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 Siobhan Harrington Gloria Saffrey
2 – 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.
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	<u>Who are the 'Hard-to-Reach'?</u> • 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 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: • 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 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 - Women are more likely to have caring responsibilities for both children and for older / disabled relatives which may prevent them from attending engagement activities.
9 – Next Steps and date of next meeting	Monday 16th November 2009 10-12 Hornsey Neighbourhood Health Centre		
10 – New items of urgent business	None		