



One North West Response to the Regional Strategy (RS2010). Part One: High Level Strategic Framework Consultation

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1. About One North West

One North West is the regional Black and Minority Ethnic (BME) Network designed to involve BME Third Sector organisations in the design, development and implementation of Regional strategies and policy that affect BME communities throughout the North West

2. Introduction

- 2.1 Between 13th February and 23rd February 2010, One North West (1NW) held seven consultation events on Part One of the Regional Strategy (RS2010) in order to ensure an input from the BME Third Sector in the development of RS2010. The events were held in accessible community venues in a friendly, safe and inclusive style. The consultation process involved the participation of 155 people and the representation of 93 BME Third Sector organisations from across the North West¹.
- 2.2 1NW focused exclusively on strand 3 of RS2010, which are the plans to: 'Release the potential of our people and tackle poverty.' A different approach to consulting around RS2010 than the format that was suggested through the consultation document was taken. This was a result of a conscious choice to make the process more accessible and involved volunteers from BME Third Sector organisations in the design and delivery of the consultation process.
- 2.3 Such an approach was used in order in order to ensure that there could be wider participation in the high level strategic document and did not presume prior knowledge of engagement with RS2010 from participants. This provided a more accessible means of engaging around RS2010 and resulted in more in depth discussion, much of which will be able to feed into the development of Part 2: Detailed Supporting Policies and Implementation Framework.
- 2.4 During the session, participants discussed barriers to employment, skills and enterprise opportunities and what issues existed around access and gaps. Following this they were asked to think about potential solutions that could be recommended to decision-makers and then looked at 'Building on Our Strong Tradition of Social Enterprise' and 'Social Exclusion'. In two of the events, this included the assistance of interpreters to ensure that those without English language were not excluded from the process.
- 2.5 The participation of these BME Third Sector Organisations provides a unique insight into RS2010 that is based on the expertise, knowledge and experience of people working within BME communities in the North West

¹ For a full list of organisations that took part, please see appendix 1

- 2.6 There was also participation from individuals from within different communities, including Bangladeshi women in Lancashire and a new and emerging Nepalese community in Cumbria. This engagement provides an insight from the perspective of socially excluded individuals for whom RS2010 should be designed to benefit.
- 2.7 The BME Third Sector is far from a homogeneous entity. The consultation process undertaken by 1NW attempted to be inclusive and include all the religiously and culturally diverse organisations in the North West that serve the many different communities in the region, each with distinct needs.
- 2.8 Despite this diversity, we attempt to draw out consensus around issues and present it through this report, which has been completed with the invaluable support of individuals from BME Third Sector organisations with particular expertise around certain key themes. It is recommended that RS2010 recognises this diversity and that one-size fits all policies to include a single 'BME community' will not address the issues that are preventing individuals from BME communities to 'release their potential'.
- 2.9 All the information that has been shared through the consultation process will be passed on to feed in to the NWDA-commissioned research around BME Labour Market Characteristics to achieve the maximum impact.
- 2.10 The seven consultation events were:
- **Cumbria:** Saturday 13th Feb 11:00 am- 2:00 pm at Greystone Community Centre, Carlisle in partnership with Awaz (Cumbria);
 - **Greater Manchester:** Tuesday 16th Feb 10.30am-12.30pm at the Phil Martin Centre, Moss Side, Manchester;
 - **Greater Merseyside:** Wednesday 17th Feb 12.30pm - 2.30pm At Crawford House, Toxteth, Liverpool in partnership with CHARA Trust;
 - **Greater Manchester BME Women:** Thursday 18th February, 1.30-3:00pm, Friends Meeting House, Manchester in partnership with Oxfam Routes to Solidarity Project;;
 - **Cheshire:** Thursday 18th February 10:00am until 1.30pm at Warrington Gateway in partnership with CHAWREC;
 - **Cheshire:** Tuesday 23rd February 6.30pm until 7.30pm at Cheshire, Halton and Warrington Race Equality Centre, Chester in partnership with CHAWREC; and
 - **Lancashire:** Tuesday 23rd Feb 5.30pm - 7.30pm At Spring Hill Community Centre, Accrington in partnership with Lancashire BME Pact

3. Increasing the potential of the workforce by improving employment opportunities, enterprise and skills

1NW proposes changes to the proposed actions, which are highlighted in bold. Further recommendations are made in part 8 of this response.

- meeting the skills requirements of the future labour market...
- raising individual aspirations and attainment of skills **throughout communities and** especially amongst 16-19 year olds through high quality information, advice and guidance leading to informed choice and sustainable employment;
- stimulating employers to release the potential of their workforce at all levels, by investing in innovation, leadership and management, and entrepreneurial skills; **and also providing interventions to employees to manage career progression**
- providing the support that unemployed people need to gain sustainable and rewarding employment with skills, especially those from the groups and communities most adversely affected by unemployment, a lack of work or underemployment **recognising the need for different approaches to enable these communities to compete equally;**
- ensuring high-quality, responsive, labour market led skills provision, **providing support to link underemployed groups with emerging market developments;**
- **Innovatively** working with young children and their parents **with a range of interventions** to improve educational attainment outcomes and deliver increased opportunities;
- encouraging greater utilisation and retention of graduates...
- encouraging and supporting, innovation, enterprise and self-employment **with targeted interventions for under-represented groups**

3.1 The discussions around the proposed areas of action were accompanied by important observations on their delivery and the potential exclusion of BME communities. In order to assess how RS2010 could achieve its aim of 'releasing the potential of our people', the consultation explored what the barriers, access and gaps exist for BME communities in increasing employment opportunities, enterprise and skills.

3.2 Persistent inequality and discrimination experienced by BME communities needs to be explicitly recognised. Participants agreed that RS2010 must promote opportunities for people from BME communities to compete on an equitable basis and ensure throughout that RS2010 is implemented in a strategic manner that involves BME communities in the design and delivery of solutions, placing people above profit.

4. Common Themes:

There were common themes that emerged around the perceived barriers, access issues and gaps that would need to be considered when improving employment opportunities, enterprise and skills in BME communities. If the 'potential of our people,' of which BME people are a significant number, is to be released, it is imperative that these areas are addressed. Despite focusing as a response to Part 3a, all the information and recommendations below also relate to the whole of Part 3 of RS2010.

It is important to recognise that the issues that are presented are the result of discussions with a significant number and diverse group of BME Third Sector organisations and individuals; therefore, if there is service provision already in existence, it is not safe to assume that the barriers are not real, but rather that there that there is a need for more positive engagement, based on equality, to ensure that these issues do not persist.

4.4.1 Discrimination:

- It was felt that a discrimination and institutional racism provide a major barrier to BME communities and prevents people from releasing their potential. This can take many forms, for instance, discrimination in job applications and interviews was reported, which is corroborated through a study commissioned by the Department for Work and Pensions²
- It also emerged that some people from BME communities can have a lack of confidence in the system and there are issues around low self-esteem. This can happen as a result of people projecting the barriers caused by racism onto themselves, which can have a significant long-term effect.
- There is also the issue of double discrimination, For example, BME women experience this as a result of both race and gender. There is a need to recognise intersectionality which does not appear within RS2010. For instance, part 3e, about Demographic Change, proposes: 'realising the potential of underemployed groups, whether disabled people, the minority ethnic population or women'.³ This fails to recognise that there will be BME women who are disabled. As a result, RS2010 will not address the complex support needs of many people within the region in a holistic way, therefore will fail to release the potential of many within the region.
- BME communities in rural areas also experience particular issues due to isolation from other BME communities and specialist services. Also, cultural awareness of BME communities in rural areas is not as developed as in urban areas; these distinct challenges need to be recognised.

² Undercover job hunters reveal huge race bias in Britain's workplaces', The Observer, (18 October 2009)

<http://www.guardian.co.uk/money/2009/oct/18/racism-discrimination-employment-undercover>

³ RS2010. Part 1: The High Level Strategic Framework. Consultation Document – January 2010 p.30

4.4.2 Cultural Awareness: There is a lack of cultural awareness and understanding that provides barriers in accessing opportunities. For example, the processes of recruitment can often be discriminatory. For instance, BME women are excluded from certain employment sectors due to the requirements of the job. A case provided was how the police ask for driving and swimming skills that some BME women are not encouraged to learn and so therefore, would not be apply. Another case of this is the issue around religious festivals or Friday prayers for Muslim communities. It was expressed that people would not take up a job if they think they will not get time to pray or take time off around religious festivals.

4.4.3 Lack of Positive Engagement from Mainstream Service Providers: Throughout the consultation process there was a fundamental feeling that engagement from mainstream service providers is not serving BME communities as effectively as possible. This includes a perceived widespread lack of cultural understanding of BME communities and institutional racism and also a failure to invest the length of time and intensive nature of support that is necessary to engage with BME client groups, poor communication and a lack of appropriate BME front line workers within agencies to be able to engage effectively with beneficiaries.

4.4.4 Language Barriers: There is a linguistic penalty that brings barriers to opportunities for many BME communities. A lack of effective and accessible English for Speakers of Other Languages (ESOL) provides a significant and long-term barrier that contributes to the disproportionate levels of worklessness within BME communities across the North West. It is also a major barrier for increasing skills and enterprise. People want to be able to understand and be taught as effectively as possible however there was wide consensus that this was not being successfully delivered. The lack of fluency in English brought further issues for some respondents around social isolation and consequent mental health problems. It is also significant in terms of social exclusion and community cohesion.

4.4.5 Childcare: Access of BME communities to formal childcare is of critical importance, both because there is strong evidence of the impact of good quality childcare on cognitive and behavioural skills of children and because affordable and accessible childcare also enables parents, in particular mothers, to undertake training or take up a job. It was widely felt that a lack of high-quality and affordable childcare provides a major barrier to women from BME communities accessing employment opportunities and releasing their potential. The cost of childcare often means that not working is the most financially viable option, which can lead to de-skilling of people who take this choice, which has significant implications for long-term worklessness in the North West. The childcare issue also has an impact on women accessing opportunities to acquire new skills, which also impacts on employment and enterprise opportunities.

5. Increasing Employment within BME communities

Experian estimates that increasing participation rates and earnings of BME people to the levels seen elsewhere in England could add £5.8bn to the Northwest economy by 2032 and could be instrumental in closing the gap between GVA per head in the region compared with England as a whole⁴. So, it is clear that addressing the barriers experienced by BME communities and releasing their potential to achieve '*sustainable and rewarding employment*', there will be a significant socio-economic impact on the the whole region. Key barriers were addressed above, however there were specific barriers, access issues and gaps in employment opportunities, that are detailed below:

5.1 Lack of Opportunities for Career Progression: It was widely felt that there is limited access for people from BME communities to progress in their careers and achieve '*sustainable and rewarding employment*', and contributes towards failure in the North West to realising the potential of the workforce. The proposed areas of action appear to rely solely on employers 'to release the potential of their workforce', however it was felt wider interventions based on a recognition that people from within BME communities face unique barriers and require different approaches.

5.2 Valuing people's skills: The potential of many people from BME communities is currently not being realised due to the fact that skills are not being recognised around a variety of areas:

- **Foreign qualifications:** There was a widespread sense that foreign qualifications were not being recognised, which results in people taking jobs that they are overqualified for, leading to de-skilling. The difficulty, or lack of support, that many people reported of gaining recognition for qualifications, including high-skilled ones, needs to be addressed and would suggest that the talent of many people from BME communities is currently being wasted
- **Informal Experience:** There was a feeling that informal experience and voluntary roles are not valued appropriately. Due to the fact that it is more difficult to assess formal employment, the informal nature of how some people within BME communities work is not visible or recognised. This leaves 'hidden people' whose skills are not recognised and can also lead to entrapment around benefits and potential exploitation.
- **Government Asylum-Policy:** The government refuses asylum seekers the right to work; this forces asylum seekers into dependence on government assistance

⁴

Experian (2008) Demography, Migration & Diversity in the Northwest

6. Increasing Enterprise within BME Communities:

Self employment rates for BME people in the Northwest are comparable with those for the region as a whole. In addition to this, BME groups tend to have high rates of early stage entrepreneurial activity (TEA), with 7% of all businesses in the Northwest being BME-owned⁵ However, there was a general consensus that enterprise opportunities are not being fully realised within BME communities, which would suggest a significant potential, which with further support could be released to bring huge benefits to the region. The following barriers, specific to increasing enterprise were identified through the consultation process:

6.1 Inaccessible Business Support: Whilst there are a number of mainstream agencies that provide this support, they remain inaccessible to many from BME communities who need to access them and thus fail to *'encourage and support innovation, enterprise and self-employment'*. This results in limited pathways for establishing enterprise in BME communities.

The main reasons identified behind include a lack of cultural understanding of BME communities, a failure to invest the length of time and intensive nature of support that is necessary to engage with BME client groups, poor communication and a lack of appropriate BME role model business advisers. Another reason is whilst mainstream support agencies are there to offer support; they may not be able to do so directly and there was frustration about the apparent over-reliance on signposting.

6.2 Financial Exclusion: The multiple barriers that exist due to social exclusion and poverty do not seem to be recognised within RS2010, but have significant implications. As poverty and deprivation disproportionately affect BME communities, this negative dynamic provides a major barrier to establishing enterprise. Set up and training costs present a major barrier and there is a large disparity between accessing financial support and the reality of what is available, often as a result of the 'postcode lottery'.

6.3 Lack of experience within the community and mentors: It was felt that there is a lack of experience from within BME communities of setting up and running large enterprises within BME communities, including a lack of mentors available for others in the community to be able to learn from and gain experience. This suggests a dynamic that could lead to positive outcomes: by improving enterprise amongst BME communities, more people will be encouraged to take similar steps.

⁵

URS (2008) A baseline of BME enterprise in the Northwest

7. Increasing Skills within BME Communities

One of the key drivers of labour market outcomes is education, and workplace skills. Education is a major factor protecting against unemployment and helping to secure higher level jobs and higher income.⁶ Nearly all levels of vocational and academic qualifications deliver wage returns, and all qualifications are associated with higher rates of employment. Therefore, by increasing access to skills opportunities, the potential of BME communities can improve significantly. The following barriers were identified through the consultation process:

7.1 Information: A lack of access to information and familiarity with the education system was identified. This was as a result of a lack of locally based support or poor engagement with BME communities by agencies that deliver skills (due to prejudice or a lack of cultural understanding).

7.2 Narrow Focus Around Skills Agenda: Whilst skills provision for 16-19 year-old people was recognised as crucial, it was felt that there should be a wider focus on '*raising individual aspirations and attainment of skills... through high quality information, advice and guidance*' to include all elements of the community that are unemployed, underemployed and also in employment. Barriers exist to career progression for BME communities include skills acquisition, meaning that the full potential of the workforce is not being realised

7.3 Timing of Classes: Some women reported that childcare tends to finish at 6pm, so any courses that are available after that brings restrictions, whilst the gaps in provision of classes on Saturdays meant that people who worked all week in order to provide for their families did not have access to opportunities to be able to take part in education. This would suggest a lack of local engagement with communities to develop a needs assessment of those people who would like access to skills.

7.4 Low Levels of BME Teachers: It was felt that there was a lack of BME teachers at all levels throughout the education system, which has an impact on people accessing and fully benefiting from skills opportunities.

7.5 Apprenticeships: It was felt that Government apprenticeship schemes fail because of disincentives around benefits and lack of access to sustainable employment opportunities following the scheme. It was suggested that apprentices should be able to continue on benefits whilst achieving their apprenticeships, which it was felt would get people motivated and on a pathway to work.

7.6 Transport: Poor quality and high cost local transport can provide barriers for people as courses are not always locally delivered.

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DWP (2006) Ethnic penalties in the labour market: employers and discrimination

8. Recommendations

In spite of barriers that exist, BME communities are still achieving a lot; however there needs more opportunities to reach the higher levels that they are capable of and compete on an equitable basis. It was felt that RS2010 needs to be more innovative about how to address the issues and choose priorities. Below is a series of recommendations below that have been put forward by participants from the consultation process.

8.1 Maximise the Potential of BME Third Sector providers in the employability, enterprise and skills agenda:

It is recommended that the unique role of the BME Third Sector in addressing many of the issues highlighted above and in delivering to communities considered 'hard to reach' around several key strategic outcomes of RS2010 is explicitly recognised, valued and invested in.

This would grow the provider base for statutory sector agencies to commission in order to deliver their priorities and provide an effective means through which to reach BME communities (whilst at the same time, contributing to a 'world-class and diverse' Third Sector).

This unique position is a result of strong engagement with communities, cultural awareness and an ability to develop trust and links with communities that contrast with many statutory sector agencies. There are many great examples of BME Third Sector organisations delivering support for people to access employment (1NW will be producing detailed case study analysis of at least 4 such organisations in the region, which will be available from April). Specific actions that could be taken to ensure the potential of the BME Third Sector are in part 10 of this report.

8.2 Investment in Specialist Business Support: The strategy proposes '*encouraging and supporting, innovation, enterprise and self-employment*'. Through investment in BME-led organisations that can successfully deliver culturally sensitive business support opportunities that are accessible at a local level, this action would become more realistic. More intensive support is required than that which is currently provided by mainstream provision. For example, there is a need for intermediary support organisations more often during the early stages of development by an organisation which is culturally sensitive, has a relationship with the community, understands the barriers that exist, and that has build up trust within the community so that BME people already feel comfortable working with the organisation.

8.3 Positive Engagement: The most suitable approach is not *either* BME specialist organisations *or* mainstream agencies, but rather the co-existence and development of both, including establishing closer working relationships between local service providers and BME Third Sector organisations. There needs to be a regionally strategic approach to encourage positive engagement from mainstream service providers. The RS2010 consultation highlights a lack of access to the range of initiatives that exist to provide people with support increasing employment opportunities, enterprise and skills.

It is recommended that mainstream service providers develop outreach processes rather than the current 'open door policy'. BME communities are not 'hard to reach,' but rather, require different approaches and specific targeting. It was also recommended that workforce diversity within organisations, such as Job Centre Plus, is reviewed in order have agencies that are reflective of the communities that they serve.

8.4 Effective Monitoring: It was felt that this is essential to RS2010's success as a strategy that actually delivers. It is recommended that a rigorous approach to monitor outcomes of programmes that are designed to support BME beneficiaries is implemented, including race, gender and disability equality impact assessments. This will provide the means through which to build up an evidence base to reveal gaps in access of opportunities, attainment and employment and the impacts of service provision, which can then lead to a more specific targeting of unrepresented communities.

It is also of fundamental importance that this is transparent, continuously reviewed and measured. It is also recommended that agencies should review their customer feedback processes to assess the uptake and experiences from BME communities. There should be processes in place to ensure this information is filtered down to front-line workers in order for them to be able to respond accordingly.

8.5 Regional Review of ESOL Provision: Language proficiency is fundamentally important to raise access to skills, employment and enterprise as well as contributing to social cohesion and effective participation in mainstream society. A thorough and regional review of ESOL should be undertaken, including extensive participation within localities from the BME communities that it affects. This will ensure the most effective provision of ESOL and ensure that funding can be allocated regionally in the most effective and efficient way. This should consider not only the initial cost of providing ESOL, but the long-term socio-economic benefits that would result from more effective and accessible ESOL provision which utilises appropriate delivery techniques that are tailored specifically to the needs and wants of learners.

8.6 Investment in Mentors and BME Leadership: It is recommended that access and support for successful models and people from within BME communities needs to be valued and adequately resourced. More support BME for leadership and management, especially for BME VCS organisations and SMEs was highlighted as a potential action. This will mean providing bespoke training and devising a long term strategy to measure impact. Any initiative in this area should also allow for preliminary research to be carried out into different leadership styles, as rigid western leadership styles often fail to accommodate the specific competencies that BME managers and potential leaders possess.

8.7 Releasing the Potential of Skilled Migrants and Refugees: By releasing the potential of such people within the North West, it will mean they progress from working in jobs in which they are overqualified for and release the entry-level jobs they currently possess for those with more appropriate levels of skill who currently experience worklessness. Therefore, it is recommended that a strategic decision to recognise and convert foreign qualifications is taken. This could involve:

- A strategic campaign to inform workers of the process that is required for gaining recognition of overseas qualifications, and provide support to achieve it.
- Raise awareness for current employers on the process around this to 'stimulate employers to release the potential of the workforce' by investing in the process of foreign qualification recognition
- Investment in organisations that deliver foreign qualification recognition and conversion. For example, REACHE North West, based as Salford Royal Hospital, is an award winning education and drop-in centre for refugee and asylum seeker health professionals to re-enter their profession in the UK by helping them to secure training, advice, guidance and work placements.⁷

8.8.Strategic connections between underemployed communities and economic opportunities: Through a recognition of the additional engagement and development that is required with BME communities and strategic foresight when employment opportunities are available as a result of incoming enterprise, local people can be trained on how to access jobs that will be available in order to ensure 'high-quality, responsive, labour market led skills provision'. This also needs to include targeting young BME people where growth opportunities are by promoting information and awareness within communities and supporting access.

⁷ <http://careersiag.skillsforhealth.org.uk/page/case-studies/refugee-doctors-find-success-through-supported-placement>

8.9 Supporting Parents: It is recommended that there are more culturally-sensitive and value-based support packages available for all parents, but particularly for BME families to *'improve educational attainment outcomes and deliver increased opportunities'*. Targeting of BME women is necessary as there are certain sections of BME communities with high levels of single-parents (which is increasing yearly). It needs to be less Eurocentric and have a value base that is coming from a BME perspective. For example, Race Equality Foundation were commissioned by the Home Office as far back as 2000 to research provision and access to parenting support by BME families, which highlighted a severe gap in services and led to the development and rolling out of the Strengthening Families, Strengthening Communities (SFSC) parent programme.

The SFSC parent programme is a community-rooted programme based on a strengths based 'facilitative model' which aims to support parents to make more informed choices. In addition, the curriculum aims to help families develop or promote: strong ethnic and cultural roots; positive parent-child relationships; a range of life skills; self esteem, self discipline and social competence; and ability to access available resources. This programme is delivered in over 20 community languages. It is recommended that such programmes are explored further and invested in through RS2010 in order to provide the more intensive support that needs to be provided for excluded communities

8.10 Affordable and Accessible Childcare Campaign: The perception of a lack of access to affordable childcare has been highlighted throughout the consultation process. There is a difference between free childcare being available and BME communities accessing it. The childcare issues has been voiced before and has been recognised by the Department for Children Schools and Families, who have been running a pilot programme to look at BME access to good quality childcare and early year's provision among low income families and particularly BME families⁸. It is recommended that this work is built upon and embedded regionally in order to improve access and use of childcare from BME communities in the North-West.

8.11 Flexible working: The promotion of flexible employment opportunities and valuing of skills outside of the currently accepted framework will support people from BME communities to 'release their potential'. More opportunities around flexible and part time working within the region would have a major impact, particularly for BME women, who will be provided with the possibilities of the co-existence of rewarding employment and childcare responsibilities.

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8.12 Increase Value of Volunteering in RS2010: Volunteering was identified as an excellent opportunity to gain new skills and experience and provides an effective pathway towards moving unemployed people towards employment, enterprise and skills. Volunteering also provides a way through which to challenge discrimination and promote self-esteem as well as promoting social cohesion through bringing together people from different backgrounds around a common purpose.

It is recommended that an explicit recognition of volunteering should be within the proposed actions. As a result of this, it is suggested that investment in volunteering infrastructure is allocated in order to increase the capacity of BME volunteering organisations, which will provide a more formal recognition of skills and accredited training. An aspect of this could include training volunteer champions from within BME communities to cascade learning throughout the community and will ensure a more sustainable approach. As part of this, we would also propose measuring number of BME people involved in formal volunteering or third sector governance.

8.13 Career Development Opportunities: It was recommended that there should be an action detailing the accessible acquirement of skills for life and that facilitate career progression rather than relying on employers alone *'to release the potential of their workforce'*. RS2010 should build upon successful initiatives that exist within the Third Sector, which demonstrate an absolute relationship between support in career development and the recruitment, retention and promotion of BME staff. A broad range of initiatives in this area should be supported and developed to include:

- Preliminary support around CV writing, presentation of self at interviews and improving performance in assessment centres.
- Talent Management programmes
- Bespoke career development workshops for junior colleagues, middle managers and senior BME colleagues
- More accessible careers advice for BME communities

9. Building on Our Strong Tradition of Social Enterprise

1NW proposes changes to the proposed actions, which are highlighted in bold. Further recommendations are made in part 10 of this response.

- developing a **diverse** world-class third sector/social enterprise sector to play a stronger role in the region;
- drawing on cultural assets including sporting facilities, to combat worklessness, promote volunteering, graduate retention and contribute to civic pride;
- ensuring public sector procurement and commissioning in line with the regional compact for public/ third sector to ensure appropriate support for all members of the community **including measurable Equality and Diversity practices**; and
- adopting a positive policy in favour of mutuals and co-operatives with support through Business Link and other interventions **including provision of specialist support for under-represented groups**

9.1 The Role of the BME Third Sector: As mentioned above in point 8.1, the potential of the BME Third Sector in delivering a critical element of RS2010's priorities to communities (both BME and the wider community) is significant. However, there are considerations that need recognition in order to build upon the existing strengths and release the potential of the BME Third Sector:

- Grass-roots organisations (which many BME organisations are) must not be left behind in the drive for a world class third sector and shift towards procurement and commissioning. Such organisations should be valued for response to community needs. It was also felt that more innovative organisations producing results in the community need to be valued and more value placed on outcomes rather than outputs.
- Recognise the problematic relationships that can affect the BME Third Sector around access to support from core infrastructure
- Recognise the issues that are involved around public sector procurement and commissioning brought about by the fact that on the whole BME sector organisations are not large enough to bid for large public sector contracts directly and so the main approach open is through sub-contracting. The current system of the prime contracting model for service delivery means that the full resources are not reaching BME Third Sector organisations. There are also issues around performance management for some BME Third Sector organisations.

9.2 BME Social Enterprises: The Social Enterprise sector is rightly highlighted in RS2010. The BME Social Enterprise Sector fills gaps in statutory sector provision and engages with communities that are not accessing such services. Often with innovative projects, they offer passionate, culturally sensitive and cost effective business solutions that address community needs and create social impact as well as earn profit to be reinvested in the business and communities

However, BME social enterprises are not accessing many of the developments in the wider social enterprise sector, which would mean that the potentially key role of BME social enterprises have in delivering many of RS2010's priorities in terms of supporting employment, enterprise and skills, tackling social exclusion, building social cohesion, creating community wealth and regenerating neighbourhoods is not being fully realised.

It was felt that there are not as many social enterprises within BME communities as there could be. This is due in large part to a lack of knowledge about how to set up, what services are available and how to run a social enterprise. It was suggested. It was felt that as more people from within BME communities understand the processes and have a source of funding, they will access it.

10. Recommendations

The recommendations made below have developed from discussions throughout the consultation and a slight concern about the aim of a 'world class' Third Sector and what implications that this will have for a sector for which sustainability is a major concern.

10.1: A 'world class and diverse third sector: It is recommended that there is a regionally strategic decision to provide better and more equitable resourcing for BME Third Sector organisations to ensure that independent community action, which often occurs as the result of significant community need, is valued. More innovative organisations producing results in the community need to be valued, recognising the disadvantage of grass-roots organisations that may not have the professional expertise in monitoring and developing funding bids that exist within larger mainstream organisations.

10.2: Inclusion of the BME Third Sector in Commissioning: The value of BME Third Sector organisations needs to be recognised within the commissioning cycle as a means to widen the provider base and achieve delivery on outcomes relating to BME communities. The larger organisations should work with sub-contractors as partners and develop their practices around equality and diversity as well as equitably financing BME organisations to deliver on key outcomes as well as supporting them to develop their performance management capacity. This could include a provision in procurement contracts for prime contractors to equitably commission grass-roots organisations to deliver around key outcomes.

10.3 Specialist BME Infrastructure Support: It is important that the BME Third Sector and Social Enterprise sector achieves recognition as a key delivery agent by Regional and Local Government, funders, lenders, commissioners and the wider third sector / social enterprise sector and it is recommended that the action to '*support through Business Link and other interventions*' explicitly recognises the need for the specialist support that is required to support under-represented groups. This could include support in order to establish BME consortium in order to open up possibilities around commissioning.

10.4 Development of BME Consortium: Investment in BME consortium would add another element in addressing around exclusion from the commissioning process and enable BME Third Sector organisations to be able to deliver on outcomes in a more efficient way, rather than relying in sub-contracting through prime contractors. This would require investment and capacity building; however, it would bring significant benefits.

10.5 Involvement of BME Third Sector: The inclusion of the BME Third Sector in monitoring, evaluating and participating in commissioning needs to be ensured as part of a wider drive towards more equal BME Third Sector involvement in decision-making. This can be achieved at a regional level through access to the Regional Compact Group, which can be realised in partnership with GONW and 1NW, but would be recommended locally also.

10.6 Separate Recognition of Faith Sector: The needs to be a separate recognition of the faith sector as distinct from the Third Sector. It is important to recognise this as it does some quite distinct work and has a different reach, providing a valuable contribution to engagement and increasing buy-in from certain communities as well as contributing to the provision of services.

11. Tackling the serious challenges raised by social exclusion, deprivation, ill health and inequality

1NW recommends changes to the proposed actions, highlighted in bold:

- tackling barriers to work to ensure worklessness significantly reduces in those parts of Cumbria, Lancashire, Liverpool and Manchester city regions with high concentrations of workless people;
- raising employment rates for individuals with disabilities and from the black and minority ethnic (BME) population;
- realising the potential of women to contribute at all levels to the economy of the Northwest;
- improving the health of all through all regional agencies supporting NHS Northwest public health and health inequalities agenda;
- reducing the proportion of IB/Employment Support Allowance claimants to below the England average;
- delivering intensive **and holistic** support for all those groups with low employment rates; and
- Providing accessible public services.
- **Investing in the Third Sector and communities as a key resource and partner to tackle social exclusion, deprivation, ill health and inequality**

Recommendations made in Part 8, and indeed throughout this response, are also applicable to this section. However, there was a sense that there was a significant issue that has not been recognised within RS2010:

11.1 Race and Poverty: There is a significant and well-documented relationship between ethnicity and poverty that is not mentioned within RS2010. It was felt that ethnic minorities are poor because of how the structures of society and the labour market unintentionally discriminate against them, because of the neighbourhoods where they live and because of who they are. Ethnic minority women in particular are more likely to remain in poverty throughout their lives. And racism makes this poverty worse. Educational qualifications, employment sector, labour market experience, discrimination, location, disability, ill-health and family form and structure all play a role in different poverty rates among different ethnic groups⁹. Therefore, RS2010 needs to recognise these dynamics that exist in order to be able to ‘tackle the serious challenges raised by ‘social exclusion, deprivation, ill health and inequality.

⁹

Poverty and ethnicity in the UK, JRF findings, April 2007, Lucinda Platt

12. Recommendations

The previous sections have provided recommendations that will be as applicable to this area also, however, there is little point in repeating the information; below are specific recommendations that were made when the consultation explored the issue of social exclusion.

12.1 Active Empowerment: It was felt that there should be more encouragement and support for BME communities to be equipped to be able to take greater responsibility in tackling social exclusion; essentially this is community empowerment. By involving communities in the design and delivery of interventions, therefore empowering people as active agents of change, rather than as passive recipients of support, there is the possibility of fundamental change. This could include more support to families to combat deprivation or training communities in leadership, empowerment and advocacy, and would be a significant change in policy, in which communities are true partners in transforming neighbourhoods.

12.2 Holistic Approach: Participants felt that a more joined up approach is needed within neighbourhoods to tackle social exclusion. The statutory sector agencies also need to take a strategic decision to reach out to communities and come together to design and deliver solutions. An example of this more holistic approach would be the provision of a single point of contact to deal with a wide range of support needs, such as financial guidance, childcare and employment. This could involve the private sector also; by a strategic direction in the North West for all sectors to work together, it is possible to maximise opportunities and address the challenges faced.

12.3 Role of BME Third Sector: There needs to be a stronger and explicit recognition of the role of that the BME Third Sector play in neighbourhoods and to include groups with the North West that would not access mainstream service providers to the same extent. The role that such organisations provide to tackle the serious challenges raised by social exclusion, deprivation, ill health and inequality is significant and it is suggested their role is highlighted in RS2010, rather than an exclusive focus on the actions of agencies that provide services.

13. Addressing the implications of demographic change for our workforce and services.

1NW proposes changes to the proposed actions, which are highlighted in bold:

- maximising employment and skills opportunities created by an increasingly diverse population including retaining older workers and their skills in the workforce **and utilising their skills to train young people**;
- **Tackling discrimination in the North West** and celebrating diversity as an economic as well as social and cultural asset;
- maximising the business benefits from the forecast expansion in the health care sector associated with an ageing population;
- realising the potential of under-employed groups, whether disabled people, the minority ethnic population or women **by recognising and providing the complex support needs that necessary**, to increase the prosperity of the region;
- delivering the skills required to meet the growth in sectors resulting from an ageing population such as health and social care, hospitality and leisure industries;

13.1 Recognition of Discrimination: The issues of discrimination have been addressed in point 4.4.1 and it was felt that whilst celebrating diversity is welcome, it does not replace anti-racism and attempts to eradicate inequality. In order to release the potential of BME communities as *'as an economic as well as social and cultural asset'*, it is strongly recommended that a more explicit recognition of the need to tackle inequality and discrimination is included within this section. Diversity is an addition to the anti-discrimination agenda; it does not replace it.

13.2 BME Demographics: There is a growing proportion of young people that are from within BME communities and so therefore, this will require a special consideration when implementing strategies around realising the potential of underemployed groups. Also, the older people within different BME communities will present different support needs than the general population, a factor that will need to be addresses strategically. This will be exacerbated due to the fact that people reported that they have to leave their communities to find employment, which means they are leaving the older people behind, thus breaking down families and the extended family support mechanisms which provide an invaluable resource, which is was felt is not adequately recognised by the statutory sector.

14. Race and Gender in RS2010

14.1 Recognition of Gender in RS2010: It was felt that RS2010 is gender-neutral and that the overall strategy has to be based on an explicit understanding and stating of gender equality. As explained in point 4.4.1, BME women experience double discrimination, on account of their race and gender; BME women inhabit the bottom of the pyramid in the North West's power structures, with the resulting implications on access to opportunities around skills, enterprise and employment and is a fundamental issue to consider in a strategy that proposes releasing the potential of our people, which is was felt is not suitably recognised.

14.2 Gender Equality Strategies In order to tackle this, RS2010 must first recognise and acknowledge this and then implement strategies to tackle it. It is only by recognising that BME women are disproportionately discriminated against can we begin to tackle this. This means not only developing significant programmes for opening up opportunities and access to power, influence and releasing potential for BME women, but also making sure that when avenues are not specifically targeted at women, there is significant outreach to ensure that they are actively supported and encouraged to apply for positions, including effectively monitoring outcomes (as mentioned in point 8.4)

14.3 Wider Focus: Prevailing Government policy focuses on women of faith as key agents for change. However, avenues for empowerment must not be done exclusively on a faith-basis. While it is important to support and actively promote disadvantaged groups of women who are not accessing employment and education, for example, Pakistani and Bangladeshi women, faith should not be the basis of determining importance. Far more important is a levelling the play-field for all women, supporting women who want to access and enhance opportunities and play an active economic role in the North West, understanding that the fundamental issue is about gender.

Appendix 1: BME Third Sector Organisations Involved

Below is a list of BME Third Sector organisations that contributed towards this report. The knowledge, experiences and expertise of these organisations of working with and for BME communities provides an invaluable insight into RS2010.

Greater Manchester

- Manchester Active Voices Youth Empowerment
- Voice of BME Trafford
- Bolton Council of Mosques
- Nxt Generation
- SEVA
- MCHMS
- RAPAR
- Regensis Squared
- MCCR
- African and Caribbean Mental Health Service
- Black Health Agency
- Nexus Community Link
- Volunteer Centre Tameside
- Wai Yin
- Faith Network 4 Manchester
- CS Plus
- Manchester Refugee Support Network
- First Asian Support Trust
- Union Street Media Arts CIC
- G.I.F.T,
- Tameside African Residents Association
- Sordan
- Trafford Housing Trust
- Tameside Third Sector Coalition
- Salford BME Network
- Prosperity 4 Life
- Europa –GM European Migrants Forum
- Community Revival UK
- Inspired Sisters
- Manchester Learning, Employment and Skills Network
- Oxfam Race and Poverty Programme

Cumbria

- Awaz (Cumbria) – BME Infrastructure Support Organisation in Cumbria
 - Nepalese Association
 - Multicultural Carlisle
 - OutREACH Cumbria
 - Maryport Multicultural Support Group
 - Impact Housing Association
 - Bangladeshi Youths
- There was participation at this event from 49 members of a new and emerging Nepalese community in Carlisle, who have provided us with the opportunity to learn from the experiences of newly arrived migrant communities in the North West.

Greater Manchester BME Women Solidarity Forum

- Oxfam – Routes to Solidarity
- Zimbabwe Women's Organisation.
- Asian Development Association Bury
- African Be Counted
- Race Equality Foundation
- Peshkar / Home Start
- Women Asylum Seekers Together
- Big Tree Top
- RAPAR

Lancashire

- Lancashire BME Pact
 - Balladen Centre
 - Lancashire Black Police Association
 - Lancashire Wide Network for Minority Ethnic Minority Women
 - Blackburn with Darwen CVS
 - Contact a Family
 - East Lancashire Community Action Project
 - Great Places Housing
 - BWA
- There was also participation from a group of 13 BME women who came and gave their time to contribute to the consultation process of RS2010, whose insight and observations have provided an invaluable perspective from a section of the community that is usually excluded from such consultations.

Merseyside

- Wake-Up Network
- LIDP
- Kenya Community Liverpool
- BRM Network
- Liverpool City Council
- CHARA Trust
- People First Merseyside
- Nigerian Community
- Women Engage Ltd
- Community Voice
- Summergrove
- African Elders Association
- Network for Black Professionals

Cheshire

- Cheshire, Halton and Warrington Race Equality Council
- Older People's Engagement Group
- Polish Community
- Russian Society in Warrington
- Ketnmat Buddhist Temple
- Warrington Citizens Advice
- Guru Nanak Gudawara
- Warrington Older People's Forum
- Warrington Sikh Temple
- Chester Asian Council
- Wahlei Chinese Association
- Japanese Mums and Tots Group
- Chester Asian Council
- Cheshire Business Solutions (Chinese Community)