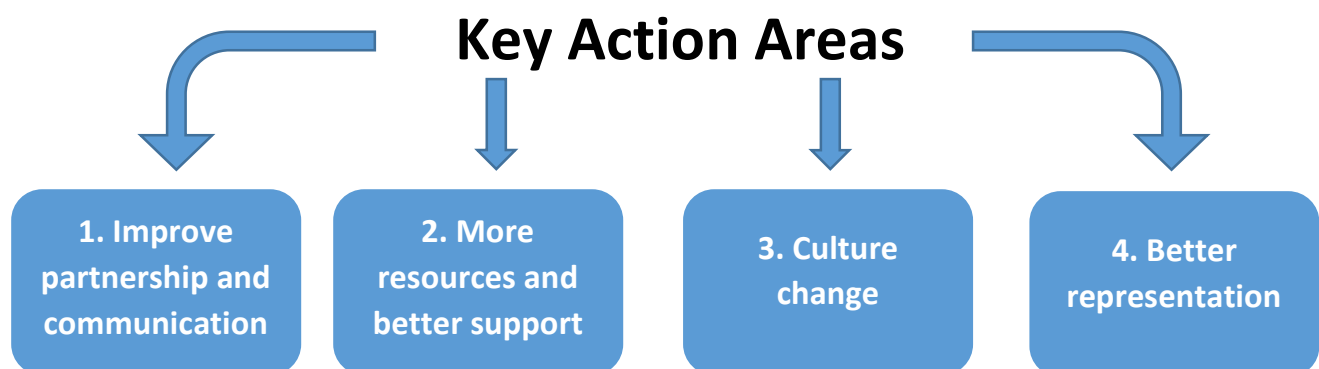


VS6 – Working together to build a stronger Liverpool City Region

Seeing Inequalities through a BAME lens

VCFSE Sector Assemblies: 14th & 21st July

Build Back Better: Recommendations for a recovery plan



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Foreword

“The series of Voluntary Community, Faith and Social Economy Sector Assemblies have been timely and informative. The Inequality through a BAME lens Assembly particularly challenged all of us to reflect, to listen and to start to understand the structural inequalities that have led to deeply entrenched racial discrimination that COVID-19 and its impact on black and other racial minorities has laid bare for all to see. The intersectionality of race discrimination and discrimination pertaining to all the protected characteristics compounding the effects and enables us to understand the structural barriers, and when broken down we start to lift those who are most excluded to a more equal society.

Both Assemblies held in July brought together the City Region’s voluntary, community, faith and social economy (VCFSE) sector to start that conversation, to share the understanding, and started a pathway to change. The challenge will be the collective move forward; knowing our starting point; implementing the ideas; incorporating changes to our policies and practices to ensure structural change and measuring our progress. The Assembly was a collective call to action, we must make it happen if we are to truly build back better.”

Tracey Gore,
Director, Steve Biko Housing
and Chair of the Inequalities through a BAME Lens Assembly Event

VS6 held two VCFSE Assemblies on 14th and 21st July 2020. Tracey Gore, Director, Steve Biko Housing, chaired the event and 120 participants from 85 organisations attended.

The purpose of the event was to look into how inequality issues had been compounded by Covid-19 and what steps could be taken to address them. Due to the broad nature of the term “inequality” and the limited time available at each event, the issue of inequality was considered through a BAME (Black and Minority Ethnic) lens.

However, intersectionality issues were also discussed, in recognition of the fact that communities and individuals within communities are not simply defined by a single characteristic. Many BAME individuals also live with disability, have concerns relating to gender, are young or older etc. Looking at how these multiple characteristics interact with being a member of the BAME community was a means by which these characteristics could also be part of the important issues discussed during the assembly process.

The format included two workshops at each event, at which the following points were discussed:

Workshop A: What are the issues – What are the particular concerns of BAME individuals, communities and organisations and how have these been impacted as a result of Covid-19?

Workshop B: What needs to change – What solutions can you suggest that might empower BAME individuals, communities and organisations? How can the VCFSE sector and Liverpool City Region Combined Authority assist in this change?

Each event culminated in an open plenary where feedback was discussed and recommendations made.

In addition, Steve Rotheram, Metro Mayor for Liverpool City region, also attended the 14th July event to receive feedback from participants and engage in the discussion.

The ideas, concerns and requests have been drawn together by VS6 into a set of recommendations (see pages 3-4) for building back VCFSE activity. Participants and registered organisations were asked to respond, input and help finalise these recommendations.

Key recommendations are on the following page.

Action Plan for LCR – Addressing Inequality

Action 1: Improve partnership and communication

1. Closer working with other community organisations on issues of race inequality
2. Improved partnership structures to encourage better partnership work across VCFSE and public sector organisations
3. Share capacity where there are limitations
4. More targeted promotion of events relating to equality
5. Pro-active outreach for minority communities and bespoke support to engage
6. Collect data – and be transparent with data
7. Change the narrative – equating black and racial minorities with negatives and deprivation, rather than celebrating the richness that they bring
8. Enabling the voices of young people (including early years) to be heard

Action 2: More resources and better support

1. Additional funding and resources to support development of BAME organisations and staff
2. Operational partnerships backed by sustainable funding
3. More longer-term funding
4. Ring-fenced funding for BAME community – with decisions made by BAME community
5. Support to increase use of social media to share and develop initiatives
6. Commissioning process must adapt to address inequality
7. Proactive support for high level involvement e.g. BAME individuals be invited to high level discussions, supported to participate or better represented when decisions are made.
8. Leadership Mentoring programme for people from BAME community
9. Reciprocal reverse mentoring for BAME staff/volunteers e.g. John Moores University scheme

Action 3: Culture change

1. Training for strategic decision makers to better understand BAME issues
2. Integrate the promotion of equality, and be specific about race equality, into social value practices within organisations
3. Service decisions defined from the bottom up. Safe spaces for discussions
4. LCR should promote partnership work through funding and commissioning, collaboration not competitive approaches
5. Changing how organisational meetings are planned and delivered, including dates/times/venues/language used etc.
6. An evidence based “tick-box” requirement to ensure that all minority communities have been approached/encouraged to participate in strategic discussions impacting upon them
7. Recruitment practices have to change

Action 4: Better representation

1. Changes to city-region structures to include BAME representation/involvement at strategic levels
2. For the sector to be more representative at all levels (junior through to leadership)of the communities that they serve
3. Including BAME communities in co-design of services and funding/commissioning opportunities
4. Reinstalling empowerment/involvement structures e.g. previously used community involvement networks
5. Moving from “community leader” to “community experts”. Identifying people in BAME communities with capacity to represent them. Pay them for this work.
6. Operation black vote to encourage BAME people into local and national politics and to join local parties.

“Power concedes nothing without demand. It never has and it never will.”

Frederick Douglas.

Workshop A: What are the issues: What are the particular concerns of BAME individuals, communities and organisations and how have these been impacted as a result of Covid-19?

What are the issues and concerns for BAME individuals and communities?

Prompts: Increase in reported Mental Health issues, debt and unemployment, Domestic Violence

- We have seen an increase in hate crimes in April/May of 40% when would have thought that with Lockdown it would decrease
- Jobs – loss of jobs - many in low skilled/low paid – impacting on mental health
- Those who are clinically vulnerable are not mixing with people
- BAME communities disproportionately affected by Covid based upon socio-economic disadvantages
- How Covid is perceived- that BAME communities are more likely to be susceptible - but why is this?
- Worries about the Covid virus itself, lack of understanding of how dangerous it is, worries about schools and risk assessments
- How to hold worship within safe areas within mosques and other religious bodies in light of social distancing restrictions
- Highlighted issues with black students struggling with studies as from lower income families
- Parental responsibilities increased and difficulties when from disadvantaged backgrounds e.g. as a result of low/no income and children/young people being home schooled
- Increased reports of domestic violence
- BAME communities in disproportionately lower paid jobs
- Mental health issues, debt and unemployment are on the rise
- Government funding through universal credit hasn't worked and is made more challenging to BAME communities e.g. language barriers
- Domestic violence levels have dramatically increased during this period amongst BAME communities
- Young people are worried about future prospects and employment. Different projected grades will have an effect. Knock on effect getting into apprenticeships and employment
- BAME parents having difficulties with home schooling due to language barriers
- Travelling independently, using public transport and concerns around risks
- Struggles with the basics like food as a result of poverty and the impact of Covid. This is easing but still an issue and concerns that this will increase
- Need to reach out to diverse communities to understand the issues that they face
- Travel restrictions to other countries is impacting upon wellbeing and health. Travel abroad cannot happen where there is a bereavement with a relative who lives abroad
- Uncertainty still exists. No cure as of yet so still unclear about what the new normal looks like
- Impact of poverty on communications e.g. low/no income families might not be able to afford PCs, wireless, zoom etc.
- Wirral – an issue for us is that we use the Census data as a baseline for monitoring purposes (and categories) but this doesn't reflect an accurate picture as it's almost ten years out of date. If data is inaccurate, our workforce may not truly reflect the community we serve.
- This is the start of the barriers – always getting fobbed off as the data doesn't reflect the need. E.g. Always a delayed response. Have to bang on doors to lobby for their communities. Food parcel service – no advertising in different languages. Majority of BME community not aware of the service. Took 3 weeks to get their voice heard and to get a poster out. Eventually got a cultural needs parcel but it takes a lot of hard work. Lack of

understanding from main stream Council and Commissioners – there is a disconnect and a lack of understanding of their population

- Public Health now accepting that the census data for BME population is wrong. When we talk about equality & diversity BME is not included. Need to put this in there so it's in everyone's mind
- Mapping of BME community needs to happen around whole LCR
- Not been enough comms in different languages. No testing kits in different languages which is crucial for understanding
- Need to share knowledge and educate communities to get them on board and to make them feel part of the whole system
- The Chinese community is a significant community in Liverpool. Dementia focus in BAME organisations – previous projects really working well. Providing cultural and language appropriate support. Cost CCG £40K across 4 communities for one day a week. When CCG cut budget they cut the project overnight. One year later start the whole consultation process again. We are the preventative agenda and health organisations just don't get this – they continually ask the same questions “We first need to understand the BAME communities” Do this again and again. What is the point? Community feels let down and that no-one cares
- There is a reluctance to deal with the issues of BME engagement in LCR for lots of historical reasons. It is complex. Needs proper race relations policies and not be afraid to tackle with robust policies in place. Have to create an equal platform. Needs to go back to positive action
- People aren't asking the right questions in relation to race and what people's needs are. This is being missed constantly because people don't want to ask the questions. Professionals need to start asking the question – what can we do for you? Too many preconceived ideas about people's situations
- Granby Toxteth Partnership. This was a model on how to work with BAME communities. It was members of the community that represented the community. The funding was taken away. This model should be used again and needs to be funded. No problem in reaching out to the community – they do want to get involved and change things but these types of projects are always the first to be cut. If we're really serious why are these the first things to be cut? This isn't a level playing field. Welcome something that does make an impact on communities
- Employers don't take their responsibilities seriously in relation to discrimination. Need to engage businesses to ensure that they are getting their processes right. Needs positive action. Need to get the business community to understand it's not discriminatory – if have two individuals who are both equally capable of doing the job the law allows you to choose the individual from the minority background
- Look at what LCR Cares has done. Want organisations such as Kindred to champion the BAME communities. Need to involve and include
- Education for young people. Too many BAME young people who haven't got expected grades in English and Maths. Need more mentors in schools for BAME young people and support for primary age young people for positive strategies to achieve their goals. In particular, young black men'
- Need to start looking at the specifics e.g. criminal justice, education, health, housing.
- Need to think about equity and fairness. What can we do to improve what we're currently doing where we haven't had results?
- Power and decision making – where does the power sit? Not enough people in senior positions to influence changes. Need to think about organisational structures and their policies. Do those policies reflect diversity?
- Senior management in all areas is lacking diversity. How many black judges in the criminal justice system?
- Do need to give people a voice. Don't ever hear from young people. Rarely get to full participation
- Young people become disengaged because of things that happen when they are children. Education is a prime area. Values of families are marginalised and ignored and they feel devalued at a very young age
- Education system isn't geared up to educate different racial communities
- E.g. Teachers in early years and primary – don't resemble BAME communities. Government guidelines suggest that black and brown boys are disruptive. Poor behaviour is confused with lack of understanding of

the environment that the children find themselves in. Need to have reflective practitioners who can be reflective of their own bias. Children are given unhelpful labels at such an early age and this transitions through their whole life

- Issues are in plain sight. Have to debunk myth of equal society. Need a frank acceptance that systems we have are built towards favouring certain people. If we don't then pressure remains on those who are marginalised to try to change the system and they can't. Those who write the rules write them to suit themselves
- Real lack of culturally appropriate services available in many areas. Need to start building these in at an early age
- Funding - there is an unequal balance of applications that come in from BAME groups. Can be for a number of reasons. E.g. dependent on local funders' relationship with communities or the local CVS relationships. Difficult to reach smaller BAME organisations and they are worried that putting applications in is a waste of time. Need to try to break down those communications barriers with Funders and also look at the structural system – may not reflect diversity and so harder to apply if don't see anyone that they can relate to
- Asylum Seekers - isolation
- Lost family members to COVID
- Lack of internet, TV. Training/education ended. Feel forgotten about
- Muslim community – changing as an organisation, continue to deliver services
- Needs of community, how to support that
- Language barriers. Communication key, information
- Access to mobile devices
- Fear and isolation for non-English speakers. Acting as intermediary between schools & people
- Lost a lot of people, need to regain trust
- Concern with what's next
- Living with DV perpetrators, how to reopen lines of communication
- Tackling cultural issues, misconceptions & myths
- Shocked at data, obvious BAME much more at risk but focus has been on care homes, older population, hospitals and only much later conversations on BAME. Disjointed. Communication in different languages not available, behind the curve. Still a lot of work to be done. Relationships not there, seen as tick box. Need more listening not telling
- 2 Front line workers in household. Took a month to get a hotel as daughter shielded. Little employer flexibility. Got flat outside Liverpool herself, non-BAME got hotel
- Cases where elders can't read own language so has to be verbal. People isolated and just left. Not just about getting things published
- Don't forget gypsy/traveller community as BAME, and literacy even though English is first language
- Need relationships before the point of crisis so that trust already exists. GPs won't provide translation until you are a patient – creates catch-22!
- Overall failure of institutions to put themselves into the shoes of those outside the institution, creates barriers, not a culture focused on understanding and serving the public and understanding that the public are not all the same
- Pushed messages we wanted, not listening to what was coming back
- Crash = what was the first thing that went off the agenda – Equality & Diversity
- It is about ethos/culture. Treating everyone the same is not the answer because we're all different
- Maternal mortality BAME women, pre C-19 – Black 5 times more likely to die in child birth, 3 Asian, 2.5 mixed. 56% admissions during pregnancy. Massive health inequality. BAME pregnant women at higher risk C-

19. Unconscious bias, missed opportunity with symptoms, digital exclusion. Vitamin D deficiency, language barriers. NHS/PHE report referred to in the [Guardian](#)

- Women's Budget Group reports on austerity. Single BAME women hardest hit, up to £7k. These same people are feeling impact of C-19 hardest. PPE. Exacerbating existing inequality/divide
- Mental health, criminal justice, local maternity system, language - BAME, inclusivity/exclusivity, visibility/invisibility
- Over representation of BAME people as offenders. Communities ghettoised across Merseyside – why is this?
- Visible when don't want to be/invisible when don't want to be.
- Racism in St Helens – blatant racism towards black bishop – congregation not wanting him to officiate weddings, baptisms etc. Is this attitude prevalent?
- BAME – what does it mean?
- BLM campaign was needed – gives a positive expression
- Historic times – Covid-19, racism has been with us but the BLM movement looks towards a more inclusive agenda. But it took a racist murder to bring it to the fore
- Racial abuse – witnessing family members being stopped and searched regularly. Disproportionate amount of black people in mental health system. This brought it back up for me. I've seen a lot of colleagues trying to get support
- BAME – the language is inadequate – it's about categorising but needs overcoming.
- Family of origin questionnaires – categories are inadequate
- The language used is very important in deciding inclusion/exclusion – need to think of things from the margins when designing policies
- Chronic stress affects life cycle – trauma, longer term mental and physical health (“weathering”), life chance and opportunities. Funding is so short term – racism is still here – need longer term funding
- Additional risk factors raised by Covid19
- Exacerbating pre-existing disadvantages amongst BAME communities
- Lack of recognition in organisations due to institutional racism e.g. no equality elements included in return to work interview/risk assessments, but environmental elements
- Are BAME employees being forced back to work without regard for additional risk factors?
- Poorly promoted research into Liverpool based Covid 19 BAME impact. More prominent research exists relating to Birmingham/Cardiff
- Examples given elsewhere = higher prevalence of multi-generations households in BAME communities
- Insufficient information regarding BAME workforces. Where are they?
- Pre-existing economic disadvantage getting works
- Higher levels of self-employment in BAME communities. Higher impact of Covid and less state support e.g. Job Retention scheme not applicable
- Underachievement in schools made worse by digital exclusion and parental language barriers, meaning children falling further behind
- Subject has been discussed many times over the years. Nothing has changed.
- Housing, access to employment
- Language barriers
- Access to health care
- Good examples given of leadership from institutions during Covid19 e.g. closure of places of worship indicating seriousness but little follow up

- Language, access to information issues meant some people from BAME communities e.g. older people, accessed health information re: Covid19 from other sources e.g. Facebook, families overseas etc. Not always appropriate guidance/information
- Need to reach community leaders so they can disseminate appropriate information but need to not limit this to “gatekeepers” or traditional power holders within communities
- Mainstream organisations and employer do not recognise/value non-mainstream qualifications or experience, making employment difficult. Member of BAME community should be part of mainstream recruitment and not just for specific BAME roles or as an add on service
- Examples remain of mainstream organisations balking at taking positive steps to encourage under-represented groups to apply for positions
- Racial harassment e.g. Chinese students subjected to abuse during Covid19
- Return to work risks higher within BAME communities and these are not reflected in employer practice
- BAME as a title can be unhelpful. It can hide underlying issues e.g. overseas staff at employers can mask underemployment of native/settled BAME citizens
- BAME issues as a broad term can be conflated with anti-racism. Are these separate issues requiring separate focus?
- Asylum seekers & displaced people – disconnection from channels of information, language barrier
- Issues around wellbeing – adding to existing issues. Physically disconnected. Feeling abandoned. Not always able to access online services – data poverty
- Food parcels not appropriate to needs for cultural and religious reasons
- Fear over impact on health. Losing protection over shielding and impact on employment. Not wanting to access health services
- Worries over immigration status and how this affects access to health services. Rise in people needing support over homelessness who have been exploited
- Unpaid carers in BAME community lack of information in community languages
- Domestic abuse has increased. Funding needed for translation services. Added online chat but not tailored for people who don’t have English as a first language

What about intersectional issues?

Prompts: BAME is a broad term and people from BAME communities can be LGBTQ, disabled, young, old etc. What other factors have an impact?

- Should include class as many BAME people come from low income families – the focus on digital activities has disproportionately disadvantaged those from low income families
- Those using the Centre will need to wear masks during Covid this will mean that those who would normally lip read cannot do so
- Public health needs to come forward with rationale of statistics, dispel some of the myths
- A lot of people don’t know what BAME is, labelling different communities causes problems and creates barriers
- Government’s single equality programme is not adequate in tackling issues of race
- Race needs to be a priority alongside other issues which may include:
 - Risk assessments not adequate in children and young people returning to school
 - Barriers for BAME communities include gender language, feelings that they might not like to share that they are struggling
- Because of pride, families are struggling but they don’t want to admit that they are in need
- Broader stigmas relating to gender and sexuality do exist and are disproportionately affecting BAME communities

- Faith rituals such as collective worship and festivals are feeling fractured as people cannot meet
- Disproportionate medical conditions that affect BAME communities e.g. Diabetes
- BAME LGBT communities especially Trans has been a big issue. Covid has dramatically impacted on mental health issues. Lack of gatherings is impacting upon wellbeing especially where there may already be feelings of isolation
- Adults need to recognise the powers that children have. Need to look at what you do that excludes people. This is an intersectional issue – how we bypass misconceptions of people. People including children need to have a voice
- Forced to live at home with unsupportive family members
- Lost track of a lot of people due to remote working
- Mobility issues – phone and online support offered. People may feel that they don't want to go back out and remain isolated
- More work needed to consider this issue for staff returning to work
- C-19 exacerbated isolation – e.g. BAME LGBTQ – living with family/community where issues not understood/difficult to find support
- Isolation caused by carers being hit with C-19 and leaving those they care for. Lack of BSL, but even English used can be impenetrable/full of jargon
- Support services for people with poor mental health ceased face-to-face contact leading to isolation
- All very well going on-line but some people struggle to afford food let alone buy data!
- Muslim/Hindu women – suffering verbal abuse, disparaging comments, being shouted at by people
- ICCM - Irish – white/speak English, travellers but still suffer racism – there are similarities of experience – facing barriers, some structural inequalities
- This stirs memories of abuse e.g. working class young men and abuse by police
- Young black man arrested by police and when father of the young man went to police station, he was treated badly as well
- BAME women – more die during pregnancy and childbirth – “weathering” – constant stress of racism and effect on physical and mental health
- Not enough opportunities for young people to assist in sharing information/linking older BAME community members with language barriers, to mainstream services/information
- BAME as a generic term can mask intersectional issues or fail to provide sufficient detail regarding issues specific to smaller sub-groups of people
- Mental health & prison service – worried about narrative will lead to organising around racial identity within prison service. Effect on morality

What are the concerns of BAME organisations?

Prompts: 1. Are BAME organisation facing particular issues during Covid-19? 2. Are the unique/particular factors that make it more difficult for BAME organisations as we come out of Covid-19?

- Funding and the direction in which funding went – some found it ok but others found their growth plans were thwarted as funding went towards Covid related issues
- AWF, as an organisation can carry on for next 2 years but all funding pots have gone – funders have changed priorities towards Covid. Many have made changes in how deliver but don't want to mission drift. Organisations want to grow also
- Can't have people around the table – difficulty getting interpreters – many people can't interact because of language barriers and difficulty accessing the facilities to interact. Also, many people from BAME communities (many low income families) can't access digital facilities/internet
- Accessing funding hadn't in the past e.g. Steve Morgan
- Wellbeing activities changed a lot – activity packs etc.
- LCR Combined Authority - young people are fearful about their chances of getting employment/having the skills – looking to put job/training offers onto one central location – how to ensure all groups are able to access these opportunities. Looking at confidence building and self-esteem of young people. Making sure this can all be accessed by all groups
- Torus is looking at what information they collect and why – using the 9 characteristics or reducing this. Trying to collect information on the BAME community
- Children's University which seeks to encourage children to get involved in activities outside school curriculum. Need to ensure that this is completely inclusive; that delivering what we're saying. We work through schools but don't have direct contact with children/parents. Want to make sure that it is inclusive to all races but don't collect data on this. We need to understand which groups are accessing these activities and whether they are suitable for everyone. Working with partners to look at whether they are working to the best of their abilities to include everyone and that BAME children are accessing. There is a need to collect statistics by the partners
- There was concern whether inclusion in activities isn't being "whitewashed"
- We are seeing less inclusivity than 6/7 years ago
- Systemic institutional racism- cultural bias within institutions continues to be an issue. How do we tackle and challenge institutional racism? How to help and influence colleagues who work together to remove that. Applies to other groups too e.g. gender. Acknowledging and taking responsibility
- More inclusive offer needed going forward
- Groups need to recognise failings and how to deal with these e.g. mental health services need to take policies and procedures and ensure BAME specific issues are addressed
- Difficulties interpreting government/public health messages which seem to change often
- How do organisations make up lost ground in life after lockdown
- Funding – targeted funding for emergency funding is fine but what about longer term support?
- Getting back to normal working practices, adjustment of business plans and the impact of reduced income on capacity to deliver
- Partnerships affected by reduced levels of funding/capacity. How will they pick up where they left off?
 - Loss of financial income
 - Aim to bring back services
 - Risk assessment for every service & decide best way to restart
 - Almost starting again
- Only so much that can happen online
- Long-term future still uncertain

- Ensure BAME staff have personal risk assessments
- Looking at fines to check that there's no disproportionality of impact on BAME people
- Risk assessments & learning modules
- Hard to reach staff given access to online tools & mobile communications
- Support staff financially
- Compliance is not the same as commitment to an equalities agenda. Producing glossy documents is not the same as culture – what actually happens
- Well-balanced diet difficult for those isolated in C-19. Necessity has led to blanket approach e.g. foodbank parcels
- This assembly is good – opportunity to raise issues. Sharing views and solutions. Fundamental change is needed in institutions – a massive piece of work – systemic, structural, and personal
- As a funder, main priority is how BAME community disproportionately affected by Covid 19 pandemic through inequalities and exclusion. Many BAME organisations at risk of going under – reason to fund rather than not fund. What to do to overcome these barriers and how communities deal with racism and how funders can help them to do that. Many organisations are below the radar – need build capacity to apply for funding
- Co-production – listening and evolving – don't stand still
- Dealing with a wide variety of people – use a person-centred approach – starting from this perspective to develop criteria and avoid putting people in boxes they don't feel they belong
- Funders – pre-lockdown, saw people and hear about challenges – we can help and still want to engage. Now via computer screen, email, telephone
- Worries about hate crime – people blamed for Covid, e.g. Chinese community and wider anti-immigration feeling during time of crisis
- Harder to reach people not already engaged in services. Adds another hurdle. How can we get messages out better?
- Easier to forget about people not physically in front of you
- Impacts on mental health on both staff & clients from BAME community. How can organisations be more proactive?
- Shouldn't necessary put all BAME communities all into one homogenous block. Can be very socially conservative and have different values and economic situations.

Workshop B: What needs to change: what solutions can you suggest that might empower BAME individuals, communities and organisations? How can the VCFSE sector and LCR CA assist in this change?

What hasn't worked up to this point?

Prompts: What structures, relationships, representation approaches?

- Making assumptions about people doesn't work
- NHS mental health discussions and not carrying on engaging afterwards. There are 56 people here today talking, need to continue to talk. It is very difficult to work with NHS and CCG – they involve in talks but don't work with you after
- Positive action and quotas? It's good in that BAME groups get the opportunities they may not have had but then are they only getting that opportunity because it's being merited but rather have the quota than no representation. Also, affirmative action worked in Liverpool City Council 30 years ago – re numbers of BAME in housing, jobs. Still working with people who came through that process. However, can lead to feelings of being an imposter – only there because of the programme
- Have seen white/males in positions that have not gone through any transparent process
- 1 person from the BAME community interviewed in last 7 years. 1 BAME person (woman) on social work course attended. BAME people in cleaning, security, admin
- Funding – small number of BAME groups applied for funding. Smaller groups put off because of shortage of bid writing skills. Funding should not be such a complicated process. Understand need to consult, monitor and evaluate but some funders make it really difficult. Also language barriers don't help with this
- Same conversations as ever about race and equalities but with little systemic progress
- Public health messages are confusing/difficult to interpret
- White privilege exists and privilege needs to be shared
- Language barriers with services operating remotely
- Where equality gaps exist, why they exist? What structures are in place and what needs to change
- Competition for funding and how this affects relationship with other organisations and partnerships that exist
- BAME communities should be working more to raise awareness of what is happening. BAME Community leaders were not communicating with others about what was happening
- Maintaining communications and links between communities.
- Support for elder communities has been lacking or at least slow to respond
- This is an opportunity to make changes. About setting up an effective working group. Creating representation. A lot of provider organisations. Need a BME representative group who will be in touch with communities all across. Something like FASJAB. LCR to become an exemplar for local empowerment across LCR – don't wait for central government
- Lot of good work going on in GM – LCR needs to be like that
- BME communities are sick of consultation but no action. Need to have a live mechanism and working in partnership all the time. Metro Mayor should appoint someone responsible for all of the different work strands and make sure something is happening
- Young people that felt disengaged before lockdown will feel even more disengaged now. Message out there is quite bleak for young people – need to give them a voice and inspire a level of hope
- Need more employers from BAME backgrounds to come and speak to young people and inspire them. Where college doesn't suit their needs we need to give young people hope about apprenticeships etc.
- Funders need to learn more about why barriers are there. Funders should have unconscious bias training

- Young people agenda needs some serious consideration and need to consciously target young people and how we engage with them. Give them responsibility and the ability to lead. When you invest in young people you will get results. Need to put enough resources in for things to change
- Youth parliament system – but need to ensure it meets the needs of the communities. Don't see BAME people participating in systems such as this
- Mentoring by people from BAME communities should be encouraged
- Engage with young people as citizens. Undertake a “You said we did” with young people
- Capitalise on all the good work that has been done during the pandemic
- Need to change the way that we talk about BAME communities. Talk about the assets and the amazing richness of these communities. Not all about the disadvantaged. “Flip the script”. Change the narrative
- Language barrier – technology not worked for everyone. Working from home not for all
- Assumptions that everyone has access to technology & internet. No one-size fits all. Needs to be at different levels. Wide range of approaches from schools for example
- Realising that BAME issues affect all organisations. Easy to assume it's not important, e.g. small BAME community in a particular region
- Increase BAME representation in staff recruitment. Specific programmes & links with communities. Retain those staff. Filter up into leadership
- Mapping exercises & focus groups but not end results. Feels like a “BAME quota”. Repetitive & frustrating
- People left feeling excluded. Need to get the message across that equality benefits everyone.
- Need to benefit from learning from neighbours – inform second wave comms strategy
- Need to structure whole system
- Data transparency required – action plans to change data
- Improved representation to hold services accountable and ensure better decision making
- Need to take an asset based approach – sharing knowledge and resources
- Education system key – either used to ensure level playing field, or if fail to do so then bakes in inequality for a generation– aspiration in the different fields of service – how we start to ensure services look like the communities they serve
- 3rd sector funding – competing for small pots, need to work together/share. Collaborative working isn't encouraged
- 3rd sector needs to be more collaborative and commissioners need to expect that approach
- LCR works collaboratively not competitively – leadership from both commissioners and providers
- Shift perceptions/image of volunteering and how used (not just litter picking but using skills appropriately)
- Culture eats process for breakfast. Need institutional commitment, not just compliance. Amplifying voices of those with protected characteristics and organisations need to listen/be in listening mode. What is the feedback culture in your organisation? Does your leadership look like the communities it is serving? Then understand what will make a difference
- BLM support material – [sports field exercise](#) in C4 the school that tried to end racism, showing progress depends on what questions are asked
- BAME people may be afraid of raising issues of injustice – may be a need for a spirit of self-sacrifice in terms of speaking out in the face of injustice
- Anonymised whistleblowing procedure – but even then confidence required in order to use
- Need commitment from the top – that's what is required to deliver culture change
- In 30 years, we've not moved on
- The new trauma centre is in Aintree – not an easy place to get to – merging hospitals – people are going to struggle – Women's hospital moving to an area that people can't access

- Standardisation of care – having to travel outside (even as far as Dudley)
- Funding from Home Office – get money out the door quickly – not being done well
- Ghettoism of small organisations – don't get through funding process. Yet larger organisations, like Serco get through without all the checks and balances. These larger organisations reach more people but are not engaging with communities
- Health provision hasn't worked for people and families. EHATs disengaging families – the commissioning model actually supports the big organisations in this disengagement. The social services model doesn't work – people don't need a social worker coming to tell them how to live their life but should support them in finding solutions – if not engaging, nothing changes
- Black priest said that he was tired of racism in church and congregation. He openly said that he was sick to the high teeth of unconscious bias training – not another training session. Would like to see them enabling people to engage and having a nation of multiple diversities. A healthy society, enriched by diversity – being a human being. How do you stir consciousness? People are pointing at BLM protests and disapproving – seeing statues being toppled – the statues being a reflection of themselves
- Reduction of investment in faith communities – larger universal organisations being invited to bid rather than more specialised smaller organisations. Can't see that changing. Coming out of Covid-19, its going to be phenomenal, less capacity
- First thing to go during austerity is equality and diversity
- Austerity dismantled previous inclusion mechanisms e.g. community empowerment networks
- Decision makers are generally middle aged, white men
- Language barriers to health information. Some cultures do not have high literacy rates for historical reasons e.g. Somali people educated before 1972 did not receive written education. As such, written translations are insufficient – impacting on older Somali people who are at high risk
- BAME people do not believe in local democratic systems so are not engaging with it, meaning less representation locally as well as nationally
- BAME individuals less experienced at working within larger organisational structures and challenging them
- Examples given of some communities being better represented due to more experience e.g. Somali communities. However, more recent arrival e.g. Roma community, have no voice as they do not have experience of local mechanisms and how to engage them
- Inclusion meetings take place during hours that are not suitable to people such as the self-employed BAME community, of which there is a higher proportion
- BAME individuals not feeling part of the community
- BAME communities are sometimes fractured and need to come together to speak with a united voice
- Organisations have the same conversation after major incidents, but little changes in terms of actions
- “Othering” of BAME individuals. Always treated them separately to other communities
- Regular collecting of ethnic data can contribute to this feeling
- Focusing on community leaders = risk limiting voices to a few select people
- Some communities have leaders who are not elected
- Finger pointed at BAME communities for not engaging when focus should be on organisational shortcomings
- BAME terminology risks getting bogged down in language and makes it over complex
- “immunity myth” circulated during Covid19, falsely stating that black people were immune to the virus
- Messaging not equal e.g. levels of condemnation of people wearing masks for cultural reasons, then everyone being compelled to wear masks during Covid19
- People and organisations do not recognise the impact of messaging/communication

- Condemnation of actions by white people e.g. VE celebrations, not as vociferous as that of BAME communities
- Organisations lack an institutional memory to retain lessons learned
- Local authorities see immigration as a problem and do not plan for it
- Make sure that staff are representative of the demographic of the community. However, this shouldn't be seen as a way out as this will result in a vicious circle. Should be a minimum level of representation
- Service delivery has inbuilt assumptions about people. Results in a lesser service. Requires training and support from organisations & individuals with expertise. Unconscious bias training and recognition of its existence
- Needs of different communities and associations – need to share information
- Issue of progression within organisations and getting BAME people into management positions
- Has that much changed over time?
- Government treatment of asylum seekers due to policy and hostile environment
- Respect wishes to advocate for themselves

What does better look like?

Prompts: Who is involved? How are they involved?

- Start early – in education – more open conversation – early years' education
- As a minimum, services should reflect the community the organisation serves
- Having people from different backgrounds – can draw on the experience
- Community supplies list – taking people from different communities – grass roots
- Creating positive action by recognising the skills and abilities of those within BAME Communities. Reverse mentoring where BAME communities educate
- So that there is a fairer playing field for BAME communities in employment/more representation in employment
- Priority areas for ensuring equality in all aspects of life- recognition within institutional policies and procedures
- Effective data collected and utilised for positive change e.g. GP data
- Workforce reflecting diversity within communities
- Involving young people and youth workers more in developing an understanding of where the gaps are and how services and support remain relevant and responsive
- Partnerships but where these develop organically and not forced
- New structures and policies that respond to the issues better e.g. how older people are supported
- Collaborative working with statutory bodies has never been more important- social prescribing has potential to really make a difference in supporting issues.
- Maintaining a balance of using tech for communication and face to face support
- Diverse workforce represents community, listens to them, takes them seriously, long-term partnerships
- Partnerships that fit the needs of the community. Sharing resources, ideas
- Funding out there which supports the community. Remove the completion element of funding
- Needs to be resourced properly
- Internal and external perspectives - Workforce (make more representative, unconscious bias training, BAME champion, support groups – to work as agents of change) and service user (empower, provide information, ask why our service is producing inequity not why are you being racially abused/experiencing inequality)
- Competitive commissioning is crazy. Parts of public sector siloed not pooling resources and knowledge/insight. LCR has so much inequity – have a responsibility to do better

- Place based care needs to be reviewed – top heavy decision making – transition plan/personalisation plan/community hubs
- Co-production not top heavy decision making – needs investment, participatory budgets, workforce representation, not tick boxes, not tokenism – how included not taking a tokenistic approach
- Not being too specific – one size doesn't fit all taking a person centred approach
- Combined Authority holding big organisations to account to empower communities
- Genuine BAME representation at senior strategic level discussions/policy making
- Support/training for individuals so that they can participate, particular targeting recently established/under-represented communities
- Standardising equality matters into risk assessments
- Bespoke risk reviews for employees, based on unique circumstances of BAME staff Merseyside Fire Service example given as model of good practice.
- Better advocacy of BAME concerns regarding safe return to work
- Better known statistics/research into precise impacts of Covid19 on BAME communities
- Better intelligence regarding BAME workforces. Jobs/patterns etc.
- LCR forcing change on employers from above e.g. commissioning/procurement
- Voluntary sector pressure from below e.g. representation/advocacy
- Alternative communication of health information e.g./ community radio in multiple languages
- More inclusion in local politics
- Holding organisations and service providers to account to ensure the needs of BAME communities are met
- Supporting BAME young people to act as cultural “brokers” with older people from BAME communities, sharing information re: Covid and other subjects with older people and those with language barriers
- Looking at anti-discrimination and BAME issues separately
- Focusing on racial inequality and how to address it, rather than BAME issues
- Holding organisations to account to prove their anti-racist practices/behaviours
- Elected representations should have more meaningful engagement with BAME communities
- Organisations having improved institutional memory to remember lessons learned previously
- Local authorities must plan pro-actively for population change; see it as something natural to plan for, not a problem needing solving
- Organisations need structures and support to help each other
- Society where you're judged on your character rather than colour of skin. Racial indifference
- A more open society, acceptability, inclusivity. More fairness, just. Across all sections of society, e.g. gender etc.

How can BAME communities be empowered to bring about change?

Prompts: 1) Longer term funding, partnership working, diversification, better operational links. 2) Training, business planning, longer term funding, strategic influence, operational partnerships. 3) What are the structural and institutional changes within the LCR / VCFSE that need to be made?

A number of recommendations/asks were raised at both assemblies. Whilst covering a large range of areas, these can be broadly arranged into 4 categories.

1. Improve partnership and communication

- Closer working with other community organisations on issues of equality
- Partnership working is important but is that made more difficult now? Working in silos still seems to be more common.
- Working together to share capacity where there are limitations
- More targeted promotion of events such like this.
- Pro-active outreach for minority communities and support to engage

2. More resources and better support

- Funding and resources are needed to support development of BAME organisations
- Small pots of money is stopping people working together in a constructive way
- Operational partnerships backed by sustainable funding
- Funding needs to be supporting organisations on a longer term basis. Emergency funding has been very important in meeting immediate or urgent needs but there are concerns around how organisations will survive longer term
- Building the capabilities of existing staff in different ways to respond to new working practices via training and mentoring opportunities
- Encouraging increased use of social media to share and develop initiatives again through training where there are gaps in knowledge.
- Commissioners should put the money where their mouth is.
- Proactive support for high level involvement e.g. BAME individuals supported to attend high level meetings e.g. Pre-meetings with support staff, assistance with jargon, translators, talking more slowly etc.
- Leadership Mentoring programme for people from BAME community. Raising profile and awareness of people in positions of influence providing positive role-models.
- Reciprocal reverse mentoring, e.g. John Moores University scheme.

3. Culture change

- A cultural shift – people understand why and capture the vision. The language of power – who has the power? – the knowledge, the resources, who's in the room when making decisions, what backgrounds people are from
- Training for strategic decision makers to better understand BAME issues
- Not just down to BAME communities. All organisations & Communities need to change.
- Keeping the momentum going and creating it where necessary, culture change in attitude to leadership. Not tokenistic but forceful. This would have to be governed by a clear strategy for progression.
- Integration into social value practices within organisations
- Service decisions defined from the bottom up. Safe spaces for discussions
- LCR needs to make sure that it is not too competitive but more collaborative between organisations, particularly with regards funding and resourcing. Groups shouldn't be fighting for money but encouraged to

work together so that the limited funding goes further. Partnerships should be created in effective ways however rather than forcing groups together.

- Being fair in how distribute money.
- Changing behaviour at meetings e.g. reducing abbreviations etc.
- Changing timing/dates etc. of meetings to encourage participation e.g. allowing self-employed people to participate
- An evidence based “tick-box” requirement to ensure that all minority communities have been approached/encouraged to participate

4. Better representation

- City structures to change, ensuring there is a diverse range of organisations and people. Otherwise it will remain a marginalised view
- Communities need to be involved in decision making. Understand what’s going on.
- Networks need to develop, collaborative ways of working and time needs to be provided for this. Need safe spaces.
- Decisions made by young people – lived experience – replicate that. Pot of funding for BAME community – decisions made by BAME community.
- Designing around the margins, co-design, not designing just for majority benefit but working from the margins.
- Better representation at strategic decision making levels
- Reinstalling empowerment/involvement structures
- Moving from “community leader” to “community experts”. Identifying people in BAME communities with capacity to represent them. Pay them for this work.
- Bring back now defunct structures such as BAME/BRM networks that previously existed, but were shut down by austerity
- Either have mandatory BAME representation at senior level during discussions regarding services that BAME people access, or mandatory specific and evidenced consideration of how decisions impact on BAME communities
- Placement programmes across LCR. Input into decision making process
- Operation black vote to encourage BAME people into local and national politics, join local parties

Other comments

- The Cradle to Career model (Birkenhead) – one to look out for - offering radical solutions rather than social services way of doing things. We don’t want to become social services – we’ve been commissioned because we can reach the communities the bigger organisations can’t – using a person centred model

List of Organisations Represented

1. ADDvanced Solutions Community Network
2. Al-Ghazali centre
3. All Saints Church Liverpool
4. ARC
5. Career Connect
6. Catch-22
7. Centre 56
8. Children's University
9. Chinese Wellbeing
10. Citizens Advice Halton
11. Citizens Advice Sefton
12. Collective Encounters
13. Community
14. Community Foundation for Merseyside
15. Cultural Diversity Network CDN
16. Department for work and Pensions
17. Diocese of Liverpool
18. E3 Cube
19. Edge hill youth and community centre
20. Everton in the Community
21. Expanding Horizons
22. Halton & St Helens VCA
23. Halton Borough Council
24. Healthwatch Wirral
25. Invest Knowsley
26. Irish Community Care Merseyside
27. Journeymen CIC
28. Knowsley Council
29. Knowsley Disability Concern
30. Kuumba Imani Millennium Centre
31. L8 a better place
32. Liverpool Arabic Centre
33. Liverpool Cathedral
34. Liverpool City Region Combined Authority
35. Liverpool Council
36. Liverpool CVS
37. Liverpool Diocese
38. Liverpool Hope University
39. Liverpool John Moores University
40. Local Solutions
41. Mary Seacole house
42. Mersey Care
43. Merseyside CRC
44. Merseyside Fire & Rescue Service
45. Merseyside Police
46. Merseyside Somali Community and Association
47. Merseyside Violence Reduction Partnership
48. Merseyside Youth Association
49. NHS
50. NSPCC
51. Nwoko Arts
52. Onward Homes
53. OPCC
54. Pagoda arts
55. Pathways Community Interest Company
56. Pine Court Housing Association
57. Plus Dane Housing
58. Prima Group
59. Prison Service
60. RASA Merseyside
61. Sefton Council
62. Sefton CVS
63. Shap Ltd
64. Socialised Ltd
65. South Liverpool Domestic Abuse Services
66. St Helen's Chamber
67. St Helens Council
68. St. Vincents de Paul Parish
69. Steve Housing Association
70. Tesco
71. The Liverpool Commonwealth Association
72. The National Lottery Community Fund
73. The Nigerian Community Association, Liverpool
74. Together Trust
75. Torus Foundation
76. Unite the Union
77. University of Liverpool
78. VIBE
79. Voluntary Sector North West (VSNW)
80. WEB Merseyside
81. Wirral Change Limited
82. Wirral Council
83. Wirral Multicultural Organisation (WMO)
84. Wirral Resident
85. Youthfocus NE

VS6 is a partnership of support organisations working with the 8,600 voluntary, community, faith and social enterprise (VCFSE) groups operating across our Liverpool City Region

VCFSE in Liverpool City Region

- Over 8,600 VCFSE groups supporting communities across the City Region including 5,500 community groups
- 24,000 plus FTE employees working in the sector
- £918m GVA contribution to the City Region
- 180,000 volunteers contributing over 500,000 hours per week¹

What do we do?

VS6 work together to champion the vital role our sector does and could play in the future of the City Region, while seeking to shape local policy and implementation for the benefit of our communities.

How do we do this?

VCFSE support organisations have collectively engaged with public and private sector partners on a City Region level since 2004. In 2015, we formally launched the VS6 partnership in order to provide a voice, platform and action model for VCFSE participation.

We're focused on driving positive change by connecting the VCFSE sector with our developing city region. Together, we have links to 8,600 organisations across the six boroughs, and aim to support these groups – many integral to our communities - to collectively influence decision making:

- Offering solutions to some of the most challenging economic issues facing our City Region
- Driving community-centred approaches to transforming health and well-being
- Providing a single point of contact for the city's VCFSE sector

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¹ Source: Measuring the size and scope of the VCS in Liverpool City Region (Liverpool John Moores University: 2015)