![Haringey Council logo]

# Scrutiny Review - Engaging with Hard to Reach Communities

MONDAY, 21ST DECEMBER, 2009 at 10:00 HRS - NORTHUMBERLAND PARK
RESOURCE CENTRE, 177 PARK LANE, TOTTENHAM, N17 0HJ.

MEMBERS:    Councillors Bull (Chair), Adamou and Aitken

**AGENDA**

1.    **APOLOGIES FOR ABSENCE**

2.    **URGENT BUSINESS**

The Chair will consider the admission of any 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 10 below).

3.    **DECLARATIONS OF INTEREST**

A member with a personal interest in a matter who attends a meeting of the authority at which the 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 the Code of Conduct and/or it is related to the determining of any approval, consent, license, permission or registration in relation to them or any person or body described in paragraph 8 of the code of conduct.

4. **MINUTES (PAGES 1 - 18)**

To approve minutes of meetings held on:

Monday 26th October 2009
Monday 16th November 2009

5. **HOMES FOR HARINGEY (PAGES 19 - 22)**

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

6. **BRINGING UNITY BACK INTO THE COMMUNITY (BUBIC)**

To hear from BUBIC.

BUBIC is a community based organisation mainly aimed at crack users that provides support for drug users, ex-drug users, their family and friends.

7. **SEXUAL HEALTH ON CALL**

To hear from Michelle Farley of Sexual Health on Call, a confidential support service for female sex workers.

8. **AFRIKCARE/COMMUNITY LINK FORUM REPRESENTATIVE (PAGES 23 - 26)**

To hear from Ibi Campbell, Afrikcare and a Community Link Forum Representative.

Afrikcare delivers health and social care services to vulnerable people in the Borough of Haringey

## 9.    DATE OF NEXT MEETING

Monday 11<sup>th</sup> January 2010
10:00-12:00


## 10.    NEW ITEMS OF URGENT BUSINESS


Ken Pryor
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9<sup>th</sup> December 2009

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**Scrutiny Review – Engaging with hard to reach communities**
**Draft 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<br>Siobhan Harrington<br>Gloria Saffrey |
| 2 – Urgent Business | Evidence from Borough Police – Eric Monk and Shawn Goodchild<br><br>Engagement takes place at three levels across the Police:<br>Strategic Service level – Scotland Yard<br>Borough Wide<br>Ward based – Safer Neighbourhood Teams<br><br>Haringey has a Turkish Engagement Officer in order to meet identified needs in the community.<br><br>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. |

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| | Safer Neighbourhood Team Officers also drop into Youth clubs on an informal basis to speak to the youth there and build relationships. <br><br> Other examples of engagement include: <br> • Have a say days <br> • Surgeries <br> • Speaking to people whilst on patrol for example outside tube stations and outside shops. <br><br> Specific projects include: <br> • "Off the street" – specifically targeting youth <br> • Multi faith forum <br> • Turkish faith forum <br> • Boxing club <br><br> 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. <br><br> 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. <br> Agreed that there is a need to support this kind of initiative. |
| 3 – Declarations of interest | None |
| 4 – Minutes from the last meeting | Approved |
| 5 – Community Link Forum/Crucial Steps | Absent |
| 6 – Community Link | Presentation from Cenk Orhan, Project Officer, BME Carers and Community Link Forum representative |

| Forum/BME Carers | Who are the 'Hard-to-Reach'? |
| --- | --- |
| | <ul><li>Black and Minority Ethnic Groups</li><li>Younger and Older People</li><li>People with disabilities</li><li>Lone parents</li><li>Lesbian, gay, bisexual and transsexual people</li><li>Homeless people</li><li>Carers</li></ul> |
| | 'Community Income Project'<br><br><ul><li>Use of plain, simple English e.g. "Are you getting what you are entitled to?" as opposed to "Income Maximisation".</li><li>Pictures are also used on the publicity material so that the topic is easily identifiable.</li></ul><br>Front line staff<br>Speak 11 languages<br>Carry out out-reach work<br>Ensure they keep up to date with service user issues<br><br>The organisation tries to ensure that Officers in partner organisations have an understanding of carers issues and are aware of carers needs.<br><br>Barriers include:<br><br><ul><li>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.</li><li>When consulting incentives should be considered to enable people to participate e.g. respite, meals, travel costs.</li></ul> |

- 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

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| | 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.<br><br>Importance of using information sources to plan services effectively and according to the needs and wishes of communities was noted.<br><br>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.<br><br>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<br><br>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:<br><br>• Un-empowered and informed<br>• Empowered and uninformed<br>• Informed and un-empowered<br>• Informed and empowered – this is the smaller group out of the four.<br><br>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.<br><br>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.<br><br>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 starting point of any consultation to ensure that the right people are being reached. |
| 8 – Community Engagement Framework Equalities Impact Assessment | | 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:<br>• Haringey People<br>• 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)<br>• 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.<br>• Younger people prefer to engage via new media – texts, online etc | • Information may not be accessible if it is produced only in one format<br>• Disabled people may have difficulty attending and participating in engagement activities<br>• Facilities at events may not meet the needs of disabled people<br>• 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<br>• Written information may not be accessible due to lower levels of literacy in some ethnic groups<br>• 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.<br>• 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<br>• 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.<br>• LGBT people with cross oppress ional 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<br>• Women are more likely to have caring responsibilities for both children and for older / disabled relatives which may prevent them from attending engagement activities. |

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| 9 – Next Steps and date of next meeting | Monday 16th November 2009<br>10-12<br>Hornsey Neighbourhood Health Centre | |
| 10 – New items of urgent business | None | |

**Scrutiny Review – Engaging with hard to reach communities**
**Draft Minutes from meeting held on Monday 16<sup>th</sup> November**

**Present:** Cllr Bull (Chair), Cllr Amin, Richard Milner, Chris Giles, Dilo Lalande, Ibiliola Campbell, Ify Adenuga, Jocelyn Sekibo, Mohammed Dirshe, Margaret Fowler, Keith Elliott, Melanie Ponomarenko

| Item | Minutes |
|---|---|
| 1 – Apologies for absence | Cllr Gina Adamou<br>Cllr Aitken |
| 2 – Urgent Business | None |
| 3 – Declarations of interest | None |
| 4 – Minutes from the last meeting | Deferred |
| 5 - Cabinet Member for Community Cohesion and Involvement | Cllr Amin<br><br>Community engagement is at the heart of what the Council aims to do, it is at the heart of policies.<br><br>Examples of work in this are:<br>  o Living Under One Sun<br>  o Meet the Neighbours<br>  o Eid Event |

o Nevros

All Haringey Strategic Partnership organisations have signed up to the Community Engagement Framework, which sets our clear principles of engagement:

- o Work in partnership to join up our engagement activities
- o 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

Haringey Compact - an agreement between public sector agencies and local voluntary and community sector organisations.

- o 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.

Area Assemblies – engage with people in different ways.

Community activists input into policy formulation.

The Council's Equalities Team engages with Haringey's different communities:

- World Mental Health Day
- Holocaust Memorial Day
- International Women's Day
- World Aids Day

- Black History Month events
- Lesbian, Gay, Bisexual and Transgender Month events
- Eid event - attended by 127 people

Query as to how groups are followed up once they are identified? If a group is identified at an Area Assembly they are included in the minutes and contact details are followed up. The Chair also follows the contact up and ensure that they are included on the distribution list for future events and meetings.

Discussion around the existence of groups that do not want to engage at all or only want to engage on a particular issue of topic/piece of work.

Noted that the Selby centre receives a circular grant for its rent. Seen as an important base for community organisations.

Discussion around money not always being the answer and that sometimes the provision of support is beneficial. Particularly around the business side of running a voluntary organisation. Groups need to be realistic when setting up an organisation e.g. would it be better as a project run within another organisation?

The third sector mapping exercise has identified 1700 voluntary and community organisations within the borough. Before the exercise there was approx 900 known to the authority.

Discussion around the need to join up the voluntary sector and analyse what is being done where.

Noted that some organisations don't actually know how to get funding and that these organisations should be supported as well.

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| | Action – short briefing on the criteria that voluntary organisations need to meet in order to qualify for a voluntary sector grant. |
| 6 - Neighbourhood Management | Jocelyn Sekibo and Mohammed Dirshe<br><br>Please see attached presentation<br><br>Help to Get Residents Involved in Their Community By:<br>• Identify and define local need and priorities<br>• Get involved in designs of small improvement projects<br>• Get involved in local residents groups and association<br>• Get involved in local residents groups and associations - e.g. residents' associations, neighbourhood watch schemes, Friends of Parks groups<br>• Join local boards and forums – e.g. Police Safer Neighbourhood Panels, Area Assemblies, school governance boards,<br>• Participate *in local projects – e.g.* homework clubs, healthy eating schemes, home help, mobile and book libraries.<br><br>Support groups by providing office space, helping formulate constitutions, financial procedures etc.<br><br>Who We Think Are Hard To Reach Groups<br><br>• Refugees and Asylum Seekers<br>  o Kurdish, Somali, Congolese, Angolan, etc<br>• New Arrived Communities (Especially from the EU)<br>  o Polish, Romanian and other Eastern European Countries<br>• Religious Groups |

- o Charedi Jewish
- Elderly and Disabled

Suggested Improvements
- Better Information Sharing and Communication between Homes For Haringey and the Council
- Better and More Outreach In the Neighbourhoods
- More Resources and Funding to Empower Individuals and Community Groups

Overview of barriers from a neighbourhood management perspective including information sharing between voluntary and statutory agencies, distrust of the council, language/jargon used etc.

**Access to Service days**
Examples of ones done: Somalian, Kurdish, French, Greek Elderly, Charedi. Neighbourhood Management work with Community Groups, the Police and NHS Haringey to look at what services should be there for each community for example breast feeding, chiropody, healthy cooking, Mental Health, dentistry, CVD etc. Each stall holder has a form to log what types of information people are asking for. This is the used to identify gaps to follow up.

NHS Haringey is beginning to work more with Neighbourhood Management for example with GP Practice surveys.

Discussion around Area Assemblies as a useful tool for engaging and how these could be used more holistically by organisations across the partnership.

Discussion around the benefit that could be gained by NHS Trusts inviting community organisations into meetings to share information and gain their perspective on issues.

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|  | Discussion around Translation services and the fact that the majority of publications are in English with translation panels on the back. Query as to what the turn around time is for this service? How many languages are supported in this service? How much does the service cost?<br><br>    Noted that translations are expensive and there are resource issues involved.<br>    Noted that not everyone can read their own language and that it is sometimes better to work with organisations to disseminate this information.<br><br>Action – briefing to be requested from Translation service on above points.<br><br>There are around twenty Somalian organisations in the borough which have come together to form an umbrella organisation/forum. |
| 7 – Haringey Link Forum/Crucial Steps | Presentation received by Ify Adenuga<br><br>Please see attached.<br><br>Crucial Steps represents children up to the age of 17 years. This often includes juveniles who are disaffected from the mainstream, often in trouble with the police. Also represents vulnerable adults who are unable to protect themselves.<br><br>Examples of where young people have been bailed but are refusing to go home as they don't feel comfortable there e.g. if a family is religious and the young person isn't. Crucial Steps would assist in this type of situation.<br><br>Organisation is able to steps in and help/signpost families who would otherwise not know how to get help, or not feel able to for cultural reasons. An example given was that of a woman who suffered from domestic abuse. Her husband then gained custody of the children as in the culture she came from the male keeps custody of the children. Crucial Steps was able to signpost the lady to Victim Support. |

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| | Areas for improvement:<br>More common working across the partnership. This may happen with the third sector mapping exercise being undertaken by HAVCO. Areas where smaller organisations need assistance include accountability and understanding their responsibilities.<br>Feels that more consortiums would be beneficial. |
| 8 – North Middlesex Hospital University Trust | Richard Milner<br><br>Please see attached presentation<br><br>The North Middlesex Hospital is keen to learn from community organisations.<br><br>The North Mid has a majority of staff who live in the local area – if the hospital reputation is not good with these then this will feed out into the community and have a negative impact.<br><br>The majority of work undertaken by the North Mid is via Accident and Emergency.<br><br>Redevelopment work is currently taking place. If anyone would like to have a tour of the building works in progress then please contact Richard Milner. Contact details can be provided by the Scrutiny Officer of this review, Melanie Ponomarenko.<br><br>There is a lot of gang related violence which comes through the hospital – young males.<br><br>The North Mid has ten objectives, three of which relate directly to engaging with hard to reach communities:<br>"1. That the patient experience is improved<br>5. That we become the hospital of choice for local people, providing access to the full range of health services |

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| | 10. That the Trust's role as a socially responsible "corporate citizen" is improved" These objectives are reviewed on a quarterly basis.<br><br>Areas where work is taking place:<br>   ○ Skills – the North mid doesn't necessarily have the right skills to engage with hard to reach groups.<br>   ○ There has been a culture of 'you get what you're given' but this is now changing<br>   ○ Networks – reaching out to voluntary and community groups.<br>   ○ 'Noise' - looking at how 'quieter' groups and individuals can engage as opposed to the groups which are very empowered and vocal. It is often the quieter groups who need more resources.<br><br>Have linked up with BME Carers due to discussions arisen in the review process.<br><br>Discussion around community engagement and community representatives on boards and the existence of user groups. Query as to how organisations can tell whether these people are truly representing the views of people that they claim to.<br><br>North Mid has links with the Local Involvement Network who take information back into the community.<br><br>There is a need to consider how we work with new communities and help them to understand that accessing services in community settings will provide them with as good care as in hospital.<br><br>Discussion around training being provided by communities to statutory organisations e.g. the Charedi community has provided some training in Hackney Council. |
| 9 – Whittington Hospital | Chris Giles |

Please see attached presentation

13% of inpatients do not want to provide their ethnicity. There is therefore a knowledge gap.

Acknowledgement that the Whittington do not engage with patients as well as they should, let alone with hard to reach groups.

Community representatives sit on the Trust Board.

The 2008 Patient survey received 387 responses – this is a small proportion of the patients which were seen at the Whittington.

Moving to getting feedback at the point of delivery.
- o Touch Screens have recently been introduced where people can give feedback in a number of languages. These give monthly qualitative feedback.
  - o 1300 people have given feedback via these screens in the last two months.
  - o Target – to receive feedback from 10% of patients.

Focus Groups
The Whittington is using data from the Touch Screens to ask people to join focus groups.
Five focus have been formed in this way so far for example, midwifery.

Increasing number of community based services offered, for example cardiology, diabetes and dermatology – this enable Whittington Consultants to be seen in the community.

Anti-coagulation services are also running out of places in the community e.g. pharmacies which make them more easily accessible for people.

All complaints go through the Chief Executive and the causes of complaints are analysed.
The number of complaints has gone down since the touch screens were introduced – this is

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| | possibly due to people having a point to express their view on hand and so do not feel the need to submit a complaint through more traditional means. |
| | The Whittington has 5/6 on site interpreters, which is believed to be quite unique in the acute setting. These interpreters are Somali, Punjabi, Turkish, Albanian and Greek. These interpreters also act as advocates. |
| | Young males, particularly those ages 16-24yrs are especially hard to reach. Young white males are again more particularly hard to reach. Discussion as to the reasons for this: Lack of formal structures e.g. groups, religious organisations etc which can be tapped into. Where do young white males and other ethnic groups congregate? |
| | Noted that some self management courses which are provided are over-represented by ethnic groups on a proportional basis. |
| | Also noted that clinically there are some illnesses which are more prevalent in some ethnic groups. |
| 10 – Homes for Haringey | Deferred |
| 11 – Date of Next meeting | Monday 7th December 10-12 Northumberland Park Resource Centre |
| 12 – New items of urgent business | None |

**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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**SCRUTINY REVIEW: Engaging with Hard to Reach Communities**

Presented by:  Ibi Campbell (Volunteer, AFRIKCARE )

WHO WE ARE:

Afrikcare was set up in 2006 as a Befriending service to the Sierra Leonean  (West African) Community many of whom were Refugees fleeing the 15 year brutal civil war in Sierra Leone between 1990 and 2005.  Immigration advice and support to enable Refugees settle in Haringey and neighbouring Boroughs were originally provided by Sierra Leone Family Welfare Association.  The project's objectives  were achieved successfully but was time limited and ended in 2007. Afrikcare then took over and continued to provide Befriending, advocacy and culture specific counselling services for this group of people.  We are not funded by the council, we relied on members voluntary contributions because we support people living in Hackney, Islington, Enfield as and when needed.  Determined to make sure people from our community do not suffer in silence, we were later able to identify more older Sierra Leonean people in need of support and others of West African origin, who were found to be isolated, lonely, some of whom have lost contact with families and friends and lack understanding of the social system.

HOW WE DID IT:

Many of the people we found were through:

- 'word-of-mouth' – talking to other compatriots

-  network with other groups in the South East/West London – asking if they know who has arrived and whether they live in Haringey or surrounding boroughs

- attending social functions and events

- attend local Churches/Faith groups  or,

-  by hearing one of the Country's ethnic language spoken in local markets and shops.

We try to first establish a dialogue and rapport, to build confidence.  (Many Africans are friendly and tend to trust all and sundry, however, because of the decades of war which has affected some parts of that continent, there is lack of trust , suspicion and apathy amongst those who manage to escape to a safe place. Therefore, we use certain skills based on our culture to attract these people in order to befriend and find out what there issues are, in order to signpost to other services if need be or provide direct support to the individual or families.

BARRIERS TO PARTICIPATION:

Many Older African people tend not to seek assistance because they are not aware that they could benefit from services.

- Services are usually labelled as BME, but when accessed found that they are either for Caribbean or Asian people

- Perceptions that Africans are economic migrants therefore isolate themselves from mainstream services.

- Some older African people living here felt because they have not contributed to tax and national insurance they are not entitled to benefits

- Older family members who are invited to come over as childminders and later become ordinary resident do not understand the social system , and when they fall ill or there is a family rift, they are immediately send back home because families here cannot cope with looking after them.  They have limited time to engage with the Council if they are full-time childminders.

- The stigma of HIV/AIDS prevent many African sufferers not to discuss/disclose their issues, but secretly attend private clinics

- BME classification does not always provide a solution for all Africans because of the different customs/cultures/language and values.


WHERE IMPROVEMENTS CAN BE MADE

We recognise that there are limited resources, however, effort should be made to reach out to all communities.  This will enable the local authority to learn and understand that we are all unique in different ways as well as contribute to the welfare of our individual communities.

- A recognition/celebrating the diversity of the Boroughs Communities by organising events for and with the different community groups.

-  Advertise and promote the services available, eg. Pensions, Disability Allowance, Community Transport, Mental Health Awareness; Dementia, Sicklecell, Prostate Cancer, etc; etc at community events.

- Support the development of culture specific services

- Encourage more partnership/consortia working to manage resources

- Engage with more African led churches as they provide a vehicle for reaching out to those who would not engage with mainstream.

- Ensure that older parents who are child minders do not become vulnerable to abuse.

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