# 2011

# "This is Our Home Too"



## DORSET RACE EQUALITY COUNCIL





In partnership with:



## **Contents** Page

Title	Page Number
Forward	2
by Anne-Marie Vincent, Chair Of SWDMCN	
Background	3
Aims	
Objectives	
Method	4
Results and Discussion	5
The Health Service	5
Education	6
Migration and Immigration	8
The Police Service	10
Identity	12
Employment and Housing	14
Appendix 1	17
Original Bid	

## Foreword

By Anne Marie Vincent – Chair of the South West Dorset Multicultural Network



Some forty years after the first piece of race legislation we are still talking of tackling racism. It is even more significant in these recessionary times that we become more aware of the issues facing many of our few BME communities in and around idyllic Dorset.

This report should provide the framework to continue to work vigorously in promoting race equality and build an enduring level of trust with individuals and members of the community whose lives are blighted by the effects of racism.

Its recommendations laced with examples of heartfelt case studies are intended to be used by all statutory authorities and others in assisting them in shaping their fair and transparent policies and services for the next few years.

Maintaining good race relations is important for Dorset as it enables black and minority ethnic communities to continue to make a valuable and positive contribution to the economy, welfare, culture and life of the local area.

## Background

In 2010, South West Dorset Multicultural Network (SWDMCN) in partnership with West Dorset District Council (WDDC) commissioned Dorset Race Equality Council (Dorset REC) to carry out a consultation exercise with BME people on their experiences of living in Dorset. The funding for this project came from the West Dorset Partnership after a bid was submitted (Appendix 1). This inspiring idea for the project came from a public meeting that was held on race and policing in 2008, which was attended by the Chief Constable of Dorset Police Mr Baker. A number of suggestions were put forward at the meeting, which included the holding of focus groups with Black and Minority Ethnic (BME) people on their experiences of living in the County, particularly West Dorset. Originally, this report was to focus on hate crime but was expanded to include BME people's experiences of accessing services and involvement with the police.

The steering group developed a plan of action for these consultations with BME people, which included holding a number of focus group sessions in different parts of West Dorset; including Dorchester, Bridport and Sherborne. The focus groups addressed issues including fear of crime, health and policing. This report includes comments from police focus groups held by Dorset REC and cases from Dorset REC's Advocacy Service.

## Aims

The report aims to end the isolation felt by people from minority ethnic backgrounds in South West Dorset by promoting positive relationships between people from a diverse range of cultural, religious and ethnic backgrounds. The findings within this report will be presented at a stakeholder event in April 2011.

## **Objectives**

- Hold a series of focus groups to explore the problems facing BME residents in West Dorset.
- Focus groups to be wide reaching across west Dorset including the main towns of Dorchester, Bridport and Sherborne, so that we can gather experiences of individuals who may have reported hate crime from these towns.
- Information from these focus groups to be collated and fed in to produce a report, with recommendations for future service planning and delivery to help improve outcomes for BME communities in west Dorset.

## Method

Five focus groups were set up for this project:

- 2 in Dorchester (Borough Gardens)
  - $\circ$  15<sup>th</sup> April 2010
  - $\circ$  22<sup>nd</sup> April 2010
- 2 in Bridport (Bridport Art Centre)
  - $\circ$  12<sup>th</sup> July 2010
  - o 19<sup>th</sup> July 2010
- 1 in Sherborne (Digby Hall)
  - $\circ$  22<sup>nd</sup> January 2011

The steering group for the project comprised of Officers from Dorset REC and WDDC, and Executive Members of the SWDMCN. At the initial meeting the steering group decided to use the heading of the Equality Measurement Framework, recommended by the Equality and Human Rights Commission (EHRC), to spark discussion. The groups were facilitated by members of Dorset REC and SWDMCN.

Broad areas of discussion were used; neither have a strict set of topics as it was desirable to allow the community to talk freely about their needs and problems. The outcomes of the discussion were recorded for this report. Subject areas that were covered within these focus groups included:

- Longevity
- Physical security
- Identity, expression and self-respect
- Health
- Education
- Standard of living
- Productive and valued activities
- Individual, family and social life
- Participation, influence and voice
- Legal security

## **Results and Discussion**

## "Don't want to be treated by blacks" The Health Service

It is widely commented that the National Health Service (NHS) is the most diverse employer in the UK; but does this diversity lead to fewer incidences of discrimination and racism, or do minority ethnic employees face the same challenges as, those within other organisations?

A case utilising the Advocacy Service at Dorset REC brought to light a troubling incident. A BME student nurse working on a placement at a Dorset hospital overheard a senior nurse refer to a colleague as that "Negro Doctor". Feeling very uncomfortable and understandably distressed, she did not want to report the incident out of concern this would jeopardise her future career and she did not want to be labelled "a trouble maker".

Racism and discrimination can be two-fold for NHS members of staff from minority ethnic backgrounds. As with other workplaces, colleagues and managers can be discriminatory, but for NHS staff the service users can also pose a potential problem.

In one of the focus groups we held, an individual who worked for the NHS had witnessed a variety of different incidents. On one occasion, a fellow BME nurse was treating a patient when he told her: "I don't want to be treated by blacks". After challenging him, his reply was that he thought "they stink". This incident was raised to her superior, who asked her to fill out a form to record the incident. She decided against this as she did not want to cause a fuss. However, she felt that as a result, her superiors did not pursue the matter and the incident was forgotten.

Another incident towards a member of staff took place in the hospital canteen: A BME staff member overheard a couple having a discussion, which culminated in the gentleman shouting out "all of these bloody foreigners in this hospital". The staff member felt uncomfortable as the gentleman obviously mistook her for a patient instead of a member of staff.

A worrying trend from the above case studies shows the lack of confidence in highlighting racist incidences with management whether from patients or colleagues. Some BME staff members are concerned that reporting incidents may have negative consequences for their future career prospects. Others are worried about peer perceptions and feel that they should ignore incidences, which in turn means that racist behaviour is not addressed and become part and parcel of their day to day experience.

#### **Recommendations for the NHS**

- Encourage staff to step forward if they know of other staff members who may be facing harassment. If an issue is raised, ensure that it is followed up by management, even if not formally reported.
- Ensure that the culture is for individuals to feel safe in approaching management about any concerns, whether this is to their direct line manager or another officer.
- Support staff members in challenging any inappropriate behaviour from patients as soon as it arises. Managers must let patients know that such attitudes are not welcome within the NHS.
- Introduce cultural awareness training for staff, making them aware of support networks such as SWDMCN and Dorset REC.

# *"It's just street talk"* Education

The school environment plays a key role in the health and well-being of all young people. As other studies have shown, a healthy and safe school environment allows children to develop, grow and thrive into adulthood. This transition will have a huge impact on future career prospects as well as mental health wellbeing. BME young people often start out at a disadvantage for educational attainment, so it is imperative that they are made to feel that they can thrive and achieve to their potential. Racist behaviour and bullying from teachers and pupils can only serve to exacerbate the gulf between potential achievements as well as severely effecting them emotionally long into adulthood. In the focus groups, we had a mixture of young people who had gone through the educational system and a few parents who had children still attending schools. There were a number of positive experiences in Dorset schools that were highlighted. One participant told how her child experienced a racial slur on a school bus and although she had not heard it, another pupil's parent reported the incident to the school. The school then rang the mother of the girl and informed her of what had occurred and asked if she would want to get the police involved. The matter was dealt with without involving the police but the mother was impressed with how quickly the school acted on the incident and inform her of steps they would be taking to sort out the situation.

Another example of good practice that was highlighted involved a father of a child in a West Dorset secondary school. He informed us that his son had overheard other pupils saying things about other racial groups in lessons and how the teacher, who overheard, reacted very proactively to challenge and correct their behaviour. He felt confident in the school and their approach to tackling any further incidences. Individuals in the various focus groups strongly emphasised the need to have such incidences challenged and corrected so that BME children felt comfortable in the classroom environment. Such examples of good practice were not the experience of all the individuals in the focus groups and unfortunately some of their reports highlight the need to ensure our schools are safe learning zones.

We also found that, for instance, some teachers acted like such racist language was merely banter and that the BME children would not be offended or affected by it. It was agreed that it is best for teachers to draw a line at any offensive behaviour as they cannot easily gage the psychological harm this may be causing. Schools need to take all allegations of racism seriously and should not trivialise concerns of either parents or pupils. One parent complained to her daughter's head of year that she was unhappy that pupils were calling her daughter a "Paki". He responded that he thought "it was just street talk". Obviously the parent did not have confidence that his complaint was not being taken seriously and made an appointment to speak with the head teacher.

Another concern raised was the lack of dialogue between schools once an incident had been reported. Not knowing what action a school was taking or having to constantly harass the school to find out what they are doing about the incident was a major concern. A better dialogue between schools and parents would help to alleviate any concerns about the seriousness of the incident. The Ethnic Minority & Traveller Achievement Service (EMTAS) was praised by some of the participants, who would like to see it expanded into all Dorset schools. A worry expressed by some participants was that the changes occurring in funding for ETMAS may prove detrimental to the service. The current funding arrangement is for the local educational authority to administer the grant for a service for young individuals from an ethnic minority background to achieve academically. This will be vastly changed and funds will be redistributed directly to individual schools. Schools will then decide how best that money is spent and whether to commission EMTAS's services. There are also concerns that in a rural area like Dorset, with a wide dispersal of BME children, not enough schools will commission EMTAS and the service will not be able to sustain itself. It is also unclear whether this money will be ring-fenced for this purpose and if any auditing will take place to check the money is being spent and not absorbed into another budget.

### Recommendations for the county council and school

- EMTAS is a respected service amongst parents but will its work continue? Schools need to continue to support the work of EMTAS.
- Communication between parents and teachers need to improve. Parents are worried once an issue has been reported as to what is being done to solve it. Keep them in the loop about developments, actions and timeframes.
- Work on a bond of trust between pupils and teachers so that individuals can feel comfortable sharing experiences. Foster an open culture about reporting racist bullying.
- Support the setting up of an outside equality group to promote cultural awareness training for teachers.
- Ensure diversity lessons are not seen as a "tick box" exercise but a chance to challenge issues including stereotyping, name calling etc.

## *"Why don't you go home?"* Migration and Immigration

The 00s decade saw huge migration and immigration changes for the whole of the UK but importantly the profile of Dorset has been irrevocably changed. The 2001 census states that only 3.2% of residents in Dorset (excluding Bournemouth and Poole) are from a minority ethnic background. Latest estimates for (2007) the county predict that this number has increased to 6.5%. This increase has brought new cultures, languages and faces to a region of the country traditionally associated with being quintessentially English.

One of the focus group participants commented "Dorchester is changing; I came here 18 years ago and was probably the only person with a different skin colour. Now just walking down the high street, you can see the difference". It is probably not surprising that minority ethnic individuals move to Dorset for the same reasons that countless other people do "it really is a beautiful place. All my friends are jealous that I live in such a scenic part of the country". Unfortunately migrants and immigrants face challenges which settled BME communities might not see. One participant commented "Migrant workers can be completely invisible as they are not on the system and in some cases don't engage with the community".

Cultural education about the way of life in Britain, services to support individuals and amenities on offer are generally not taught to individuals who move into the area and there is a gap in this knowledge with migrant communities. Hence, migrants can feel very isolated and unable to use local services. Migrant communities sometimes do not have the cultural knowledge needed to fully integrate into our communities. As well as cultural issues, there are are also gaps in knowledge around practical and advice issues which is distributed by statutory partners. For example one respondent commented, "when I first came here from Thailand, I didn't understand some of the dangers around my home. I left some of my son's clothes to dry near the open fire place when an item caught fire. I was at work and my children were at home but luckily they moved the clothes away before any damage was done".

### " I felt so frightened that nobody could speak my language...I couldn't speak English, so how could I approach the authorities? I didn't realise they offered a translation service"

Language can also prove to be a huge issue for migrants who may have little or no grasp of the English language. A participant at a focus group commented "not all migrants understand the benefits of learning English and what they don't see is how limited their lives will be if they don't learn it". Language can be the first and most insurmountable stumbling block with newer communities engaging and becoming actively involved in community life. Although there are courses for beginners in English, sometimes the promotion of these completely misses migrant communities. Other courses are too expensive for those on limited incomes, or only run at times when migrants need to be at work.

Unfortunately, not all of Dorset's residents have welcomed the newer communities with open arms and racist behaviour and discrimination has shown itself in our towns and villages. "Where I lived previously people, threw paint at my door. I didn't call the police because I felt it would make the situation worse". Another participant commented, "There seems to be a misunderstanding as to why Migrants are here and the benefits we are ploughing back into the system". Migrant workers who have made contact with Dorset REC have expressed that some members of the community have treated them with hostility, simply through sheer ignorance as to why they are here and what benefits they bring to the area. One participant remarked, "people don't understand some of the terrible conditions which people have had to go through and why they had to leave their homes".

#### **Recommendations:**

- Village fétes and other community events could be encouraged to get migrant workers involved in organising and attending these events.
- Encourage schools to get BME parents involved in governance and organising diversity events and lessons.
- Try to make key events in Dorset more inclusive by removing language barriers. BME people will want to attend events such as the Great Dorset Steam Fair if they are made to feel welcome. Invite existing BME organisations such as SWDMCN to have stalls at these events.

## *"Kids will be kids, you should just ignore it"* **The Police Service**

They maintain law and order, protect the public and their property, investigate crimes committed against the community and aim to prevent crimes, but with such responsibility comes the difficultly of maintaining a sensitive balance.

Dorset REC held two focus groups in December 2010 around how comfortable BME individuals feel in reporting incidents to the police, what have their experiences been like when dealing with the police in the past and how the police could improve their services in the near future. Both positive and negative comments were brought to light, leading to recommendations on the improvement of services.

Following a burglary, one woman had a very positive experience of the police. The police attended the scene within five minutes and the Crime Scene Investigators attended the next day, giving her confidence of the service. On the other hand, a BME woman had four police officers outside her house after her daughter, who has not lived at that address for over 6 years, was suspected of shoplifting. Despite the police using the Shop Watch system effectively, having four police officers in full gear outside the house was very intimidating and embarrassing for her.

A very negative response was highlighted from a case that came through the Advocacy Service. A BME man was called all sorts of names by kids who lived in his neighbourhood. Reporting the incident to the police, he was told that "kids will be kids, you should just ignore it". He was very angry at the response, commenting that back in his country, kids respected their elders and something like this would not have been tolerated. Despite recognising a hate crime, he would not be reporting such incidents to the police in the future because of their initial attitudes.

#### **Recommendations:**

- The police need to publicise their language service better in order to assure that BME individuals who do not speak English can still access their service in their own language.
- Where incidents of Hate Crime have been reported or where there are cases involving people from BME backgrounds, these should be carefully reviewed to ensure that police officers involved have followed best practice.
- The police need to publicise the non-emergency number better in order to avoid calls that could be dealt with locally instead of using emergency time.
- Look at a better way of publicising information, as informational booklets may not be the best way of informing the public as a lot of junk mail is received through the post.
- Publicise the police surgeries better and use Dorset REC and SWDMCN to aid that process.

# "Who do we think we are?" Identity

Identity is a fluid concept with different people using different attributes to categorise themselves; whether this is social status, ethnic background, religion or belief etc. For BME people, adopting a regional based identity and a sense of belonging to a community can be challenging. This may be due to their surrounding atmosphere, their own perception or cultural traditions. The participants of the focus groups all initially conveyed a sense of belonging or a desire to be part of their area. Upon deeper reflection, a few expressed that it had been a difficult journey in feeling that they belonged, whilst others still felt like they were still on the periphery of community life.

### Children or young people

"What colour are we; black or brown?" is a simple question that a child asked her mother but it is also useful for highlighting how physical attributes such as skin colour can be used to formulate a separate outsider identity. As reviewed in the education chapter, schooling is crucial in forming the life prospects of a young BME person, but also helps to shape their unique identity and how they perceive themselves. A mother expressed this feeling as her son was constantly asked where he was from: replying that he was from a Dorset town did not override the perception that he was not from around here as he was asked "no really, where are you from?". Despite the question no doubt being unintentional, it only serves to create a barrier to him forming a local identity and make him feel like an outsider in his local community.

Children whose first language is not English can also find it hard to fit in with other children and may suffer bullying and be singled out within their respective communities. A defence mechanism for coping with this may be the loss of their accent as they learn English; a young adult who was raised in the UK quoted "I mimicked the accent around me so I would not be picked on". A fear of being singled out and for being different can trigger a child to suppress their unique cultural heritage and identity, which may, in turn lead to conflicting identity issues in later life and self-esteem issues.

Adults who are from BME backgrounds have mixed experiences when integrating into their local community. This is often shaped by factors and incidents that have happened when they were young but also historical incidences and peer knowledge. BME individuals can face hostilities regardless of whether they were born here, raised here or newly migrated into the community. Integrating into our neighbourhoods and forging a sense of belonging can be hampered if they are not made to feel welcome, for example at community events or other social gatherings. Racist attitudes can be easily disguised and far more subtle than in the past; jokes and comments made in private gatherings can be quite prevalent and serve to draw attention to singling out an individual and attacking their identity. A focus group participant made this comment: "My boyfriend's friends are always making racist jokes. For an easy life I go along with them but inside it makes me feel very uneasy and uncomfortable".

An individual's perception can also shape how their identity evolves and how they engage with their local communities. One participant commented: "I can't just go and walk into any pub and have a quiet drink, I have to assess each situation and look at people's body language. Are they going to kick off after a few more drinks? Am I really welcome here? You have to pre-empt peoples prejudice, we have to accommodate our lives to prejudice and situations when it could happen". This mentality and approach prohibits an individual from establishing a strong local identity and a full sense of being part of a local community.

A number of participants commented that they were fearful of being attacked when out of the house. Individuals have been spat at in the street, had projectile objects such as eggs and bottles thrown at them and have been subjected to verbal abuse. One participant said that he thought that both national and local media had been integral to drawing up and stirring up racial prejudices, sometimes unintentionally. "To all those who say they don't think there are racist attitudes in Dorset. Well, have a look at the comments section on the Dorset Echo whenever it runs an article about an ethnic event or initiative".

#### When Older

As with their White British counterparts, when BME people get older, they can become more vulnerable and facing prejudice becomes a more challenging problem. A focus group participant commented "now that I'm on my own, I feel more vulnerable and less likely to go out". Obviously this attitude is understandable but could eventually lead to longer term health complications, a bill which the health service will have to pick up. Even when an older BME individual continues to engage in the community they can still face social isolation.

### When I go to my social day care club, I go to sit in a chair next to someone and they suddenly tell me that it's 'taken' or that they are saving it for someone who never comes!

Statutory authorities and voluntary sector agencies need to ensure that older BME individuals are not isolated and actively encouraged to participate in their communities.

#### **Recommendations:**

- There are currently no BME older people champions; this needs to be changed to reflect our communities.
- A myth busting campaign needs to be undertaken to combat negative perceptions of BME communities and the benefits diverse communities have brought to Dorset.
- A review should be carried out of the requirements of BME older people. An audit of the numbers of older people in the county needs to be undertaken.

## "I thought Polish were supposed to be hard workers!" Employment

As we spend a third of our life at work and face many challenges and stresses whilst there, it is important to cultivate an atmosphere where ethnicity does not hinder an individual's career prospects. Dorset REC's Advocacy Service has found that the main area of casework is within employment. Employers occasionally adopt unscrupulous practices and exploit employee's lack of knowledge when dealing with BME individuals who do not know their rights. An example of this was a Lithuanian lady whose employer did not provide statutory maternity leave payments. When the lady challenged as to why payments were not received, the company advised that her forms were lost. They ignored further requests for over a year and half to get her maternity pay reinstated. After careful advice from Dorset REC, she is now taking the company to a tribunal with the strong possibility of claiming £7000 of money owed to her. Often with factory, farm and tourism employment, accommodation is provided and deducted from the individual's wages. Without careful monitoring and a lack of understanding of individual's rights, this practice can be open to abuse. Migrant staff can be at particular risk as they are co-dependant on the employer for housing and wages. A focus group participant told us that a number of Lithuanians who had been hired at a farm were also offered accommodation as part of the job. As the farm was not monitored, a three bed house soon accommodated 24 occupants who were each paying £50 a week for rent. This situation continued for well over a year until an individual decided to come forward and provided information to the authorities, who in turn investigated the farm and the manager.

Another example of exploitation was a group of staff who were told to clock out but still continue to work. The manager who worked for a well known retail chain expected staff to work extra hours without payment because they were 'Polish'. Eventually a member of staff approach Dorset REC and the situation was resolved with Head Office. The company informed us that this was not regular practice and that the manager had unfairly exploited the staff due to their ethnicity.

A hospital in rural Dorset has Romanian doctors who are employed on short term contracts for 6-12 months in Accident & Emergency. A community activist informed us that these contracts are not extended despite the hospital continually recruiting new Romanian doctors. The activist told us that these migrant doctors felt that this was to deprive them the opportunity of developing a career in the NHS without access to the same opportunities as their white British counterparts.

In some cultures, there is the tendency for women to stay at home and look after the children. Troubles can arise when a relationship breaks down and the mothers do not have a record of employment and therefore, have no recourse to public funds. This can prove a particularly distressing time for these women as they often have no family or support networks for aid.

#### Recommendations

• Local economic plan needs to address the skills of workers in context of the local economy.

- Ensure regular publicity campaign around rights and agencies that can help individuals such as Citizens Advice and Dorset REC.
- With limited opportunity for employment, companies need to be more transparent in the recruitment process

## "They come here, taking all of our housing!" Housing

A number of participants at the focus groups told us that there was a perception amongst some communities that BME individuals were "taking all the council housing". A recent study by the Salford University commissioned by Dorset County Council, showed this not to be the case with a majority of BME individuals living in the private rented sector or owning their own homes. Few BME families are in social housing in Dorset. The SWDMCN members fed into this report

I work in the local hospital, I volunteer with the Citizens Advice Bureau and I own my house, yet all the time I am told that ALL BME people are coming here to take the council houses and stick to their own. I am as much integrated into my community as anybody else.

#### Recommendations

- A community activist commented that 'Housing Associations should provide community activities around clusters of properties so that neighbours can get to know each other and have transformational conversations.'
- We also endorse the recommendations of the Salford University housing report which can be found on our website. <u>www.dorsetrec.org.uk/</u>

#### **Report Authors:**

Mevan Kattan	&	Christopher Hammond
	a	Chilistopher Hammond

Community Development Officer Community Advocate

Dorset Race Equality Council March 2011

#### **Revisions by:**

South West Dorset Multi-Cultural Network & West Dorset District Council

## Appendix 1 – Original Bid



PROJECT PROPOSAL 2009/10



Project Name	Hate Crime Reporting	Focus Grou	ıps
Project Lead Organisation	South West Dorset Mu	lti Cultural	Network
Contact name	Andrew Court – Fundi	ng Group C	hair
Telephone	07866 252048 / 01305 766193	E-mail	<u>17ndrew.court@rethink.org</u>
Date submitted	28.10.09	1	

<b>Evidence of Need</b> (Please provide specific references)	* Essential (Projects that do not address an issue in both the Dorset and West Dorset Community Plans and also deliver at least one target in the Local Area Agreement will not be considered)
<ul> <li>* Which issue in the Dorset Community Strategy does your project address?</li> <li>(Please provide a specific reference)</li> </ul>	• Gain a better understanding of fear of crime in Dorset, including who is afraid of crime and why (understanding in what circumstances people feel fearful), and identifying the communities in which fear of crime is a significant issue
<ul> <li>* Which issue prioritised in the West Dorset Community Plan will your project help to tackle?</li> <li>(Please provide a specific reference)</li> </ul>	<ul> <li>Take action to reduce the fear of crime</li> <li>Develop new ways of supporting people living in rural settings who find it difficult to access services</li> <li>Support communities through training and building capacity</li> <li>Support local groups to develop sustainable community solutions</li> </ul>

* LAA strands & targets	<ul> <li>To promote good relations between people of</li></ul>
(Which of the strands & targets	different ethnic backgrounds <li>NI 140 Fair treatment by local services</li> <li>NI 2 % of people who feel that they belong to their</li>
will your project address?)	neighbourhood <li>NI 20 Assault with injury crime rate</li>
Will it help to tackle an issue prioritised in parish or town plans? (Please provide specific reference i.e. which issue in which plan)	It meets a target set out in our business plan for West Dorset, and addresses our aims set out in our mission statement. : 'The South West Dorset Multi Cultural Network is working towards ending the isolation felt by people from minority ethnic backgrounds in our area by promoting positive relationships between people from a from a diverse range of cultural, religious and ethnic backgrounds, living or working in south west Dorset, and taking steps to proactively address any incidents of racism or harassment 'reported to us.' Year one action Increase contact with Dorset REC to provide support for residents in West Dorset through joint workshops to assess current situation and hate crime reporting Surgeries :

Project Details	Relevant information

### Aims & Objectives

(What is the purpose of the project and what do you hope to achieve?)

Following a successful event held jointly with Dorset REC in December 2008, at which members of the BME community were invited to share their experiences of living in West Dorset, we would like to hold a series of focus groups across the distract in partnership with Dorset REC to gauge an understanding fo the problems facing our BME residents and how it is impacting on their life chances., which will be collated into a report with findings presented at a stakeholder event in late 2010.

We have learnt from past experience that you cannot just hold a one off event with this target group, as you need to build trust with them, so plan to hold three focus groups in areas that we know to have had reported incidents of hate crime – Bridport, Dorchester and Sherborne. The first workshop will be based on ice breaking /getting to know you, the second being a facilitate workshop asking for examples (positive and negative) of experiences people have had in the area, where they seek assistance, and what outcomes have been, and the third looking at the equality measurement Framework and the 10 domains for equality, so that we have qualitative data to inform planning services,.

Following the focus groups information gathered with be collated and a report produced with recommendations, which will be presented at a stakeholder event, to which the focus groups participants will be invited. Stakeholders will be invite to incorporate the recommendations within service planning and delivery to improve outcomes for BME Communities in West Dorset,

We will deliver the project in partnership with colleagues from Dorset REC, and involve other key stakeholders including Dorset Police, MAGNA

	Housing and RETHINK,
Who will benefit and how? (Include an estimated number of people/groups who will benefit and ideally in what time period)	The project should benefit the BME population in the district, which ,makes up around 6% of our population, but will also help to create increased community cohesion in the district, and engender trust between member sofa the BME community and statutory bodies,.
Project Plan	Relevant information
Action Plan & timescales	
(What do you plan to do and by	February 2010
when? Please include evidence that this project will be delivered within 12 months of receiving the grant confirmation)	Planning group meet to firm up agendas, and roles, order publicity and book venues.
	April 2010
	First set of focus groups meet in Bridport area
	May 2010
	Second set of focus groups in Dorchester Area
	June 2010
	Third set of focus groups meet in Sherborne Area
	<b>July – August</b> – findings collated and report produced – planning group meet to review and make recommendations
	September – October
	Draft report circulated to focus group members fo agreements and comment

	November 2010
	Report finalised an sent to print
	Stakeholder event to launch report and key finding – including workshops focussing on specific actions needed.
Key Outputs & Outcomes	Outputs:
(What will the project deliver? E.g. the number of people benefiting from the project)	<ol> <li>9 Workshops for the community</li> <li>Final report and recommendations</li> <li>Stakeholder Event and workshops</li> </ol>
	Outcomes
	<ol> <li>Improved public services for BME people living in the west Dorset</li> <li>Reduction in fear fo crime</li> <li>Possible increase in hate crime reporting once awareness raised, decreasing as services and public more aware of need.</li> </ol>
Funding Requirements & Sources	
(Include the total project cost, how much you request from the WDP and other funding sources. If other sources are not	$9  ext{ x}$ focus groups at an estimated a cost each of £350 which includes facilitators fees and travel costs ( Dorset REC) Travel cost for attendees and SWDMCN facilitators, venue hire and refreshments . £ 3,150
committed please indicate when a commitment will be made)	Printing of report – in colour and bound - $\pounds500$
	Stakeholder Launch Event - £900.00
	Posters - £150
	Contingency fund – possibility of needing translation services, alternative formats (including easy read) £500
l	

	Total project cost: 5200
Previous experience of project planning &	Total requested from WDP : £5000 We have some reserves in our bank account, and will make additional funding bids if necessary. The SWDMCN has managed previous project successfully, including the community contact project
implementation	also funded by the WDP.
(Past examples of implementing projects.)	We will be partnering with Dorset REC to deliver this project, who have been successfully managing large grants for many years, and we re a key partner in delivering the Diverse Dorset Conference in October 2009.
	Members of the steering group include our Chair , Anne Marie Vincent who was previously working for the Commission for Race Equality,.

Monitoring & Evaluation (Monitoring reports will be expected every 6 months for the life of the project)	Relevant information
How will progress be monitored and the project be evaluated?	We will hold regulate planning group meetings to ensure we are on track with our timeline.
(Include who will monitor the project)	We will report progress on the project to our Executive Committee, Dorset Equality Partnership and the west Dorset Partnership. Once the report and recommendations are produced and collated into a time specific action plan, we will build outstanding actions into our business plan, and regularly check with partners for updates on progress.

Risks to the Project	Relevant information
What might cause the project to fail? What will you do to manage these 'risks' to the project? Who will be responsible for this and how will this be monitored?	The only risks identified have been the unexpected long tern sickness of facilitators, which could delay the project, or lack of engagement by the BME community. . We will use our extensive network of contacts to ensure that as wide a section fo eth BME community as possible are asked to the focus groups, and ensure that cultural; expectations are taken into account.
Sustainability of the project	Relevant information
What evidence can you give that the project will be sustainable in the long-term, (if applicable)?	This is not applicable as it will be task and finish project
What impact will this project have on sustainability issues? (e.g. socially, economically and environmentally)	The project will have long term benefits for member so the BME community in West Dorset and help service providers of better target services an resources where they are needed.
Equalities Assessment	
What impact will the project have on Black & Minority Ethnic and other minority groups	It will improve quality of life for the BME community

Please list any supporting	SWDMCN Business Plan
information you are supplying	
with the bid.	