

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 Maltiadess 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	The panel received a presentation from Simon Godfrey, Home for Haringey. There are approximately 16,500 tenancies with Homes for Haringey with approximately 4,500 leaseholders. 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.

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 out reach 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
7 – Sexual Health on Call	<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>
8 - Afrikcare/Community Link Forum	Submission noted with thanks.
9 – Date of Next meeting	11 th January 2010
10 – New items of urgent business	None