

Plymouth BME Code of Practice – Working Group Response to consultation feedback

1. Introduction	Working Group's response
<p>General comments for this section; Similar to the BME definition there should be an undertaking that <u>every</u> group has a similar definition on standards</p>	
No recognition of multiple issues.... Is this implicit? Must not be ignored!	Outside Code's remit
EIA's need to be more accessible, Plain English and fit for purpose	This needs to be dealt with outside this code, any comments for changes are welcome and can be fed in to the responsible organisation for consideration when renewing guidance
As long as Directors have the skill set required to act competently this <u>should</u> apply to <u>all</u> boards	Unclear what this refers to; broader than Compact
MISSING Start equalities and diversity training in schools	Out of this code's remit
Does this need to include Travelers and Gypsies?	Included in 'BME' – will add definition to Code
<p>1.1 This Code of Practice outlines undertakings agreed by the Local Strategic Partnership (LSP) and between the Black & Minority Ethnic (BME) led Third Sector, other Third Sector organisations, and Public Sector organisations in Plymouth. It aims to make a positive impact on these relationships with the ultimate aim of promoting community cohesion in line with LSP and national agendas.</p>	
<p>1.2 Plymouth LSP welcomes the growing diversity of the BME led Third Sector, including faith and belief, asylum seeker and refugee organisations, and recognises it has an important role in achieving Plymouth's objectives. The LSP is committed to:-</p> <ul style="list-style-type: none"> • promoting the benefits of diversity • developing a partnership approach to race equality and community cohesion • compliance with the Race Relations (Amendment) Act 2000 and other equalities legislation • promoting best practice and awareness-raising towards improved outcomes for BME communities. 	
<p>1.3 A Black and Minority Ethnic (BME) led third sector organisation is one in which at least 75 per cent of its Management Committee, Board of Directors, or if a charity Board of Trustees are of BME origin. There are however, other organisations that may deliver services to BME communities which are not BME led.</p> <p>The above definition was agreed by the Black South West Network (BSWN) in order to highlight the needs of BME led organisations, and to aid the public sector in recognising specialist BME led infrastructure support within the region, rather than third sector frontline organisations who may deliver services to BME communities. There is a clear and distinct difference.</p>	
Education and training of non-BME groups, diversity training	4.1 Deals with this.
This definition excludes some of the busiest 3 rd sector orgs, none of the refugee orgs fall under this definition.	This definition is the one used by the National & S W Regional and Sub Regional BME Infrastructure Lead Organisations, and we therefore want to be consistent. It aims to identify genuine BME-led groups which can access specific support offered in this Code. However, it is not about excluding
What BME lead groups by this definition are in Plymouth? Has the LSP asked? I know of 3 that fall under this definition that have never been	

consulted.	other groups which deliver services to BME people; these are covered by all other sections of the Code.
Needs rewording as it implies that orgs delivering services to a BME community, that are not 75% BME lead are excluded	
This could be a goal to work towards, not a barrier to active BME orgs	
What is trying to be achieved by such a definition?	
Depends on core purpose / competency needs / issues. OK for BME groups what about Disability, Young People or Substance misuse groups?	
How many organisations will this definition exclude?	
Is there a need to be conscious that there may be a smaller pool of BME people willing / or able to be on management committees / boards, therefore need to allow for sufficient recruitment and training to get a minimum 75%	
Too prescriptive a definition – could lead to exclusion	
Who are the BME groups that are represented in the management committee?	
Could it be phrased to ‘work towards’ a 75% minimum as I am unaware whether this definition could be too limiting at this point in time.	Anyone could say ‘working towards’ this is too vague
Will this encourage inappropriate board appointments in order for organisations to meet criteria?	Would there be much to gain from this?
Do not understand the reason for the statement of BME Lead 3 rd sector 75& management committee is this to restrict engagement and involvement of under community?	See above. There are a number of organisations in Plymouth who already meet this criteria.
Excludes other BME community as they do not have 75-100% of BME management committee – need to be involving	
We (REC) do not agree with the definition of 75% which can change within a 12 months re membership) we would recommend it to be a majority.	
BSWN is very Bristol orientated / based	
Currently definition 75%? Importance is about <u>outcomes</u> for BME people.	
BSWN group definition is too arbitrary needs to be periods of transition.	
Definition is too high to achieve for Plymouth	
Need to evidence through action plan engagement with BME reps / communities	4.6 aims to deal with this
2. Joint Undertakings - LSP partners from the Public, Private and Third sectors will:-	

2.1 Support each other to meet the specific undertakings within this Code of Practice	
BIG + support and implement a standard performance management framework, generic and common to all	
Achievable if all committed to supporting each other. However, by what do we mean support – needs to be specific and concrete	Agree, but difficult to know what else to put without specific suggestions.
Support is a very open term? Could mean very little or a lot?	As above
2.2 Provide and attend race relations and cultural awareness training in partnership with the BME led Third Sector.	
<ul style="list-style-type: none"> ➤ All can contribute but unrealistic for all to deliver or provide. Definitely need all sectors together, suggest <ul style="list-style-type: none"> ○ Provision of city wide and neighbourhood based training, building relationships and opportunity to discuss relevant issues ○ Quarterly occurrence? ○ Who will monitor this, follow up – put into practice in work / organisation 	Desirable but would be a resource intensive commitment to this level of training and would require further consultation/budget identification before realistic. But agree specifics could be clearer so wording in code to be amended to include reference to city-wide programme of training being available annually.
Where is it written that the LSP Board will undergo training by the BME 3 rd Sector?	(2.2) Also done as part of LSP's BME project.
Race relations and culture awareness is training free and accessible? Are there common themes within the varied training provided by partners? How could we share this?	See response comments above. Some availability is likely via Capacity Builders and Infrastructure Big Lottery Fund.
BIG + Training excellent commitment, though it doesn't seem to mention the Exec, We would like to see BME orgs/people deliver this.	Commitment is for LSP "partners" not just Board. BME people are delivering training mentioned above.
Implement training to integrate into organisations across the community	
Identify who needs training and make it mandatory.	Difficult unless agreement on how we identify and questionable whether mandatory best approach.
2.3 Recognise and support the independence of the BME led Third Sector and its right within law to challenge institutions' policy and practice, irrespective of any funding relationship which may exist, and to determine and manage its own affairs.	
BIG + Like independence part and right to manage own affairs	
Is this in the core Compact?	Yes this is covered in the core Compact therefore 2.3 will be deleted from the BME code.
Particularly difficult for private sector for profit orgs there is not a culture for this, how do we nurture the required culture change?	Hopefully, code will help.
Achievable <u>IF</u> whichever body provides funding signs up to this and allows independence if the org to challenge policy etc even if that funder is being challenged – BME orgs should not be dictated to or used for own purposes!	Main local funders will be signatories to this Code.
More recognition of Private Sector involvement amongst partner orgs	Specifically mentioned in heading of '2'.
Should be a principle across ALL 3 rd Sector orgs. The ability to maintain the	Beyond remit of this Code.

sectors independence is key	
3rd Sector orgs don't <u>have</u> to obey government strategies / trends. i.e. we want to continue to focus on race (though we will work with diverse communities).	
Difficult to achieve, risk to relationship (trust?)	The alternative would be to delete this. Doesn't seem desirable and supported by other feedback, e.g. 'BIG +' above.
2.4 Ensure appropriate aspects of this Code of Practice are built into other relevant strategies.	
Apply this to code to all strategies, not 'as appropriate'	Idea is to use bits of code only as relevant. Unrealistic to expect whole of Code built into every strategy.
Better training and commitment to EIAs	Covered by 2.5 (a training programme has been run) – see also below
Achievable – incorporated or sit alongside other strategies. Should be relevant to <u>ALL</u> , needs monitoring	
2.5 Undertake Equality Impact Assessments during the development of key strategies and plans and consider the results before adoption	
Add functions and communicate which ones and what changed as a result	Agree – wording amended to reflect this.
EIA's are a good idea as long as they are done properly. Be cautious of consultation fatigue – hard on everyone – changed recognised	Add to undertakings a commitment to ensure those carry out EIA's have received training.
Achievable, who will do this? Should include BME led orgs with provision for upping skills with LA to consider impact	"Owners" of strategies. BME led organisations would be involved as appropriate.
2.6 Monitor the impact of BME related aspects of Plymouth's Third Sector Strategy.	
Monitor impact of BME within context of 3 rd sector strategy	Matter for Third Sector Strategy
Who will monitor? Should involve BME within process and the results transparent. Need to think about dissemination for information	Issue for wider monitoring.
How and who if various partners involved do we co-ordinate and respond to outcomes of monitoring?	Issue for wider monitoring.
And any other relevant strategy.	This should improve with Code's commitment to EIAs
2.7 Maintain effective arrangements to elect BME representation to the LSP Board, linked to BME mentees.	
BIG + as a need and achievable, BUT why are BME reps deducted from 3 rd sector, 5 places on LSP? Surely should be additional cross-cutting places on LSP?	The BME Mentees are community representatives and are in addition to the 5 Third Sector Reps. A review of the LSP is currently considering representation.
2.3+2.7 – Fine to define and recognise BME groups BUT also need to recognise groups who primary work with BME people (and include good BME representation but may not be a "BME" group with the 75%) i.e. some very good refugee services would be marginalised by this.	The process for representation is about selecting individuals, not BME groups; explicit reference to this not considered necessary in Code.
Add commitment to allow mentees to speak and define effective	Mentees can speak at Board
This should also leave it open to review the whole representation issue when appropriate and include the BME mentee system as part of this.	As part of LSP review, consideration will be given to appropriate process to Board.

2.7 + 2.8 – Improvements in community knowledge of BME elections, so that people can put themselves forward. Some groups not aware. Have stand for LSP BME Reps at the Respect Festival and other forums, arrange visits to groups to make them aware.	Wording of 2.7 amended to encompass widely publicising and promoting.
2.7 +2.8 – Do the LSP know what led reps are in the city? Some BME led orgs are not aware of who BME Reps are on the LSP	Monitoring reports on this Code would help. LSP newsletter covers this but accepts work on this needs to continue.
Is there something to support BME attendance such as <ul style="list-style-type: none"> o Financial support o Skill support / training o Understanding representation. Are the mechanisms in place to feedback to reps 	This has been provided by PCP and Fata He and on-going work of this sort is being considered.
One organisation rep? How many on LSP? Just Fata He? Excludes some BME people, training to sit on management committees	Rep is elected by Community Empowerment Network not Fata He appointment/rep.
Need to differentiate between a community group and a service providing org (can be both, but may not work)	Not clear how this would help.
Include words “effective and Transparent”	Agree – wording changed
2.8 Give careful consideration to selection of individuals to act as representatives from BME communities, with the aim of drawing from a large pool of individuals, avoiding individual overload, and widening opportunities, involvement and input.	
Current arrangements do not reflect diversity of BME view, few BME orgs are PCP members!	Code aims to help overcome diversity issue
Aim of drawing from large pool of individuals will be challenging in Plymouth. What commitment is the LSP making to increase current pool?	This Code will be the commitment. Monitoring will show whether representation spread or not.
How is this going to be implemented?	This Code will be the commitment. Monitoring will show whether representation spread or not.
Need to link to 2.7 to achieve this	
3. Public Sector Undertakings - Public sector organisations will:-	
General comments for this section; Need to recognise and support BME orientated orgs (REC, Fata He, refugee orgs) and build infrastructure. Ideally enable one to be BME lead for giving guidance and support to 3 rd sector and public sector orgs regarding BME issues and representation ➤ BME orgs should be able to demonstrate that they are inclusive and represent a constituency. (Section 1.3 deals with this)	

3.1 Raise awareness and understanding about the BME led Third Sector, amongst their organisations.	
BIG + Public sector needs to fund BME collaborative infrastructure forum and challenging BME infrastructure orgs in that collaboration to work together rather than be competitive for funding.	
Needs an appointed person within orgs to make this happen or have guest from BME sector to give presentations at board/volunteer meetings etc. Would need a number of people to do this and a directory of BME Led orgs and what they do.	
Have volunteer orgs got resources to undertake training on EIA's, LSP need to lead	This is a public sector commitment that it will be held account to, for delivery.
"BME Led" too narrow, need to raise all BME issues	Using this consistent language throughout Code.
Ensure minimum standards of diversity training	What are these?
3.2 Create opportunities to raise awareness and provide experience of their organisation's work for the BME led Third Sector e.g. mentoring work shadowing	
All partners that feed into the LSP not just the Board	This covers the whole public sector.
Totally agree, however issues of funding / capacity to deliver this and willingness of public sector. At very least a contact / named person to support giving advice upping skills of individuals / orgs. Private Sector could assist with this point.	Willingness covered by the commitment in this Code.
3.3 Maintain strategic links, communications, infrastructure to the BME led Third Sector via the city-wide Third Sector Infrastructure contract including:-	
<ul style="list-style-type: none"> • channeling appropriate commissioning jointly via this contract (i.e. no individual commissioning / funding of infrastructure) • ensuring this contract adequately reflects the needs of BME led Third sector front line groups e.g. with capacity building, access to information, training, organisational development advice, support to get funding, general Human Resources advice, and mapping of BME organisations and their activity <p>monitoring and sharing the BME related content of this contract together with the element of funding apportioned to this.</p>	
BIG + Ensuring contract adequately reflects need of BME 3 rd sector frontline orgs in particular support and funding for core costs recognising FCR.	
Make sure BME Groups do feel they have this opportunity. What does it mean to small BME groups, will it really happen?	
Lose 'appropriate' and 'BME led' to narrow	Appropriate essential as other commissioning (e.g. social care, etc.) would not come via this route. BME "led" dealt with in comments under 1.3

Yes, however needs improvements <ul style="list-style-type: none"> o Better access to ALL groups o Increased awareness of what support is available o Not focussed on particular groups / neighbourhoods 	In second bullet point after “reflects the needs of” ... add: “and is accessible to, all ...”, and after line groups: “ across the city ...” Amend 4.3 accordingly.
Multi agency process for Joint commissioning to overview all contracts e.g. Children’s Services risk taking	This is the aim of 3.3 but would only cover infrastructure and (in 3.4) BME related work.
Second bullet point - This should apply to all third sector	Beyond remit of this Code.
3.4 Ensure commissioning from / funding of the Third Sector, including BME led Third sector front line groups:- <ul style="list-style-type: none"> • follows government guidance on ensuring it promotes community cohesion and not single group issues is joined up - i.e. avoid separate organisations commissioning / funding similar services (e.g. asylum seeker & refugee organisations)	
3 rd Sector orgs with focus on particular group (i.e. race) will also encompass other equality strands in their work / outcomes	
Why do single group issues conflict with the idea of community cohesion? Muslim women have need for a separate service from male Polish migrant workers	This is not the point. It’s about ensuring that each of these groups integrates with wider society and vice versa, i.e. not separatist.
Multi agency commissioning will tackle this	
Infrastructure orgs should NOT be delivering services – Should be running workshops etc and delivery should be with community orgs	Unrealistic to stop any of infrastructure consortium delivering services.
Recognise cost implications both to commissioners and commissioned	Issue for procurement code.
Positive efforts to counter smaller orgs perception that they are too little to be heard	
Challenging the assumption that no separate orgs commissioning is wrong. Joined up – YES, ridged approach – NO	Disagree – aim is to overcome duplication and confusion and reduce economies of scale.
May be appropriate at this time to have single issue commissioning to build capacity to ensure groups could participate	Doesn’t stop joint working.
Delivering orgs MUST be equipped to deliver!	
Don’t lose the good stuff and build on the fact that joint commissioning can accomplish more	
Services delivery through smaller groups commissioned by infrastructure (not delivering) orgs	This seems to imply the infrastructure consortium would be a sub-Commissioner of e.g. council’s community cohesion work. This is unlikely to be acceptable all round.
3.5 Share information in an open and transparent way, about content and outcomes from race relations and community cohesion work, commissioned from Third Sector organisations.	
Open, honest and TIMELY way	Agree. Words incorporated.
How would this feed into local communities? There are specific issues that apply to individual communities	Suggestions welcome. Could be picked up out with Code.
3.6 Provide translation / interpretation and encourage learning of English language, in line with government guidance	

In what context? Contract available in multiple languages? Translation in meetings?	See guidelines.
Fund English language training	Big issue which Code couldn't be used to commit resources to.
How are we involving ESOL providers such as Open Doors?	Big issue which Code couldn't be used to commit resources to.
Issues with cost, capacity and availability	Big issue which Code couldn't be used to commit resources to.
Needs consistent and co-ordinated approach to ensure that this services is of the same quality and standard across the community	Big issue which Code couldn't be used to commit resources to.
3.7 Ensure that processes are open and accountable and have effective feedback and complaints systems.	
Complaints system, must loop back into commissioning groups	Issue for wider compliance/monitoring.
Change Open with Transparent	O.K. Wording changed
Can we have a complaints procedure and one standard? Currently partners have to meet multiple varying standards and processes	Compliance procedures will look at this.
3.8 Ensure appropriate aspects of this Code of Practice are built into Race / Integrated Equality Schemes and other relevant strategies.	

4. Third Sector Undertakings The Third sector will:-	
General comments for this section;	
➤ Clarify which 3 rd sector undertakings apply to whole sector and which only apply to BME groups (add 'as a whole' to heading in 4.	
4.1 Raise awareness and understanding about the BME led Third Sector, within their organisations and partners.	
Directory / central info should not be just for BME the needs exists to include groups and orgs providing support and other services	Agree add "and organisations with specific remit to support this sector".
Central info point need, suggest LA led all get same info then	Does not seem appropriate for LA to lead on Third Sector Commitment.
Central info centre needs with multiple access points	Unclear what being proposed.
Needs linking with 3.1 otherwise perpetuates lack of co-ordination amongst partners	Agree – but code would not preclude joint working on this.
4.2 Recognise the responsibilities and constraints the Public Sector and LSP work within – including resource constrains – and reflect this when making requests and representations.	
Where will info come from? How can groups sign up without this?	The Infrastructure Consortium could provide this.
DELETE, puts a ceiling on ambition	Unrealistic: this is reality.

This feels as if it should apply across the sector and not just BME	Outside Code's remit.
4.3 Recognise the organisation / partnership delivering the Third Sector Infrastructure contract in Plymouth as the city-wide infrastructure provider and:-	
<ul style="list-style-type: none"> maintain links and communications between the delivery organisation / partnership and the BME led Third Sector ensure delivery of this contract adequately reflects the needs of BME led Third Sector front line groups e.g. with capacity building, access to information, training, organisational development advice, support to get funding, general Human Resources advice, and mapping of BME organisations and their activity. 	
4.4 Ensure needs of BME led Third Sector front line organisations are communicated to infrastructure organisations to allow these to be met	
Not just the needs of BME led orgs but the needs of BME led and BME communities	Code is about the sector.
How can this be ensured? How are the reps from BME led orgs being held to account by the BME communities?	In same way as rest of Code – i.e. monitoring and enforcement arrangements.
Need commissioning group	Too many groups already.
Again this should apply across the sector. Feels the 'wrong' way round and responsibility should be on infrastructure to ensure it consults to gain the view of front line.	This is a comment for the whole Third Sector.
4.5 Ensure elected and appointed community representatives on partnerships properly represent BME issues	
Ensuring elected and appointed community reps properly represent BME issues is not appropriate on its own. Developing a process for engagement as research, data consultation	These are support mechanisms the 3rd sector may want to think about to equip their reps with this role.
4.5 + 4.6 – Should be joint undertaking then the public sector can provide support and training	This is distinct responsibility for 3rd sector.
They should not be just representing BME issues as they should be able to represent third sector views generally as well as specifically.	Agree but this code is specific to BME.
4.6 Ensure the BME led Third Sector actively engages with partners by:-	
<ul style="list-style-type: none"> presenting BME community concerns to the LSP and other partners based on accountable partnerships with local communities ensuring implications for BME communities are fed into consultation exercises and meeting reasonable requests for feedback.	
4.7 Encourage co-operation and joint working amongst the diverse groups that make up the BME led Third Sector and avoid proliferation of similar BME groups (including ASR) by promoting e.g. partnership arrangements, consortiums and federations to bid for, and deliver services	
Partnership arrangements should encourage and support several groups of different sizes and capacities.	Nothing to stop separate groups forming but realism about fact they could not all expect funding/commissioning work.
OK as long as not limiting choice or preventing market development	Nothing to stop separate groups forming but realism about fact they could not all expect funding/commissioning work.
Need more info to assess appropriately	Nothing to stop separate groups forming but realism about fact they could not all expect funding/commissioning work.

Clarify whether covered by legislation	Nothing to stop separate groups forming but realism about fact they could not all expect funding/commissioning work.
3 rd Sector to undertake needs analysis to ensure services meet need	Nothing to stop separate groups forming but realism about fact they could not all expect funding/commissioning work.
People should have choice not a one size fits all	Nothing to stop separate groups forming but realism about fact they could not all expect funding/commissioning work.
Agree, reword 'Form consortium to allow effective tendering...'	Already one of the options.
Would this be a "STOP SHOP"?	Not clear what this comment means
Who would decide which orgs get what funding?	The commissioners.
4.7 Respond to the needs of service users by providing culturally appropriate services and to meet standards required under race and equality legislation. Maintain open and dynamic organisations providing opportunities and services for a diverse range of individuals with equality on the basis of age, disability, gender, race, religion / belief and sexual orientation.	
New ASR grouping model of good practice.	Agree
4.8 Adopt appropriate quality standards and apply best practice in management and delivery within organisations	
4.9 Ensure volunteering opportunities encourage and support volunteering by and within BME communities.	
Raise awareness about volunteering opportunity, Communication is the key!	Agree – add "raise awareness".
4.10 Ensure BME led Third Sector groups play a full and active part within the wider Third Sector in fulfilling the undertakings of the Compact to avoid marginalisation and to benefit from economies of scale.	
Anything missing / general comments	
GAP – nothing relation to consultation by the public sector in terms of timescales and cost to BME organisations	Issue for consultation code
Disability + BME groups need to work together and have separate codes and acknowledge that many groups are <u>all</u> white	Disability outside Code's remit.
Need something in code to recognise extra funding necessary to promote working together of (for example) BME + disability work	As above
Language used alienates the target groups	Difficult to respond to without suggestions for changes.
Difficult to comment on much of the Compact without BME reps present	BME reps attended consultation event and are on working group.
MISSING – Provision on up-to-date diversity demographics re BME populations	Agree – being worked on but not something for Code.
All undertakings should be Joint undertaking	Some commitments differ significantly eg 4.5 is matter for Third Sector not others.
Have the employment quality issues been addressed with Plymouth Chamber of Commerce?	Matter out side code.
How do we monitor and measure the success of each undertaking?	Monitoring and enforcement arrangements to be developed

Definition of BME? – Does not include Polish / Kurdish / Gypsies and Travellers	Definition now added to Code.
Section 2 states ‘Private’ sector will do joint undertakings, who is responsible?	LSP reps on Board.
Please define ‘mainstreaming’	Incorporating into regular activities
How will smaller orgs be made aware / be involved in initiatives particularly commissioning? E.g. tendering opportunities	Matter for procurement Code.
MISSING – Change title from ‘BME’ to ‘Issue and Community Cohesion’	Would not describe specific remit of Code (reflecting national one).
Evidence on which codes are based, seems to be very much around specific BME 3 rd sector – what about other voices?	Not remit of this code.
REMOVE – the word ‘Appropriate’ from all aspects of the compact and its codes as this is can be used as a cop-out	Not realistic, e.g. see Comment about commissioning under 3.3
Lack of evidence base for the reasons for coming up with the undertakings	Unclear what changes proposed.
A mapping of existing arrangements is require of organizations, services, contracts, profile of Plymouth	Role for Infrastructure Consortium?
All undertakings should apply to everybody	Some commitments differ significantly eg 4.5 is matter for Third Sector not others.
MISSING set of indicators / targets to measure the success	This will be developed.
Wider consultation, not rely on certain groups. Support infrastructure to enable wider voice – consortium approach?	Aspects of code eg 2.8 and 4.5 aim to do this.
Infrastructure/Commissioning-is item 3.3,first bullet point about commissioning adequately reflected in the following 'Commissioning' section (3.4) Is it worth including something around evidence-based approach within each of the infrastructure sections	Add words ‘against evidence-based need’ at end of this bullet point.
3 year minimum contracts in line with government recommendations	Issue for procurement code.
Need to capture <ul style="list-style-type: none"> ○ What works well now and do more of it ○ What doesn’t work well now and improve it 	Monitoring will help response to this.