

## **ISR Working Paper, January 2007, Nicola Brackertz**

### **Who is hard to reach and why?**

In the context of local government, 'hard to reach' is a term sometimes used to describe those sections of the community that are difficult to involve in public participation. It is useful to take a step back and look at the usage of the term in the literature more generally, as many of the issues raised are also applicable to local councils.

#### Problems with 'hard to reach' terminology

There is a lack of clarity about what exactly is meant by 'hard to reach'. The term is employed inconsistently; sometimes it is used to refer to minority groups, such as ethnic people, gays and lesbians, or homeless people; it can be used to refer to 'hidden populations', i.e. groups of people who do not wish to be found or contacted, such as illegal drug users or gang members; while at other times it may refer to broader segments of the population, such as old or young people or people with disabilities (Jones & Newburn 2001: vi). In the service context, hard to reach often refers to the 'underserved', namely minority groups, those slipping through the net, and the service resistant (Doherty et al. 2004). An alternative term used in the sampling context is 'hidden populations' (Atkinson & Flint 2001; Duncan et al. 2003), as in they are hidden from the point of view of sampling. Hidden populations may also actively seek to conceal their group identity, as for example in the case of illicit drug users, gays and lesbians, sexually active teens, etc. (Duncan et al. 2003).

The problem with using the term 'hard to reach' is that it implies a homogeneity within distinct groups, which does not necessarily exist. Thereby 'it defines the problem as one within the group itself, not within your approach to them' (Smith 2006). This sentiment is echoed by Murphy (2006).

From what has been discussed so far it is not surprising that hard to reach is a potentially stigmatising terminology. Freimuth and Mettger (1990: 323) offer an illustrative summary of prejudices: 'Hard-to-reach audiences have been called obstinate, recalcitrant, chronically uninformed, disadvantaged, have-not, illiterate, malfunctioning, and information poor'.

#### Origins and usage of 'hard to reach'

Hard to reach is often used in the context of social marketing (Beder 1980). The aim of many social marketing initiatives, especially in the field of health, is to affect change in behaviour using marketing tools and techniques adopted from the private sector (Walsh et al. 1993). Social marketing is a consumer focused approach that believes nobody is impossible to reach; it just depends on the approach taken. Paul Vittles commented that 'no-one is hard to reach, just more expensive to reach. It is important to put more effort and creativity in reaching these groups' (Wilson 2001: 1).

This is borne out in medical and health research where hard to reach often appears in relation to the ability of health services to reach out to certain difficult to contact (or difficult to influence using existing techniques) segments of the population (Freimuth & Mettger 1990; Walsh et al. 1993; Faugier & Sargeant 1997; Burhansstipanov & Krebs 2005). Here hard to reach are also equated with the 'underserved', which can mean that either there are no services available for these groups or, more often, that they fail to access the services that are available (Earthman et al. 1999; Barlow et al. 2005; Burhansstipanov & Krebs 2005). The reasons why hard to reach people are of such

concern in the medical and educational fields is that they tend to have poorer health and educational outcomes, which is why reaching them is of particular concern to those working with young people and in youth services (Earthman et al. 1999; The Reading Agency 2006).

### Who is identified as hard to reach?

With emphasis on governance and community engagement, councils are now also focusing on those population segments that do not usually participate. Many organisations, but councils in particular, identify hard to reach populations using demographic definitions (young people, rural people, people with disabilities, ethnic groups) but it is important to acknowledge that attitudinal aspects are a contributing factor. For example, people could be hard to reach because they think council does not care about them, does not listen or even is irrelevant to them (Wilson 2001). It is these attitudes that can be even harder to overcome than demographic aspects.

Groups such as single young unemployed males, women who are the victims of domestic violence, black and Hispanic people (Freimuth & Mettger 1990), HIV positive people (Messeri et al. 1995), drug users, prostitutes, people who exhibit deviant behaviour (drug and alcohol abuse), people with low socio-economic status (Freimuth & Mettger 1990) and native Americans (Burhansstipanov & Krebs 2005) have all been seen to be hard to reach.

In addition to demographic and attitudinal characteristics, there are also practical reasons why some people are hard to reach. In the medical context, the most frequently reported barriers to participation in the US Head Start programme were prior commitments and schedule conflicts (Lamb-Parker et al. 2001, cited in Barlow et al. 2005).

In the Australian context, local councils have identified culturally and linguistically diverse (CALD) communities, indigenous, young, elderly, disabled and homeless people as hard to reach. Other groups included drug users, sex workers, those on low incomes, high rise apartment dwellers, faith based communities, businesses (traders), single parents, newly arrived residents, gay and lesbian people, homeless, problem gamblers and residents of hostels and boarding houses (Brackertz et al. 2005). Some rural populations are considered to be hard to reach, while some groups of people (in particular, those who were asked to regularly respond to service reviews) are becoming over-consulted and increasingly reluctant to participate (Brackertz et al. 2005). To this illustrious list should be added persons who would like to have a say in local issues, but do not know how to access council processes. Also identified were unresponsive people, such as the time-poor (those who are in full-time work and/or work outside the council area); people who have a low commitment to the local area or no vested interest in local issues (e.g. renters); and disengaged people who are disillusioned with, or feel disconnected from, the political process (Brackertz et al. 2005).

However, a list of identified groups is not necessarily a useful tool to recognise and establish relationships with hard to reach; all the more, because certain groups may be hard to reach in some contexts or locations and not in others. A more fruitful approach is to define characteristics of hard to reach groups and link these to successful approaches to contact or involve them (Health and Safety Executive 1994; Jones & Newburn 2001). The wide connotations associated with and imprecise usage of the term 'hard to reach' calls into question its utility. A number of groups and population segments have traditionally been underrepresented in councils' public participation. But in reality, few of these are hard to reach if the right approach is used.

Common to many writings is the recognition that those wishing to involve hard to reach need to overcome their own prejudices about the people they wish to contact, while at the same time having to work to address the preconceptions (often misconceptions) of those with whom they wish to involve (Freimuth & Mettger 1990; Barlow et al. 2005; Burhansstipanov & Krebs 2005). An alternative way to view the 'disinterest' or 'lack of motivation to contribute or become involved' often associated with hard to reach groups is by emphasising differences rather than deficits. The difference thesis suggests that when people are motivated to acquire information and that information is functional in their lives, they will make use of this. This notion has import for the sampling of hard to reach.

### Sampling hard to reach

In sampling, the term 'hard to reach' is used frequently in relation to the need to include certain population segments to obtain a representative sample (Messeri et al. 1995; Rhodes et al. 2004).<sup>1</sup> In relation to participatory practice in councils, representativeness is linked to the need to include all those affected by a particular issue to secure democratic legitimacy. The method and tool of public participation used will affect the representativeness of those participating. The degree to which particular groups are hard to reach is context specific and depends on the population targeted, the participation method used and the issue consulted upon.

Van Meter (1990, cited in Faugier & Sargeant 1996) distinguishes extensive (e.g. descending) and intensive (e.g. ascending) data collection methodologies. Descending methodologies (quantitative strategies executed at the level of general populations) require highly standardised questionnaires, population samples and traditional statistical analysis. These quantitative methods rely on 'representative' sampling strategies to make inferences about the whole population. Survey studies in the general population that rely on closed questions are inherently limited by the data obtained and may yield little understanding of the phenomenon under study, which is particularly limiting when exploring new or sensitive areas (Hendricks & Blanken 1992, cited in Faugier & Sargeant 1996).

Ascending methodologies, on the other hand, use qualitative sampling designs and are usually non-generalisable, but provide a high degree of insight into a social process. Typically they use snowball sampling, life histories and ethnographic monographs, with analysis adapted to suit the specific techniques employed (Faugier & Sargeant 1996). Snowball sampling is an example of a special technique that was developed to attempt to include hard to reach and hidden populations (Atkinson & Flint 2001). It is a link-tracing methodology that is used most often for qualitative research. In essence, the technique relies on a series of referrals that are made within a circle of people who know each other or are loosely connected. The respondent is asked to name other persons that fit the criteria described by the researcher. The newly identified persons are then interviewed and in turn asked to nominate others that fit the criteria and so on.

In councils, involving the hard to reach is usually done through a combination of targeting public participation tools and reaching out to communities in ways in which they are likely to respond to. However, many councils struggle to involve a representative cross-section of the community.

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<sup>1</sup> Discussions here relate to the inclusion of blacks, HIV positive people, drug users etc.

**Table 1: Tool to identify characteristics of the hard to reach**

<b>Characteristics:</b> Definition	<b>Attributes</b>	<b>Examples</b>	<b>Prompts: What do we know? What do others do?</b>
<b>Demographic:</b> The quantity and characteristics of the group	<ul style="list-style-type: none"> <li>• Large numbers</li> <li>• Dispersed population</li> <li>• Place of residence</li> <li>• Occupation and employment status</li> <li>• Age</li> <li>• Gender</li> <li>• Educational level attained</li> <li>• Income</li> <li>• Tenancy status</li> <li>• SEIFA Indexes*</li> </ul>	<ul style="list-style-type: none"> <li>• Farmers</li> <li>• Unemployed persons</li> <li>• Tenants</li> <li>• New residents</li> <li>• Old people</li> <li>• Young people</li> <li>• Women</li> <li>• Businesses</li> <li>• Community groups and organisations</li> <li>• Indigenous</li> <li>• High rise apartment dwellers</li> <li>• Faith based communities</li> </ul>	<ul style="list-style-type: none"> <li>• Where are these groups found?</li> <li>• How many are there in the group?</li> <li>• What do members of the group have in common?</li> <li>• (Where) do they get together?</li> <li>• Who else contacts them and how?</li> </ul>
<b>Cultural:</b> The way of life of a group of people	<ul style="list-style-type: none"> <li>• Lack of established information networks</li> <li>• Unable to access services easily</li> <li>• Language spoken</li> <li>• Ethnic or cultural background</li> <li>• Social invisibility</li> <li>• Lack of knowledge about councils' role and services</li> </ul>	<ul style="list-style-type: none"> <li>• CALD</li> <li>• Non-readers</li> <li>• Home workers</li> <li>• Ethnic groups</li> <li>• Indigenous</li> <li>• Drug users</li> <li>• Sex workers</li> <li>• Homeless people</li> <li>• Problem gamblers</li> <li>• Residents of hostels and boarding houses</li> </ul>	<ul style="list-style-type: none"> <li>• Which organisations could we work with to develop an information network?</li> <li>• What established information networks do people already use and how could we tap into them?</li> <li>• Are there individuals we could work through? How?</li> <li>• What are the alternatives to written information and points of contact?</li> </ul>
<b>Behavioural and Attitudinal:</b> The way the group's	<ul style="list-style-type: none"> <li>• Distrust of government agencies</li> <li>• Unwillingness to access services</li> <li>• Public participation in local or council matters is a low priority</li> </ul>	<ul style="list-style-type: none"> <li>• Busy people</li> <li>• (Single) mothers</li> <li>• Businesses</li> <li>• Illegal workers</li> </ul>	<ul style="list-style-type: none"> <li>• Who do they trust?</li> <li>• How can we inform or educate about the relevance of, or necessity for, consultation?</li> </ul>

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<p>attitude to council influences their behaviour</p>	<ul style="list-style-type: none"> <li>• Lack of time</li> <li>• Diffuse or poorly organised internal structure and communication</li> <li>• Previous bad experience</li> </ul>	<ul style="list-style-type: none"> <li>• Drug users</li> <li>• Sex workers</li> <li>• Homeless people</li> <li>• Problem gamblers</li> <li>• Residents of hostels and boarding houses</li> </ul>	<ul style="list-style-type: none"> <li>• What methods of outreach can we use (social marketing approach)?</li> <li>• How can we establish new relationships?</li> <li>• What or who can influence them?</li> <li>• What about the timing of the intervention?</li> <li>• What changes can we make to reach the group?</li> <li>• How can we improve the way we provide information and communicate?</li> <li>• How do other organisations facilitate access?</li> </ul>
<p><b>Structural :</b> The way council processes and structures influence access</p>	<ul style="list-style-type: none"> <li>• Bureaucracy and red tape</li> <li>• Availability of information in relevant languages, print sizes and media</li> <li>• Complicated 'procedures'</li> <li>• Attitude of council staff</li> <li>• Competence of consultants used</li> <li>• Timing and location of public participation</li> </ul>	<ul style="list-style-type: none"> <li>• Council staff</li> <li>• Consultants</li> <li>• Councillors</li> </ul>	

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Source: modified from Health and Safety Executive (1994: 11)

\*Socio-Economic Indexes For Areas (Australian Bureau of Statistics 2001)

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