



Maqsood Ahmad: Blog

There are no “hard to reach groups”

If I got a pound for every time I have heard “hard to reach” group from my colleagues I would be a rich man and retired early. I have constantly been reminded by the so called “hard to reach groups” that they are only “hard to reach leaders and organisations” and no “hard to reach groups”.

For the purpose of this blog I am focusing on the visible groups (Black and Asian) but the issue of “hard to reach” could easily be applied to other seldom engaged (which in my opinion would be a better term to be used) groups which include: those with disability; race; faith; sex; ethnicity; sexuality; those with communication impairments; people with mental health issues; homelessness and those that are geographical isolated.

I have had the opportunity through my professional and voluntary work to engage with diverse groups. At one of the workshops which I facilitated, I remember two participants that gave examples which resonate with me:

“If the tax people have no problem in finding me and local politicians can easily trace me before elections to get my vote so why can't the people we pay salaries via our taxes find us” (Asian Male).

“they (professionals) use “hard to reach” as a way out for them not to make the effort to come out of their nice offices and engage with black and Asian communities, especially women. We always get left out or thought of at the end when their policy or decision have already been made” (Black female).

Engaging with seldom heard groups is not an easy task and requires continuous efforts to gain confidence from those that have been excluded over the years. The lack of effective and meaningful engagement has brought with it lack of trust which needs to be built amongst these groups. By using the label “hard to reach” implies:

- They do not want to be reached which is not the case, most of the groups I have been lucky enough to work with are all keen to engage with the professionals and public services as long as there are meaningful outcomes.
- It's difficult to reach them so why make the effort besides don't have the resources to do it.
- Don't need to reach out to them because you can't reach out to everyone as long as you have the views of the majority (which normally is the view of the articulated and well informed).

So what stops professionals within public services effectively engaging with seldom heard groups is it:

- They are too busy and lack the time or the compassion as public servants to effectively engage with seldom heard groups?

- Lack of knowledge, experience and skill including connections within seldom heard groups that hinder engagement?
- Lack of resources or no forward engagement planning to go out into local areas to seek out the views of seldom heard groups?
- Lack of leadership or strategic direction?

It may be all of the above or few of the above. For me it doesn't matter how many reasons we come up with, what matters is how can we move forward, below are some suggestions for myself and my colleagues to consider:

1. Leaders to provide a long (3 to 5 years) term strategic direction via a co-designed policy of meaningful engagement with seldom heard groups supported by appropriate resources (human and financial) to implement the policy.
2. Co-design and deliver meaningful education and engagement learning programme for all staff within the organisation starting with senior management teams then to be rolled out to all staff.
3. Co-design and deliver a meaningful education and engagement programme for seldom heard groups on how to effectively engage with decision makers and public services.
4. Carry-out a local/regional seldom heard group mapping to help and shape one, two and three above.

I don't want this blog to be all "doom and gloom" they are some excellent examples of good practice out there in public services. Some of the ones that I am aware of being undertaken by Greater Manchester Health and Social Care Partnership (happy to provide further information and contacts) include

Supporting the voluntary and faith sectors.

Health and Social Care Partnership (HSCP) has agreed a Memorandum of Understandings (MoU) between Greater Manchester Voluntary Sector and are currently supporting the faith sector to celebrate the work of faith communities in localities via an action audit. The audit will provide an opportunity in supporting the local interfaith networks and connect them across Greater Manchester. **The outcome** a formalised agreement based on dialogue of equals between the voluntary sector and faith sector better able to co-ordinate and share good practice on a GM level.



Empowering seldom heard groups to set up their own dementia friendly environment at local level. **The outcome** of this support HSCP Strategic Clinical Network (SCN) has been a thriving and confidence BAME group now has the confidence to draw in additional resources from local CCG, NHS England, National Lottery and other sources to provide a culturally sensitive services to local dementia service users.

- **Chief Officer sounding board** to hear the views of people with mental health issues including children and young people. **The outcome** included not only the Chief Officer, Jon Rouse listening to the service users of what was working from their perspective and what needed improving in relation to mental health but also agreeing with co-designing better outcomes for people with Border Line Personality Disorders by bringing users and professionals together. The Chief Officer sounding board also provided an opportunity for the service users to go on to establish a Greater Manchester Service Users Network.



- **Citizen Leadership Programme**, Northwest Leadership Academy co-designed with Black and Asian Minority Ethnic (BAME) women groups to support the confidence of BAME women to effectively engage with local decision makers. **The Outcomes** included over 120 BAME women from the most deprived areas of Greater Manchester and Blackburn and Darwin engaged in the programme; opportunity for them to interact with local decision makers (Leaders of the Council, elected members, Chairs of CCGs, Chief Executives of Health Watch and others) through sharing personal stories; explored how local services can be improved and how the women can be further supported at a local level. Some of the women have set up their own women support groups, some are in posts and started to work and some have taken on voluntary work and become more active within local level.



- **Improving Access to Physiological Therapies (IAPT) Positive Action Project** supporting vulnerable service users and diverse communities to increase their knowledge of IAPT services available to them. A partnership project led by Health and Social Care Partnership Strategic Clinical Network in bringing the experience and knowledge of LGTB, Faith and BAME Groups together to have a meaningful engagement with vulnerable communities and services users of mental health. **Outcomes:** increase the awareness of participants regarding the IAPT (access and recovery) services available to them; promoted better understanding between different faith, sex, LGTB and race groups breaking the myth that “faith and LGBT groups and organisations do not work together”; increased better understanding of challenges faced by professionals (clinical



lead, commissioners and providers of IAPT services) and vulnerable groups; acceptance that the voluntary organisations (LGTB) are effectively providing IAPT services for their client groups and there is no reason why other vulnerable groups cannot be in a similar positions.

- **Increasing the knowledge** through training of managers on how they can support vulnerable groups with mental health. Strategic Clinical Network in partnership with Age UK Oldham embarked on a Mental Health First Aid Training Programme for managers in the voluntary sector responsible for supporting vulnerable groups. The training covered number of key mental health areas: depression, eating disorders, personality disorders to creating health communities and workforce. **Outcomes:** 30 managers and individuals supporting vulnerable groups trained as mental health first aid trainers, better understanding of how vulnerable groups can be effected by mental health and multiple discrimination, how individuals can be supported and spotting early signs of mental health including their own colleagues within their organisations to those trained have become part of a wider “army” of mental health ambassadors and first aid trainers.



- **Through Our Eyes.** A bespoke project themed 'Through Our Eyes' was delivered by the Strategic Clinical Networks in partnership with an independent organisation- Stories to Change (STC). Families from Black, Asian and Minority ethnic (BAME) communities who have experienced the death of a loved-one shared their stories to help improve end of life care. As part of the initiative their stories have been captured on camera and



a special film produced which includes excerpts of interviews with volunteers from Afro Caribbean, Hindu, Jewish, and Muslim communities talking about their experiences of end of life care. **Outcomes:** The film was intended to be used as a resource for community and faith groups to begin a conversation around end of life care and to help inform NHS professionals how to begin to commission and provide a more inclusive palliative and end of life care service. For a copy of the film please contact: england.gmec@-eolc@nhs.net

In conclusion, I may not be a rich man who has retired early. I don't get a pound for every time people use this damaging phrase of “hard to reach”. But not reaching out to seldom heard groups does cost us. It costs us in “trust” and it costs us in “confidence”. Trust and confidence are the two foundations of any organisations which allow services to thrive but the risk of weak foundations of collapsing must never be underestimated.