drive Government funding for the sector, provided that applicants have also been able to demonstrate that such funding represents value for money and contributes to policy aims.
- 8.2 Capacity building activity should focus on the divergent needs of individuals, groups and partnerships. It should be robust and clear about the purpose of capacity building, who the activity is aimed at and what methods will be used to evaluate its impact.
- 8.3 Capacity building should be a prerequisite for the effective implementation and sustainability of social and economic strategies and programmes. It is therefore imperative that capacity building plans are resourced adequately and built into planning at an early stage. Such plans should be long term and should reflect the development of BME organisation as the programme progresses, whilst allowing flexibility to adapt to pertinent changes.

Fundraising and capital investment

- 8.4 Whilst accepting that premises acquired through Government funding may not be used as collateral to obtain private sector loans, where the law permits, Government should aim to support the efforts of BME organisation to generate income and increase fundraising capacity. Policies that support capital acquisition, backed up with professional help to build organisational capacities through knowledge management and skills development, are most effective.

Premises

- 8.5 Affordable office space of high quality construction, often with multi-functional use, is increasingly required by BME groups to deliver essential services. To guarantee self-sustaining growth, capital grant schemes should consider support for the acquisition of premises.

Training and support

- 8.6 Capacity building within BME organisations should also be directed towards policies and initiatives that enhance the skills of individuals within organisations.

This can be achieved by developing initiatives, which provide various types of support and advice in addition to strategic and/or project funding. There are a number of ways to implement such support. These may include:

- structured schemes of training in monitoring and evaluation, financial reporting and budgeting;
- mentoring; and
- project support officers.

8.7 An important strategy for developing capacity is shared training initiatives and secondment schemes between Government, the mainstream and the BME voluntary and community sectors, enabling all parties to gain an insight and develop understanding of the issues confronting respective organisations.

Services to all

8.8 The main strength and value of the BME sector lies in its support and delivery of services to BME communities. However, as the sector grows it will become increasingly important to view the sector as a potential provider of generalist services. It is important that funders recognise this potential.

Best practice examples

- The London Borough of Wandsworth's capacity building programme for 5 BME care providers led to all 5 organisations becoming approved providers and delivering contracted services to Wandsworth Social Services department.
- The Ethnic Business Development Corporation **Fundermentor** project provides access to professional support for small organisations (project planning funded by DFEE Adult & Community Learning Fund).
- Home Office funding of a 'Twinning' programme to encourage equal partnerships between larger established mainstream organisations and BME voluntary and community sector organisations to build the fundraising capacity of the BME sector.
- DETR's **Innovation Into Action** programme and capacity building programmes for tenants - delivered through the National Tenants Resource Centre, Tenants Participation Advisory Service and Priority Estates Project - all include targets specifically aimed at increasing the involvement of tenants from BME communities.

Action point checklist

- Support for the development of capacity and infrastructure for BME organisations should include strategic funding support at local, regional and national level where appropriate.
- Government should develop the concept of joined-up funding, in partnership with other funders, so that support to the BME voluntary and community sector focuses on developing capacity.
- Government should where possible support income generation and fundraising initiatives, which develop the capacity of the BME voluntary and community sector.

9. Volunteering and mentoring

The Black and Minority Ethnic experience of volunteering

- 9.1 The BME voluntary sector offers people from BME communities the opportunity to volunteer. The ‘**Strengthening the BME voluntary sector infrastructure**’ report highlighted the different experience of volunteering in the BME sector compared to that of the mainstream voluntary sector. The report states, “The Black and minority ethnic voluntary sector has been created on a self-help basis by people directly affected by the problems to be addressed. The wider sector however emerged mainly from middle class people taking a benevolent interest in the disadvantaged. As a consequence the motivation of BME volunteers is often based on a personal involvement and commitment to the issue.”
- 9.2 Government should recognise the different experiences of volunteering and construct support for volunteering in the BME communities that meets their differing needs.

Involving BME volunteers

- 9.3 Attracting BME people to volunteer in other sectors will require organisations to ensure that the experiences they offer are relevant to the concerns of BME individuals. The National Centre for Volunteering publication ‘**Volunteering by Black People: A Route to Opportunity**’ identifies a number of issues which organisations need to consider. Some of the key issues include:
- taking a proactive approach to dealing with any existing under-representation of BME people among volunteers, paid staff and trustees;

- dismantling unnecessary bureaucratic procedures. Many BME people enjoy and prefer the informality they experience in BME organisations;
- offering a choice of ways to be involved; and
- removing practical obstacles.

Mentoring

- 9.4** Mentoring programmes between Government and the voluntary sector should be encouraged as a means of skills development and access for all involved.

Best practice examples

- BME supplementary schools run for many years by volunteers from BME communities.

Action point checklist

- Government must recognise the contribution and the cost for BME volunteers in the development of initiatives to support and increase levels of volunteering.
- Mainstream volunteer bureaux should give particular focus to both placing volunteers from BME communities and supplying volunteers to BME groups.

10. Scope and application of the Code

- 10.1** The Code of Good Practice is not a legally binding document. Recognising the diversity of the voluntary and community sector and its activities, it should be seen as an enabling mechanism to enhance the relationship between Government and the BME voluntary and community sector. Its authority is derived from its endorsement by Government and by the sector itself through its consultation process. The Code covers central Government Departments, including Government Offices for the Regions, and 'Next Steps' Executive Agencies in England (the other home countries have their own Compacts). The Code will apply to the range of organisations in the voluntary and community sector.
- 10.2** The Government intends to encourage actively the extension of this Code to other public bodies, (e.g. Non-Departmental Public Bodies), and local Government, who will be invited to adopt and adapt the Compact, its associated Codes of Good Practice and implement Local Compact Guidelines to suit their developing relationship with the BME sector.

- 10.3** Government and the BME sector are mindful of the particular need to build confidence among BME voluntary and community groups that this Code will be adhered to. The development of action plans to implement the good practice guidance in this Code will be the responsibility of individual departments, agencies and bodies and the range of voluntary organisations in the voluntary sector. Where they do not follow this good practice, they must satisfy themselves that, if asked, they have good reasons for not doing so.
- 10.4** As part of the process of making the Compact work, there will be an annual meeting between Government and the representatives of the sector to review the operation and development of the Compact, including this Code of Good Practice on relations between Government and BME voluntary and community organisations. The report of that meeting will be published. It will also be placed in the Library of the Houses of Parliament.
- 10.5** The Active Community Unit will provide a report about the progress of the Code of Good Practice on relations between Government and the BME voluntary and community sector for inclusion in the Home Office's annual '**Race Equality In Public Services**' report. This will be prepared with the Compact Working Group and its BME sub-group.

This publication is available on the Compact website at
www.thecompact.org.uk

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