



**HARINGEY COMMUNITY ACTION
RESEARCH
May 2023**



You Vs You

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INTRODUCTION

Background

Haringey Borough Partnership (HBP), comprising all NHS, council and voluntary and community sector representative organisations within Haringey, is committed to hearing and acting upon the voice of local communities. HBP is also committed to ensuring there is equitable access to services for all of the diverse Haringey population. HBP recognises that certain communities face specific barriers to accessing health and social care services and will often seek support through their local community first. HBP also recognises the skills and strengths which exist in local communities and through the grass roots organisations that work closely with them. Often these strengths and connections provide invaluable support where statutory services, for whatever reason, have not been able to reach or support local people and communities. HBP commissioned this Haringey Community Action Research project to support open conversations with local communities and to identify and explore key inequalities around reach, access, outcomes and experiences.

Objectives

The key objectives of the Community Action Research, which will directly inform Haringey Borough Partnership's development are:

- To better understand people's experiences of services, to listen to and develop ideas on how to improve services and partnerships across the statutory and voluntary health, care and housing system with local people and communities.
- To engage and collaborate with local communities;
- To harness local VCSE and communities' strength;
- To provide support to local communities and individuals to access the information and advice that's useful for them in the way they want it; and
- To explore with local communities how best we could support and encourage people to manage their health and well-being.

Target Groups

The aim of the research was to focus on communities that are most affected by health inequalities which may include, but may not be limited to:

- People who are hesitant or concerned about certain areas of services or how services are delivered
- People with minority ethnic backgrounds
- People 'at the edge' of service provision
- Older people with moderate to severe mental health conditions
- Children, young people and their parents
- People living with (learning) disabilities
- Carers
- Care leavers

Priority Themes

The aim of the project was to provide open space for discussions around people's experiences of their own health and wellbeing alongside five separate priority thematic areas identified by HBP:

1.Children and Young People (CYP) and their mental wellbeing – in the context of COVID-19 recovery, what works and doesn't work to support mental wellbeing, what are current barriers to accessing or using mental health support, and what would make a difference.

2.Individuals with multiple complex needs including those in 'grey areas' where they are on the edge of society and don't fit neatly into our service boxes (eg. rough sleepers or those in Houses in Multiple Occupation (HMO)).

3.Supporting older people and their carers experiencing low mood and mental health issues or isolation during the pandemic to get better connected with others, including family, friends and make sure they can connect to the wider health, care and housing system at the right time.

4.Those requiring extra help to be supported into employment in health and care, including care leavers transitioning into adulthood, carers, people with learning disabilities or autism - understanding the barriers to pathways and services.

5.People with Long-Term Conditions (LTCs), in conjunction with separate bids being commissioned through a different tender, and in collaboration with other participatory work we do already on LTCs through our Healthy Neighbourhoods programme.

Who carried out the research

The Bridge Renewal Trust was appointed as lead partner working with a further six grassroots VCS community groups, selected due to their expertise and experience in working with the target communities, to deliver the project:

The Bridge Renewal Trust (lead) – a health and wellbeing charity and Haringey VCS infrastructure organisation that works collaboratively to reduce health inequalities and build stronger communities in Haringey.



Community Cook Up - supports people who are homeless/have substance misuse and promotes healthy eating, a sense of belonging, social inclusion and wellbeing.



Dalmar Heritage and Family Development – Somali women-led organisation that provides advice and early help to women and families focusing on personal development, training and wellbeing.



House of Polish & European community (HoPEC) – provides advice and support on education, employment, housing and social and healthcare system to Eastern Europeans.



SEWN TOGETHER – a BAME women-led community-based not-for-profit organisation that provides creative outreach, health and wellbeing support and guidance to Afro-Caribbean and Latin American individuals particularly women and low-income households.



Turkish Cypriot Community Association (TCCA) – provides culturally, linguistically, and religiously sensitive services to Turkish Cypriot and Turkish people.

You Vs You – A BAME-led organisation run by young migrant care leavers for young people that aims to support the development of all young people. They undertake outreach and deliver projects to support and inspire young people to achieve a bright future, enjoy fulfilling lives and realise their potential through positive relationships, good mental health and wellbeing.



WHAT WE DID

The Bridge Renewal Trust was responsible for the overall co-ordination and management of the project including employing an experienced professional Community Researcher to:

- facilitate the co-design of the research approach and tools with the six VCS Partners;
- provide training and support to Peer Researchers within the six VCS Partners;
- co-facilitate interviews and focus groups with Peer Researchers where appropriate; and
- in collaboration with the Peer Researchers, to collate the findings of research and develop recommendations arising from those findings.

Peer Researchers based in each of the six VCS Partners worked alongside the Community Researcher to:

- co-design the research approach and tools;
- mobilise and bring targeted communities to participate in the research so they can raise issues which matter to them and set outcomes which are meaningful for their lives;
- facilitate/co-facilitate interviews and focus groups with participants; and
- collaborate with and amplify the voice of local communities who experience high inequalities (in reach, access, outcomes or experiences).

All Peer Researchers completed training, run by the Community Researcher. This training covered the key principles of research, including ethics and safeguarding as well as a walk through of the practical steps to collate, record and analyse data including hints and tips to support individuals to feel more confident about facilitating groups/interviews.

The majority of the fieldwork involved face-to face interviews and focus groups. In addition a smaller number of qualitative surveys were conducted. Participant incentives were provided where VCS Partners felt this would be appropriate and/or beneficial, these varied according to the participants (e.g. vouchers/cash/provision of food) The Community Researcher was available to co-facilitate groups/interviews where required, attending the majority of focus groups.

Our aim was to engage around 120 participants, and we reached 147 participants by the end of the programme. Of these, 131 participants took part in interviews or focus groups as part of thirteen separate fieldwork activities, detailed overleaf. The remaining 16 completed qualitative, Polish language surveys, facilitated by HOPEC.

- 2 x Focus group held at Chestnuts Community Centre with Sewn Together, mixed primarily older and LTCs (Sewn Together)
- Focus group held at HumanKind (drug and alcohol recovery service), primary focus complex needs and LTCs (Sewn Together)
- Focus group older Turkish Cypriot community members (TCCA)
- Focus group with parents/carers at Turkish Cypriot school, primary focus barriers to entering employment in health and social care (TCCA)
- Focus group at HOPEC Wood Green Library, mixed group older, LTCs, multiple disadvantages (HOPEC)
- 3 x Focus group held at Northumberland Park community lunch & food bank older, LTCs and multiple disadvantages (Community Cook Up)
- 1-2-1 Interviews - mixed (Turkish and Kurdish) (TCCA)
- 1-2-1 Interviews - YP refugee/asylum seekers (You vs You)
- Focus group with YP at Seven Sisters Masjid - YP, refugee/asylum seekers (You vs You)
- 1-2-1/Pair interviews - Somali community mixed, primarily multiple disadvantages (DALMAR).

Key to our approach was retaining flexibility, so that different methods could be used to engage with residents in the way that would work for them (recognising that those would differ between individuals as well as across groups). We primarily focussed on interviews and focus groups to enable sufficient depth of discussion and support engagement with participants. In addition, it was felt that the use of surveys may exclude those with literacy or other challenges. We also ensured that we took the fieldwork out to participants, meeting them in the places where they regularly go. This was really important in securing engagement from residents who may not usually participate in such exercises. Having sessions led or co-led by the Peer Researchers, who were known within the participants communities, was also very effective in building trust and helping participants feel comfortable speaking.

WHO WE SPOKE TO

Of the 147 participants in the project, demographic data for 141 was collected (a very small minority of participants preferred not to provide any of this information). Overall participant demographics are summarised in the tables below. Further exploration of the data also highlighted that:

- 99% of participants were from minority ethnic groups. 43 per cent were 'Black/African/Caribbean/Black British' and 41 per cent were 'White Other' - the majority of whom were split between Turkish/ Turkish Cypriot and Eastern European..
- Overall, there were more female participants than male participants - the exception to this was the under 24s, for whom just over two-thirds were male.
- Participants were split across across age groups with 38 per cent under 25 years, 39 per cent 25-54 years and 38 per cent 55 + years of age.
- Overall one third of participants reported having a disability. However, for older age categories (45-55, 55-64 and 65+ years) the figure was higher - between 50-54%.

Gender	No.	%
Male	56	40%
Female	81	57%
Not specified	4	3%
Total	141	100%

Disability	No.	%
Yes	47	33%
No	44	31%
Not specified	50	35%
Total	141	100%

Age	No.	%
17 or under	23	16%
18-24	8	6%
25-34	13	9%
35-44	25	18%
45-54	17	12%
55-64	25	18%
65+	29	21%
Not specified	1	1%
Total	141	100%

Ethnicity	No.	%
Asian/Asian British	4	3%
Black/ African/Caribbean/Black British	60	43%
Other Ethnic Group	2	1%
White British	2	1%
White Irish	4	3%
White Other	58	41%
Not specified	11	8%
Total	141	100%

WHAT WE FOUND

1. What does health and wellbeing mean to participants?

To open the interviews and focus groups, participants were asked about what good health and wellbeing meant to them. The responses showed that whilst the exact definition differs for individuals it encompasses a holistic view of physical and mental wellbeing and is heavily influenced by a person's ability to meet basic needs (e.g. safe, warm home, having enough to eat) and a person's ability to participate in wider society.

Key factors that were seen as helping to promote good health and wellbeing included:

- Being able to meet basic needs including good housing, healthy food and a warm home
- Social networks including family and friends
- Engaging in positive practical and social activities
- Being able to access support where needed, particularly mental health support

Key factors that were highlighted as being barriers to good health and wellbeing included:

- Poor housing
- Insufficient resources to meet basic needs
- Long waiting lists and being unable to get appointments to address healthcare needs
- Isolation including being unable to get out/access services and activities
- Lack of services

"[Good health and wellbeing to me is...] A comfortable living space. A contented mind. A good night sleep wherein I wake up refreshed, clear headed and able to function well enough to accomplish my daily activities whatever they may be. At the end of the [day] feel satisfied that I have done my best. Relax and look forward to the next day"

2. Key challenges and what might help

Three key issues were consistently highlighted across the project, namely long waiting times for medical and other appointments, the cost of living crisis and housing issues. Whilst it is recognised that these issues are largely systemic, meaning that they may be harder to influence, it is nevertheless important to recognise the significant impact that participants report they have, alongside considering the actions that can be taken to help reduce the extent of the impact on individuals.

2.1 Long waiting times for GP appointments, specialist appointments and specialist mental health support (e.g. counselling) were reported to be a common and significant issue for participants. Many participants reported that it was harder to get through to GPs and they have experienced longer wait times for appointments for GP appointments since the onset of the the COVID 19 pandemic. Several participants reported examples of where their condition had then escalated to the point of needing urgent care or feeling that the only way they could access treatment was to attend A&E.

Similarly, participants also reported long waiting lists for more specialist appointments and for specialist mental health support. Whilst participants were keen to emphasise that it was key to reduce these waiting times they also spoke about other types of support that could be offered whilst waiting and alongside this more specialist care. Examples included **peer support groups** to support mental wellbeing and **free or low cost community activities** to help individuals maintain their physical and mental wellbeing and reduce isolation.

2.2 The cost of living crisis is a key issue that many participants describe as leading to poorer health and wellbeing due to its impact on individuals ability to effectively meet their basic needs and increased levels of stress and anxiety. A number of participants reported that they were cutting back on participating in other activities (e.g. social activities) that promote health and wellbeing. Some Partners also reported a lack of awareness of all the household support available from Haringey Council, Energy and Water companies amongst their services users. Digital exclusion was highlighted as a particular issue as much of the support is accessed online. Through this project we were able to help highlight support currently available in the Borough but continuing to raise awareness of what help is available remains an important for both community and statutory support services.

2.3 Poor housing conditions was perceived as a significant driver of poor health and well-being, Many participants, particularly those with multiple disadvantages and/or complex needs, and those with large families described housing insecurity and the poor

condition of their housing as being the most significant issue for them. These participants reported these issues were having a direct impact on their and their families physical and mental health. They also told us they found the housing system extremely challenging to understand and navigate and that they often struggled to get action taken to rectify issues that arise despite multiple attempts. The case study presented below illustrates some of the common challenges:

Case Study

[Participant] is a mother of five children, she is not registered as disabled but has significant physical impairments that affect her mobility. Her husband has been her carer but has significant health issues himself following hospitalisation due to COVID-19. The family rely on Welfare Benefits. She reported that she is currently in unsuitable housing as the bedrooms are upstairs with a downstairs bathroom but due to her physical impairment she has difficulties managing the stairs, which have no railings, meaning that she sleeps downstairs on the sofa. The house is owned by a private landlord and whilst she was able to secure a visit from Occupational Health who provided her with some 'gadgets' she has been unable to get these fit in the house. She also reported that she and her young child experience respiratory issues which are caused/exacerbated by damp in the house, her child is now also experiencing related skin conditions.

Her GP has tried to help highlight the impact of her living conditions on the families physical health in letters to the Council, however she reports it has made no difference. She spoke about constantly trying to get help with her housing situation but never being able to speak to the same person, being asked the same questions each time and having to repeat her problems over and over again. She noted that *"every time I have to repeat what happened it raises my anxiety"*.

She attends English language lessons twice a week to try and address her language difficulties but reported that *"mentally when you have other issues it's very difficult to think about learning English"* meaning that she continues to struggle which further contributes to her challenges in getting help as well as finding suitable employment.

She is very worried about the impact of their living conditions on her family as well as how they will cope on a limited income with the increase in the cost of living. Overall, she reports that she feels confused and overwhelmed dealing with all of these issues. She would find it most helpful to have one person who could provide support to help her manage these multiple complex needs but for her, housing is the biggest priority and the one she feels she needs the most help with.

It was suggested that making housing support more accessible, for example through provision of outreach surgeries in community locations (preferably including volunteers that could help with translation) would be particularly beneficial. In addition participants were really keen for this issue to be highlighted - to 'feel heard' - and for the extent to which their housing conditions impacted upon their health and wellbeing to be fully recognised, particularly where this involves their children.

2.4 Knowing what's out there

Participants reported that a key barrier to accessing services, particularly wider support services, was simply knowing what's available. As one participant stated *'unless you know someone who knows you won't go'*. When asked how they themselves would go about finding services/support 'word of mouth' and 'GP' were most commonly cited. However, despite commonly mentioning GPs it was also felt that GPs no longer had the capacity to explore with patients what wider services might be useful and were focussed on medical interventions, rather than being able to look more holistically at their health and wellbeing needs.

Trust and/or confidence in accessing services was a related factor, with people reporting that they tended to only go to wider support services where they knew someone who had used them before. Participants reported that they would commonly ask family or friends emphasising the importance of word-of-mouth as a way of spreading information. Many talked about community groups as being initial sources of information and signposting.

Outside of 'word of mouth' and 'GPs' participants spoke about the importance of information about services, and routes to accessing services, being available in a range of different ways to ensure that everyone could access them. As one participant noted *"some people don't like speaking on the phone, others find using the internet difficult"*. For elderly participants, and people with English language difficulties, the perceived current reliance on finding information and accessing services online was particularly problematic. As one older participant with a Long Term Condition noted:

"It's hard. I used to rely on my children a lot but now I'm older and they have moved out and they have their own lives and families, I don't want to ask them as much, it's not so easy, and everything is online now"

Providing more information about services in community languages was seen as important as well as ensuring that information is available *"in the places that people go all the time, like the local shops"*.

Discussions with partners highlighted that a key challenge relates to the continuity of provision, linked to short-term funding models that mean many different projects and

initiatives come and go which can make it hard to keep track of what's available. Having consistent provision was seen as important. In addition, making it as simple and clear as possible for signposting organisations to find out about projects was seen as important.

Current initiatives, notably social prescribers, were positively mentioned by the minority of participants that had interacted with them and the importance of navigator roles more generally was recognised, with many participants wanting to use the opportunity to ask for more. Raising awareness of such support may also be beneficial

There has also been valuable learning from previous projects in the Borough e.g. Community Protect on ways to effectively share accurate health information within communities who experience health inequalities, including for example outreach work (such as manned information stalls) in places where people in particular communities commonly go, such as specialist supermarkets, barber shops, as well as through media channels commonly used, such as community Newspapers/ Radio/TV.

We have produced a separate summary at Annex A summarising some of the ways that participants, partners and learning from similar past projects suggest can help to improve knowledge and awareness of what's available in the Borough.

2.5 Ensuring a positive initial interaction during help seeking

Accessing health and support services can be extremely challenging for vulnerable service users and those with complex needs for a range of reasons. A positive experience at initial help seeking (often through reception staff) can be essential in ensuring that individuals access timely help.

Many participants reported negative experiences of initial contact with health services. In some cases this related to the behaviours of individual staff and perceived biases amongst staff. For example, one participant, who is a wheelchair user, shared an experience of going to an appointment and the receptionist not checking her in. When she prompted the receptionist the individual apologised and asked “*where's your carer?*” – the participant, who is independent and does not require a carer, told us that the question, and the assumptions perceived to be behind it, had a significant impact on how that individual felt, with them reporting feeling disappointed, angry and frustrated that they are working hard to be independent but don't always feel supported to be so.

Another spoke about the need for staff to be mindful of the language they used, for example one participant who needed to see a GP was told “*you don't need an appointment today do you*” and had not felt confident enough to challenge this when they did. As one participant phrased it:

"You need to feel welcome and if you go to the wrong desk then they're rude about it and you feel like a burden makes it all much more stressful".

A number of participants spoke about feeling very uncomfortable having to disclose personal information to receptionists in front of a crowded waiting room. Many described having overheard receptionist discussions with patients whilst themselves waiting in reception and feeling uncomfortable and concerned that people would similarly hear discussions about them. One participant noted that when they were looking to access help due to mental health and substance abuse issues they had tried several times to go the GP but each time the waiting room had *"been so full I just left straight away, I don't want everyone hearing my personal stuff"*.

Participants also noted how the physical surroundings can impact access even before they 'enter the door'. As one participant noted:

"It took me a very long time to venture in [to Chestnuts Community Centre] because from the outside it looked run down and intimidating. But once I came in I saw the variety of interesting activities on offer and the friendly willing attitudes to help from everyone I came in contact with and I wondered why I left it so long"

As one participant noted *"It can feel daunting making that first step"* so it was seen as really important that initial engagement is good and often that is with receptionist/front of house staff. Participants said that reception environments need to be "comfortable, relaxed, friendly".

2.6 Repeating Case Histories

Having to repeat case histories at multiple points during a service users journey to access support/care can lead to individuals feeling 'unheard' and can cause significant distress or re-traumatisation, particularly amongst the most vulnerable patients. Many participants reported frustration at feeling that they constantly have to repeat information about what is wrong with them and what treatment or care they've received previously. In some cases this was linked to not being able to see the same the GP for ongoing issues, for others it related to a perceived lack of information sharing between different professionals providing care on a single issue. Participants were concerned that as appointments are short and they feel they spend most of the available time repeating history that there was less time to focus on other issues (e.g. wider concerns that may be impacting on their condition or explaining treatment plans, symptom management and other potential support). As one participant noted *"I would like to see that healthcare professionals had read notes prior to an appointment"*.

Participants also described how the continuity of being able to speak to the same person was particularly important for vulnerable clients, such as those experiencing mental health issues, because they found it particularly challenging to have to talk about

their experiences and reported feeling associated shame and re-traumatisation. For others, having to repeat their issues led to a feeling of disempowerment that they weren't being listened to or were being 'disbelieved' by professionals.

Another key point in the service user journeys where participants felt they were unnecessarily having to repeat their case histories was in making appointments and getting access to specialists or other support. Participants described having to explain to one receptionist what was wrong and then getting put through to a different service and having to explain again, before being passed on again and having to do the same again. One participant described this as *'just being shunted between different places without really being seen or heard'*.

For participants with English language difficulties this was seen as particularly challenging as they worried they weren't saying the 'right thing' or giving the right information for their needs to be understood.

2.7 Outreach for those on the edge of service provision or with multiple disadvantages and/or complex needs

The value of taking services out to where people are for this group was seen as particularly important for a variety of reasons including:

- a lack of connection to mainstream services (e.g. GPs);
- lesser recognition/prioritisation of healthcare needs amongst this group
- reaching those less likely/able to access support themselves
- lack of resource to travel

A key theme for participants managing multiple disadvantages such as homelessness and/or substance misuse was the challenge of recognising or being able to prioritise what they perceived as less urgent health or support needs amongst 'surviving the day to day'. A number of participants raised how they would try to get help with a specific issue but if they were unsuccessful initially they didn't try again. In one example, a participant had been to a pharmacist but the suggested remedy hadn't worked so they just never went back, despite ongoing physical pain, nor did they attend a GP as they hadn't been in years and weren't sure if they were still registered.

In a separate example a participant spoke about how he had become concerned he may have been exposed to HIV so went to the hospital A&E to ask to be tested. He reported that he was told he had to access testing through his GP, however he was not registered with a GP and so he left, frustrated, and only accessed testing several weeks later because it was being offered at a clinic at Mulberry Junction (a single persons homelessness service). He told us that whilst he had tested negative *'I could of passed it on, to other people, it needs to be available straight away'*. Through this project participants were offered practical support to register with the GP, but these examples

highlight the importance of this being available at the point of help seeking and how providing essential services in the places where they are can increase their use. This is also important because these groups can find having to travel distances to reach services particularly challenging, as one participant explained *'I've got no money, so I walk everywhere, if it's too far to walk I'm not going'*.

In other group, the potential value of outreach was raised in relation to reaching those members of the community who may have particular struggles including being vulnerable to exploitation or experiencing mental health crisis and who are less likely or able to seek support for themselves. As one participant noted *'we all know round where we are who those people are'*. She explained that she wouldn't want to *'officially report'* on someone but that if there were support services coming out, with people from the community that they trust, that people would be able to tell them *'where to look'*.

Continuity in support provision was also perceived as very important. For example, homeless participants described how they have a weekly routine set around being able to access welcoming, safe spaces *'out of the cold/rain'*. Services like Community Cook Up and Mulberry Junction were really valuable to them and a route to accessing other support. Highlighting the importance of continuity, Community Cook Up service users spoke about a number of people who used to attend that group having been *'lost'* after the group was forced to move locations for essential building repairs, even once an alternative location for the group was found by the team working with the local community.

2.8 Facilities and the local built environment

More widely, for participants living in more deprived areas, the importance of the local built environment on health and wellbeing was also raised. In one group participants spoke about how it's easy to access things that aren't good for you, highlighting how there are lots of betting shops and fast food restaurants nearby, but much harder to locate things that will help.

In another group, with residents from Northumberland park, a perceived lack of facilities for the community and health services were raised. The existence of the NRC was noted but participants perceived that it was *'filled with people in suits'* and should be more available for the community to use. Within this group there was also a discussion about the lack of public toilets. Frequently having to see people urinating publicly (especially around Stadium event days) was raised as an ongoing issue that impacted on individual's mental wellbeing and health. One resident living on Park Lane spoke of the negative impact of feeling that there are limited provisions for his family whilst, in contrast, on match days *'they put toilets right outside my front door and I have to walk my kids out past a line of men [urinating]'* Importantly there was clear appetite within the

group to come together as residents to try and improve the local area but less clarity on the best way to do that, with the group agreeing that this is something they'd like to take forward. This highlights the importance of ensuring that projects like this have sufficient capacity to follow up and support this type of activity.

2.9 Young People and their Mental Wellbeing

Young people participating in the research reported the key things negatively impacting on their mental wellbeing included: 'bad friends' and negative role models; 'pressure' namely peer pressure and comparing themselves negatively to others (inc. social media) and parental/educational pressure; not feeling valued in school or at home/in their community; and not being able to do the things they want to or that help them have fun/relax.

One of the key things they reported that positively impacted on their well-being was *'finding something to lose yourself in'* and space to *'express your own self and thoughts'*. For some young people this was about involvement in sports and physical activity for others it was things like, manga/anime, fashion, music, gaming. Surrounding yourself with good friends and having friends and family who *'understand and do not judge you'* was seen as important. Religion and culture were also raised by a number of participants.

Young people reported that, if they needed support with their mental wellbeing, they were most likely to go to someone they know/trust who they feel knows them rather than going directly to a support service/GP. This may include teachers in schools/colleges, trusted adults within their community or family/friends, highlighting the importance of supporting those individuals to know what to do when someone comes to them (e.g. through mental health first aid training) and what specialist services are available for young people.

'Places to go' and 'Things to do'

The availability of safe spaces and free/low cost activities for young people was very important to young people. This echoes findings from other programmes in the Borough. For example, the Haringey Community Gold evaluation showed that young people wanted 'things to do, opportunities to fulfil their potential and someone to talk to'.

Young people reported that it was difficult finding things to do and places to go that they could afford and that were seen as safe. This was important as young people reported frustration/concern that even where activities are available parents & carers may not allow them to go. This was echoed in feedback from parents and carers who reported

high levels of anxiety about the safety of their children, including in relation to travelling to and from activities. As one parent noted *“I wouldn't feel safe with [my son] coming home on his own, so I'd have to go collect him and that's difficult, with being on my own, with the other children”*

Particular periods of vulnerability to poorer mental wellbeing

Participant feedback highlighted some specific life periods where young people may be particularly vulnerable to poor mental wellbeing. The first related to being in education, with GCSE selections and exams and course work assessments named as times where participants felt intense pressure and anxiety, and where additional support could be beneficial both for young people but also potentially for parents (on how best to support their young people).

Secondly, a number of participants highlighted the period after full-time education and first entering the full-time employment as a particular time of vulnerability. It was felt that the impact of the COVID pandemic may have exacerbated this, particularly for those who completed their studies during the lockdown and therefore may have been more isolated from support to prepare for that transition. In some cases parents reported that this period was made even more difficult as they felt under pressure to ask their children to move out of home, before they may be emotionally ready to do so, because of the impact on their housing/benefits of children becoming officially adults.

Both parents and young people reported that they simply did not know where to go to access support for this particular stage. Whilst many were aware of services to get into employment they did not feel that these would address the mental wellbeing side. In addition these services were not perceived as being relevant for those young adults who were in employment but were experiencing a loss of motivation and/or purpose as that employment did not align with their future goals including those who felt unsure of what they want, or feel that they can, do longer term.

In addition to highlighting a potential gap in service provision, this findings further emphasises the value that activities run by trusted adults in community organisations provide. For example, You Vs You noted that where young people have previously engaged with them they find it easier to return to them for support if they experience these sorts of issues later in life.

2.10 Older peopler

In addition to the cross-cutting issues raised previously, focus groups with elderly residents indicate the loneliness and isolation remains a significant issue for many. Partners report that there continue to be significant levels of fear amongst some elderly

people about going out as a result of the pandemic. The cost of living crisis has led to many being concerned about the cost of going out and participating in activities. Many are still grieving the loss of friends and loved ones during the pandemic and are less likely to access support with this and other issues affecting their mental health and wellbeing due to their fears about going out. The importance of availability of a variety of free or low cost activities, including befriending services, was further highlighted as key way of supporting older residents. In addition, increased support for elderly to get out safely, for example services like the dial a ride bus were identified.

2.10 Translation

As indicated across many of the findings discussed in this report, language difficulties were commonly raised as an issue. Many participants were keen to emphasise that even where they have English language skills discussing their complex situations or personal symptoms was particularly challenging, especially over the phone with the absence of non-verbal cues to help discussions. It was also noted that whilst translators could be made available for appointments that the challenge often related to getting through to get the right service for which translation was unavailable. Many were reliant on relatives or community organisations to support them. One suggestion was whether community organisations themselves could become official translators, so that where they are supporting individuals they can be funded to provide the translation for appointments. This could help to resource vital support services alongside offering a better experience for the service user as they have one, trusted, person supporting their case across different services/appointments, reducing the need to repeat their case history.

2.11 Barriers to working in Health and Social Care

Concerns about pay and working conditions within the Health and Social Care sector were reported as a key barrier to accessing employment in health and social care. Participants reported concerns that the work would be hard and involve dealing with the intimate care of others which some felt uncomfortable with. In addition, perceptions of the work being low paid and issues around zero hour contracts were cited as factors that prevented individuals from exploring work in the sector. This suggests that there may be certain prevailing stereotypes about the types of work available and a perception that '*care is care*' with less awareness of the breadth of roles within the sector, including newer opportunities such as social prescribers, befrienders, advocacy workers and peer support workers.

An additional concern that was raised by participants was a perception that the training required for positions was not available flexibly in particular to fit around childcare commitments. Participants felt that offering more flexible training opportunities would

help increase access to employment in the sector. In addition participants reported concerns that they would not have strong enough English to complete the required training and assessments, suggesting that looking at language support for training could be beneficial.

SUMMARY & RECOMMENDATIONS

The key objectives of this project, which was focussed on communities that are more likely to experience health inequalities, were:

- To better understand people's experiences of services, to listen to and develop ideas on how to improve services and partnerships across the statutory and voluntary health, care and housing system with local people and communities.
- To engage and collaborate with local communities;
- To harness local VCSE and communities' strength;
- To provide support to local communities and individuals to access the information and advice that's useful for them in the way they want it; and
- To explore with local communities how best we could support and encourage people to manage their health and well-being.

A total of 147 participants engaged in the research, which was primarily conducted using focus groups and interviews. The following table summarises the key findings from the research alongside proposals for actions that could follow these findings. The suggested actions have been formed based on participant feedback from this research, feedback from the VCS partners involved in the project and learning from previous projects in the Borough

We recognise that some of the findings relate to wider structural challenges that require action beyond the local level to address, for example the cost of living crisis. Nevertheless, these are the issues that participants told us are continuing to impact their lives and therefore it's essential we include them, alongside thinking about what can be done at a local level to ameliorate their impact.

During the course of the project we have been able to progress some actions, for example sharing information on services that are currently available, collating learning on how best to raise awareness of existing services and linking the project findings & participants to other relevant work being undertaken, such as the Bridge Renewal Trust's Community Empowerment project. VCS partners have also supported individual participants where needs have been identified during their engagement in the project, including signposting, referrals and practical support. However, implementing many of the actions will require additional resource to develop and would benefit from further work, including with service providers, in order to fully scope feasibility.

Thematic area(s)	Finding	What might help
Cross-cutting	1. Long waiting times for GP appointments, specialist appointments and specialist mental health support (e.g. counselling) were reported to be a common and significant issue for participants.	<p>a) Continue efforts to reduce waiting times</p> <p>b) Provide clearer information to patients on expected waiting times, when they can expect to receive an appointment and what to do if they do not receive an appointment within the expected time.</p> <p>c) Increase capacity in VCS/community organisations to offer services that can support individuals whilst they are waiting for specialist support. For example, peer support groups, activities combatting isolation and loneliness.</p>
Cross-cutting	2. The cost of living crisis is a key issue that many participants describe as a driver of poor mental health and wellbeing. Partners observed that not all residents may be aware of available support that has been put in place or need support to access this.	Community organisations to be resourced to offer advice and information and practical support to access available help
Cross-cutting but particularly multiple disadvantages	3. Poor housing conditions was perceived as a significant driver of poor health and well-being, particularly amongst those participants with multiple disadvantages/complex needs. Participants reported that it was extremely challenging getting action to be taken by housing providers owing to the perceived complexity of the system	<p>a) Continue efforts to influence housing policy, emphasising the direct link between poor/inadequate housing and resident's health and well-being.</p> <p>b) Provide housing support surgeries in Community Centres or through community organisations to increase access to this support -</p>

Thematic area(s)	Finding	What might help
Cross-cutting but particularly LTCs & multiple disadvantages	4. Having to repeat case histories at multiple points during a service users journey to access support/care can lead to individuals feeling 'unheard' and can cause significant distress or re-traumatisation, particularly amongst the most vulnerable patients.	<p>Undertake work, bringing together service users and service providers, to explore options to minimise the need for repeating case histories. Potential options for consideration could include:</p> <ul style="list-style-type: none"> • Provision of named GP for people with ongoing issues so that individuals can see the same individual within a practice/service • Investment in community organisations that support individuals navigating services, helping people to reduce the number of interactions required to get to the correct support and/or supporting to individuals to develop a documented case history they can share where needed (which may also assist those who have language difficulties) • Identifying common points in the system where improved information sharing between services/departments would deliver the most benefits • Health and social care staff being clearer with patients about why they are being asked to repeat their case histories where it is necessary to do so. • Community organisations providing translation across services (see finding 11)
Cross-cutting	5. Lack of awareness of the range of available services in the Borough supporting health & wellbeing remains a challenge. Word of mouth (from trusted sources) and GPs were the two key routes reported by participants. However, GPs were not perceived as having the capacity to explore patients wider issues.	<p>a) Share lessons on how to improve awareness of available services/support. (<i>As part of this research we explored with participants and partners what works and examples of good practice, these are detailed in Annex A of this report.</i>)</p> <p>b) Continue to promote the use of social prescribers and other community/health navigators - social prescribers were viewed very positively by the minority of participants that had worked with them.</p> <p>c) Ensure VCS/community organisations, a key source of trusted information, are adequately resourced to help promote relevant public health services within their communities.</p>

Thematic area(s)	Finding	What might help
Cross-cutting	<p>6. A positive experience at initial help seeking (often through reception staff) can be essential in ensuring that individuals access timely help – where participants reported negative experiences from staff this amplified their stress and anxiety and, in some cases, led to them disengaging or changing their help seeking behaviour (e.g. attending A&E for non-urgent issues).</p> <p>In contrast, where individuals had positive experiences which were described as ‘welcoming, feeling respected, listened to and understood’ this had a positive impact on their well-being, even where other issues remained e.g. long waiting lists.</p>	<p>a) Undertake further work, involving both service users and service providers, to explore options to address this. Potential options for consideration could include:</p> <ul style="list-style-type: none"> • Offering different times of the day that patients can contact GPs by phone/in-person to arrange appointments (many participants reported that this is currently only available early morning) • Developing an easy to use feedback system to enable issues to be identified and addressed more easily/rapidly • Reviewing the training currently provided to receptionists, ensuring they are well supported to deliver services that respond to service user needs. • Identifying those services who are doing this well and looking to identify good practice examples • Providing safe/private spaces in receptions where individuals can speak confidentially and/or specialist clinics (e.g. women-only)
Cross-cutting	<p>7. Access to free/affordable activities that enable people to participate in something they enjoy and to connect with other people were a key reported enabler of better health and well-being. Examples included:</p> <ul style="list-style-type: none"> • Peer support groups • Informal talking groups (e.g. coffee mornings) • Practical activities (e.g. creative activities & sports/fitness) <p>Importantly, there was also clear appetite amongst a number of participants to give their time to help run these but a lack of knowledge and resource to turn an idea in to reality.</p>	<p>a) Ensure funding mechanisms support those existing groups/organisations providing activities and support to have longer-term sustainability, recognising that having continuity of provision is a key enabler to access.</p> <p>b) Provide resources to make it easier for new groups/activities to be established where a need is identified, this may include direct financial support but also providing access to safe accessible community spaces or sharing skills and expertise – for example, the Community Empowerment project led by the Bridge Renewal Trust</p>

Thematic area(s)	Finding	What might help
Young People	<p>8. For young people, the importance of having supervised activities was emphasised. This enables both young people and their parents/carers to feel safer about their attendance. Additionally, it enables young people to connect with trusted adults to whom they can go to for wider advice/support if needed.</p> <p>Safe travel to and from activities was highlighted as a particular concern in relation to young people.</p>	<p>a) Ensuring a good geographical spread of free/low cost activities, supported by trained youth workers, across the Borough. These should include both sports/physical activities and more creative activities.</p> <p>b) Consider opportunities to co-ordinate activities aimed at parents and children/young people so that they can take place separately but at the same time/location so that families can travel together.</p> <p>c) Open up the conversation about safety – we know of anecdotal examples of young people’s projects making arrangements to help parents & carers feel safer about allowing specific young people to attend activities. Proactively asking the question for specific activities at the point of commissioning may support communities to find solutions that work for them.</p>
Young People	<p>9. The research highlighted two specific periods of vulnerability relating to young people’s mental health.</p> <p>The first was linked to education, including when choices about individual’s academic futures were being made (e.g. GCSE selection) and exam and course work assessments.</p> <p><i>(continued overleaf)</i></p>	<p>a) Ensuring additional support is available to both young people and parents/carers within schools/colleges at key periods including GCSE selections and assessments/examinations.</p> <p><i>(continued overleaf)</i></p>

Thematic area(s)	Finding	What might help
Young People	<p>(9. continued).</p> <p>The second related to young people post education, in the early years of independence and employment, where it was reported by participants that they or people they knew were really struggling with their mental health but did not where to go for support, with impact of the pandemic being seen as a contributing factor due to the isolation experienced in last years of education.</p>	<p>b) Reviewing what is available in the Borough to support young adults in the early years of employment and independence to identify any potential gaps in provision. Consider bringing organisations together for an event focussed at this group. We are aware of similar style events that have been successful, for example, through the Home Cooked programme, in Tottenham Hale, Father to Father ran an event targeted predominantly at men and which included talks on employment alongside workshops around healthy relationships with the support of Mind in Haringey.</p> <p>c) Consider whether more could be done establish stronger referral links to specialist mental health support with programmes already working with young people in the Borough, for example the Haringey Community Gold programme as well as community based organisations supporting young people.</p>
Multiple disadvantages	<p>10. Accessing health and support services can be extremely challenging for vulnerable service users and those with complex needs for a range of reasons. Making this as easy as possible, providing services where people already go and limiting travel wherever possible, is particularly important for this group.</p>	<p>Increased use of outreach provision. For example, the health clinics at Mulberry Junction for single homeless people and wellbeing and other support offered by Community Cookup at their weekly food service were cited extremely positively by participants. Consider whether a similar model could be replicated for other groups e.g. single parents/carers without childcare.</p>

Thematic area(s)	Finding	What might help
Cross cutting	11. Language difficulties remain a key challenge for participants, particularly in relation to initially accessing services including knowing where to go and how to access help for which translation services are less available.	Consider the feasibility of community organisations that are already supporting people to navigate services (e.g. HOPEC) being employed to provide official translation, meaning that an individual can be supported by the same translator across services, providing greater continuity of care and reducing the need to repeat case histories.
Older People	12. Loneliness and isolation continues to be a significant issue amongst the elderly participants both as a result of losing friends and loved ones during the pandemic and ongoing concerns about going out. This has been compounded by concerns about the cost of living crisis.	<p>a) Increased support for elderly to get out safely (community transport), reasonable day trips and more clubs/activities (including those that offer affordable meals)</p> <p>b) Increase availability of befriending and translation services.</p>
Supporting people into employment in health and social care	<p>13. Reported barriers to working in health and social care included:</p> <ul style="list-style-type: none"> • Zero hours contracts • Concerns about pay and working conditions • Concerns about ability to complete training primarily due to childcare commitments and concerns that may struggle with English language required to complete the training. 	<p>a) Ensure training can be provided flexibly such as online, morning/evening courses and provide support for people with English as a second language</p> <p>b) Work with community organisations to more widely share information/experiences from people currently working in the sector to help people better understand the realities of the work e.g. on social media or through seminars/workshops.</p>

Thematic area(s)	Finding	What might help
Cross cutting	<p>14. Participants broadly welcomed the opportunity to come together and discuss the issues impacting on their health and well-being and some of the discussions demonstrated a clear appetite from residents to get involved to influence change.</p> <p>Other positive benefits of the project included connecting participants with relevant existing support and activities and providing practical support to participants where needed (e.g. helping participants to register with a GP)</p>	<p>Continue community engagement work and use the connections established through this project to retain engagement amongst those participants who wish to do so - by ensuring that future opportunities are shared with the VCS partners to share with their service users and by linking up with existing projects e.g. the Bridge is looking at where it may be possible to move forward some of the actions/discussions through their Community Empowerment Project.</p>

Annex A: Learning on effectively sharing information amongst communities that are more likely to experience health inequalities.

1. Use the broadest range of communication channels to promote services considering not just the groups that a service directly targets but also those who may support them to access services (e.g. friends/family members). Community organisations hold considerable expertise on how best to share information within their wider communities as well as being able to easily reach their service users through existing communication channels including social media sites, whats app groups, newsletters, community radio and television. However, they must be properly resourced to do this.
2. Provide information in a range of formats including visual information and information in community languages, working with community members or organisations to develop materials where possible.
3. Where required, ensure practical support, through the community, is available for residents who need it to access services e.g. those who might need help completing forms due to literacy or language issues. Tell people where they can get support to access a service in promotion materials.
4. For services that may be less well accessed due to stigma or religious/cultural concerns workshops with community leaders and/or medical professionals from the community can be very effective in addressing underlying concerns and opening up conversations within a safe space. It is important that these are led by the community in order to retain trust but can be supported through resourcing including providing venue space, using professional networks to connect organisations with NHS specialists from a particular community and resourcing for media to support organisations to obtain the widest reach before and after the event.
5. Where possible, provide outreach - taking services to where people are. For example, previous pop up clinics in community locations were reported as working well. Manning these with staff/volunteers from the communities they are targeting can make these even more effective as it helps build trust/confidence and can help mitigate access issues such as language barriers.

Whilst pop up clinics have worked well, where possible, instead of one off events,

providing a level of consistency/regularity in provision helps improve access enabling trust in a service to develop as people become familiar with it as well as improving word of mouth knowledge of services both of which take time to build. Resources can also be used more efficiently if a service is offered consistently over a longer time period.

6. Make it as easy as possible for signposting organisations to share information, including:

-Alongside materials developed for individual residents/patients, providing clear, concise and simple information for the people signposting to the services about who a service is aimed at, any eligibility requirements, where and when it available and exactly what individuals need to do to access a service. Condensing this information can be challenging but is essential to help resource tight organisations easily identify what is the most relevant information for their service users. When sharing information by email, ensure that the email title is clear, this helps prevent information being lost in full mailboxes.

-Employing models such as the Link Worker or Community Champion models which fund community-based organisations to conduct targeted communications and provide practical support to access services, meaning they can dedicate sufficient resource to a project. These have previously been used effectively in the Borough (e.g. in Haringey's Community Protect work on health promotion related to COVID-19).

-In addition to online information, provide printed information that can be easily included alongside existing mailings, pinned on noticeboards or handed out in the places where people regularly go – e.g. community supermarkets, barber shops, schools/childrens centres, food banks.

Haringey Community Action Research, May 2023

