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## **A Systematic Review of the Literature on how “hard-to-reach” families with young children might be engaged with services to reduce social exclusion.**

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### **Background**

Since 1997 there has been a change in policy related to social inclusion in the U.K (Social Exclusion Unit, 2005). Policies that promote intervention rather than remediation have been instigated within a joined-up approach to supporting families with young children with the overarching aim of reducing social exclusion. However, there are people with significant needs who, for various reasons, do not make use of the support offered to them by statutory agencies. These families have attracted the term 'hard-to-reach'. Although this is a convenient label, it disguises the myriad complexities of the lives of these families and the factors which lead to their disengagement. Almost inevitably there are intergenerational consequences: 'Children suffer from the social exclusion of their parents; the psychological and social barriers start very early on in a child's life and contribute to their own identity' (Bird, 2004, p.3). Thus social exclusion is not only deeply embedded within structures of society but can become 'embodied' within the individual psyche.

Over the last twelve years, writers in the field have been interested in how those most at risk of social inclusion can be assisted to overcome barriers – however apparently insuperable – which will ease their participation in particularly health and education services.

### **Research Questions**

We aim to draw attention to some of the ways that those who are characterised as 'hard-to-reach' by services have been understood, and to investigate ways that writers have found helpful in engaging with them. In particular the literature covering 'hard-to-reach' families is addressed in such a way as to shed light on how engagement with these families can be facilitated, so that services can draw the most excluded families with children in the 0-4 age range into provision which might help them overcome their difficulties so that the children have more equal life chances.

### **Methods**

Literature was understood to mean any document with an ISBN or ISSN, that is published books and journals. Texts were sought via Google Scholar, Web of Knowledge Mimas, and RefWorks using keywords 'hard-to-reach', 'vulnerable'; 'hidden populations' 'at risk' and 'socially excluded', while references in retrieved and relevant texts were followed up to gather any which might have been missed through the web searches.

Initially texts dating from 1990 onwards were gathered as that date appeared to be an approximate point at which growth of interest in topic began. However, once the retrieved data was analysed, it became clear that only five relevant texts were published before 1997, and they had largely tangential relevance to the research questions. Most of those texts retrieved which aim to understand the concept of 'hard-to-reach' families date from 1997 onwards.

The initial focus of the search was on texts in the fields of education, health, crime and social services which offered understandings of the concept of hard-to-reach and/or strategies for overcoming barriers to access in the context of families with children aged 0-4. As the search developed, however, it became clear that several texts in these fields which were not concerned with families offered helpful understandings of, and/or strategies for reaching, the hard-to-reach in the context of other groups, and consequently these were included.

In order to maintain relevance to practice within the UK, it was decided to narrow the field to those texts which related to understandings and practice within countries which had similar social structures and issues to those in the UK: texts which related to practice in the UK, US, Canada, and Australia were therefore included. A total of 54 papers was finally selected for discussion.

## **Frame**

Data gathered from the literature were organised into categories which described discrete groups of "hard-to-reach" or "hard-to-engage" in order to arrive at the range of ways they were understood and drawn into services.

## **Research findings**

Several synonyms were used in the literature for 'hard-to-reach', including hidden populations; vulnerable; under-served; fragile families; excluded; socially excluded; disengaged; marginalised; non- (or reluctant) user; high risk; at risk; families with multiple or complex needs; minority groups; minority ethnic; ethnic communities and less likely to access services. All these terms connote a presupposition that it is the family which is 'hard-to-reach'. However, Crozier and Davies (2007) suggest that rather than the families being 'hard-to-reach', it is the service which is actually 'hard-to-reach', and many of the writers point to factors which might make the service difficult for families to engage with. Such factors might be categorised as alienating ethos; quality of service; not meeting the needs of the families; structural and organisational barriers, and discourse/communications difficulties.

Understandings of the notion of hard-to-reach families in the literature tended to cluster around ten categories, including 'health related' 'isolation' – both voluntary, and involuntary; 'domestic situation'; 'communication'; 'lack of skills'; 'inhibitors and anxieties'; 'disengaged', and 'perception of need'. Families may belong to more than one category simultaneously: for example, those who might be understood as voluntarily isolated (perhaps because of substance abuse) may also be disengaged from services (because they are weary or wary of new initiatives). Of these eight broad groups of hard-to-reach families, the latter two might be better understood as hard to engage, rather than reach: families may be unaware of services or aware but deliberately avoiding them because the interventions are unwelcome.

Two overarching implications for policy and practice emerge from the review:

- Agencies involved with working with the 'hard-to-reach' need to develop shared scripts/common discourse as well as common structures and organisation for their work with the families in order to provide a holistic, bespoke service which sustains engagement for as long as it is needed.
- Relationships of trust, between service provider and family as well as between service providers, take time to build and funding to sustain. If relationships of trust are to be built, services need to be funded for appropriate training; to stay for the longer term and for the provision of environments that promote stability of the workforce.