Scrutiny Review - Engaging with Hard to Reach Communities

MONDAY, 16TH NOVEMBER, 2009 at 10:00 HRS - HORNSEY NEIGHBOURHOOD HEALTH CENTRE.

MEMBERS: Councillors Bull (Chair), Adamou and Aitken

AGENDA

1.   **APOLOGIES FOR ABSENCE**

2.   **URGENT BUSINESS**

       The Chair will consider the admission of late items of urgent business. (Late items will be considered under the agenda item which they appear. New items will be dealt with at item 12 below).

3.   **DECLARATIONS OF INTEREST**

A member with a personal interest in a matter who attends a meeting of the authority at which a matter is being considered must disclose to that meeting the existence and nature of that interest at the commencement of that consideration, or when the interest becomes apparent.

A member with a personal interest in a matter also has a prejudicial interest in that matter if the interest is one which a member of the public with knowledge of the relevant facts would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest and if this interest affects their financial position or the financial position of a person or body as described in paragraph 8 of he Code of Conduct and/or if it relates to the determining of any approval, consent, license, permission or registration in relation to them or any person or body described n paragraph 8 of the Code of Conduct.

4.   **MINUTES FROM THE LAST MEETING (PAGES 1 - 8)**

To approve the minutes of the last review panel meeting, held on Monday 26th October 2009.

5.   **CABINET MEMBER FOR COMMUNITY COHESION AND INVOLVEMENT (PAGES 9 - 12)**

To hear a briefing from Councillor Amin, Cabinet Member for Community Cohesion and Involvement on what Haringey Council is doing to engage with hard to reach communities.

6.   **NEIGHBOURHOOD MANAGEMENT (PAGES 13 - 20)**

To receive a presentations from Jocelyn Sekibo, Community Development Officer for Crouch End, Hornsey & Stroud Green and Mohamed Dirshe, Community Development Officer, Tottenham and Seven Sisters.

7.   **HARINGEY COMMUNITY LINK FORUM/CRUCIAL STEPS**

To hear from Ify Adenuga, a Community Link Forum and Crucial Steps representative.

Crucial Steps - A not-for-profit organisation working with inner cities communities to promote social inclusion / cohesion particularly for young people and vulnerable adults.

8.   **NORTH MIDDLESEX UNIVERSITY HOSPITAL TRUST (PAGES 21 - 30)**

To receive a presentation from Richard Milner, Director of Service Development, North Middlesex Hospital University Trust.

9.   WHITTINGTON HOSPITAL NHS TRUST

To hear from Chris Giles, Development Manager, Whittington Hospital NHS Trust

10.   HOMES FOR HARINGEY (PAGES 31 - 34)

To hear from Simon Godfrey, Involvement & Equalities Manager, Homes for Haringey

11.   DATE OF NEXT MEETING

The next meeting of this review panel will be held on Monday 7th December 10am-12pm.
Venue to be confirmed.

12.   NEW ITEMS OF URGENT BUSINESS

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Deputy Head of Local Democracy and Member Services
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6th November 2009

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Scrutiny Review – Engaging with hard to reach communities
Minutes from meeting held on 26th October

Present: Cllr Bull (Chair), Cllr Aitken, Richard Milner, Inno Amadi, Duncan Stroud, Dilo Lalande, Shawn Goodchild, Eric Monk, Jodie Szwedzinski, Matthew Pelling, Kirsty Fox, Ibiliola Campbell, Cenk Orhan, Jocelyn Sekibo, Margaret Fowler, Melanie Ponomarenko

Item	Minutes
1 – Apologies for absence	Cllr Gina Adamou Siobhan Harrington Gloria Saffrey
2 – Urgent Business	Borough Police to be heard under Item 10 below.
3 – Declarations of interest	None
4- Minutes from the last meeting	Approved
5 – Community Link Forum/Crucial Steps	Absent
6 – Community Link Forum/BME Carers	Presentation from Cenk Orhan, Project Officer, BME Carers and Community Link Forum representative Who are the 'Hard-to-Reach'? • Black and Minority Ethnic Groups • Younger and Older People • People with disabilities

- Lone parents
- Lesbian, gay, bisexual and transsexual people
- Homeless people
- Carers

'Community Income Project'

- Use of plain, simple English e.g. "Are you getting what you are entitled to?" as opposed to "Income Maximisation".
- Pictures are also used on the publicity material so that the topic is easily identifiable.

Front line staff
Speak 11 languages
Carry out out-reach work
Ensure they keep up to date with service user issues

The organisation tries to ensure that Officers in partner organisations have an understanding of carers issues and are aware of carers needs.

Barriers include:

- Negative connotations associated with 'the Council' which may mean that people do not divulge too much information for fear of this having an impact on the services of benefits that they receive. In this sense external organisations may be seen as more 'trustworthy' for advice and information as there is not this fear attached.
- When consulting incentives should be considered to enable people to participate e.g. respite, meals, travel costs.
- Consultation Overload - Hard-to-reach groups tend to be small in numbers. Always refer to the earlier question: "will the information that I gather from this consultation enable the service to improve as a result?"
- Lack of awareness and a confusion as to how to access benefits. For example, people often feel that the information which is provided from different sources is contradictory and the language used

can often be confusing.

Discussion around the possibility of doing too much for people rather than empowering them ('Over advocacy'?).

Discussion regarding the need for better links across the partnership. For example, where organisations do not necessarily know that other organisations exist where there could be a beneficial relationship.

Discussion around possible information overload and whether people feel that one form of information provision is better than another.

- Noted that people feel that GPs are one of the most trustworthy sources of information. However GPs already have a very large amount of information e.g. leaflets to hand out.

Margaret Fowler - Example of a volunteer who works with women's groups. Margaret goes through leaflets, for example in libraries, and takes them to English classes that she runs. During the class the leaflets are gone through to both learn English and to learn about the information in the leaflets.

Older people can be a hidden and hard to reach group. Older people rely on family and friends/ word of mouth for information. Isolated older people would not necessarily have this opportunity. This is a group who prefer to receive information in a paper form. Discussion around the benefits of a specific publication for older people which brings the current publications (e.g. Older and Bolder, Haringey Forum for Older People newsletter etc together).

- The use of day centre to disseminate information was also noted.

There is a need to be aware that not everyone wants to attend formal meetings which are the usual way of doing things for larger organisations and those funded by these organisations. The best way of reaching these groups is to go to them rather than expect them to come to you.

Importance of using information sources to plan services effectively and according to the needs and wishes of communities was noted.

	Discussion around the importance of linking up across departments and organisations with areas of work for example the Personalisation agenda where Community Development Workers in Neighbourhood Management would be able to feed in information on groups. The importance of sharing information across the partnership was noted. This includes organisations knowing what is going on around engagement and consultation to that they can work together to target groups.
7 – NHS Haringey	Duncan Stroud and Dilo Lalande NHS Haringey have been carrying out some social marketing work. An example is when looking at Diabetes where there can be seen to be four different groups: • Un-empowered and informed • Empowered and uninformed • Informed and un-empowered • Informed and empowered – this is the smaller group out of the four. Examples of how NHS Haringey are engaging with 'hard to reach' groups include the Expert Patient Programme and the work of Community Matrons where they are taking services out to the community. Work is also being carried out with community groups to empower and inform. This is also the case with regards to Area Assemblies where link have been developed. Work is also being carried out with GP surgeries to reach people through these channels, this is particularly the case with smaller GP surgeries. Noted that HAVCO have been commissioned to undertake a third sector mapping exercise which is due to be completed at the end of November 2009. Discussion around the need for evidenced based consultation and that the use of data should be the

8 – Community Engagement Framework Equalities Impact Assessment	starting point of any consultation to ensure that the right people are being reached.
	Kirsty Fox, Principle Policy Officer
	The Community Engagement Framework sets out the agreed principles of engagement across the partnership. This has been agreed by the Haringey Strategic Partnership.
	An accompanying Delivery Plan is currently being drafted. This will be available to the Panel once complete.
	Cllr Bull requested that this also be taken to the Overview and Scrutiny Committee.
	Equalities Impact Assessments (EIA) are coordinated along the lines of the six equalities strands. They allow us to assess the effects a policy, strategy or function may have on people and are a requirement of the Public Duties outlined under Race, Gender and Disability legislation.
	Consultation for the Community Engagement Framework EIA included: • Haringey People • Mail out to known organisations
	There was a low response rate from Lesbian, Gay, Bi-Sexual and Transgender groups.
	Only 50% of participants responded to the Equalities Monitoring questionnaire of the Community Engagement Framework consultation.
	Noted the importance of only engaging/consulting people when they have a chance to actually impact on something. It should not be done as a 'tick box' exercise.
	Summary of the identified impact of the Community Engagement Framework:

Age	Disability	Ethnicity
• People may feel reluctant to attend events because they may feel they are not relevant to them or may feel intimidated (particularly young people) • Certain age groups may be underrepresented in publications. Generic publications are often not seen as being aimed at young or old people. Targeted publications may be better received. • Younger people prefer to engage via new media – texts, online etc	• Information may not be accessible if it is produced only in one format • Disabled people may have difficulty attending and participating in engagement activities • Facilities at events may not meet the needs of disabled people • Presentations and debate may be inaccessible – e.g. presentation material not readable / people speak too quickly	• Language barriers may stop people from ethnic minority groups accessing information and attending engagement activities • Written information may not be accessible due to lower levels of literacy in some ethnic groups • The meaning of words or phrases may change when translated

Religion	Sexuality	Gender
• Timing of engagement activities and other events may clash with religious services or festivals which could prevent some people from attending. • Content of information publications may be considered inappropriate by some religious groups.	• Engagement activities or information may be located in places accessed by the LGBT community • LGBT people may be reluctant to raise LGBT issues in open fora as they may be concerned it will identify them as LGBT or that they fear a homophobic response. • LGBT people with cross oppressional issues my be reluctant to raise LGBT concerns as they are more likely not be "out" about their sexuality for fear of family and friends finding out about their sexuality or a homophobic response.	• Some people – both men and women – may be reluctant to attend mixed gender events and activities • Women are more likely to have caring responsibilities for both children and for older / disabled relatives which may prevent them from attending engagement activities.

date of next meeting	10-12 Hornsey Neighbourhood Health Centre
10– New items of urgent business	Evidence from Borough Police – Eric Monk and Shawn Goodchild
	Engagement takes place at three levels across the Police: Strategic Service level – Scotland Yard Borough Wide Ward based – Safer Neighbourhood Teams
	Haringey has a Turkish Engagement Officer in order to meet identified needs in the community.
	Safer Neighbourhood Teams have key individual networks based on a Ward level. They also have community panels where local priorities are set. These panels are public meetings and are held in venues outside of police stations and in the community.
	Safer Neighbourhood Team Officers also drop into Youth clubs on an informal basis to speak to the youth there and build relationships.
	Other examples of engagement include: • Have a say days • Surgeries • Speaking to people whilst on patrol for example outside tube stations and outside shops.
	Specific projects include: • "Off the street" – specifically targeting youth • Multi faith forum • Turkish faith forum • Boxing club
	New Officers complete a diversity project on joining the borough. This involves going and speaking to a

group and building contacts and then presenting back to colleagues. Contacts developed during this time are then kept. Discussion around the possibility of sharing this knowledge and/or practice across the organisations.

Discussion around a Support Desk at the Magistrates Court which provides advice and assistance to people going through the judiciary process for example can book appointments with support groups. Agreed that there is a need to support this kind of initiative.

Haringey Council

Topic: **Hard to reach communities**
Briefing for: Councillor Amin
Produced by: Corporate Policy Team
Date: November 2009

_____

Introduction:
Haringey Council works hard to reach all communities in the borough, particularly those who may find it hard to access services and those whose voices are seldom heard. We are particularly concerned to engage with communities and individuals on matters that are relevant to them and affect their lives.

Who do we mean by hard to reach communities?

> **Scrutiny Review definition of hard to reach groups**:
> *"Those groups which are difficult to engage with from an organisational perspective because they do not feel empowered to do so, or due to barriers which may be overcome."*

We understand the term 'hard to reach' in its broadest sense – to include, for example, people who are out of work for long periods, drug and alcohol users, carers and mental health service users. We are aware that 'hard to reach' groups in Haringey change over time – those that were hard to reach a few years ago may now be better engaged with our services, and as our population changes, new groups emerge whose needs we need to understand better.

We have a very wide range of methods by which we engage with different groups and individuals. The attached sheet provides a list of engagement activities in Haringey – some undertaken by the Council, many in partnership with other organisations working in the borough. The details below provide just a few examples of ways in which we engage with different groups in Haringey.

What is being done to reach hard to reach communities in Haringey?

1. Tools for engaging communities:
The Council and its partner organisations have a number of tools and processes to try to ensure that all communities are reached in ways appropriate to them. For example:

- **Community Engagement Framework:** All Haringey Strategic Partnership organisations have signed up to the CEF, which sets our clear principles of engagement:
    - Work in partnership to join up our engagement activities
    - Engage where it will make a difference

- o Be clear about what we are asking
  - o Be inclusive and aim to engage with all communities
  - o Communicate the results of engagement activities
  - o Build capacity of communities to take part in engagement activities
- **COMPACT**: Haringey's COMPACT is an agreement between public sector agencies and local voluntary and community sector organisations. It is a set of principles which recognises the role of the voluntary and community sector in supporting Haringey's residents, and gives them a voice in decision-making.
- **Consultation toolkit**: the Council's Consultation Toolkit sets out practical advice and procedures for all Council staff carrying out consultations.
- **Training:** The Council recognises that in order for engagement to be effective, its staff need to be trained in effective engagement methods. The Council runs a course in consultation and engagement which can also be attended by staff from other organisations working in Haringey.

2. Examples of targeted work with communities:

- **Carers Partnership Board:** The Haringey Carers Partnership Board is concerned with improving the lives of unpaid carers in Haringey. It is made up of organisations which have a stake in supporting carers, and carers themselves. Carers are full and equal partners with every other member of the Board.
- **Learning Disability Partnership Board:** We have a partnership board to make sure that adults with learning disabilities have rights, inclusion, choice and independence. The Partnership Board develops new services or makes services better by finding out what people need. The partnership board ensures that adults with learning disabilities and their carers know about things that affect their lives and can have their say on issues that affect them.
- **Engagement with mental health service users:** The Mental Health Partnership Board ensures that mental health service users in Haringey can have their say in service development. The Board has specific groups which look at engagement with service users and carers. The Clarendon and Six8four Day Centres have regular community meetings with their users to feed into the running and development of services. Equilibrium Magazine is produced quarterly by mental health service users in Haringey and provides people recovering from mental illness and their families with a further opportunity to express their views.
- **Families Into Work:** This project takes place in Northumberland Park, a unique ward with high levels of unemployment, and young people who are not in education or training. It is a new approach to tackle long term worklessness and improve life chances in the area, with families who do not traditionally engage with jobs or training.
- **Young People:** Haringey's **Youth Council** and the **Young Advisors to the Council** provide young people with the opportunity to influence their services. However, we are very aware that many young people do not wish to engage through meetings or through coming to see us. The Haringey **Youthspace** website has a special 'have your say' section where young people can give us their views on a range of services. The Children and Young People's Service runs parents forums for Somali. Kurdish and Turkish parents to enable them to engage with and understand the different services provided for their children.
- **Access to Service Days** are targeted at different communities in the borough, and aim to increase awareness and take up of local services and enable them to influence service provision. Although the Council organises these events, partner input is essential to ensure that communities are aware of all the services available

to them. Each event is advertised in the local press appropriate to the community being targeted. Flyers and posters are developed in English and the appropriate community language. Interpretation services are also available. Where possible, consultation has taken place with the community prior to the event. Events have so far attracted between 150 and 300 attendees, and have been held for the following communities:

- Polish
- Charedi Jewish
- Kurdish
- Greek Elders
- Somali

Reaching new and emerging communities is a key ongoing activity for Neighbourhood Management in building the capacity of communities and increasing community involvement in shaping their communities and local service delivery.

The work described above shows how our different services engage with their service users. **The Council also undertakes work with broader sections of the community whose needs are not as specific but who benefit from greater use of our services**. For example:

3. Community Cohesion:
The Community Cohesion Forum was set up in March 2008 and brings together a wide range of community organisations who work in the borough. These groups represent the wide interests of residents, and include groups who work with residents of different ages, genders, disabilities, ethnic backgrounds and cultures, religions and those with no religion and people from lesbian, gay bisexual and transgender communities.

Our work on community cohesion has helped us to reach groups through the following projects:
- The Living Under One Sun project in Northumberland Park has involved women and children from a range of backgrounds in activities including a community catering service, childcare and play projects, cookery and healthy eating classes
- The JAN Trust has expanded to meet the needs of diverse ethnic backgrounds including Muslim women in particular.
- 'Meet the Neighbours' activities organised by the Neighbourhood Management Service have given people the opportunity to mix with people from their local area
- The Bounds Green Intergenerational Project has brought together older and younger residents through the shared use of the local allotments and arts activities.

The Council's **Equalities Team engages with Haringey's different communities** to run a comprehensive **programme of events targeted at different groups. These events also help to raise awareness of equalities issues throughout the borough**, for example:
- Eid event: held for the first time this year, this was attended by 127 people
- Black History Month events
- International Women's Day
- World Mental Health Day
- Holocaust Memorial Day
- World Aids Day
- Lesbian, Gay, Bisexual and Transgender Month events

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Engaging Hard To Reach Communities

Neighbourhood Management

Neighbourhood Management
Supporting resident involvement

➤ Overall aim to increase resident involvement, participation and community cohesion.

➤ Neighbourhood Management Teams act as intermediaries between service providers and residents

➤ Neighbourhood Management Teams work with residents, services and partners to identify and define local needs and priorities

Supporting Community Groups

- Fundraising – developing bids, identifying funders
- Capacity building and Access to Services
- Mentoring and training programmes
- Project Development
- Small project grants
- Involvement in Neighbourhood Management activities
- Access to resources (publicity, meeting space)

Identified Hard To Reach Groups

- Refugees and Asylum Seekers
- Kurdish, Somali, Congolese, Angolan, Turkish etc
- Polish, Romanian and other Eastern European Countries
- Haredi Jewish
- Elderly and Disabled
- Young people
- Gay, Lesbian and Transsexual communities

What NM is Doing to Identify and Engage 'Hard to Reach' Groups

➤ Working in Partnership e.g. Children's Centres, Resident Associations, multi-faith working

➤ Communication and information share with HAVCO & Voluntary Sector

➤ Research Community Groups, Internet, HAVCO, Schools/ Children Centre, GP Surgeries and Community Organisations

The Barriers To Engaging Hard To Reach Communities

Partnerships

- Lack of resources and capacity within community to actively participate
- Community groups do not understand the benefits of partnership working
- Unequal partnerships
- Lack of understanding of needs and priorities, culture

Individuals

- People distrust the council and the services
- Communication, Jargon, language distribution format and sites
- Services are not tailored to community needs and there can sometimes be a 'one size fits all'
- Not enough resources (financial & Human)
- Perception that nothing changes 'powerlessness'

Where Improvements Could Be Made

- Improved strategic planning
- Joined Up working - operational
- Targeted Outreach In the Neighbourhoods
- Resources and Funding to Empower Individuals and Community Groups
- Capacity Building local groups

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Engaging Hard to Reach Groups

North Middlesex University Hospital Trust

Director of Service Development

November 2009

North Middlesex University Hospital

NHS

NHS Trust

Background to the Trust

- Income around £155m a year

- Diverse patient population of c.500k (Haringey, Enfield & Waltham Forest),

- Employ almost 2500 staff, most living locally

- Activity split is 70% emergency and 30% elective

- Bed base of 280 - 330

- One of London's busiest A&Es c.130k patients a year

- Around 35,000 inpatient and day cases a year

North Middlesex University Hospital
NHS Trust

The services we provide

CEO – Clare Panniker

Deputy CEO
Joe Harrison
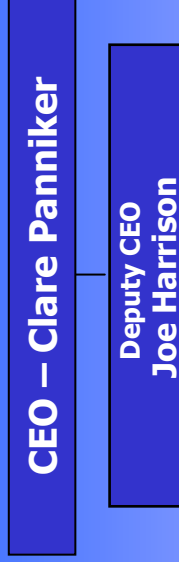
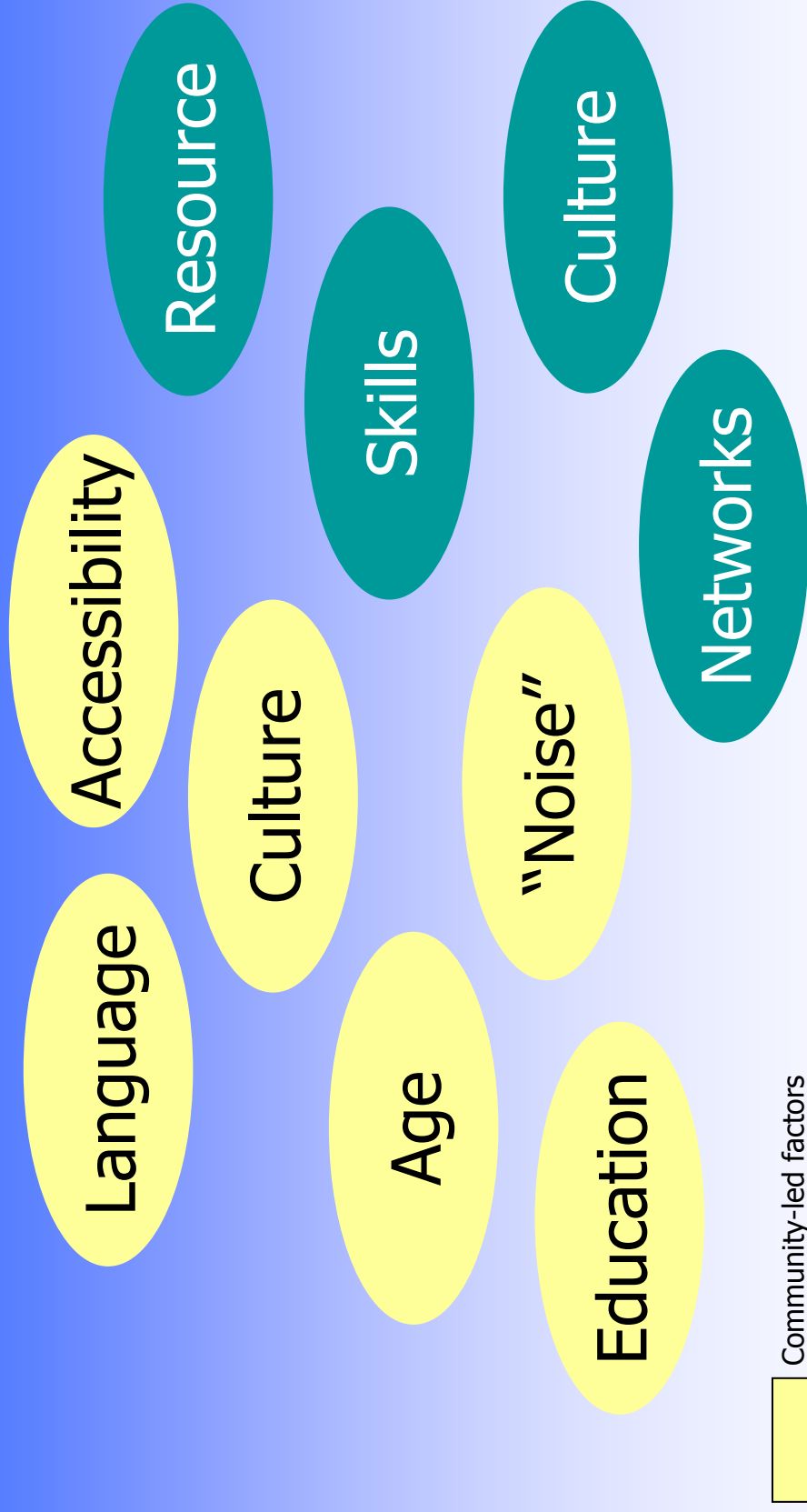| ELECTIVE DIVISION ADO: Charlotte Williams		EMERGENCY DIVISION ADO: Lee McPhail		DIAGNOSTICS & OUTPATIENTS ADO: Geoff Benge
Anaesthetics & Theatres (Care Group 1)	Surgery (Care Group 2)	Women & Children (Care Group 3)	Acute & Emergency (Care Group 4)	Cancer & Specialist Med (Care Group 5)	Diagnostics & Outpatients (Care Group 6)
Anaesthetics Theatres & Admissions Lounge Ophthalmology Pre-assessment ITU / HDU / Outreach / Acute Pain Admissions	Trauma & Orthopaedics General Surgery Urology Endoscopy Rheumatology	Obstetrics & Gynaecology Maternity Paediatrics	A&E Cardiology Care of the Elderly Gastro Renal Respiratory	Oncology Med Physics & Radiotherapy HIV Haematology Dermatology Metabolic Medicine Neurology	Pathology Pharmacy Radiology Common Services & Therapies Outpatients Department

North Middlesex University Hospital **NHS**
NHS Trust

Taking "HtR" seriously

1		That the patient experience is improved
DN	1A	Provide patients with a safe environment through the introduction of the Safer Patient Initiative
	1B	Implement improved system for gaining patient feedback and acting on results
	1C	Introduce methods to improve staff attitude/behaviour when dealing with patients and relatives (person care)

5		That we become the hospital of choice for local people, providing access to the full range of health services
DSD	5A	Develop relationships with Primary Care and General Practitioners
	5B	Establish a focused approach to marketing
	5C	Develop cultural awareness across the organisation

10		That the Trust's role as a socially responsible "corporate citizen" is improved
DCEO	10A	Establish NMUHT as a focal point in the community
	10B	Continue to develop the Foundation Trust agenda
	10C	Minimise the carbon footprint of the Trust

Plays a key role across our organisational objectives

North Middlesex University Hospital **NHS**
NHS Trust

What makes a patient "HtR" for us?

Resource

Culture

Skills

Networks

Accessibility

Culture

"Noise"

Language

Age

Education

Community-led factors

Hospital-led factors

North Middlesex University Hospital
NHS Trust
NHS

What are we doing about it?

Accessibility
- Way-finding Group
- Better signage

Language
- Interpreting
- Translation

Culture
- Interpreting
- Translation

Age
- League of Friends
- Third sector

Noise
- Building and borrowing networks

Education
- SEN groups
- HAVCO

Resource
- Investing in communications

Skills
- Training staff in relevant competencies

Culture
- Setting standards
- Managing performance

Networks
- Building and borrowing networks

North Middlesex University Hospital **NHS**
NHS Trust

Where we still need to improve
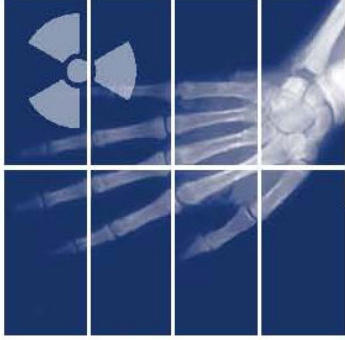
- Working out who/where the silent groups are

- Ensuring services are as accessible as possible for all (meeting a wide-ranging set of needs)

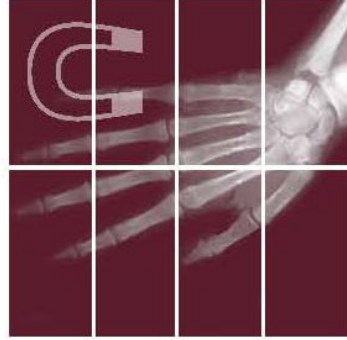- Increasing satisfaction across our diverse users

North Middlesex University Hospital **NHS**
NHS Trust

One improvement example: Wayfinding

North Middlesex University Hospital
NHS Trust
NHS

North Middlesex Hospital Wayfinding   Departmental symbols & supergraphics - revisions 18 December 2008 - sheet 1

Surgical Wards

Surgical Ward 1

Surgical Ward 2

Surgical Ward 3

pantone 368c

EAAU Ward

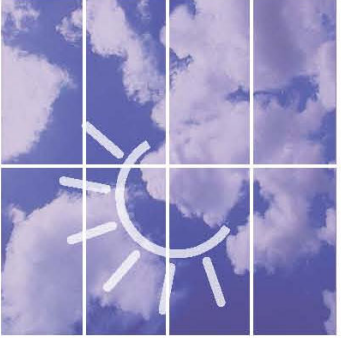pantone process blue c

Early Pregnancy

pantone 507c

X-Ray
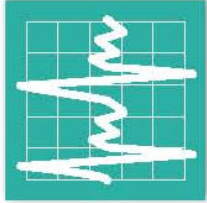
pantone 287c

MRI
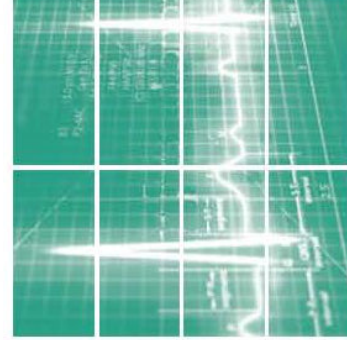
pantone 506c

Critical Care

pantone 3385c

[NB colours should be checked against original pantone swatches - colours of visuals may vary on-screen and in printouts].

North Middlesex Hospital Wayfinding Departmental symbols & supergraphics - revisions 18 December 2008 - sheet 2
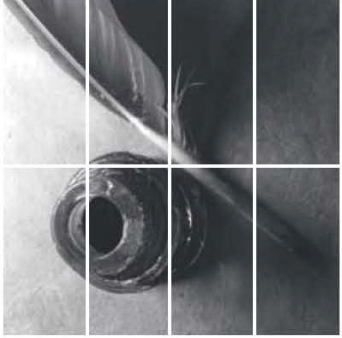
Outpatients Dept

pantone 2685c

Children's OPD

pantone 144c
[Photograph of children to be taken at local school]

A & E

pantone warm red
[No symbol to be used, supergraphic image of detail of ambulance to be photographed at the hospital]

Day Surgery

pantone 2705c

Administration

pantone cool grey 11c

Pharmacy

pantone 354c
[Photographs of pharmacy signs to be taken locally]

Homes for Haringey

Scrutiny Review – Engaging with hard to reach communities

The Homes for Haringey approach – a briefing note

Simon Godfrey, Involvement & Equalities Manager

"People say we are hard to reach, but young black men don't seem hard to reach when the Police want to find us".

Reaching people is not the issue, but engaging with them is. A fairly sure way to get people to make their views known is to give them a terrible service, but of course we don't want to do that. Otherwise, our attempts to engage people competes with the many other things they want and need to do with their time.

In Homes for Haringey, we run checks each year on the demographics of people who have worked with us more formally over the last 12 months.

Two years ago, we found that we had almost no engagement with young people. We decided to fund a year's contract for one full time equivalent youth worker, in practice two half time posts, and we set out to find out what this section of the community thought of our services.

Initial attempts were largely failures. Young people have more interesting things to do than to commit to a long term formal group. Attempts to bribe them into discussion with pizza or to offer MP3 players in prize draws for completing surveys gave us very little real insight. Schools are not only for the children of Council tenants so it was difficult to address their issues in classes from mixed tenures.

Our workers kept saying that the national thinking is that something must be in it for young people; in other words, payment, pizza and so on. When we turned to video, we finally found something. It turns out that, given the right approaches, some young people are perfectly happy to spend some time telling us about where they live through video, with a professional film crew making it and teaching young people about the process.

On four estates we collected some really clear points about issues that affected young people there. Not all, or even most, were about housing. We were able to test the films with the wider communities to see if they agreed, and largely they did. It was then possible to take the issues out to service providers and try to provide solutions.

Neither the making of the videos nor the solutions would have been possible without the partnership and trust of colleagues from other services, especially Neighbourhoods and the Youth Service, but others too. Collectively, we can open doors to reach communities that might have been shut to any of us working alone. Here is an area for further development: if we have even quite fuzzy objectives such as 'engage young people', we can put our heads together to find out how, and the results are likely to be far better.

The biggest gap that we have demographically is in the age group between 26 and 55, which is unsurprising considering the demands on people at this time of life. They don't tend to commit to established forums, but many are quite willing to give us feedback in other ways. Recent examples have been:

- The door knocking exercise in which staff knocked on the door of every property we manage and had surveys back from 4,500 as well as picking up lot of other issues
- Our Aspirations project used 25 focus groups and a series of web-based surveys
- Analysis of complaints and satisfaction surveys have identified common problems
- Running an open day instead of a conference in 2008 increased attendance from 70 to 500 across 18 ethnicity categories compared with the previous 11
- Telephone surveys were used to check residents' views on the repairs service

Increasingly we are having to broaden our view of who our 'customers' are. Where once we thought along the lines of those with whom there is a contractual relationship (tenants and leaseholders), there is a growing understanding that estates are also inhabited by their partners, children, extended families and so on. One third of leasehold properties are now sublet to people we do not provide services to directly, and we may not even know who they are, yet they are part of those communities. The kids who hang out there may live somewhere else, yet still see our housing as their patch.

Residents' associations can be tremendously useful for communities, and we do our best to support them, including providing training and funding. Yet overall, the numbers stay relatively constant – as new ones arise, old ones die out. We have added estate advocates and we are introducing 'key leaseholders' who will scrutinise the cost of communal services. All these act as conduits through which we can gather information on local issues, though obviously residents' associations can go far beyond that.

Hopefully, it goes without saying that we offer interpreters, alternative formats, accessible venues, childcare and travel support and induction loops – all the usual methods to overcome the barriers that individuals may face.

Finally, it is all about results. They don't always come, and we don't always get it right. But the one thing that makes it worth engaging is that something happens as a result and that people know something has happened.

Engagement for the sake of ticking boxes is very short term. Once experienced by residents, they are very unlikely to want to engage ever again.

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