



NOTICE OF MEETING

Scrutiny Review - Engaging with Hard to Reach Communities

MONDAY, 11TH JANUARY, 2010 at 10:00 HRS - HORNSEY VALE COMMUNITY CENTRE,
60 MAYFIELD RD, N8 9LP. MEETING ROOM 1.

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 9 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. NOTES FROM MEETING HELD ON 21ST DECEMBER 2009 (PAGES 1 - 8)

To approve Notes of the meeting held on 21st December 2009.

5. ADULT, CULTURE AND COMMUNITY SERVICES (PAGES 9 - 14)

To hear from Jodie Szwedzinski, Strategic Planning and Policy Officer, Adult, Culture and Community Services.

6. DRUG AND ALCOHOL ACTION TEAM

To hear from a representative of the Drug and Alcohol Action Team

7. DISCUSSION ON ISSUES ARISING

To discuss issues arising during the course of the review and possible recommendations for the final report.

8. DATE OF FINAL MEETING

Date: Wednesday 24th February

Time: 10.30-12

Venue: TBC

Aim of meeting – to discuss final report and recommendations before submission to the Overview and Scrutiny Committee.

9. NEW ITEMS OF URGENT BUSINESS

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Services

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Scrutiny Review – Engaging with hard to reach communities
Draft Notes from meeting held on Monday 21st December 2009

Present: Cllr Bull (Chair), Richard Milner, Keith Elliott, Simon Godfrey, Kiki Maltiadesm Ify Adenuga, Kelvin O'Mard, Sarah Hart, Michelle Farley, Melanie Ponomarenko

Item	Notes
1 – Apologies for absence	Margaret Fowler, Jean Croot, Eric Monk
2 – Urgent Business	None
3 – Declarations of interest	None
4 – Notes from the last meeting	Approved
5 – Homes for Haringey	<p>The panel received a presentation from Simon Godfrey, Home for Haringey.</p> <p>There are approximately 16,500 tenancies with Homes for Haringey with approximately 4,500 leaseholders.</p> <p>Those aged 25-55yrs are the most difficult to engage with as they are generally 'time poor'. For this age group the best form of engagement would be phone surveys and drop in sessions.</p>

Reaching people is easy but actually engaging people is where the difficulty lies. There is a need to be aware of people's time constraints when thinking about engagement activities.

Should only be engaging when people have an opportunity to make a real input into the topic and not when there is already a foregone conclusion.

Know who you want to speak to and why and target the people.

Example of successful engagement with young people:
Young people on four estates were asked to submit ten minute videos of their estate and what improvements they would like to see. This provided Homes for Haringey with a very good insight into the estates from a young person's perspective.

The videos have been shown to partners to share the information which was gained from the videos.

Resulted in various improvements, e.g. a games area on one estate.

Won a National Best Practice Award.

Nothing was picked up Health wise from the videos.

Homes for Haringey plans to work with Health more in the future.

Importance of partnerships stressed and the ability to gain quicker outcomes when sharing information and knowledge.

Need to be careful about 'loud' people. Need to ensure that the quieter people are also listened to.

Basic principles to ensure that people are willing to engage in future:
Return calls
Use people's time well
Don't make mistakes/ensure that the basic information is correct e.g. gender.

	<p>Discussion around how much Tenant Management Officers reach out to people. This can be variable depending on the Officer and also due to the turn over of Officers. High turnover means that it can be difficult to build and maintain relationships.</p> <p>Query as to what is being done to inform people who speak different languages of the changes that are taking place around the Decent Homes programme. Issues around identifying groups and then drilling into groups to identify tenants recognised.</p> <p>Knowledge of Councillors could be utilised more.</p> <p>It is important to remember that people will often only engage when the issue is important to them and less so otherwise.</p>
<p>6. Bringing Unity Back into the Community</p>	<p>Kelvin O'Mard, Project Manager, BUBIC</p> <p>BUBIC was set up in 2003 by a group of ex-service users as a safe haven for people at the end of their support. The group provides peer support and education around substance misuse. The group expanded from this point and is now a charity.</p> <p>BUBIC has a staff of 6 persons and is funded by the Haringey Drug and Alcohol Action Team (pooled funding between Haringey Council and NHS Haringey) and New Deal for Communities.</p> <p>BUBIC runs an outreach programme which aims to get those who may be hard to reach into treatment. Outreach service provides tea, coffee, patties and sandwiches and targets areas where they believe people may be. Also work on tip-offs from the police.</p> <p>Provides support to enable people to cope with 'real life' e.g. filling out forms.</p> <p>Satellite services also run from libraries.</p>

Good partnership working is key. Also rely on word of mouth to know what is going on across the partnership – no formal communication route. Relationship builds over time. Formal links with organisations and specific contacts in services are only just beginning to develop.

Coordination and communication between organisations is also crucial to prevent people slipping through the nets.

Training programme about substance mis-use and the services available is due to be provided in January 2010 for Housing officers who deal with rent arrears. The aim is to enable people to get the help that they need to prevent them losing their tenancies.
Discussion on the benefits of rolling out the programme further.

Discussion around the possibility of a future review on Homelessness prevention, particularly looking at how the different organisations and agencies are linking up/pathway.

Engagement Workers Programme

Meets every six weeks to look at the gaps and what can be done in order to fill the gaps.

Reach Out Youth Project

Aims to address issues raised in the New Deal for Communities (NDC) area at a Young People's Health event, held in November 2008.

The project will involve engaging young people in their own territory such as streets, cafes and parks at times that are appropriate to young people. Essentially the project will explore new ways of working by frontline agencies concerned with the Health and Wellbeing of young people in the NDC area.

The following specific activities will be undertaken by the project:

	<ul style="list-style-type: none"> • Drug advice and information • Alcohol advice and information • Quitting Smoking • Sexual Health Advice and information • Health Eating and Exercise • Tackling poverty (Benefits Advice, Housing Advice and Financial Advice) • Careers, Training and Employment • Life Coaching and Mentoring • Dealing with Crime
<p>7 – Sexual Health on Call</p>	<p>Sexual Health on Call – Michelle Farley</p> <p>Project for sex workers in Enfield and Haringey on and off streets. Work across the Hackney border.</p> <p>Established in 2002 as a dedicated Sexual Health Clinic to provide contraception, tests etc. Referrals to St Ann’s blood borne service. Important that sex workers feel that they are not being judged, these services are therefore crucial.</p> <p>Work with sex workers that have been identified by the Council and also areas where they know there are sex workers. Also, in flats which are being used by sex workers and saunas.</p>

Migrant sex workers – legality and language issues which make it complicated.
SHOC now has bi-lingual workers.

Sex workers generally ensure that they address their sexual health but there are still issues around drug abuse/shared drugs and unsafe sex e.g. where more money may be offered for unsafe practice.

Barriers:

- Services which are not able to operate cross boundary.
- Lack of travel costs for service users. (SHOC provides money on Oyster cards to enable sex workers to continue attending the clinic)
- Service locations e.g. if a sex worker is given an ASBO and then is unable to access their service.
- Housing – if someone does not have a home then they may not have any incentive to stop using drugs and working as a sex worker. “Where is the incentive?”
- “Jumping through hoops” – feeling that there is often lots of processes to go through in order to get assistance which can be very off putting for a person with no real structure or stability in their life. People tend to just give up.
- Lack of Identification – sex workers often do not have any identification which can prevent them getting services. There is no help in solving these kinds of issues from the services which are there to help them. SHOC applies for birth certificates, gives the sex worker one and keeps one for future needs.
- Stigma
- Dual issues – services do not always know how to help people with dual issues e.g. sex worker as well as substance mis-use needs.
- Lack of understanding e.g. people find it hard to understand how a sex worker may also be a victim of domestic violence and therefore don’t know how to help them – alternatively there is a stigma attached where people feel that they don’t necessarily deserve the help as they are putting themselves in particular situations.
 - Services need to be educated.

Homelessness is an issue for sex workers who can often be found sleeping in flat stairwells or on 24hr buses (this is also the case for other homeless groups).

Approximately 95% of sex workers are users of Class A drugs.

Discussion around the implications of the Crime and Immigration Bill and what this will mean for sex workers. E.g. closure of 'working flats' without evidence needed may mean that services there to help people are not engaged.

Query as to male sex workers – these are often not 'seen' on the streets as they work differently. If any male sex workers are come across they would be referred appropriately.

SHOC provides informal support as well as the formal support e.g. art therapy which also provides the opportunity for sex workers to mentally take time out of their day to day lives.

SHOC only receives core funding – this makes it difficult for the organisation to develop or work on new projects.

It is difficult to quantify the work that is being carried out by the organisations such as SHOC and BUBIC as they provide more qualitative services. The basic outcome of these organisations is to ensure they keep people alive.

Trying to measure outcomes here is often not helpful or productive.

Workers at these organisations have a wide range of skills and knowledge to enable them to deal with the ever changing needs of their clients as well as to build and maintain their trust.

The importance of the services provided by both BUBIC and SHOC is acknowledged.

Discussion around processes/pathways for people who need help and support. Generally

	<p>felt that they are not helpful to the person requiring help meaning that often people get lost along the way.</p> <p>Lack of key contact points also delays the process and allows more opportunities for a person to slip through the net.</p> <p>Sex workers were identified by NHS Haringey as a 'hard to reach' group. Discussion around whether they are hard to reach or whether they are 'hard to work with'.</p> <p>Examples given of situations where people have been in contact with services but passed around and unable to get the help that they needed. Discussion around the usefulness of some process mapping on what happens to a person when they reach crisis point? Who would they speak to? What stages would they need to go through to get help? Which departments/contacts for each service.</p>
<p>8 - Afrikare/Community Link Forum</p>	<p>Submission noted with thanks.</p>
<p>9 – Date of Next meeting</p>	<p>11th January 2010</p>
<p>10 – New items of urgent business</p>	<p>None</p>

Engaging with hard to reach groups Adult Services, ACCS

1.0 Who are our hard to reach groups?

Who is considered hard to reach can vary greatly within adult social care. There are however there are a number of common groups considered hard to reach in relation to adult services including:

- Older people from some community groups
- Asylum seekers
- Gypsy/travellers
- LGBT communities
- BME communities
- Some informal carers
- Vulnerable adults
- Some single parents

2.0 Why are these groups hard to reach/barriers to engagement?

- May have misgivings about contacting the local authority when in need
- Language barriers
- Physical disabilities
- Mental health
- Lack of time to engage
- Lack of interest in engaging

3.0 Policy context in Adult Social Care

Engaging with hard to reach communities is a critical success factor within adult social care services, to ensure that we are delivering quality services to our whole community. One key area that adult social care must ensure we do well is facilitate people to make a positive contribution; including:

- Support to take part in community life, by continuing to engage with hard-to-reach and minority groups
- Facilitate active voluntary sector engagement and contribution in improving services for people of all communities
- Take on board all community experiences and views (people who use services, carers and residents) in how service improvements are shaped.

Transforming Social Care is another important policy driver in working with hard to reach communities, with a much higher emphasis placed on local authorities to facilitate all communities having access to appropriate preventative, universal services; more choice and control over the assessment and service planning/delivery processed; and facilitating the growth of 'social capital'¹ across community groups. The key deliverables of Transforming Social Care are represented in the diagram below:

¹ **Social Capital** describes the pattern and intensity of networks among people and the shared values which arise from those networks. Greater interaction between people generates a greater sense of community spirit
<http://www.statistics.gov.uk/CCI/nugget.asp?ID=314>

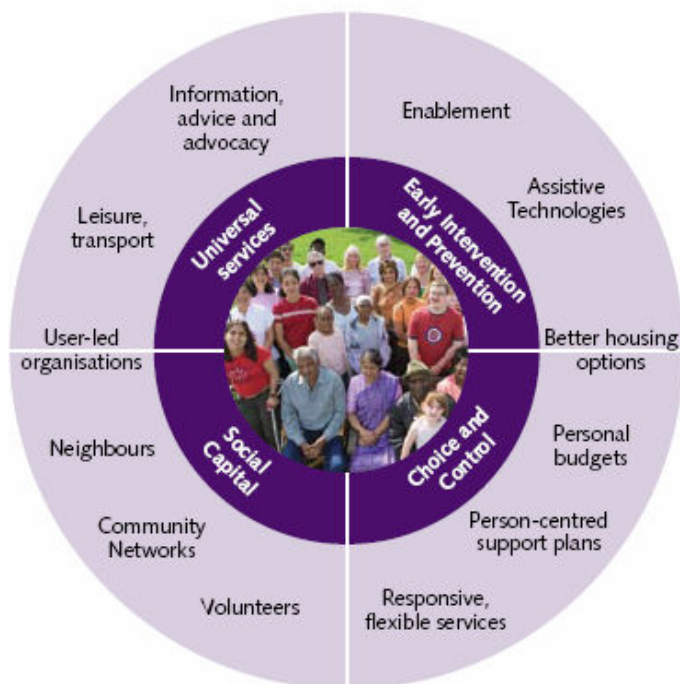


Figure 1 – the four quadrants of transforming social care

4.0 What we are doing to reach these groups?

4.1 Use of evidence - Needs Assessments

- The [Borough Profile](#) draws upon a wide variety of information and data to build a detailed and comprehensive picture of Haringey. It provides statistical data and analysis on demographics and socio-economic factors within the borough.
- **Case Recording** We collect information on the equality strands of Age, Gender, Disability, Religion & Ethnicity. This is reported upon quarterly and measured against the demographic profile of the borough. This information is reported into the ACCS equalities forum and to DMT. It has also influenced the business plans with projects such as free swimming for over 65s.
- **Research Governance Framework**
In April 2008 we implemented the Research Governance Framework for social care, an ethics framework, to protect the rights and interests of social care service users in any research and consultation that involves them, their personally identifiable data, or the staff who work with them. As research is completed and the results analysed, the resulting knowledge will be available to inform strategic planning.
- The [Joint Strategic Needs Assessment \(JSNA\)](#) is a continuous process of gathering information about the current and future health, care and well-being needs of the population. The JSNA will be used to

inform service planning and commissioning strategies, by looking at the 'big picture' of the local population, specifically groups whose needs are not being met. To address some of the knowledge gaps further needs assessments are being undertaken in relation to:

- Older People (phase 1 complete)
- Sexual health (led by NHS Haringey)
- Mental Health
- Vulnerable children and young people
- Population change and growth
- Autistic Spectrum Disorder
- Learning Disabilities
- Alcohol
- Turkish/Kurdish Community

These assessments will identify needs of particular groups but may also identify groups with needs of which we were unaware. For example the Mental Health Needs Assessment looks at BME access to mental health services, cultural barriers to accessing mental health care such as stigma and discrimination and ways to overcome this.

Consultation will be completed as part of each assessment. For example as part of the Mental Health Needs Assessment, stakeholder interviews were undertaken with health and mental health services and service users were engaged through a consultation day.

The development of the JSNA is overseen by a Steering Group with members from Haringey Council, NHS Haringey, HAVCO and Homes for Haringey. A new shared data platform for population needs assessment or Haringey: Our place, Local Information System, is currently being developed. The JSNA data along with the borough profile and other needs assessment information will form part of the evidence base available to partners to use to target resources and services more effectively.

5.0 Examples of what we are doing to reach these groups?

5.1 Consultation

5.1.1 [Experience Still Counts](#)

Older people living in Haringey have been fully involved in developing Haringey's strategy for older people, Experience Still Counts by helping to plan the consultation, participating in a one-day event and focus group meetings throughout autumn 2008. The information feedback to us by Older People was used to inform the priorities of the strategy. Pre-consultation, HSP reps from council, health and the voluntary sector met with older people from the Older People's Partnership Board and the Haringey Forum for Older People to discuss how the event should be organised and what factors needed to be considered to make this engagement with older people work effectively.

This included:

- Offering transport or help with travel
- Ensuring the event started at an appropriate time for older people, e.g. giving them time to travel there using bus passes (at the date of the consultation, freedom passes could be used only after 9.30am).
- Providing refreshments and, if the day included food, ensuring that choices were culturally appropriate with options for special dietary needs.
- Using the invitation to ask about requirements for hearing loops, translation needs, food and travel.

Feedback was provided to all those who influenced the development of the strategy through consultation:

- The strategy, delivery plan, equalities impact assessment and information on how community views influenced its development can be viewed on Haringey Council's website.
- Paper copies of the strategy and delivery plan have been distributed to all older people who participated in the development of Experience Still Counts 2009-2012.
- Older people will continue to be engaged in the implementation of the strategy as the Older People's Partnership Board has the responsibility for monitoring the delivery of the strategy.

5.1.2 Haringey Adult Carers Strategy consultation

The following groups were key stakeholders involved in shaping the revised Strategy (January-April 2009):

- Unpaid adult carers of adults living in the borough of Haringey (via Carers Register)
- Voluntary sector and community organisations
- Health partners
- Council partners

The main methods of consultation were a questionnaire survey of carers views and a carers consultation event. A Carers Strategy sub-group, of eight carers, was involved from the outset in developing the Strategy including consultation.

5.2 Cultural awareness community events

- Haven Day Centre- a Turkish breakfast to celebrate the last day of Ramazan Byrami, Diwali celebration and a two day Black History celebration.
- Abyssinia Court Drop-in Centre Black History Month celebration

These celebrations linked in with the Council's values of working together, offering choice, life long learning and the opportunity to socialise to service users, in the wider context of the Well-being Strategy for Adults 2007-10.

5.3 Surveys and Campaigns

5.3.1 Carers Survey 2008/09

150 carers who have been assessed since April 2008 were selected through using Department of Health techniques for picking random samples. Translated surveys were provided when required, at the service user's request and support was offered in completing the survey if a disability/ language barriers prove completion difficult at the service user's request.

5.3.2 Claim-It

In September 2008 officers from across the Council, in partnership with staff from Haringey Citizens Advice Bureau, Haringey Carer's Centre, Haringey Age Concern and the Department for Works and Pensions, ran a week long awareness campaign in Wood Green High Road to promote the uptake of benefits. Members of the public were given leaflets as they passed on the street and invited to a benefits check in the Wood Green Library. 500 people were provided with advice through the Claim It initiative and 200 people were identified as likely to be entitled to some additional benefits.

5.4 Partnerships

We have revitalised our Carers' Partnership Board; it is now chaired by the dignity in care champion, a councillor who is herself a carer, and has 19 other carers as members, with a high representation from BME communities.

There are a number of other forums that are designed to meet the special needs of particular groups, all of which have strong representation from a cross section of community groups – for example: the Learning Disabilities Partnership Board; Haringey Forum for Older People; and Mental Health User Forums. This engagement takes place on an ongoing basis, and in many different forms.

Haringey Forum for Older People (HFOP) have a successful and innovative 'reaching out' programme of visits, which enables peer-to-peer conversations between older residents to capture the views that need to inform commissioning arrangements. The Forum reports back regularly to the Older People's Partnership Board regards the outcomes of their programme visits. This has for example included:

- Visits to for example, the Phoenix Group, Nigerian Organisation of Women, African Women's Welfare Group, Mitelee Centre, various Sheltered Housing,
- Reviewing how to get more older men actively involved in the forum itself

Additional engagement includes the following:

- Dignity in Care Champion
- Older People's Champions
- [Public Forums for Leisure Centres](#)
- Haringey Mobility Forum
- [Mental Health User Forums](#)
- Learning Disabilities Outcomes Survey
- User Outcomes Survey
- [Haringey LINK](#)
- Patient representatives' input into customer care standards
- Expert patient programme

- Patient representative on procurement panel for diabetes service users
- BME Mental Health Network
- BME Mental Health Carers Network
- Making a positive contribution sub-group
- Haringey Advisory Group On Alcohol – client forum
- [Haringey Learning Disability Partnership Board](#)
- [Haringey Learning Disability Partnership Carers Forums](#)
- Drug and Alcohol Action Team service user involvement
- Drug and Alcohol Action Team carer involvement

6.0 Where improvements can be made?

- Increased use of complaints information to improve services
- Improved equalities monitoring of services, to inform strategic planning and service delivery, to ensure services are being accessed by a wider range of community groups.
- Better use of existing data to inform service delivery.
- Using ‘Transforming Social Care’ as a lever to enable hard to reach groups gain access to services where appropriate, and support the growth of ‘social capital’, including social enterprise.
- Developing other innovative approaches to building ‘social capital’, including strengthening volunteering arrangements, and working with groups such as ‘Participle’, who have approached the Council to be a strategic partner in launching their ‘Get Together’ service (successfully piloted in Westminster in 2009.) This is a people matching, telephone based service, using technology to match isolated older people with one another, offering: individual introductions between people who have similar interests and hobbies; phone groups of up to 7 members to discuss specific topics, using teleconferencing technology; trips with group members, including transport and access to mobility scooter hire; and, activities at home.