



defining **engaging** empowering involving buy-in identifying tips reaching meetings events  
 locating hard to reach **with** groups communities definition outcomes relationships barriers  
 commissioning when involving **hard to reach** engaging research partnerships where  
 empowering social care empowering when what how why **groups** data asset involvement  
 resources social capital **the** communities when commitment care information way forward how  
 partnerships locating co-production **Trafford** what why how barriers engaging social care  
 health care how why how reaching locating face to face **way** participation involvement when



# A Workbook

Ahmed I Lambat / Yusuf I Lambat  
 January 2011



# Engaging with hard to reach Groups

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# Engaging with hard to reach Groups

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## Acknowledgements

Lots of people have directly or indirectly contributed to our understanding and application of the process of engaging with hard to reach groups and the production of this workbook. We would like to express our gratitude to all and in particular to Linda Harper, Joanne Willmott and the late Martin Patient of Trafford Adult Social Services for their faith in us in producing this workbook; our outreach work colleagues Nazir Patel and Rukaiya Pandor who engage with the hard to reach groups on a day-to-day basis; all our other LMCP colleagues; and our parents and families for their constant support and encouragement. Our father did much of the pioneering community engagement / development work with older South Asian persons and their carers in Manchester and thereby enabled us to replicate much of our work in Trafford.

## Foreword

Trafford Council, Adult Social Care Directorate are delighted to acknowledge the publication of this workbook which is the outcome of six years of close partnership learning between ourselves and a range of key stakeholders, in particular LMCP Care Link.

This workbook will be an inspiring toolkit to support the sustained engagement of hard to reach groups in the delivery of quality social care services within local communities. It has been written based on the learning experience in Trafford of commissioning a BME organisation working specifically with the South Asian community, LMCP Care Link. The success of the approach has been demonstrated by a range of new services in Trafford to support BME Communities and recognition by the Local Innovation Awards Scheme of IDeA / Communities and Local Government for 'Taking Control of Care' in 2010. This recognition was further reinforced and celebrated by the receipt of the NHS Award for 'Success in Partnerships' which was specifically based on our work linked to the BME Service Improvement Partnership in Trafford.

The workbook I am sure will enable other Local Authorities to meet the challenges of engaging with hard to reach communities in the future. By listening and taking action new exciting innovative services can be developed enabling people to remain more independent for longer in their own community

Anne Higgins  
Corporate Director, Communities and Wellbeing

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## Engaging with hard to reach Groups

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### About the organisations

#### Trafford Council

Trafford is an excellent council (CQC 2009-10). It serves a population of around 210,000. About 10% of the residents are from 40 different ethnic groups other than white. Trafford is largely urban, but the west of the borough is rural. Trafford's economy is strong with Trafford Park, the largest industrial estate in Europe, and the Trafford Centre contributing to the local and national economy.

There are good amenities, facilities and leisure opportunities including the Imperial War Museum North, Old Trafford cricket ground and Manchester United.

However, **'Trafford is a borough of contrasts with some of its neighbourhoods being amongst the most disadvantaged in the entire country.'** ..... **'Some groups in the community do not enjoy the same quality of life and are a specific focus for the [Trafford] Partnership including disabled people, carers, those over 50, children and young people and people from Black and Minority Ethnic and new communities.'**

Trafford Partnership, March 2008

Trafford Council and partners through the Trafford Partnership have agreed priorities to improve the quality of life for people.

#### LMCP Care Link

Set-up in the early 1970<sup>s</sup> to work with socio-economically less-disadvantaged groups, the organisation is a small registered charity and a company limited by guarantee. It works with and on behalf of older South Asian persons and their carers and South Asian women with mental health needs and their carers. It seeks to promote the availability and uptake of culturally and religiously appropriate health and social care services. Working with service users involves doing outreach work, organising the Asian Carers' Group and drop-ins for women with mental health needs. Working on behalf of service users involves serving on a range of strategy, policy, steering and working groups. The organisation works across the city of Manchester and North Trafford with all South Asians.

In addition, the organisation delivers a cultural awareness programme for Trafford's social care workers; has developed and delivered a service user engagement programme; has developed and is delivering a programme to enable local residents to take advantage of the new Personal Assistant opportunities in social care.

### About the authors

#### Ahmed I Lambat

Ahmed joined LMCP in 2000 as an Outreach Worker and since June 2002 has been responsible for managing LMCP. He divides his time between managing LMCP, practice teaching social work students, supporting research and contributing to the development of social and health care strategies, policies and services. Ahmed has served/ continues to serve on a number of strategy, policy, steering and working groups and forums to help improve the availability and uptake of culturally and religiously appropriate health and social care services.

Ahmed provides cultural awareness support to Manchester and Trafford Adult Social Care staff; advice and guidance to voluntary, community and independent providers on developing and delivering culturally and religiously appropriate care services; and capacity building support to smaller community organisations.

Ahmed holds a BSc in Biochemistry from the University of Manchester, an MSc in Computing from Bradford University, a Certificate in Enterprise Skills from Stirling University and the Social Work Practice Teacher Award from Salford University/ General Social Care Council. He has also attended numerous courses relevant to his work.

Before joining LMCP, Ahmed worked as an Analyst Programmer, an Information Officer, a Contracts Manager and a Performance Improvement Programmes Manager. He commissioned and managed training and consultancy programmes aimed at small to medium sized enterprises.

#### Yusuf I Lambat

Yusuf joined LMCP in 2009 as a part-time Development Worker. He has developed and delivers a Cultural Awareness programme for Trafford Council's social care workers; he has co-developed and co-delivered with Ahmed a service user engagement pilot and is co-delivering a Personal Assistants Development Programme. He also provides supervision support to colleagues and practice teaches social work students on placement with LMCP.

Yusuf holds a BA in Politics and Contemporary History from Salford University; Diploma in Social Work from MMU; a teaching qualification from the University of Central Lancashire and has undertaken other relevant management training.

Before joining LMCP, Yusuf set up and managed Dekh-Bhal – a home care service for South Asians provided by Manchester Care and managed the BA in Social Work and Counselling programmes at Stockport College.

# Engaging with hard to reach Groups

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## Introduction

In 2010 Trafford Council's innovative approach to implementing Putting People First was recognised by the Local Innovation Awards Scheme of IDeA / Communities and Local Government. It received an award for 'Taking control of care - empowering adults to control their own care'. Trafford is now sharing its good practice with others in a number of different ways including this workbook.

In 2005 Trafford Adult Social Services commissioned LMCP to support older South Asian persons and their carers through outreach work and drop-ins and to support its efforts to develop strategies to improve the availability and uptake of culturally appropriate services. Engagement with the South Asian community was integral to this work. This workbook attempts to capture how Trafford and LMCP worked together to engage one of the hard to reach groups - the South Asian community. Whilst the workbook will make specific references to this relationship and the approach taken, the authors believe that the principles discussed are general and can be used to engage with other hard to reach groups.

This workbook highlights some of the many ways in which you can engage with hard to reach groups, offers practical tips for getting started and explores how engagement can benefit you, your work and the groups with whom you engage. It is designed to be a working document so that you can record your thoughts, research and actions you will need to take for effective engagement.

**'The discipline of writing something down is the first step toward making it happen.'**

Lee Iacocca

Who is the workbook for?

The workbook is aimed at any professional who wishes to ensure that as many groups and communities are engaged as possible.

# Engaging with hard to reach Groups

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## Before you start

### Has it been done already?

Before you begin this work, make sure that it has not already been started or completed by a colleague in your own or in a partner agency. Check with, for example, the Commissioning Team, Community Development Team and/or Equality and Diversity Team.



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## Commitment

The process described in this workbook is not for one individual to try to implement alone. It needs the commitment of the entire organisation with a designated 'owner' of the process. Effective engagement requires **long-term commitment** by the engaging organisation and its partners.

- Is there Corporate / Senior Management 'buy-in'?
- Has a public commitment been made?
- What about partner organisations?
- Has a process leader been identified?



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## Engaging with hard to reach Groups

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### Resources

Effective engagement requires significant investment on the part of various agencies, including sharing resources, sharing power, and sharing responsibility.

Has an agreement been made to do this?

**‘Lack of resources has hanged many a person’.** Irish Proverb



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### Cultural competence

**‘Cultural competence refers to the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors in a manner that recognises, affirms, and values the worth of individuals, families, and communities and protects and preserves the dignity of each.’**

<http://www.naswdc.org/practice/standards/NASWculturalstandards.pdf>

Do you have enough awareness about the different groups to establish relationship and win trust?  
Please see later sections for more information.

Have you completed a diversity/ cultural awareness programme?



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*Trafford Adult Social Services’ the then Executive Director made a commitment to engage with Black and Minority Ethnic groups and tasked the Commissioning Manager to lead the project. Financial resources were identified for not only engaging but also to respond to feedback / suggestions from the groups.*



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## Engaging with hard to reach Groups

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### What are hard-to-reach groups?

Much has been written about the difficulties in defining hard to reach groups. For example

- some prefer the terms marginalised, hard to hear, vulnerable, disadvantaged, seldom heard
- are they hard to reach or are we just not trying hard enough?
- some groups may be hard to reach in one area but may be highly involved in another
- hard to reach groups are not homogenous; there is much diversity within and between these groups

The Home Office Development and Practice Report 15 identified **‘minorities, those slipping through the net and the service resistant’** as hard to reach groups and recommended that **‘when attempting to define ‘hard to reach’ groups practitioners should ensure that any definition is based on evidence’**.

### Examples of hard to reach groups

Literature cites the following as being hard to reach:

- homeless
- drug users
- refugees and asylum seekers
- gypsies / travellers
- disabled people (physical and learning)
- people with visual, hearing and speech impairment
- people with mental health problems / suffering from personality disorder
- Black and Minority Ethnic groups
- children / children in care
- young people
- older people
- carers
- those who live in rural areas
- young middle-class workers
- teenage parents
- single parents
- victims of domestic abuse
- offenders
- socially excluded people
- people from sexual minority communities
- socio-economically disadvantaged
- those who cannot read, write or speak English

## Engaging with hard to reach Groups

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This is not meant to be an exhaustive list nor are we implying that all these groups or all those who fall in these groups are hard to reach.

### What is engagement?

**‘Community engagement consists of informing, consulting, involving, listening and responding to communities through on going relationships.**

**Community engagement builds relationships of trust between agencies and communities, and allows communities to influence services and neighbourhood improvements. It also helps to build strong, resilient communities with active citizens and good social networks.’**

<http://www.idea.gov.uk/idk/core/page.do?pageId=9274774>

### Why engage?

There are many reasons for engaging with the public generally and with hard to reach groups particularly.

### Legislation

A. The Local Government and Public Involvement in Health Act 2007 requires public bodies to involve local people and specifies 3 ways to do this:

- 1) providing information about the exercise of the function;
- 2) consulting about the exercise of the function;
- 3) or involving in another way

B. Equality Act 2010

### Good practice

**‘One of the WCC (World Class Commissioning) competencies PCTs will be expected to achieve is: Proactively seeks and builds continuous and meaningful engagement with the public and patients, to shape services and improve health.’**

**‘engaging with vulnerable groups and communities that are seldom heard, and responding to their needs, will help to tackle inequalities’**

and if it is not done well then it can result in **‘services that fail to meet the needs and wants of local people and a disillusioned, cynical local population that has little trust in the NHS’**

Duty to involve patients strengthened, Briefing on section 242 of NHS Act 2006, Department of Health

**‘Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.’**

Fair Society, Healthy Lives, Executive Summary, The Marmot Review, February 2010

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## Engaging with hard to reach Groups

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### Building social capital, promoting social inclusion and reducing social exclusion

**‘It is vital to build social capital at a local level to ensure policies are both owned by those most affected and are shaped by their experiences.’**

Fair Society, Healthy Lives, Executive Summary, The Marmot Review, February 2010

### Assets approach

**‘ ..... as well as having needs and problems, our most marginalised communities also have social, cultural and material assets. Identifying and mobilising these can help them overcome the health challenges they face.’**

A glass half-full: how an asset approach can improve community health and wellbeing. IDeA March 2010

### Big Society

One of the Big Society principles is **empowering individuals and communities.**

<http://thebigsociety.co.uk/what-is-big-society/> accessed 15 October 2010

### Effective engagement helps

- improve communications and personal/ working relationships
- obtain wider community support/ buy-in / foster local support and goodwill for a new idea or initiative; different sections of the community have needs/ views that are different and if not engaged then these needs/views may remain unrecognised; not taking account of differences could lead to claims of indirect discrimination
- gather useful data and ideas / generate new ideas from people who are not traditionally involved
- enhance public sector or corporate reputation by building trust
- provide for more sustainable decision-making and leads to improvement in the quality and sustainability of public and private services
- challenge assumptions and changes perceptions
- raises aspirations - better take up of services
- contribute to accountability - groups can see how public money is being spent

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## Engaging with hard to reach Groups

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### Other benefits include

- strengthening of democracy and encouraging more active involvement by communities
- promotion of a wider circle of responsibility for decisions and actions - active citizenship
- early identification of potential issues, conflicts and benefits
- enhancement of social capital and/or improved services for people; some of society's problems are caused or exacerbated by social exclusion
- policy change
- cost savings in the medium to long-term
- promotion of local capacity building and learning (individual and organisational)
- increased community cohesion and strengthened shared identity

### Barriers to engagement

Just as there are lots of possible hard to reach groups, there are also lots of reasons or 'barriers' why people do not engage. Some of these are

- lack of awareness of opportunities to engage
- impairment / accessibility
- cultural differences
  - language
  - gender
  - timing (clash with holy days / celebrations / prayer times)
  - location (place of worship, bars/clubs)
- social expectations
- time limits
- lack of trust
- some may have become disaffected with the consultation process
- over consulted
- some may lack confidence, motivation or resources (financial, knowledge or skills)

*Trafford Council decided to engage with the South Asian community to find out why they were not accessing social care; reduce inequalities; improve equity; build relationships; and improve reputation.*

## Engaging with hard to reach Groups

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**What are my reasons for engaging with hard to reach groups?** Be clear about your purpose from the outset so that those you are trying to engage with know what to expect. List here the specific outcomes you are looking for.



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## Engaging with hard to reach Groups

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### Where do I start?

‘Would you tell me, please, which way I ought to go from here?’

‘That depends a good deal on where you want to get to.’ said the Cat

Alice in Wonderland

### Defining the hard to reach groups

In every area there are people who are hard to reach. You need to find out who is in your area at any given time, including their demographics, the languages they speak, their cultures and religions and their mental and physical capacity. Make a list of what they do, what they read, where they go and how they like to find out about things.

First you need to undertake secondary research using information (quantitative and qualitative) that is already available. The table below will help you do this.

### What do you already know and have?

What?	Who can help?
<b>Strategies and policies</b> engagement diversity; commissioning <hr/> <hr/> <hr/>	Chief Executive’s Department Equality and Diversity Team; Commissioning Team; Department of Health <hr/> <hr/> <hr/>
<b>Data</b> census electoral register service users <hr/> <hr/> <hr/>	Chief Executive’s Department; Performance Unit; Corporate Research and Intelligence; Local Strategic Partnerships; Commissioning; Providers; Audit Office <hr/> <hr/> <hr/>
<b>Reports and surveys</b> previous consultations; market intelligence; Complaints; Comprehensive Area Agreement; Joint Strategic Needs Analysis; Customer satisfaction <hr/> <hr/> <hr/>	Chief Executive’s Commissioning Team; Contracts/ Procurement; Strategic Planning and Development; Economic Development Team; Providers; Voluntary and Community Groups; Department of Health <hr/> <hr/> <hr/>

## Engaging with hard to reach Groups

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The above research will enable you to build a residents' profile. It will tell you

- who is in your area at any given time
- approximate numbers
- who is engaging
- who is not engaging
- what efforts have been made to engage
- possibly the reasons for poor engagement

From this information you will be able to deduce the hard to reach groups.

As we pointed out earlier, engaging with hard to reach groups is not the work for one individual, one department or a single organisation. It requires a holistic joined up approach. You will therefore need to identify key organisations and contacts locally and nationally who could help. The above research will help you make a start. Before you undertake this step however it is necessary to select a small number, say 3 to 5, of these groups.

Here are some examples of organisations you may want to approach

Group	Strategies/policies/guidance	Organisations
BMEs	Equalities Act 2010 Equality Impact Assessments BME Service Improvement (e.g. Trafford Adult Social Care's BME Service Improvement Action Plan Trafford Housing Trust Quality of Life and Social Inclusion Delivery Plan	<ul style="list-style-type: none"> <li>• BME social care providers</li> <li>• ESOL providers</li> <li>• Forums (in Trafford, BME SIP; in Manchester, BMECF)</li> <li>• Equality and Diversity Team</li> <li>• Race Equality Council</li> <li>• Department of Health</li> <li>• Equality and Human Rights Commission</li> </ul>
Older People	NSF for O.P. Older People Commissioning Strategy Valuing Older People Putting People First	<ul style="list-style-type: none"> <li>• Adult Social Care, Housing Associations, Age Concern,</li> <li>• Specialist providers</li> <li>• Department of health</li> <li>• SCIE</li> <li>• Care homes</li> <li>• CQC</li> <li>• Audit Office</li> <li>• PSSRU, University of Manchester</li> </ul>
Carers	Carers Commissioning strategy Carers legislation such as Carers (Equal Opportunities) Act 2004	<ul style="list-style-type: none"> <li>• Adult Social Care Department</li> <li>• Princess Royal Trust for Carers</li> <li>• Carers Centres and carers service providers</li> <li>• Carers UK</li> <li>• Carers Direct</li> </ul>

## Engaging with hard to reach Groups

		<ul style="list-style-type: none"> <li>• Department of health</li> <li>• Department of Work and Pensions</li> </ul>
Mental Health	<p>NSF for Mental Health National Dementia Strategy Mental Health Commissioning Strategy PCT Public Health Directorate plan/s Delivering Race Equality in Mental Health care</p>	<ul style="list-style-type: none"> <li>• Department of Health</li> <li>• The NHS Information Centre</li> <li>• Statistics.gov.uk</li> <li>• Mental Health Foundation</li> <li>• Mentalhealth.org.uk</li> <li>• Centre for Mental Health</li> <li>• Rethink</li> <li>• PCT (e.g. Trafford PCT)</li> <li>• Acute Trust</li> <li>• Mental Health and Social Care Trust (e.g. Greater Manchester West Mental Health Foundation Trust)</li> <li>• Children and Young People's Services</li> <li>• Providers (such as Trafford Mental Health Advocacy Service (VCAT), Blusci, South Asian Mental Health Service, Age Concern)</li> <li>• Mind</li> <li>• Adult Social Services (commissioning)</li> <li>• Council Health and Wellbeing Committee</li> <li>• Department of Work and Pensions</li> <li>• Nursing Homes</li> <li>• Registered Social Landlords</li> </ul>
Refugees/ Asylum Seekers		<ul style="list-style-type: none"> <li>• Refugee Council</li> <li>• Refugee Action</li> <li>• Local support organisations such as Manchester Refugee Support Network</li> <li>• Council support teams such as Trafford Asylum Support Team</li> <li>• BME service providers</li> <li>• British Red Cross</li> <li>• Law Centre/s</li> <li>• Citizens Advice Bureau</li> </ul>

The above step will help you to learn about

- hard to reach groups in your area
- barriers they face in accessing information, services and/or engaging
- preferred methods of communication; primary languages spoken



## Engaging with hard to reach Groups

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- organisations that support/serve hard to reach groups
- champions who could provide valuable insights, knowledge and contacts
- good practice in engaging with these groups

Tips: When researching, look at departmental, corporate, local partnership and national levels  
Internet is a useful source not just for the national picture but increasingly for local information!

Voluntary and community groups can provide valuable information about hard to reach groups, barriers to engagement and how they perceive your organisation

Voluntary groups/ service providers may also have (old) reports/surveys produced by your own organisation - they have a habit of holding on to things!

Do remember that it takes time to develop relationships

Manage expectations - be clear what you can or cannot offer at the start

*In 2004 Trafford Council commissioned the University of Salford's Housing and Urban Studies Unit to undertake a study of the housing and related needs of the BME community. Local BME residents were recruited as Community Interviewers. This research identified that there were 40 individual ethnic groups, some of whom were not recorded by the 2001 census. It also identified the needs and aspirations of local residents, their experiences of dealing with and their perceptions of the Council and others as well as their desire to engage with the Council and other relevant organisations.*

### Locating hard to reach groups

Your research into your organisation's current policies and practices will provide you with information on how hard to reach groups are targeted and perhaps the effectiveness of these approaches. In addition, you should also consider the following:

- gathering places including places of worship
- community and religious organisations that serve these groups; service providers
- specialist shops
- key spokespersons, trusted sources of information (potential community collaborators / champions)



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## Engaging with hard to reach Groups

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Adult Social Care (Services) Departments, as part of the Putting People First / personalisation agenda, have started to develop comprehensive online information on sources of help and support available to local communities from traditional as well as other organisations. My Way in Trafford and MyManchesterServices in Manchester are examples. These resources will prove useful in locating community, voluntary and faith groups.

### At what level do I want to involve/ engage?

On page 12 you considered your reasons for engagement and the specific outcomes you were looking for. Together with these you also need to consider the level at which you wish to engage. Are you simply looking to share information with your target groups or are you looking to involve them in decision making?

In 1969 Sherry Arnstein described a ladder of participation with 8 steps. Please see <http://www.partnerships.org.uk/guide/ideas.htm> for more information.

A number of variations exist, for example

### Ladder of participation

*Full control:* service user control decision making at the highest level

*Sharing power:* service users share decisions and responsibility, influencing and determining outcomes

*Participation:* service users can make suggestions and influence outcomes

*Consultation:* service users are asked what they think but have limited influence

*Information:* Service users are told what is happening but have no influence

*No control:* service users are passive consumers

[http://www.serviceuserinvolvement.co.uk/whatisit\\_laderOfP.asp](http://www.serviceuserinvolvement.co.uk/whatisit_laderOfP.asp)

Which model/s is/are appropriate to you?



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For your chosen model, consider the relevance of each level

Level of involvement/ engagement	Relevant?

### How do I engage/ involve?

As we have discussed earlier, hard to reach groups are not homogenous. They have their particular characteristics and barriers to engagement. An engagement method that is effective with one group may not work with another; nor necessarily with the same group in another area.

As always find out what engagement methods have been employed by your organisation and partner agencies and how effective they have proved.

When selecting an engagement method do consider the resources that are available, the outcomes you are seeking to achieve as well as the characteristics of the groups and the barriers that they face.

Method	Advantage	Disadvantage	What am I going to use?
News papers/ magazines/ newsletters	Some are targeted at specific groups and therefore helpful in reaching your intended audience	Excludes those that cannot read and the visually impaired. Some do not rely on 'print' for their information – they prefer face to face contact	
Questionnaires/ surveys	Can target a wider representative sample	Hard to reach groups often overlooked and some may find it difficult to complete because of communication /language barriers	

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Web-based	Quick and cheap and can be accessed from home by the wider public	Will exclude those that do not have internet access as well as those with communication difficulties	
Public meetings	Face to face. Allows two way communication. Can reach a large audience. Demonstrates desire to listen and share	Requires good planning. Please see below for more information.	
Stakeholder meetings	Target audience already known and are aware of the issues so informed discussions can take place. Audience will generally be motivated	Can be accused of relying on the usual suspects. Likely to exclude those that are not a part of established networks. Those with a vested interest can dominate the discussions and skew the outcomes	
Focus Groups	Good for exploring issues in detail with small numbers of people	Need to hold a number of focus groups to allow different groups to have their say	
Road shows/ open days	Flexible. Promotes good relationships. Quick feedback. Means of gaining information from the public	Those who attend are not necessarily representative of the local population. Please revisit the section on barriers	
Third parties (providers)	Providers often work with particular groups and therefore have in-depth knowledge. Can help you identify and reach your target audience. Are generally aware of key issues	Providers do have a vested interest and might act as gatekeepers and/or influence the outcomes to be in their favour	

## Engaging with hard to reach Groups

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Community / religious groups places of worship	As with specialist providers, can help understand/ reach your target audience	Some groups cater for a particular need such as spiritual need and therefore may not be aware of other issues such as social and health care. Can act as gatekeepers by denying access to members or by denying the existence of needs etc	
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### Points to remember when engaging with different groups - some examples

#### Older people

Do not make assumptions, for example, about expertise and experience, access to or use of the internet

Avoid ageist language and practices

Make sure venue is accessible; organise transport

Think about those with reduced mental capacity

Offer outreach service to those that cannot attend your events/ meetings; and assistance with questionnaire completion

Most of the traditional engagement methods should work with older people but do seek guidance from older people forums/ providers that support older people

#### Disabled

Make sure venue is accessible

Make information available in appropriate format (e.g. large print, braille, coloured paper; arrange for a loop system, signers/lip readers)

Avoid discriminatory language and practice

Undertake disability awareness training

Seek guidance from organisations that support disabled people

#### Black and Minority Ethnic Groups

Remember the diversity within groups and communities

Acquire cultural competence by undertaking a cultural awareness programme and seeking guidance from BME service providers etc

Many BMEs, particularly older persons, prefer face to face contact

Provide information in appropriate languages (including dialect) and format

If new to working with interpreters do seek guidance

## Engaging with hard to reach Groups

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Before having flyers translated and advertising in 'ethnic' media do find out about the languages (including dialects) that your target audience read and speak; distribute flyers via specialist shops and places of worship

Consider reaching out to your target audience through third parties, for example, service providers, community groups and places of worship but do be careful about vested interests, over-playing or denial of needs

Remember that your target audience may lack awareness of policies and services and therefore will not be able to engage meaningfully; consider raising awareness through providers

Please see below for how Trafford reached out to its older South Asian residents and their carers.

### Before organising events/ public meetings:

1. Hard to reach group            Make sure that your activity is targeted appropriately
2. Planning                            Do not underestimate the time required. Add in contingency time
3. Venue                                Is it familiar to the group? Do they visit it on a regular basis? Is it easy to find/ get to? Is there parking and is it free? Public places such as Town Halls can be a little daunting for some people! Will the venue be culturally / religiously appropriate? Some would not attend events/meetings held in a pub or club and others not in a place of worship.  
For those who may want to offer their prayers, is there a quiet room and a facility to wash up before prayers?  
Is the room large enough to accommodate separate seating arrangements for males and females?
4. Access                                Does it have wheelchair access? What about prams and pushchairs?
5. Comfort                                Toilets and heating. Refreshments need to take into consideration people's cultural, religious and other dietary requirements
6. Barriers                                You should be aware of barriers to engagement for your target group. Revisit the section on page 8 and also seek advice if necessary. For example:
  - Transport                            - can you provide or reimburse travel expense?
  - Timing                                - does it coincide with a festival or prayers times
  - Language                            - interpreter / signer needed? Written information in other languages / easy read format / large print / on coloured paper; keep simple and jargon free
  - Gender                                - separate events / separate seating arrangement

## Engaging with hard to reach Groups

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7. Marketing                      How do the members of your target group like to receive information - word-of-mouth (from trusted sources), email, poster, radio or social media? Are there specific newspapers/ magazines / newsletters that your target group read?  
Are there existing networks that reach your target group?  
Work with your 'champion'
8. 'Cultural Competence'
- Being aware of your target group's culture is not enough; your practice must be congruent with this!
9. Seek feedback
10. Provide feedback – either through a follow up event/ meeting or letter/ email

### Tips

Involve your target audience at an early stage

Be aware of 'usual suspects / professional service users/carers' but do not dismiss them; yes they will come with a vested interest but will also have something positive to contribute

Do address the barriers discussed above

Do not make assumptions about expertise and experience. One barrier is lack of knowledge and experience of participating in meetings/forums. Think carefully about support people may need, for example, briefing session before the meeting/event so that participants are familiar with the key issues. Some may require nurturing / 'training and development' to acquire sufficient knowledge and understanding about your area of interest as well as to develop their confidence, assertiveness and communication and interpersonal skills

People will not attend unless there is a good reason for them to do so and they feel valued

Objections need to be handled tactfully to avoid bad publicity

Do remember that not every provider is able or willing to support your efforts to engage with hard to reach groups that they 'specialise' in supporting!

## Engaging with hard to reach Groups

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Trafford Adult Social Care adopted a longer term developmental approach to engaging with the South Asian communities. They also carried out the process through a provider, LMCP Care Link, and direct contact.

First, information was provided about services and the Department's intention to learn about the community members' experiences. This was done through an outreach and drop-in service. Regular events such as weekly drop-ins and monthly meetings were used to build loyalty. Information was thus provided face-to-face and also where possible in the person's preferred language.

Next the community consultation took place - again through the outreach and drop-in service. An event was also organised for the Commissioning Manager to declare the Department's intentions. An effort was made by LMCP Care Link to encourage not only service users to participate but also community and faith leaders. Forums were set up to encourage long term involvement and participation of service users, residents and community leaders.

The one-to-one and group consultations resulted in older persons identifying a need for day support. Once funding had been identified by Trafford, LMCP staff involved prospective service users in the design and development of a low level day support service - an example of co-production.

LMCP also provided capacity building support to a newly established community organisation to help it become a provider to Trafford Adult Social Care.

In attempting to engage with the South Asian communities, Trafford chose to work through a particular provider for the following reasons:

- track record in working with South Asian communities
- excellent reputation with communities as well as with professionals/ organisations
- supporting statutory agencies as a 'critical friend'
- excellent understanding of health and social care
- a passion for community involvement and empowerment
- facilitating relationship building (social capital) between professionals and communities



## Engaging with hard to reach Groups

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### Evaluation

**‘Coming together is the beginning; keeping together is progress; working together is success.’**

Henry Ford

Through this longer term developmental approach, Trafford Adult Social Care in partnership with LMCP Care Link and other partners, achieved

- the setting up of the BME Reference Board, BME Service Improvement Partnership and BME Senior Management Engagement Forum
- better informed South Asian communities
- services that reflect the needs of a diverse Trafford
- better take up of social care and other services
- more engaged service users and others
- participation in service design and development
- participation in significant consultations such as Fair Access to Care Services consultation on whether the Council should remove the Higher Moderate category
- support for changes, for example, relocating the low level day support to another venue having created a sense of place
- service user participation in supporting Trafford’s bids for awards
- two awards recognising Trafford’s approach to engagement

Throughout this period LMCP Care Link participated in and contributed to all the relevant strategic forums. They also encouraged service users and other community members to participate in public meetings and consultations. They organised public events at which the Commissioning Manager and other senior officers could provide information, consult and make commitment and report on outcomes

## Engaging with hard to reach Groups

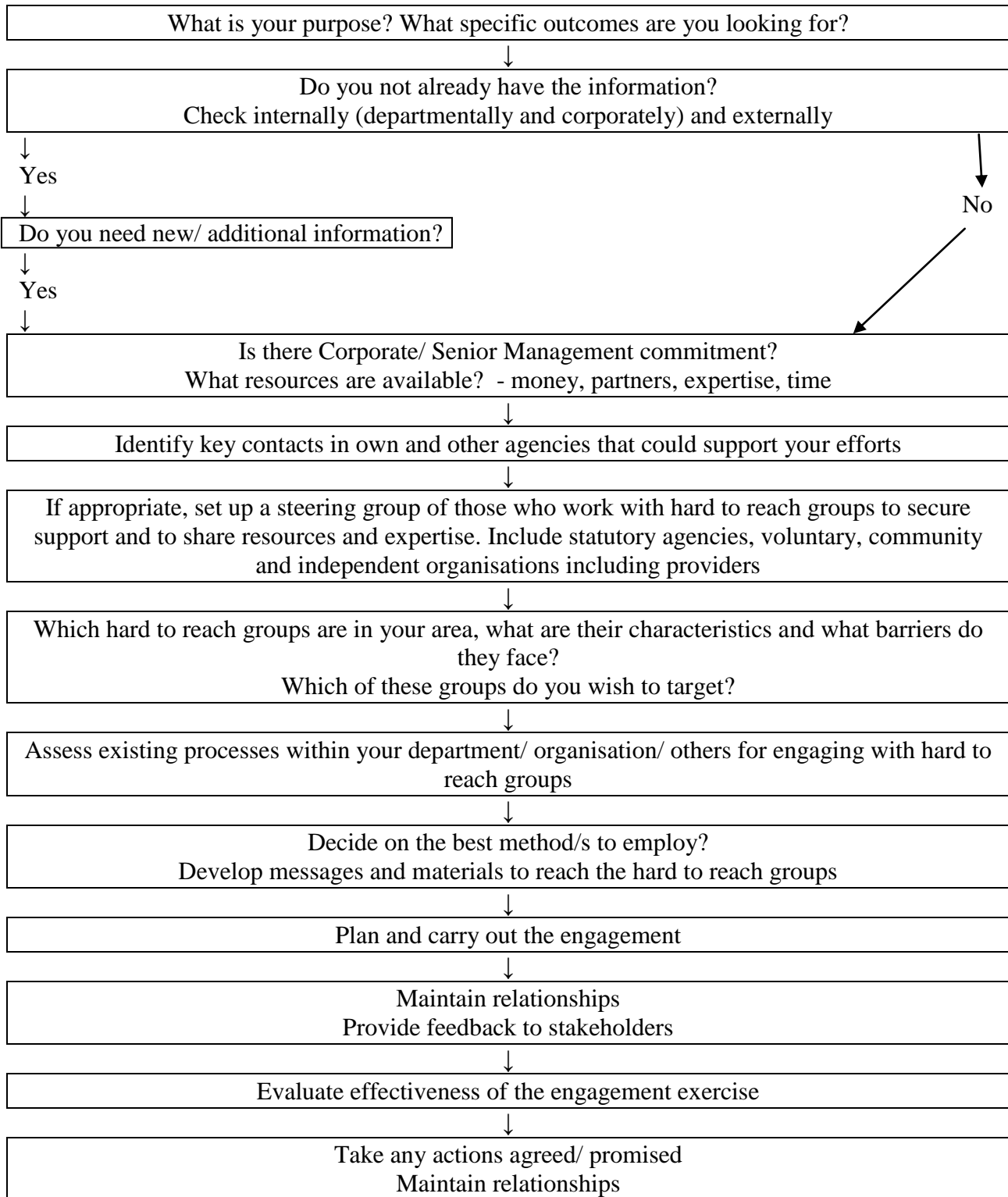
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### Trafford and LMCP Care Link partnership at a glance

- 2004 LMCP Care Link invited to provide feedback on Trafford's refreshed Older People Commissioning Strategy; Facilitation of meeting with community leaders/ older South Asians and the Commissioning Manager
- 2005 LMCP awarded contract to support older South Asian persons and their carers through outreach work and weekly drop-ins (the drop-ins would promote contact between professionals and local residents and serve to exchange information on services, gaps, needs and aspirations, improve confidence etc in short develop Social Capital)  
In addition LMCP Care Manager would provide strategic support (acting as a 'critical friend')
- 2005 LMCP Manager supported the Commissioning Manager in setting up a BME Reference Board - Commissioning Manager, other Officers, providers and BME residents meeting regularly to discuss needs, gaps in provision etc  
BME Service Improvement Partnership - Commissioning Manager, other Council Officers and BME providers meeting regularly to draft and implement a BME Transformation Plan  
BME Senior Management Forum - chaired by the Director of Adult Social Care and attended by senior Council and PCT Officers and BME providers to demonstrate commitment, provide strategic steer and commit appropriate resources
- 2006 LMCP Manager contributed to the recruitment of a BME Support Officer who would help map and provide support to BME community and voluntary organisations
- 2006 LMCP reported a gap in day support for older South Asians and then contributed to the development of a Resource Centre. LMCP staff provided 'consultancy' around cultural/ religious facilities
- 2006 LMCP staff identified and worked with potential low level day support users to develop culturally and religiously appropriate activities
- 2006 LMCP helped identify a newly established community organisation that could provide the low level day support under a contractual agreement and then provided capacity building support
- 2007 LMCP continued to support the low level day support provider by referring service users as well as 'seconding' social work students on placement with them to support the development and delivery of services
- 2008 Volunteer Recruitment Event
- 2009 LMCP in partnership with two other BME providers started delivering a Cultural Awareness Programme
- 2009 LMCP Care Link commissioned by the Learning and Development department to develop and deliver a programme to enable service users, carers and other residents to participate in appropriate health and social care forums
- 2009 Social Care/ Social Work employment and training opportunities event
- 2009 Putting People First event
- 2009 Paying for care and making a will - a religious perspective
- 2010 Putting People First - update
- 2010 Personal Assistants Training and Development programmes

# Engaging with hard to reach Groups

## Engagement Summary



# Engaging with hard to reach Groups

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## Useful websites

### Government / local government

Department of health [www.dh.gov.uk](http://www.dh.gov.uk)  
(policies, statistics)

Statistics [www.statistics.gov.uk](http://www.statistics.gov.uk)  
(Data on economy, population and society at national and local levels)

Local Government Improvement and Development [www.idea.gov.uk](http://www.idea.gov.uk)  
(good practice)

[www.direct.gov.uk](http://www.direct.gov.uk)

[www.homeoffice.gov.uk](http://www.homeoffice.gov.uk)

[www.legislation.gov.uk](http://www.legislation.gov.uk)

Office of Public Sector Information [www.opsi.gov.uk](http://www.opsi.gov.uk)

Local Government Association [www.lga.gov.uk](http://www.lga.gov.uk)

Department for Communities and Local Government [www.communities.gov.uk](http://www.communities.gov.uk)

The NHS Information Centre [www.ic.nhs.uk](http://www.ic.nhs.uk)  
(health and social care information)

[www.thebigsociety.co.uk](http://www.thebigsociety.co.uk)

### Social research

The Joseph Rowntree Foundation [www.jrf.org.uk](http://www.jrf.org.uk)

Kings Fund [www.kingsfund.org.uk](http://www.kingsfund.org.uk)

### Older People

[ageuk.org.uk](http://ageuk.org.uk)

### Housing / homelessness

[www.housingnet.co.uk](http://www.housingnet.co.uk)  
(information on housing associations ... (free access to Local Authority employees)  
[www.shelter.org.uk](http://www.shelter.org.uk) (homelessness charity)

### **Mental Health**

Mental Health Foundation [www.mentalhealth.org.uk](http://www.mentalhealth.org.uk)

[www.centreformentalhealth.org.uk](http://www.centreformentalhealth.org.uk)

### **Carers**

[www.carersuk.org.uk](http://www.carersuk.org.uk)

[www.nhs.uk/carersdirect](http://www.nhs.uk/carersdirect)

[www.princessroyaltrust.org.uk](http://www.princessroyaltrust.org.uk)

### **Refugees and Asylum Seekers**

[www.refugeeaction.org.uk](http://www.refugeeaction.org.uk)

[www.refugeecouncil.org.uk](http://www.refugeecouncil.org.uk)

[www.redcross.org.uk](http://www.redcross.org.uk)

### **Ethnicity**

Centre for ethnicity and racism studies [www.leeds.ac.uk/cers/about.htm](http://www.leeds.ac.uk/cers/about.htm)

Centre for evidence in Ethnicity, Health and Diversity -  
[www2.warwick.ac.uk/fac/med/clinsci/research/ethnicityhealth...](http://www2.warwick.ac.uk/fac/med/clinsci/research/ethnicityhealth...)

### **Community Engagement Strategies**

A number of local authorities have produced detailed strategies. You may want to look at some of these.

### **Further information and support**

If you require additional information or support (consultancy and/or training) to implement this work, please contact the authors at [lmcp@btconnect.com](mailto:lmcp@btconnect.com)  
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Tel – 0161 226 4632