

V4CE Response to the Compact Debate

1 About Voice4Change England

- 1.1 Voice4Change England is a national body dedicated to strengthening the Black and Minority Ethnic (BME) Third Sector as a positive force for change and which aims to provide a co-ordinated policy voice for BME groups and organisations. V4CE is a partnership of national, regional and sub regional infrastructure organisations and initiatives. We have successfully acquired a place where our responses to government policies objectively represent the concerns of the BME Third Sector. We aim to continue developing this mutual understanding between the BME-led third sector and government to ensure policies are responsive to BME communities' needs and aspirations.
- 1.2 V4CE's origin is based on its Partnership forged from the BME sub-group on Compact. This response is therefore informed by the practitioner understanding of the Compact Principles and it's Codes of Good Practice in relation to the BME Third Sector as well as by the wealth of experience and representational strength of the Partners who between them **represent over 5700 BME third sector organisations across England. This response is also informed by the 30 delegates attending the BME Code Consultation event held by the Commission for the Compact in Leicester on 7th November 2008.**
- 1.3 V4CE welcomes the opportunity to take part in the Commission for the Compact's Compact debate. We are also taking part in the Commission's consultation on the review of the BME Code and will send a separate submission on this following the BME Compact Code consultation events that the Commission is organising with our support. We look forward to hearing the Commission's recommendations on 2nd December 2008 and would like to stress the importance of **conducting an Equalities Impact Assessment on any proposed changes.**

2 Preliminary questions concerning Local Compacts:

- 2.1 Local Compacts are often more relevant to BME voluntary and community organisations (VCOs) than the national Compact as most are small locally-based organisations. **Our partners have found that most Local Compacts are not meaningful and do little to develop good working relationships between local government and BME VCOs. Accordingly, it is felt that any changes to the Compact at a national level would have a limited impact on local Compacts as they currently stand.**
- 2.2 One way to address this would be by using the national Compact to set the standard for local Compacts. Our partners suggested that the Compact should have a similar framework to Race Relations legislation where a set of both standard and voluntary requirements are used to form local Compacts. This would ensure that VCOs and local government across England have a good understanding of what to expect from their relationship, and would also be able to tailor their requirements to suit local circumstances.

- 2.3 Clarity is needed over what Compacts are needed for and when they should be used. In some areas our partners have worked with local and regional Compacts as well as the national Compact which at times can be confusing.
- 2.4 If changes to Local Compacts are planned either directly or indirectly through changes to the national Compact an impact assessment should be carried out, on what this will mean for local Compacts and the partners that use them, in the planning stages to inform the final changes.

Section A

3 Key Question A - What sort of agreement should the Compact be in future?

- 3.1 **Our partners feel strongly that in its current form the Compact does not adequately serve the needs of or empower BME VCOs and that changes are needed to 'give it teeth'. In particular, we feel that the Compact currently has a limited role in dispute resolution between the government and BME VCOs where there has been a Compact breach.**
- 3.2 Although the Compact does not currently have statutory footing, some VCOs have successfully used public law remedies to challenge Compact breaches and recent case law has demonstrated that the Compact is 'more than a wish list - a commitment of intent'.¹ However our partners identified that BME VCOs struggle to use public law remedies² due to their complexity and a lack of specialist knowledge of public law.
- 3.3 Revisions to the Compact may help remedy this issue. For instance, in the legal review of the BME Compact code, Karon Monaghan has recommended strengthening the public law references in the BME Compact code to include, for example:
- Appropriate emphasis to the prohibition on (direct and indirect) discrimination by public authorities.
 - Appropriate emphasis to the duties on Government (central and local) to undertake equality impact assessments on existing and propose policies.
 - Appropriate emphasis to the requirement that sometimes arises in equality law to create and delivery community (BME) specific services.

If such references to public law are incorporated this may raise awareness by both Government and VCOs of the obligations that exist under public law for public bodies, including those delivering services on behalf of the Government. However, inclusion in the Compact Code alone is unlikely to significantly increase the ability of BME VCOs to challenge Compact breaches

¹ Berry v Cumbria County Council, 2007 (see [Press release](#))

² A notable exception is the [Southall Black Sisters](#) case (Kaur and Shah v Ealing Borough Council, 2008)

using public law remedies, if there is a continued lack of capacity, understanding and awareness.

- 3.4 In its discussion paper the Commission outlines 3 different options for making the Compact statutory:
- a. Distilling the Compact into a set of statutory obligations.
 - b. Requiring the government and the sector to “have regard to” the Compact.
 - c. Requiring the government by statute to make a scheme setting out how it proposes to promote the interests of third sector organisations (The Welsh Model).

The first option would require legal obligations and penalties on the Government, the VCS or both. The Compact is fundamentally about strengthening relationships between the two sectors and to achieve this we believe that requirements would have to apply to both parties. However, the BME VCS is at a disadvantage to public sector bodies who would have access to lawyers, resources and in house specialists that most BME VCOs would not have. The BME VCS would have limited capacity and knowledge to take on a set of legal obligations, and as many already struggle with a lack of funding, are unlikely to be able to meet the costs of legal expenses. This would make the first option unworkable in practice. **We would also be concerned if making the Compact statutory were to result in a reduction or weakening in the current Compact principles, particularly in relation to the BME Code.**

In making it statutory there is also a danger that the Compact could be reduced to a set of checks and balances in law to make one party a victim and the other a culprit. This would ultimately be detrimental to a longer term vision of a strengthened partnership working between government and VCOs to best meet the needs of the communities they serve. We favour a preventative approach where a Compact way of working allows partners see in advance their commonalities and differences to enable mutual benefit in partnership working.

- 3.5 A combination of options b and c requiring both public and the third sectors to ‘have regard to’ the Compact principles and the ‘Welsh Model’ respectively may be a possible way forward. However to make a fully informed decision on this we feel **that more research is needed into why the Compact is not used by BME VCOs** and more details are needed on the proposed legal forms and evidence of how the options are likely to impact on the BME VCS.

Section B

4 Key Question B - How could the form and content of the Compact be enhanced to make it fit for the future?

- 4.1 Any proposed revision of the Compact principles and its Codes needs to be substantiated with evidence. For example, the Legal Review of the BME Code has presented substantive evidence that the BME Code needs revising in light of the existing and upcoming public law on equalities and race relations. This is important to ensure that the solution matches the problem: as stated in the Compact Voice framing paper on the Compact debate 'if the problem is that people do not want to read the Codes, then simplifying them might be a solution. If the problem is that they are out of date and they do not adequately deal with the issues, then simplifying them will not solve the problem. If the problem centres on Compact implementation then a complete revision will not help'.³
- 4.2 **In view of this, in principle we are happy for the Compact to be consolidated into one single document if there is evidence that this will make it simpler and easier to use for both VCOs and Government.**
- 4.3 **However, our partners were unanimous in calling for the BME Compact Code to remain as a distinct section whether as a single document or as part of one document. The BME code should not be 'mainstreamed' or integrated into a single equalities code. The BME code was established due to distinct challenges for the BME sector and these remain in today's environment.**

26 of the 27 BME groups who have approached the Compact Advocacy Programme since 2003 have included possible breaches relevant to the BME Code, demonstrating the importance of the Code in highlighting breaches specific to BME VCOs. There is concern that if a Single Equalities Code is created, equalities will be treated homogeneously, without recognition of specific issues and concerns facing different equalities strands.

To demonstrate the continuing need for a separate BME Code it is useful to revisit some of the key commitments in the current BME Code and to apply them to today's environment:

- **Recognising the important role of the BME VCS**

The BME Code recognises that the BME VCS has an important and continuing role in helping the Government to achieve its objectives. It states that '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.'

Despite this it is currently felt that the BME VCS is undervalued. Recent proposals from Government in Cohesion Guidance for Funders set out the

³ [Compact Voice framing paper on the Compact debate](#), 2007

'single group funding as exception' proposal. This undermines the principle of equality and questions the right of communities to form associations and organisations based on the principles of mutuality and self help. **Removing the BME Code (or section of the overall Compact) will further damage the BME sector, sending a message that the sector's contribution to civil society is not valued.** The Code should also give emphasis to the new role BME VCOs are playing in supporting emerging migrant communities.

- **Consultation, participation and representation**

The establishment of a BME code was significant as it focused attention on how the government should work with the BME sector. It highlights that whilst the BME VCS can offer expertise throughout the policy and consultation process, it faces several barriers to effective engagement. For example, very limited capacity in terms of income, staffing and time means the VCOs may require support to fully engage. **It is important that the BME code remains to ensure that local authorities and other Government bodies, are aware of how they can successfully work with the BME VCS.**

The BME Code also recognises that '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'. These issues continue to be of concern for the BME VCS and result in exclusion from policy process at a local, regional and national level, for example:

- Engagement of the BME third sector in Local Strategic Partnerships (LSPs) can best be described as 'patchy', based on research conducted by BTEG (2006) which found that only one third (32%) of the Neighbourhood Renewal Fund LSPs had a place on their board for one or more BME representatives.
- Recent changes in how local authorities will measure their performance through Comprehensive Area Agreements risk marginalising BME VCOs. For instance, the National Survey of Third Sector Organisations that will provide the data for measuring National Indicator 7 will not include many BME VCOs as many are unregistered organisations and will appear 'under the radar'.⁴
- Research by JRF found that 'respondents felt that mainstream voluntary sector organisations were not in a position to represent the interests of BME communities either in general or in the development of local compacts'.⁵

The withdrawal of funding for the OTS Regional Infrastructure Programme ends March 2009 and limited funding at a national level will further reduce the capacity of the BME VCS to engage in policy.

⁴ [V4CE consultation response to the Audit Commission's proposals on CAA, 2008](#)

⁵ Joseph Rowntree Foundation, 2002, [Black and minority ethnic organisations' experience of local compacts](#)

- **Funding and other support**

The BME Code recognises that 'funding for the BME VCS, whether from existing or new sources has been significantly below that of similar organisations in the mainstream VCS.' 19 of the 27 BME groups who have approached the Compact Advocacy Programme since 2003 have included possible breaches relevant to the funding code.

The BME VCS have seen the gradual reduction in government grant funding for its services and activities. Black Training and Enterprise Group (BTEG) has recently experienced considerable reduction in its programme due to limited central government funding and likewise the Confederation of Indian Organisations [CIO] has had to severely curtail its activities due to absence of strategic funding from government departments. Funding for regional strategic partners is also due to end in March 2009. As yet there has been no consultation with the BME VCS about the termination of funding or compliance with Compact recommendations on considering alternative organisations within the BME sector where strategic grants are withdrawn or to 'undertaking a joint review where withdrawal of funding has occurred'. In addition BME VCOs as small organisations are marginalised by the growing procurement agenda.

Proposals in the Cohesion Guidance to Funders for 'single group funding as exception' worsen the situation as they undermine the principle of equality and question the right of communities to form associations and organisations based on the principles of mutuality and self help. The current BME Code recognises that the 'main strength and value of the BME sector lies in its support and delivery of services to BME communities'. To ensure BME targeted services continue the BME Code should be strengthened to include the legal review's recommendations around giving emphasis to the requirement that sometimes arises in equality law to create and deliver BME specific services. This will give public authorities more clarity on the role of specific services and has the potential to improve the funding situation for BME VCOs.

The current BME Code also recognises that as well as delivering BME specific services, 'as the sector grows it will become increasingly important to view the sector as a potential provider of generalist services'. This view was endorsed by delegates at a consultation event on the BME Code.⁶

The current funding crisis for the BME VCS outlined above, demonstrates that now more than ever a BME Code is needed to: increase understanding of the role of BME VCOs; outline key funding challenges for VCOs; to ensure good practice in funding; and to ensure that BME communities continue to receive relevant services and support.

- **Tackling racism, inequality and exclusion**

⁶ BME Code Consultation event held by the Commission for the Compact in Leicester on 7th November 2008

According to research conducted for the Joseph Rowntree Foundation (JRF), BME organisations form a ‘distinct sector within the wider VCS because of their origins and their propensity to deal with issues of social exclusion with a racial discrimination’.⁷ The current BME Code highlights that ‘the negative outcomes of social exclusion are disproportionately represented within BME communities’. It recognises that initiatives are needed which target BME communities and that BME VCOs are well placed to make such targeted interventions more effective.

Although outcomes for some ethnic minorities in areas such as housing, education and employment have seen improvements, Table A demonstrates that BME communities are still facing high levels of deprivation and discrimination in modern Britain. BME communities can also experience an ‘ethnic penalty’. For example JRF⁸ found that: ‘when the contribution of individual characteristics (such as fewer qualifications) to employment disadvantage is analysed, there are some unexplained outcomes. For example, Black Africans have very high rates of higher education qualifications, but also suffer from high rates of unemployment and poor occupational outcomes. This ‘ethnic penalty’ includes the effects of discrimination’.

V4CE’s research found that BME VCOs were concerned that there has been a lack of progress on issues of ‘race’ equality and that race was ‘perceived to be being diluted by the wider frame of reference emerging with a single equalities agenda’.

Table A	
Indicator	Evidence
Crime	<p>In 2004/05 people from a Mixed ethnic group were more likely than those from White backgrounds to have been the victim of a crime (29 and 24% respectively).⁹</p> <p>Black people were over-represented at every stage of the criminal justice system:</p> <ul style="list-style-type: none"> • In 2004/05, Black people were six times more likely than White people to be stopped and searched under section 1 Police and Criminal Evidence Act (1984). • In 2004/05, the arrest rate for Black people was 3.4 times that for White people, a similar figure to 2003/04. <p>In June 2005, for every thousand Black people in the population, 7.1 were in prison. This rate was around five times higher than the</p>

⁷ Mcleod M, Owne D & Khamis C., “Black and Minority Ethnic Voluntary and Community Organisations: their role and future development in England and Wales” (2001), Policy Study Institute for Joseph Rowntree Foundation.

⁸ Joseph Rowntree Foundation, 2007, [Poverty and Ethnicity in the UK](#)

⁹ CLG, 2007, [Improving Opportunity, Strengthening Society: Two years on - A progress report \(Annex\)](#)

	rate for White (1.4 per thousand) and Asian people (1.5 per thousand). ¹⁰
Education	<p>Although between 2005 and 2006, most groups showed an improvement in the proportions of pupils achieving the equivalent of five or more A*-C GCSEs, Gypsy/Roma and Traveller of Irish Heritage pupils had the lowest levels of achievement at GCSE level in 2006 and the achievements of Black Caribbean and Other Black background pupils were also relatively low, (30% and 31% respectively).¹¹</p> <p>In 2006, Pakistani, Black Caribbean, Bangladeshi, Black African and Mixed White/Black Caribbean pupils all performed below the national average in English tests across Key Stages 1 to 3.¹²</p>
Employment	<p>In 2005/06, the employment rate gap between minority ethnic men and White men was 10 percentage points.¹³</p> <p>Men from minority ethnic groups were more than twice as likely as their White counterparts to be unemployed in 2005/06 (12% compared with 5%) and the past year has seen rising unemployment rates in most groups.¹⁴</p> <p>Bangladeshi and Pakistani women had the lowest employment rates (23% and 25%) and highest economic inactivity rates (72% and 68%).¹⁵</p>
Housing	<p>Between 1996/97 and 2005/06, rates of overcrowding were higher for minority ethnic households than for White households. Overcrowding rates were highest for Bangladeshi households and lowest for White households (27% and 2% respectively in 2005/06).¹⁶</p>
Health	<p>Babies of mothers born in Pakistan and the Caribbean (as well as parts of Africa) have higher infant mortality rates than the average for all babies born in England and Wales.¹⁷</p>
Attitudes	<p>Recent years have witnessed a hardening of some attitudes towards immigrants and ethnic minorities over the last few years.¹⁸</p> <p>Personal experiences of discrimination remained relatively static between 2002 and 2005 (12% of the general public as a whole, and 38% of ethnic minorities, experienced racial prejudice or discrimination in 2005, compared with 14% and 39% respectively in</p>

¹⁰ *Ibid*

¹¹ *Ibid*

¹² *Ibid*

¹³ *Ibid*

¹⁴ *Ibid*

¹⁵ *Ibid*

¹⁶ *Ibid*

¹⁷ *Ibid*

¹⁸ Ipsos Mori for the CRE, 2007, [Race Relations 2006: A research study](#)

	2002) and this was also reflected in the National Citizenship Survey findings from 2001 to 2005. ¹⁹
Poverty	<p>There are stark differences in poverty rates according to ethnic group. Risks for poverty are higher for Bangladeshis, Pakistanis and Black Africans, but are also above average for Caribbean, Indian and Chinese people. Muslims face much higher poverty risks than other religious groups.²⁰</p> <p>59% of the Pakistani/Bangladeshi population and 37% of the Black or Black British population lived in low-income households, compared with 19% of the White population.²¹</p> <p>The high rates of child poverty in some groups are of particular concern, both for their present welfare and their future opportunities. Over half of Pakistani, Bangladeshi and Black African children are growing up in poverty.²²</p>
Representation	<p>Turnout at the 2005 general election seems to have been lower among Black and ethnic minority citizens than among White Britons. Turnout was higher among those from the main Asian national-origin groups (i.e. Indian, Pakistani and Bangladeshi) than among the main Black groups (African and Caribbean). Lower still, however, was turnout among the Mixed-race group and "others".²³</p> <p>There were 15 MPs elected at the 2005 general election from an ethnic minority.²⁴</p>

- **A multidimensional sector**

Often the BME third sector is seen as a single entity. This is misleading and can further disadvantage communities. For example, a local BME and disability VCO found it difficult to raise funds as a BME organisation and as a disability as in each instance it was assumed that they could not provide the specialist services required. **The BME Code needs to recognise that different BME VCOs have different expertise and areas of interest just as the generic VCS is multi dimensional in its scope. Race is a cross-cutting issue that cuts across different equality strands.**

4.4 **In retaining a BME code issues for the BME VCS should not be sidelined into one section only but should inform and link with the Compact as a whole.**

4.5 There have been calls from the VCS for a revised Compact to include guidance on commissioning, subcontracting, asset transfer and community premises to reflect the current operating environment for VCOs. Whilst we

¹⁹ *ibid*

²⁰ Joseph Rowntree Foundation, 2007, *Poverty and Ethnicity in the UK*

²¹ Home Office, 2006, [Race Equality in Public Services](#), Statistical Annex

²² Joseph Rowntree Foundation, 2007, *Poverty and Ethnicity in the UK*

²³ Mori for the Electoral Commission, 2005, [Black and Minority Ethnic Survey](#)

²⁴ [UK parliament website](#), accessed 9th November 2008,

have no objection to the inclusion of these themes, we also wish to make clear that many new developments, such as asset transfer, have not benefited the BME VCS and in some cases have been detrimental.

- 4.6 The discussion document suggests that the Compact could be broadened to include the 'third sector' as opposed to just the VCS (as defined by government). **In principle we do not object to opening out the Compact to include other types of organisation. However we are concerned about the administrative impact this would have and need to know more about how the Commission would manage this and define included groups before confirming our position.**

Section C

5 Key Question C - How could the Commission for the Compact change to ensure better implementation of the Compact?

- 5.1 As stated in paragraph 3.1 to benefit the BME VCS changes need to be made to 'give the Compact teeth'. For example, one of our partners referred a Compact breach to the Compact Advocacy team half a year ago, yet despite their efforts the issue has still not been resolved.
- 5.2 We are open to the possibility of the Commission having some legal powers in order to achieve this. However, **we would like legal advice on the practicalities and limitations of establishing a body in law over something that is not legal in nature. We would also support a review of the different players currently involved in the Compact (Commission for the Compact, Compact Voice, Compact Advocacy) to clarify roles and responsibilities.**
- 5.3 It is also essential that small VCOs are able to benefit from any legal powers given to the Commission as well as larger ones. Many BME VCOs are small in terms of income, staff and capacity, but play an essential role in supporting the needs of BME communities. Due to the limitations of its own capacity the Commission would only be able to take on a limited number of cases. In selecting the cases the depth and breadth of the VCS should be represented and the limited capacity of many small VCOs recognised. Based on an income analysis NCVO's Civil Society Almanac (2007) warns that the 'concentration of resources is still heavily skewed towards the largest charities.'²⁵ In taking on cases the Commission should not exacerbate this trend.

6 Review of the BME legal code

- 6.1 We understand that the initial Compact recommendations will inform the broad view of the Compact rather than the details of specific Codes. V4CE are engaged in the review of the BME code and will feed in a more detailed

²⁵ 'Civil Society Organisations in the UK' by National Council for Voluntary Organisations (2007), page 23.

response on this following the three consultation events we are holding jointly with the Commission for the Compact in November 2008. However, given that some of the broad recommendations may fundamentally affect the BME Code, for example if the Compact is shortened, we feel it necessary to outline some key issues at this stage.

6.2 Based on the findings of Karon Monaghan's legal review of **the BME code it is clear that the BME Code needs to be strengthened. The BME VCS must be consulted to inform the detail of this.** However on initial analysis we have found three clear changes are required:

- **Compliance with equality law:** Although the review found that 'the existing Code is not on its face inconsistent with domestic, regional and international equality law' it makes several recommendations to ensure that the Code gives appropriate emphasis to this law.
- **Single group funding:** The Legal Review of the BME Code provides strong evidence that supports the case for the need of specialist services for BME communities and this has been further endorsed in recent case law by Lord Justice Moses: 'There is no dichotomy between the promotion of equality and cohesion and the provision of specialist services to an ethnic minority.'²⁶ The legal review finds that the current BME Code:
 - Fails to give appropriate emphasis to the opportunities that exist in equality law to create and deliver community (BME) specific services.
 - Fails to give appropriate emphasis to the requirement that sometimes arises in equality law to create and deliver community (BME) specific services.
 - Fails to give appropriate emphasis to the recognition that BME targeted services may promote equality and good relations and community cohesion.

A revised BME Compact code needs to give sufficient weight to the value of BME specific services particularly in light of proposals in the Cohesion Guidance to Funders for 'single group funding as exception'. These proposals have confused both the VCS and funders over what can and should be funded and does not adequately explain the value and legal requirement for BME specific services in certain situations. The fact that 4 of the 27 BME groups who have approached the Compact Advocacy Programme since 2003 have included concerns around single group funding and the recent high profile Southall Black Sisters case²⁷ shows that this is a very real issue for BME VCOs.

- **Intersectional/multiple forms of discrimination:** The legal review finds that the current BME Compact code 'fails to address intersectional/multiple forms of discrimination'. For example, the review cites that in the U.K. Pakistani and

²⁶ Case of Southall Black Sisters August 2008

²⁷ [Southall Black Sisters case](#) (Kaur and Shah v Ealing Borough Council, 2008)

Bangladeshi women are at very high risk of disadvantage in the work place experiencing a more significant pay gap²⁸ than other women and higher levels of unemployment, placing them in a different position to other women. Current equality law is difficult for those suffering intersectional discrimination to negotiate. The planned Single Equalities Act may go some way to addressing this, but it should also be recognised within a revised BME Compact Code.

7 Awareness and implementation of the Compact

- 7.1 Our partners have identified a lack of awareness of the Compact and how to use it both amongst BME VCOs and in local authorities. In addition, research by JRF has also found that few BME VCOs were aware of local Compact development; only one had heard of the national BME code of practice and most felt that they had not been involved properly in local Compact discussion. They did not feel engaged as full partners in local Compact development work.²⁹
- 7.2 Lack of awareness is partly due to the Compact not being a priority (perhaps due to a perceived 'lack of teeth'). Without accompanying promotion any changes in content and form to the Compact are likely to have a limited impact. Delegates at the BME Compact Code event³⁰ also highlighted the importance of links being made between the Compact and other policies and process (i.e. LSPs and LAAs). **Resources need to be made available create further awareness of the Compact and that BME infrastructure are engaged in this process.** V4CE is currently in the second stage of a BIG Lottery BASIS Bid which if successful would include partial funding for a BME Compact Officer. We would welcome the opportunity to continue working with the Commission and Compact Voice to increase awareness of the Compact in the BME VCS.
- 7.3 Lack of capacity (time, staff and resources) in the VCS also results in low awareness and use of the Compact. For example, one local BME infrastructure organisations found that a funder was potentially in breach of the Compact relating to the timings of the grant payment: 'I knew all about the Compact etc but we literally did not have the time or capacity to be able to address this even though we knew there was a breach'. In some instances BME VCOs were able to take part in the development of local Compacts but had no capacity to support its implementation.
- 7.4 Our partners felt that for both the national Compact and local Compacts to be **effective they need to have delivery plans with implementation targets and regular monitoring**: 'most local compacts do not have a delivery plan or resources to develop this so it makes it difficult to point to a local breach as

²⁸ "Fairness and Freedom: The Final Report of the Equalities Review" (2007), 66, 68-9.

²⁹ Joseph Rowntree Foundation, 2002, [Black and minority ethnic organisations' experience of local compacts](#)

³⁰ BME Code Consultation event held by the Commission for the Compact in Leicester on 7th November 2008

we don't know what is being monitored but do not have a plan to evaluate against!' (BME local infrastructure organisation). For example, in Leicestershire the Leicestershire Ethnic Minority Partnership worked for over 1 year to develop a BME code and also took the initiative to produce a draft implementation plan for it. The BME code itself was recommended for approval following consultation but the implementation plan was taken out of the documentation as there is no delivery plan for the Compact itself! Despite a BME organisation taking a proactive to their local Compact, delivery has still been limited due to failures with the county Compact.

8 Key Recommendations

- 8.1 An Equalities Impact Assessment should be conducted on any proposed changes to the Compact.
- 8.2 In its current form the Compact does not adequately serve the needs of or empower BME VCOs and that changes are needed to 'give it teeth'. Most Local Compacts are not meaningful and do little to develop good working relationships between local government and BME VCOs.
- 8.3 Although giving the Compact legal status could give the Compact 'teeth' BME VCOs are unlikely to be able to meet any legal requirements and we would be concerned if a legal Compact meant a reduction or weakening in the current Compact principles.
- 8.4 We are happy for the Compact to be consolidated into one single document if there is evidence that this will make it simpler and easier to use for both VCOs and Government.
- 8.5 The BME Compact Code should remain as a distinct section whether as a single document or as part of one document. It should not be 'mainstreamed' or integrated into a single equalities code. Distinct challenges face the BME sector, particularly around: their role; engagement in policy and decision making; access to funding; and tackling racism and inequality. The Compact should recognise that race is a cross-cutting issue that cuts across different equality strands.
- 8.6 The BME Code needs to be better linked with and inform other sections of the Compact.
- 8.7 We are open to the possibility of the Commission having some legal powers but would like legal advice on the practicalities and limitations of establishing a body in law over something that is not legal in nature.
- 8.8 We support a review of the different players currently involved in the Compact (Commission for the Compact, Compact Voice, and Compact Advocacy) to clarify roles and responsibilities.

8.9 In the first instance it is clear that the BME Code should be strengthened based on the findings of the legal review to better reflect issues of: compliance with equality law; single group funding; and intersectional discrimination. V4CE will submit a more detailed analysis of the legal review following the Commission's consultation events on the review of the BME Code.

8.10 Capacity and resources are needed to ensure increased awareness, implementation and monitoring of the Compact. Without this any changes to the Compact itself will have a limited impact. V4CE is currently in the second stage of a BIG Lottery BASIS Bid which if successful would include partial funding for a BME Compact Officer. We would welcome the opportunity to continue working with the Commission and Compact Voice to increase awareness of the Compact in the BME VCS.