Delivering services to hard to reach families in On Track areas: definition, consultation and needs assessment

Delivering services to hard to reach families in On Track areas: definition, consultation and needs assessment

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Key findings and recommendations

Key findings

- Three broad definitions of hard-to-reach groups were used by projects and service deliverers: minority groups; those slipping through the net; and the service resistant.
- Services tended to be delivered according to the characteristics of each group rather than their perceived need.
- Direct consultation was occurring in less than a quarter of the interventions studied.
- Where consultation was occurring or planned, three main consultation strategies were reported: specifically targeting members of marginalised groups; making links with other professionals who offered services to these groups; and outreach work in community venues.
- The fact that the same people were repeatedly targeted in consultation exercises and asked to speak for all hard-to-reach groups was often seen as a barrier to effective consultation.
- Voluntary sector professionals were reluctant to use structured assessment tools, such as 'pen and paper' exercises, to assess need as they were seen to be 'alienating'.

Key recommendations

- When attempting to define 'hard-to-reach' groups practitioners should ensure that any definition is based on evidence and that it identifies and gives access to services for those in greatest need.
- Service providers should routinely factor in costs for consulting with marginalised groups.
- Practitioners should adopt consultation strategies which ensure that the views of the target 'hard-to-reach' population are heard.
- The methods used to assess the needs of marginalised groups should be non-stigmatising.

Home Office Development and Practice Reports draw out from research the messages for practice development, implementation and operation. They are intended as guidance for practitioners in specific fields. The recommendations explain how and why changes could be made, based on the findings from research, which would lead to better practice.

Background

The On Track programme and the concept of hard-to-reach

This paper examines how service providers in a sample of On Track areas define and consult 'hard-to-reach' families and deliver services to them. It highlights a series of questions for practitioners to consider before extending provision to marginalised and vulnerable groups in order to enhance current and often limited practice in this area.

On Track is an evidence-based preventative programme which aims to reduce and prevent crime by targeting early interventions (in terms of the problem and age of the child) at the risk factors known to be associated with crime and antisocial behaviour. There are five main categories of intervention: home visiting; pre-school education; home-school partnerships; parenting support and training; and family therapy. An additional category for specialist interventions was also included to allow locally specific issues to be addressed. The programme was established in September 2000 with 24 local On Track partnerships being set up and funded in areas of high deprivation and crime with the intention of providing multiple interventions for 'at risk' children aged 4 to12 and their families.

As a community based programme, services should be available to all families within On Track project areas who might need to access them. However, at an early stage practitioners became aware that either their services were not accessible to certain groups, or that some groups were not coming forward to take up the services on offer. It became a key challenge to meet the needs of those outside the existing framework of provision who were seen as 'hard-to-reach' or marginalised in some way.

The National Foundation for Educational Research (NFER) led a piece of work that forms the basis of this report, which examined the concept of hard-to-reach and its implications for On Track service providers. The study examined how certain groups were defined and consulted by professionals working in On Track areas and how services were delivered to them during the first 16 months of the On Track programme. The study did not seek to interview individuals from particular marginalised groups, but rather establish how practitioners and co-ordinators attempted to define and access such groups in order to secure their inclusion. The findings are based on telephone interviews with 33 professionals delivering interventions and face-to-face interviews with six project co-ordinators. Although the study focuses on six projects in the main, the findings were found to be representative of the 24 project areas and are therefore generalisable across the programme.

The content of this DPR focuses upon the key lessons for practitioners from this study. Section 1 sets out a typology for defining the hard-to-reach and examines the implications of these definitions for service provision. Section 2 looks at the general methods and specific strategies used to try and consult with different groups. The final section examines how the needs of 'hard-to-reach' service users are assessed and identifies some key questions that emerged from practice within the On Track programme.

Notes

On Track was originally established by the Home Office in 1999 as part of its Crime Reduction Programme (CRP). In April 2001 the On Track programme was transferred from the Home Office to the Children and Young People's Unit (CYPU) and incorporated into the Children's Fund. Until June 2002 the management of the evaluation remained with the Research, Development and Statistics Directorate of the Home Office.

Section 1: Definitions of hard-to-reach groups

A key challenge facing professionals offering services to children and families is those individuals or groups that lie outside existing frameworks of service provision. Moreover, understanding and clarity surrounding the use of definitions is important in evaluating how, or if, the services provided address the needs of particular groups and are making any necessary changes.

The identification of certain groups as 'hard-to-reach' is not new, although there has been a tendency to use broad-based groupings. However, the attention of service providers has focused more sharply on their clients' needs and their ability to access available services due to the necessity of meeting and responding to the needs of communities, often through consultation and a growing awareness of the consequences of social exclusion, particularly for children and young people. This section of the report examines how marginalised groups have been defined within the On Track programme and suggests a possible typology as a starting point in assisting practitioners in focusing services in a way which addresses the needs of different sections of marginalised communities.

Factors underpinning definitions

The first stage of the study sought to establish how 'hard-to-reach' service users were defined by professionals delivering interventions and whether these definitions influenced the focus of the service provided by On Track projects. Interviews were held with 33 professionals who were responsible for service delivery and who came from a range of agency backgrounds, including health, education, social services and the voluntary sector. Respondents were asked: *What does the term 'hard-to-reach' mean to you?*

Box 1: Factors influencing definitions

1. Physical or social isolation of the client or client group.
2. Aspects of the client's behaviour.
3. Population characteristics associated with the individual or group.
4. Client or group needs (perceived or actual).
5. Whether the individual or group has had a negative experience of services in the past.
6. Whether service information is accessible to the group e.g. in an appropriate language.
7. Whether the targeting strategies used are effective in identifying and engaging the client group.

It was possible to identify a diverse range of factors that were influential and underpinned any definition. These included external factors as well as the needs and characteristics of marginalised groups. All definitions were informed, in part, by a number of common factors (Box 1).

In addition to informing any definition adopted by professionals, these factors also influenced thinking around service provision. For example, where the definition was based on a particular characteristic, such as ethnic composition, services tended to be delivered, or planned, on the basis of these characteristics, rather than on the individual *needs* of population members. Where the definition was linked to physical isolation, the development of additional services focused on accessibility rather than client needs.

Some populations were considered to be particularly difficult to engage because of the transient nature of their lives (either forced or voluntary) making targeting more difficult. It was also felt that inappropriate targeting strategies could cause some groups to be 'over targeted' leading to a reluctance to participate, and other groups to be overlooked. In this instance, interventions focused on developing effective targeting strategies.

Typology of definitions

How 'hard-to-reach' groups were defined was shaped to some extent by the agency practitioners worked for, their past experience of working with these groups and any locally defined priorities. Three main definitions were identified which were found to be applicable in all 24 On Track project areas (Box 2).

Box 2: Types of definition

Minority groups: The traditionally under-represented groups, the marginalised, disadvantaged or socially excluded. This includes service users who fall into well-used categories, often linked to population characteristics, such as minority ethnic groups, travellers or asylum seekers.

I would say people from different ethnic minorities, people who could possibly be hearing impaired, visually impaired, who don't kind of access the services as well as someone without a disability. I would say, definitely, like the ethnic minorities would be a priority if you were looking at hard-to-reach groups (Family support worker).

Slipping through the net: The overlooked, 'invisible' or those unable to articulate their needs. This includes those caring for others, those with mental health problems, service users who fall just outside the statutory or usual remit of a provider, or whose needs are apparently not so great as to grant access to a service.

It could be that they can't actually go out of the house, they may actually have a mental health problem. They don't have the confidence to access stuff outside the house, or they are a carer in that house for somebody else and that really limits what they can do (Youth and community worker).

The service resistant: Those unwilling to engage with service providers, the suspicious, the over targeted or disaffected. This includes families 'known' to agencies such as social services, who are wary of engaging with providers, or others who are distrustful and potentially hostile to service providers, possibly due to a link to drug use, alcohol abuse or criminal behaviour.[1]

Often the hard-to-reach groups have had a lot of agency involvement, such as social services, and back off from any intervention (or) provision because of either child protection issues, or just various social services interventions that have already occurred (Project co-ordinator).

Although inevitably some definitions included more than one 'type' there still tended to be a greater emphasis placed on one particular category by respondents. 'Minority groups' was the most common definition adopted, mentioned by well over half the respondents. This was followed by the 'service resistant' noted by a quarter and then those 'slipping through the net' referred to by only about one in six. Definitions tended to differ both *within* and *between* project areas. Professionals delivering different sorts of intervention very often defined the hard-to-reach differently, one project area used all three definitions, illustrating the diverse approach. Only in one of the six project areas was there a common definition used by all professionals regardless of the intervention they were responsible for.

A striking feature was that all those working within the voluntary sector defined the 'hard-to-reach' as *minority groups*. Those working within social services tended to emphasise those *slipping through the net* and the *service resistant*, whereas health professionals emphasised *minority groups* and the *service resistant.* A comparison of definitions used across the different categories of On Track interventions showed that those delivering 'specialist' interventions were more likely to define hard-to-reach as *service resistant.*

The impact of definition on service delivery

The definition adopted and thus the perceived needs of the target population had implications for service delivery. Services tended to focus on different factors and provided specific key areas of action for practitioners for each definition (Box 3).

1. Additional research indicates that On Track projects found it a challenge to engage local people in a non-stigmatising and empowering way, see Harrington, V, Trikha, S. and France, A. (Eds) (2004) Process and Early Implementation Issues: Emerging Findings from the On Track Evaluation. London: Home Office. Some local residents may have been reluctant to access interventions due to the perceived stigma attached to On Track services.

Box 3: Key areas for action

Minority groups:

- Identify factors which make the service inaccessible to the target population.
- Meet specific population needs, which are not met within the existing provision.
- Address difficulties, such as educational difficulties, experienced by the population, or associated with it, which prevent access to services.
- Address a lack of mobility within the population, which prevents travel to services.
- Address the population's inability to access service information due to language difficulties.

Slipping through the net:

- Develop new targeting strategies within an existing system of service delivery, to meet the needs of target groups.
- Focus on groups who are unable to express their needs, not due to difficulties with language or interpretation, but because their views were not previously sought.
- Address the lack of information provided to specific groups, or absence of strategies to inform groups currently outside service provision.

Service resistant:

- Overcome the resistance of some groups to provision based on their previous experience of service delivery; specifically negative experiences of providers and agency-specific fears (such as those associated with child protection).
- Address any difference in opinion between providers and recipients of services for external solutions to personal problems.

Questions for practitioners

Deciding upon a definition and the key areas for action based upon this choice are not enough in themselves. Each definition still raises questions for practitioners in order to ensure that this is the most appropriate evidence-based choice and that by adopting such a definition those in greatest need for a particular service are identified and accessed. Table 1 provides a checklist for practitioners following the selection of a definition (Table 1).

Table 1: Checklist for practitioners following the selection of a definition

Type	Questions for practitioners
Minority groups	• Is the population information that is available, and on which the service is based, complete and accurate? • Is it appropriate to define need according to population characteristics, such as ethnicity or physical ability? • What evidence is there for the under-representation, disadvantage or exclusion of some groups? • Does meeting the needs of one marginalised group disadvantage another? • Can those targeted equally access the service, or are some excluded by physical ability, poverty, mental health problems, caring obligations or geographical isolation? • Who speaks for those excluded from current provision and do they equally represent all members of that community? • Who speaks for the service provider?

Slipping through the net	• What evidence exists for gaps in existing services? • Does provision take account of any informal networks, possibly specific to the group? • How are those outside existing provision made visible, for example, are others advocating on their behalf? • Do any replacement target criteria improve existing ones, or simply displace the disadvantage to another group? • Are needs projected onto service users or expressed by them? • Is the information that is provided to potential service users accessible? Where and how is it provided?
Service resistant	• Is it ethical to engage those who refuse to participate? • Are the solutions to 'problems' (such as criminal behaviour) shared by service users? • Does the service offered carry any negative social consequences, or stigmatise the service user? • How do providers co-ordinate services in initiative-rich environments, are you 'fishing in the same pond' as numerous other providers? • How are negative experiences of services overcome within a single agency and across providers?

Section 2: Hard-to-reach groups and consultation

Consultation with service users

Consultation issues

Earlier research indicated that only limited community consultation took place during the development and planning phases of On Track projects despite the fact that consultation should have been undertaken prior to an application for On Track funding being made. Four key issues affected the likelihood of general consultation at this stage (Box 4).[2]

Box 4: Issues affecting consultation

1. The strategic level commitment to, or capacity for, community consultation: consultation was more widespread where the commitment and/or the capacity for consultation were greater.
2. The length of time between the receipt of funding and the implementation of interventions: there tended to be less consultation where services had been implemented quickly than where a period of time had elapsed between the provision of resources and the setting up of services.
3. The ease of consultation within any single intervention: some services, such as those involving adults or those that were community based, lent themselves to greater consultation.
4. The operational 'distance' between service or intervention providers and the local community: consultation was easier when the service providers had existing points of contact, or were used to working with a particular group.

However, there was evidence that projects regarded community consultation as important and that they planned to involve the community in service development. To determine the extent to which this had occurred service providers were asked in this study to briefly set out any strategies they had used to engage the community in planning On Track interventions.

Consulted groups

The main target populations identified for consultation were: parents, carers or guardians; children; professionals working in statutory or voluntary agencies; and community groups. Seven of the 33 professionals interviewed said that no consultation with any group was occurring though there were plans to do so. The majority were consulting with more than one of these groups but few were engaged in extensive consultation with three or more populations. The single most consulted group (consulted by almost half of the service providers) was parents, followed by other professionals and community groups. Children were the least likely to be consulted.

Consultation methods

Methods of consultation varied according to the group whose opinions were being sought. Parents, for example, could be consulted through promotional events designed to advertise the service or through a home visit by a family support worker. The views of the community tended to be gained through established networks, such as tenants' groups.

Professional groups were primarily consulted through events to launch On Track services or open days, however, a degree of informal inter-professional consultation also occurred at sites where professionals came together, such as schools and health centres. This consultation was more service specific and client focused and took place around specific cases or client needs. The timing of consultation varied by group. Parents could be consulted weeks and sometimes months before a service was delivered whilst children tended to be consulted close to, or at the point of delivery.

Consultation sites

Over half the interventions reported using community venues for consultation and only children were consulted at the site where the service was delivered. This suggests that it was considered important for consultation to take place away from the site of service delivery. A third of service providers consulted at more than one venue indicating that they were keen to engage a diverse group of people in the consultation process.

2. Harrington, V, Trikha, S. and France, A. (Eds) (2004) Process and Early Implementation Issues: Emerging Findings from the On Track Evaluation. London: Home Office.

Consultation with hard-to-reach groups

Of the six project areas examined in detail three had strategies for relatively long-term consultation exercises with hard-to-reach groups and two were in the initial stages of consultation exercises. The final project area was not undertaking any consultation relying instead upon evidence from another piece of work, commissioned from a voluntary sector provider, on hard-to-reach groups. However, closer examination of these strategies revealed that in many cases they were aspirational with direct consultation having occurred in less than a quarter of the interventions being studied.

Box 5: Main strategies for consulting hard-to-reach groups

- Networking and making links with other professionals who offered services to marginalised groups, e.g. travellers and asylum seekers.
- Specifically targeting members of hard-to-reach groups and formally inviting them to participate in consultation, e.g. fathers.
- Outreach work in community venues where hard-to-reach groups could be identified, approached and consulted, e.g. single parents.

Consultation strategies

There were three main consultation strategies in the five project areas, which had strategies either in place or planned (Box 5).

There was, however, little evidence to suggest a relationship between the definition used by service providers for marginalised groups and the consultation strategy adopted. Some methods of consultation appeared more suited to certain groups than others. The 'service resistant', for example, may require specific targeting as they are unlikely to be accessing other services and may be reluctant to participate in community groups.

Box 6: Consultation methods

- Seek out potential service recipients and engage them in direct, face-to-face consultation:

  I think that people are more willing to talk to you if you're one-to-one – they tell you all sorts. You know, [by] banging on doors and that sort of stuff. I know that's what [X charity] do and that's what I did in my past life. Because if you think, how on earth [else] do you get them? (Project co-ordinator).

- Provide an arena where hard-to-reach groups can voice their needs or concerns:

  Sometimes, it's about giving them the opportunity to engage initially with a service that's non-judgemental and that might meet their needs, or that they might think meet their needs. I think sometimes people are unsure of what they want really, because nobody has really asked them. So, it's through asking them, but, I think initially we need to engage with them (Co-ordinator of voluntary agency).

- Initiate a form of inter-agency 'leverage' by using other professionals as a point of access to hard-to-reach groups:

  We have targeted all the playgroups, parent and toddler groups, church groups, we have gone in on the day – at the end of the day – and as the parents have come in we've handed out leaflets, had a chat. We have consulted with the local health visitors, social services, recreation and community, any charities or any projects that are running in the area. Gone in, done a little bit of a session with any of the groups that they have there (Parenting co-ordinator).

- Raise awareness of the service within the community to generate informal feedback:

  I think being seen within the community, being seen working with the community, as we are. I think that's probably the best way, when you are around the community, when you are doing little stalls in the community, attending any of the community events that are in the school, etc. You get more feedback informally from the community at large (Health advisor).

Consultation methods

Ways of implementing consultation strategies differed between and within project areas. Effective consultation could require a mix of strategies with service providers modifying their approach to suit different audiences. Several core methods were identified (Box 6).

An On Track area in the north-east of England decided to formalise the consultation process by defining it as a service. Consequently, consultation was given the same status and resources as any other service, such as Children and Adolescent Mental Health Services (CAMHS), or family therapy. Consultation involved parents, children and other professionals. Consultation with children was carried out through school councils. To ensure that hard-to-reach pupils became school council members and were therefore involved in the consultation process the usual method of election was modified in their favour to ensure that hard-to-reach pupils were elected onto the councils.

Concerns of professionals and barriers to effective consultation

As noted above, consultation was occurring in less than one-quarter of the interventions examined. Those both managing and providing services highlighted a series of concerns which impeded consultation:

- Was there the commitment to consult at both project area and service level? Was this high on the agenda, and did it have the support of providers and their managers?
- Where resources or specific skills were scarce, did agencies have the organisational capacity to consult?
- Where the target population was unfamiliar or potentially hostile, did those seeking to consult hard-to-reach groups have sufficient resources and strategies available to them?

Three barriers to effective consultation were cited by service providers based on experience to date:

- Plans for consultation were often rejected because hard-to-reach groups were difficult to engage and consultation with them was felt to require a level of effort that would divert service providers from other priorities.
- Consultation would often draw attention to services that were only in the planning stages. Service providers felt that raising the expectations of the community before interventions were available would result in disappointment.
- The same people were repeatedly used in consultation exercises, and were used to speak for all hard-to-reach groups, which prevented effective and representative consultation.

Inevitably groups which are hard-to-reach in terms of service provision, are also less easy to consult. Engaging these groups is resource intensive and lengthy and professionals often appeared unwilling or unable to do so. This is reflected in the slowness of dedicated consultation and highlights the need to factor in specific resources for consultation in the course of programme development.

Questions for practitioners

The research raises some important issues for those seeking to consult with and provide services to hard-to-reach groups (Table 2).

Table 2: Important Issues for those seeking to consult with and provide to hard-to-reach groups

	Questions for practitioners
Commitment and strategy	• Is your commitment to consulting with service users in general, and hard-to-reach groups in particular, supported within your agency/organisation? • Is there time to consult, and in what way does the timing of implementation affect what consultation can be planned or achieved? • Does the service you provide lend itself to consultation, or is it configured in such a way as to limit or prevent it? • Do you need to develop new strategies, or are there existing routes or channels that you can draw on, such as your existing points of contact with, or links to hard-to-reach groups?
Target population and the nature of consultation	• Who is to be consulted (children, parents, carers, other professionals, etc.) and what are the implications of this for your approach? • Do you need to include others in consultation, or can you focus on consultation with one group? • At what point will consultation take place, will it be before the service is delivered, or during it? • Will consultation be a one-off exercise, or an ongoing procedure and what are the implications of this for you as a provider?
Site and context	• What sites are used for consultation? Are these adequate and accessible for hard-to-reach groups? • What impact (if any) does the venue have on those invited to take part? • At what time will consultation take place, and how might this affect participation? • Do you intend to consult with a group or with individuals, and will this have implications for a) participation and b) your workload? • How will you deal with those who may speak for others or who represent groups?
Expectations and awareness	• How will you engage those who do not come forward, is it important that they are involved, if so, how will you contact them? • Do you have certain expectations or values that may not be shared by those you seek to consult? • How might you gain 'leverage' through significant others in the professional or wider community? • Do those you seek to engage know that you exist? What steps have you taken to raise awareness of your service before engaging users? • What makes you different from all other providers? How do you plan to overcome any initiative fatigue, cynicism or mistrust of service providers?

Section 3: Needs assessment

Assessing the needs of service users

In about two-thirds of interventions a professional assessment of need was reported to take place before access to services was agreed. In the majority of cases professionals from more than one agency carried out the assessments whilst in the remaining cases single assessments were made by educational professionals (for example teachers, Special Educational Needs co-ordinators or support staff). On the whole assessment occurred following identification of need by other professionals rather than through self-referral.

Assessments involved a variety of methods from formal tools to informal judgements or general statements of need. Overall, the assessment reflected the focus and priorities of the agency involved. For example, assessments carried out by school-based agencies included measures of pupils' attainment, attendance and behaviour whilst those conducted by agencies in non-school and community settings included family structure and a young person's offending behaviour. In the majority of cases where inter-agency assessment occurred criteria from different sources were combined.

Service users were directly involved in assessment procedures in just over half of the 33 interventions, though the degree and timing of their assessment differed between projects. Methods of involving service users were intervention specific. For example, a social services project, which addressed pupil behaviour assessed the whole family's needs before an individual assessment of the child took place. This enabled the service provider to establish whether the root cause of the child's problem behaviour lay with parenting difficulties at home:

> *Well, I tend to make two assessments. I go out and visit the family and just talk to the parents first. Because I have found in the past – I know when I used to work with child and family it would be the whole family in and I think it was quite different when the child was there. Especially if that child – if you're talking about all their problems. And sometimes, it isn't actually the child who has got the problem, so it makes things a lot worse. So I tend to go out and speak to the parents first and then I go out and make the second visit with the child* (Family therapy worker).

Assessing the needs of 'hard-to-reach' groups

The geographical site where assessments took place presented service providers with a particular challenge. If this took place at school, for example, those hard-to-reach children not attending school could be excluded and their needs remain unmet. To address this, interventions used outreach and community activities to identify hard-to-reach groups or accessed them through other agencies and then assessed their needs away from the site of service delivery.

Just as measures were adopted to disguise consultation with marginalised groups, undertaking assessment through community work allowed agencies to disguise assessment in the course of general activities and remove any stigma that might be attached to the exercise. For example, a parent could be invited to participate in a mutual support group where the needs of parents and the difficulties they faced were discussed. A general assessment of need could be undertaken in this environment and individuals then referred on to agencies, which could help.

Methods of assessment

Voluntary sector professionals were reluctant to use certain structured assessment tools for hard-to-reach groups. While generic procedures (e.g. those used in health assessments) were acceptable, many formal assessment tools such as diagnostics or 'pen and paper' exercises were seen to be alienating, particularly to those with negative experiences of school and/or service provision. According to one professional such methods were stigmatising and ran the risk of 'misdiagnosis'. In consequence service providers often set aside professional assessment until needs had been discussed directly with the clients:

> *I would talk through with them what they see the issue to be. Not the issue that professionals have identified, but actually to talk through with them where they see their needs to lie, discuss with them what those needs are, identify possible ways in which (the intervention) may help, or if (the intervention) is not appropriate, to signpost the appropriate services or agencies that may be available. So, it's quite an informal process, it's not using any structured ways of working* (Intervention co-ordinator).

Specialist interventions which specifically targeted hard-to-reach groups had to develop new assessment methods. One project had established a telephone support service for parents who were either unable to leave the house, or unable to

access services elsewhere. Identification of those requiring this type of service was also established through phone conversations.

Questions for practitioners

The research raises a series of questions, which practitioners should consider if they are to effectively assess the needs of marginalised groups:

- How are needs identified and defined?
- What role do service users play in needs assessment, how involved are they in expressing their needs and developing strategies to meet them?
- Do existing needs-assessment tools and procedures rely on all clients being equally articulate (or equally inarticulate), are they flexible enough to cope with a range of clients?
- Do assessment procedures serve the needs of the service provider more than the needs of the service user?
- Are assessment procedures restrictive, do they rest on existing practice to such an extent that this forms a barrier to engagement?
- How do providers deal with changing client needs?
- Are there mechanisms in place to reduce any stigma associated with expressing needs?
- How do hard-to-reach groups who are unable or unwilling to express their needs (for example, groups who do not speak English) access services?
- How do service providers deal with evidence of unmet need when meeting others?
- What procedures are in place to ensure that expressions of need are responded to by service providers?

Conclusion

The study has found that the interpretation of hard-to-reach differs at local level and is influenced by factors such as agency background and experience of working with hard-to-reach groups, as well as being shaped by locally defined priorities. However, it has been possible to identify both a broad typology of definitions and questions for consideration by practitioners in relation to each group.

How groups are defined only informs consultation, assessment practices and service delivery to a limited extent. By highlighting the complexities of these groups and the relationship between different elements of the process leading to the delivery of services it is hoped that this research will act as a starting point for further reflection for practitioners.

Notwithstanding the differences in definition, ‘hard-to-reach’ is clearly a powerful and well-used concept within On Track projects. Interventions that have been established to provide support to marginalised groups indicate that service providers recognise the need to give respect, time, choices and patience to these individuals in addition to sustained and dependable support.

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