

## **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'<sup>1</sup> across community groups. The key deliverables of Transforming Social Care are represented in the diagram below:

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<sup>1</sup> **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.