

Hard to reach communities

The PCT adopts the term “harder to reach” to convey a more positive sense of success than the traditional ‘hard to reach’. This guidance is designed, not only to engage with those groups but also to reach them in the provision of services.

The PCT uses the categories set out in section below when seeking to identify the harder to reach in its area.

Category	Sub-categories
Children and young People	<ul style="list-style-type: none"> • School leavers with low educational attainment. • Youths with a record of repeat offending. • Teenage mothers. • Children with mental health illness. • Sexually active teenagers. • Children with learning difficulties. • Children from ethnic communities whose first language is not English. • Young people who fail to access the services available.
Transient people	<ul style="list-style-type: none"> • Homeless people. • Gypsies and travellers. • Refugees. • Asylum seekers.
People of non-heterosexual Sexual orientation	<ul style="list-style-type: none"> • Gay, lesbian, bisexual and transgender.
People who are disinterested and/or disillusioned	<ul style="list-style-type: none"> • People who are difficult to contact. • People who tend to have poorer health. • The long-term unemployed over 50.
Hidden people	<ul style="list-style-type: none"> • Drug users. • Sex workers. • People with alcohol and other substance addictions.

	<ul style="list-style-type: none"> • People with mobility needs. • The housebound. • Carers
People who require different ways of communicating	<ul style="list-style-type: none"> • People with learning disabilities. • People with hearing or sight impairment. • People from minority ethnic communities and other people whose first language is not English. • People lacking basic life and social skills. • People who lack basic literacy and numeracy skills

Improvements

NHS Haringey will make improvements to reach these groups by introducing an engagement toolkit to be housed on the PCT's Intranet. Staff will receive education on this toolkit on how to engage with the community including the Hard to Reach and there will be a dedicated person at the PCT to answer any questions. Engagement will also be introduced at Staff Induction.

To assist in the process of identifying the health needs of the harder to reach, the PCT should use the six equality strands as used in the Equality Impact Assessment (EIA) process (e.g. race, disability, gender, sexual orientation, religion and belief and age). The reason for this is that the 'broad brush' categories currently in use do not get to the heart of why some people are harder to reach than others and how this might affect their ability to access and use services.

The PCT should therefore use the categories of harder to reach recommended in section 4.3 as an aide memoir to try to identify who it is currently failing to reach in each of the commissioning change programme areas. It will then need to find a way to communicate effectively with these people in order to identify the barriers they may face in accessing and using services.

- A Third sector mapping exercise is underway to include 'hard to reach' groups. The project is well on the way; with the questionnaires out to Third Sector Organisations and Focus Groups commenced from 10th September. 2009. An initial report will go to the Performance Management Group (PMG) in October.
- Dilo Lalande regularly attends the Well-Being partnerships meeting chaired by Robert Edmonds where he informs and updates all groups in attendance (including hard to reach groups) on health and well-

being, and new health initiatives, consultations, engagement plans etc. These representatives disseminate information from the PCT to others within the community

- The PCT also uses the services of LINKs to reach these groups.

Barriers and challenges

- Suspicion of others involved, and lack of trust.
- Fear of losing a separate identity.
- Unacceptable inequalities of power and control.
- Failure to recognise different personality types and communication styles.
- Lack of clarity on roles, responsibilities and leadership.
- Confusions about the nature and style of involvement – by representation or participation.
- Time necessary to develop relationships and feasible plans.