

SOCIAL OUTCOMES



Hackney Council

Developing an anti-racist approach to commissioning

Hackney's <u>Anti-racism plan</u> sets out four objectives. One of these is to embed anti-racist practices into decision-making and service design. Traditionally, local government's response to racial inequality is to focus on access or a deficit-based approach, which centres the marginalised communities as the problem that needs to be fixed. We are starting to look at where systemic inequity shows up in our own processes, contributing to the disproportionate outcomes we see in marginalised communities. This is challenging the lens through which we are making decisions.

Systemic racism doesn't just impact our communities, but those organisations who are of those communities.

This builds on <u>work</u> started by City and Hackney Health and Hackney Council for Voluntary Services (CVS) to pilot a process through their MATCH programme to embed anti-racist commissioning principles to address a chosen health inequality faced by communities in city and Hackney. The principles are:

- 1. Building trusted relationships
- Trust community groups to identify needs



- 3. Design simple flexible, and transparent application and decision making processes
- 4. Support small organisations with core funding and resources
- 5. Using trauma informed approaches

In addition to incorporating these principles we wanted to identify where systemic racism is showing up in the commissioning cycle that means that Black and Global majority organisations are less likely to secure funding/contracts We recognised that if we are trying to address disproportionate outcomes in communities, when we are funding we need to understand that:

- People's experiences are different and the context in which people experience things will be different
- The evidence needs to be based on local need and local communities
- Organisations and communities know what is needed, how this can be provided and what outcomes are relevant, including ones that allow for aspiration and joy

Look at delivery options that:

- Value the importance of co-identification and co-delivery
- Understand who people will trust and why thinking about historical context and how that shapes interactions with the provider
- Maximises learning for the provider and the Council and this should be the basis of monitoring
- Building trust by focusing on relationships rather than process

Understanding that procurement processes:

- May start with an assumption that the process is open to everyone but not understand barriers to funding and operating on a one size fits all approach, irrespective of who organisations are reaching and the impact they might be having
- Might not consider who is invited/included
- Can take an approach to risk that delegates it to organisations rather than holding it. How do we consider the risk of not acting differently

This includes thinking about how the process/system can recognise the historical bias that would have prevented Black and Global majority organisations from securing funding

- Less access to resources
- More difficult to show financial history/obtain match funding/be in contact with the 'right people'
- Additional security



The systemic nature of racism means that it is potentially unhelpful to just look at one area. Systemic racism is a <u>groundwater problem</u> If you just address one area, it will still exist in other areas and eventually reemerge in the area that has been "fixed".

The paper above states that inequity looks the same across systems. It gives the following example, if the educational achievement gap was solved, but we did not address structural issues, that gap would re-emerge over time. If a child's grandparent is twice as likely to die of diabetes, that will have a financial and emotional impact on the whole family, which will impact the child's performance in school. If a child's parent is less likely to get a job offer that they are equally qualified for, that means less wealth for the family, which will impact the child's educational outcomes and so it continues.

We need to be working across the system, and commissioning has the potential to influence behaviour in a number of areas if a systematic approach is taken, but we need to be mindful of the impact of other systems that we will interact with as part of this process.

We realised we needed to look at where racism showed up in our systems. We spoke to colleagues in Public Health who helped to think through the different stages of the commissioning cycle.

We have talked to a number of Black and Global Majority organisations. We need to acknowledge that the process of developing this has been retraumatising for those organisations who have been very generous with their time and ideas. We first started to talk about the need to be braver in our decision making and who we work with. This was quite rightly challenged. We shouldn't need to be brave, we need to be unapologetic and do this as it is the right thing to do.

The approach is still being developed, reflecting the fact that developing trust and new ways of working take time. We plan to put this into practice through the community grants programme. We did a call out to Black and Global majority organisations that we know. We had a conversation about them being on the outside when it came to funding. This made us think about even within this group, who was in and who was out, who we reached and who we didn't.

The council will be holding a number of sessions with organisations looking at the principles for a new grants programme. There will be one for Black and Global majority organisations and the team is exploring ways to expand these networks.

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