Voice4Change England and NAVCA

Specialist Services:
A Guide for Commissioners

Background
Voice4ChangeEngland with NAVCA have come together to provide the following information in order to show that specialist provision is an essential means of delivering both more equitable and more efficient public services.

Introduction
At the launch of the Equality Strategy In December 2010, the Home Secretary and Minister for Women and Equalities, Theresa May, said,

> *"It is not right or fair that people are discriminated against because of who they are or what they believe. So we need to stop that discrimination and change behaviour.*
>
> *"And it is not right or fair that the opportunities open to people are not based on their ambition, ability or hard work, but on who their parents are or where they live. So we need to break down the barriers that hold people back and give them the opportunities to succeed."*[1]

In order to achieve this and to tackle discrimination in our society as well as growing inequality in terms of income[2], health[3] and housing[4] (among other measures) we require both a legislative framework and local service providers that are able to deliver effectively to some of our most vulnerable communities.

What are specialist services?
Specialist services are designed and delivered by and for the users and communities they aim to serve. They may be delivered by a range of equality-led organisations including Disabled People's Organisations, Women's voluntary and community organisations (VCOs), LGBT VCOs and Black and Minority Ethnic (BME) VCOs.

This briefing focuses on BME VCOs, which often work across multiple disadvantages, recognising the intersectionality that exists for individuals; discrimination is multi-layered and complex. For instance, poor minority women from BME backgrounds are likely to experience disadvantage due to their poverty, ethnicity and gender. In order to meet the complex needs of many individuals within our community, a holistic approach is often required. Specialist services provide a proven means through which to deliver this.

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[1]Theresa May, Equality Strategy Speech: http://www.homeoffice.gov.uk/media-centre/speeches/equality-vision
[2] Organisation for Economic Co-operation and Development (OECD) report: http://www.oecd-ilibrary.org/social-issues-migration-health/divided-we-stand/an-overview-of-growing-income-inequalities-in-oecd-countries_9789264119536-3-en
[3] Karen Rowlingson (2011) Does Income Inequality Cause Health and Social Problems? Available at: http://www.jrf.org.uk/publications/income-inequality-health-social-problems
[4] Mark Stephens, (2011), Tackling Volatility in the Housing Market. Available at: http://www.jrf.org.uk/publications/tackling-housing-market-volatility-uk

The BME VCS and specialist service delivery
Black and Minority Ethnic voluntary and community organisations provide a range of services to meet the specific needs of our diverse communities including:

- Cultural, social and economic support programmes
- Advocacy and advice on legal issues, immigration, race equality and equal opportunity in employment issues.
- Health services including support programmes on mental health issues.
- Welfare and economic support services.
- Supplementary schools, education and training.
- Sports and leisure and religious-based self-help.

There are three examples below, which provide an insight into the essential services that are delivered through specialist provision.

Southall Black Sisters (SBS) has been in existence since 1979 and from 1983 they have operated an advisory, casework advocacy and counselling service to address issues of violence against women. Their focus is predominantly on the needs of BME women, however they do not turn away any woman who needs advice or emergency assistance.

Website: www.southallblacksisters.org.uk/

Asian People with Disabilities Alliance (APDA) was set up in 1988 by Asian people who have personal experience of disability and of caring for disabled people. The organisation was set up by users and still has a strong theme of user input right throughout the organisation. APDA provides culturally appropriate social care support, rehabilitation and development for disabled people including those with learning difficulties.

Website: http://www.apda.org.uk/

Co-operative Community Action is an award winning BME social enterprise. Their services include training/development, employability skills, mental health support, housing, health, home care, interpreting/translation, counselling health and business support. CCA learned early on from its service users that it can provide nothing short of holistic quality services, as service users were hesitant to be signposted to mainstream statutory service providers. (Voice4Change England's Stories of Resilience Report)

Website: http://www.cca-ltd.co.uk/

Why are specialist services needed?
Many specialist services have developed in response to the historic failure of generic services to meet the needs of BME communities. They provide services sensitive to cultural, religious and linguistic needs that generic services often overlook and reach communities that other providers label 'hard to reach'.

Voice4Change England's case study report[5] found that **specialist services meet local needs, empower users, create bridging social capital, and contribute to social cohesion.**

'The cultural sensitivity, understanding and flexibility is not always available through other agencies. Because the organisation is needs-led, the client/customer always feels their needs come before the running of the service i.e. we fit in with them wherever possible!' (Participant at V4CE Cohesion Guidance for Funders consultation event, Manchester, March 08)

Is there a need to provide specialist services?
In a judgement obtained by Southall Black Sisters in relation to domestic violence services, Lord Justice Moses clearly articulated the need for specialist services:

> *"There is no dichotomy between the promotion of equality and cohesion and the provision of specialist services to an ethnic minority. Barriers cannot be broken down unless the victims themselves recognise that the source of help is coming from the same community and background as they do."*[6]

During the difficult times that we have found ourselves in, BME VCOs have experienced an increase in service demand and a need for new services such as unemployment counselling and job skills training.[7] However, despite this increase in demand on services, there is a serious risk that public spending cuts will have a disproportionately profound effect on many BME communities that rely on public services. For example, BME communities are over-represented in areas of multiple deprivation.[8] This figure for the North West Therefore, the withdrawal of Area-Based Grant funding, which targeted resources to areas that were most in need, will have significant impact of our BME communities.

As commissioners have difficult decisions to make, it may seem the most efficient way is to fund a mainstream service and neglect specialist provision. However, as a result of the increased pressures on many communities, the services that people require will need to be able to meet their demands in a more equitable and efficient way. We simply cannot afford not to provide specialist services.

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[5] V4CE, 2008, *Discussion Paper 3: Evidencing the value of the BME Third Sector*.
[6] Southall Black Sisters' Victory against Ealing Council (2008) http://www.southallblacksisters.org.uk/campaigns/save-sbs-campaign-2008/
[7] MiNet, 2009, The Economic Downturn and the Black, Asian and Minority Ethnic (BAME) Third Sector.
[8] Helen Barnard and Claire Turner (2011), Poverty and Ethnicity: A Review of Evidence. Available at: http://www.jrf.org.uk/publications/poverty-and-ethnicity-review-evidence

Do we need more specialist services or just inclusive generic services?
Often a false dichotomy is drawn between generic and specialist services. In reality both are needed to meet the needs of disadvantaged BME communities. It is not an either / or decision. Specialist services need to be valued and invested in to provide the reach and deliver the necessary services for communities others do not reach. The advocacy role is also essential; User involvement and the ability of communities to develop solutions to their own needs should be championed.

However, it is also important that race equality is mainstreamed into wider public service delivery. At its best, mainstreaming should not seek to replace the role of user-led organisations, but in recognising that race inequality is everybody's problem, should advocate and support BME communities and individuals, including their right to advocate, design and own solutions to inequalities. Rather than create a 'one size fits all' or a 'one organisation fits all' approach, mainstreaming should recognise that no single organisation can be all things to all people, but that there is value in a diverse civil society where organisations are able to work together towards shared goals.

BME VCOs play an important role in helping communities to access generic services. By supporting the voice of BME communities and producing user-led research, BME VCOs can inform the policies and activities of generic providers to better develop their programmes in a responsive and cost effective manner. This has been evidenced through larger generic providers utilising small organisations in effectively identifying and meeting the needs of local communities.

The legal case
The legal review of the BME Compact Code[9] identified that not only do opportunities exist in equality law to create and deliver community (BME) specific services but that sometimes a requirement arises in equality law to create and deliver community (BME) specific services. New equality law broadly reflects this requirement (see section 158 of the Equality Act 2010).[10]

Government recognition
Government has recognised the importance of BME and other specialist organisations to provide specialist services. For example, Compact commitment 5.1 requires public bodies to:

- Work with Civil Society Organisations that represent, support or provide services to people specifically protected by legislation and other under-represented and disadvantaged groups.
- Understand the specific needs of these groups by actively seeking the views of service users and clients.
- Take these views into account, including assessing impact, when designing and implementing policies, programmes and services.

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[9] Monaghan, K, 2008, *An Independent Legal Analysis of the Compact Code of Good Practice on Relations with 'BME' Voluntary and Community Organisations*, for the Commission for the Compact.
[10] Equality Act 2012: http://www.legislation.gov.uk/ukpga/2010/15/contents

Furthermore, Compact commitment 5.2 further requires public bodies to:

"Acknowledge that organisations representing specific disadvantaged or under-represented group(s) can help promote social and community cohesion and should have equal access to state funding".[11]

The Funding Climate

A historically difficult funding environment is becoming even harder. BME VCOs have often struggled to generate sufficient income to carry out their activities, with 81% of survey respondents to Voice4Change England's research on the future of the BME VCS identifying this as an issue. Few BME VCOs are able to secure longer term funding and the low level of funding makes it harder to build up reserves.

BME VCOs are disproportionately reliant on funding from statutory sources and grants and so are at particular risk of public spending cuts and the wider shift towards commissioning. Research by MiNet found that austerity has impacted significantly on London's specialist services, as the restricted levels of funding will 'not reach local BAME groups and will be received by larger organisations that are not connected with the needs of London's BAME communities.'[12] This is supported by evidence from the North West, which has shown that equalities organisations are suffering disproportionate impacts as a result of the Big Society and Localism agenda.[13] Recent announcements of £10 million cuts from the EHRC budget and loss of funding for 61 local equality organisations would appear to confirm this.[14]

Recent research by the Afiya Trust asked all 153 local authorities, for details of cuts to BME services and communities from 2010 to 2012. They received 118 responses from local authorities with responsibility for adult social services and found that the funding trend was down for BME VCOs. In England around £3m was cut to BME VCS in social care funding in 2010/2011. One in five of local authorities said that they did not collect data on BME VCOs funding and one in five of the responses received did not declare whether Equality Impact Assessments had been conducted. Some local authorities indicated that they did not and would not conduct equality impact assessments on the adult social care budget.[15]

It could be argued that the consequences of major decisions on some of our most vulnerable communities have simply not been considered, and that this research is perhaps indicative of wider trends that are happening within localities.

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[11] HM Government. (2010). *The Compact* (Commitment 5.2). London: Cabinet Office.
[12] ROTA, The Economic Downturn and the BAME Third Sector http://www.rota.org.uk/webfm_send/1
[13] Voluntary Sector North West and the Centre for Local Economic Strategies (2012), Responsible Reform? Open Public Services for All. Available at: www.vsnw.org.uk/files/Responsible%20Reform%20Booklet%20WEB(1).pdf
[13] ROTA, The Economic Downturn and the BAME Third Sector http://www.rota.org.uk/webfm_send/1
[14] Voice4Change and NAVCA: Alarmed by Backwards Step: http://voice4change-england.co.uk/content/navca-and-voice4change-england-alarmed-government-equalities-%E2%80%98backwards-step%E2%80%99
[15] Afiya Trust, Living in the Margins: http://livinginthemargins.org/

Commissioning for equality
Whilst some BME VCOs have successfully secured contracts, for many the barriers created by commissioning and procurement processes have prevented them from effectively competing. For instance, research by Shared Intelligence[16] into procurement and commissioning found that BME VCOs shared many challenges with other small organisations. However it also found distinct concerns including limited understanding of the BME VCS and the communities it works with; institutional racism; perceived lack of trust amongst commissioners of BME VCOs; and lack of engagement with the early stages of the commissioning process.

Making it personal
The growth of the personalisation agenda and a focus on user-led services has the potential to benefit BME communities and provide opportunities for BME VCOs. However, personal budgets could make it difficult for BME VCOs to achieve economies of scale and risk fragmenting support between those who will seize the opportunity to manage their own services and those who will need support.

Working together
Consortium bidding can help BME VCOs to bid for contracts but they can find they play a marginal role in consortium arrangements, receiving minimal resources and in effect being included only as an equality tick box exercise. V4CE has been funded by the City Bridge Trust for a two year project in London on how to build fair and equitable partnerships between BME and generic VCOs which will share good practice and innovation.

Who can best support the BME VCS?
Despite recognition from Government, in recent years BME VCOs and the BME Infrastructure Support Organisations (ISOs) that serve them have come under intense scrutiny to justify why their specialist services are needed.

Specialist BME ISOs provide a culturally sensitive approach that is responsive to the distinct needs of many BME VCOs. Research has found that capacity building is not a generic skill that can be rolled out to meet the needs of all organisations. BME VCOs face specific challenges and capacity building needs and may experience specific impacts of the challenges that face other small organisations. There is a need for specialist infrastructure support that works together with the more mainstream approaches that are available to the sector.

Many NAVCA members facilitate local BME communities to represent themselves through support for local BME networks. NAVCA believes that communities should be empowered to represent themselves, but recognises that funding and other limitations do not always allow for specialist organisations to do this. Where there is a vacuum, NAVCA members are present to support capacity building in communities. It is important, therefore, that BME infrastructure organisations work with generic infrastructure providers to ensure BME VCOs can access the full range of support available.

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[16] Shared Intelligence, 2008, Evaluation of the National Programme for Third Sector Commissioning: Consultation with BME Third Sector Organisations

Voice4Change England and NAVCA believe that specialist services are an essential means of delivering both more equitable and more efficient public services.

As a result of this, we make the following ten recommendations for commissioners:

1. Recognise the value of commissioning BME specific services (which is supported by legislation and legal rulings), and support their continued role at a national and local level.

2. Ensure that the pressures of spending cuts do not lead to a false choice between generic or specialist services but that the role of both is supported.

3. Include criteria for considering social value as well as value for money and allow for flexibility in how contracts are delivered so that community needs can best be met.

4. Ensure equality and Compact duties are an integral part of commissioning and procurement processes, as required by the Best Value Statutory Guidance.[17]

5. Open up opportunities for smaller providers by breaking large contracts into smaller contracts or including subclauses allowing prime contractors to work with small providers.

6. Invest in support for BME VCOs and social enterprises to compete in commissioning and procurement processes. Market building can be important to ensure that the needs of all communities are met. This could include ensuring organisations are contract ready by providing or funding support on, packaging and costing services, organisational policies, financial and management structures, IT structures, and risk management.

7. Make payments in advance and assess the appropriateness of payment by results when the needs of vulnerable communities are being addressed.

8. Make sure that information about commissioning opportunities is circulated to small voluntary and community organisations well in advance of the deadline in order to allow organisations with time and capacity constraints to bid.

9. Invest in building meaningful consortia and partnerships. When taking on consortia ensure that the role of each consortium member is clearly defined and reward a track record of successful working with the breadth of the VCS.

10. Maintain grants as an essential aspect of the funding mix. The Local Grants Forum can provide support and guidance around this: http://www.navca.org.uk/stratwork/natpolicy/localgrants

[17] http://www.communities.gov.uk/publications/localgovernment/bestvaluestatguidance

Voice4Change England is a national advocate for the Black and Minority Ethnic voluntary and community sector (BMS VCS). We believe that there is a need for a strong Black and Minority Ethnic (BME) voluntary and community sector as a crucial part of civil society to work for BME communities and to improve the life outcomes for BME and other disadvantaged groups of people

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navca
local focus national voice

NAVCA is the national voice of local support and development organisations in England. We champion and strengthen voluntary and community action by supporting our members in their work with over 160,000 local charities and community groups. NAVCA believes that voluntary and community action is vital for vibrant and caring communities.

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