

Seeking to Engage 'Hard-to-Reach' Families: Towards a Transferable Model of Intervention

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This paper describes an exploratory evaluation of the Peers Early Education Partnership 'Room to Play', an innovative and experimental 'drop-in' service seeking to attract and engage 'hard-to-reach' families in one of the most deprived areas of a Midlands city. Located in a shop unit of a busy community shopping centre, it offers play and learning activities for children, and provides opportunities for parents to talk to practitioners in a neutral and supportive environment. Through a mixed methods design, the authors attempted to document the core components of a potential transferable model of intervention, within challenging research constraints. © 2011 The Author(s). Children & Society © 2011 National Children's Bureau and Blackwell Publishing Limited.

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Introduction

This paper describes a three-year exploratory evaluation (2006–2008) of 'Room to Play' (RTP), an innovative and experimental drop-in run by the Peers Early Education Partnership (PEEP). Using mixed methods, the authors sought to: (i) offer formative feedback to the service providers by documenting the successes and challenges of the ongoing project, and where possible, (ii) draw conclusions about its performance. The ultimate aim was to develop a transferable model of intervention for engaging so-called 'hard-to-reach' families with young children.

Efforts to attract and engage 'hard-to-reach' populations have gained prominence in recent years, and this ambiguous term has been used increasingly across multiple disciplines (Hughes, 2007). Defining 'hard-to-reach' is frequently acknowledged as problematic. In the

context of engaging families in intervention programmes, they are often described as 'vulnerable', 'isolated', 'excluded' or 'detached' from the system (e.g. ethnic or language minority groups). They may be viewed as lacking in key skills and resources (e.g. self-esteem, confidence, employment, income, adequate housing), and some may experience problematic life trajectories (e.g. drug and alcohol abuse, domestic violence). It is difficult to determine whether these individuals/families are indeed 'hard-to-reach' or whether the conventional services on offer are somehow inaccessible to them (Boag-Munroe and Evangelou, 2010). Webster-Stratton, developer of the *Incredible Years programme*, wrote an apt reflection on this issue:

Such families have been described as unmotivated, resistant, unreliable, disengaged, chaotic ... unlikely candidates for this kind of treatment – in short, unreachable. However, these families might well describe traditional clinic-based programs as 'unreachable'. Clinical programs may be too far away from home, too expensive, insensitive, distant, inflexible in terms of scheduling or content, foreign in term of language ... blaming or critical of their lifestyle. Perhaps this population has been 'unreachable' not because of their own characteristics, but because of the characteristics of the interventions they have been offered. (Webster-Stratton, 1998, p. 184)

In other words, from the perspective of the service provider, the 'hard-to-reach' are potential families who would (theoretically) like to access the provision, but are unable to do so for a variety of reasons. The participants of RTP share many characteristics of typically 'hard-to-reach' families who are generally service-resistant (i.e. isolated, lack confidence, socioeconomically deprived, with language barriers, young parents), but a distinctive feature is their additional difficulty of engaging with their own children (Evangelou and others, 2007).

The 'Room to Play' drop-in

PEEP has a long-standing commitment to supporting parents and carers in promoting children's language, literacy, learning dispositions and self-esteem through increasingly flexible modes of delivery (Evangelou and others, 2005, 2006). Their aims and practices are centred not on the children themselves, but on the relationship between adults and children, which PEEP considers to be at the heart of learning (PEEP, 2010). The PEEP curriculum notes that babies are active social beings and learners from the outset. It encourages parents in their role as their child's first and most important educators and explores how they can support children in five developmental areas: (i) self-concept and learning dispositions, (ii) oral language, (iii) reading, (iv) writing and (v) numeracy. Each of these is developed by 'core activities': singing, talking and listening, and playing, which are modelled by practitioners. The ORIM framework (Hannon, 1995) underpins the PEEP curriculum, which acknowledges that children need:

- Opportunities to learn
- Recognition and valuing of their early achievements
- Interaction with adults in learning situations
- Models of literacy and numeracy behaviours, learning strategies and dispositions.

PEEP was particularly concerned about reaching the 'excluded' groups in the community, which arguably need the most support. Hence, PEEP opened RTP in 2006 as an innovative 'drop-in' style provision, seeking to appeal to families who may otherwise reject a more

'obvious' form of delivery (Evangelou and others, 2006). Based in a shop unit in a busy community shopping centre in one of the most deprived areas of a Midlands city, the drop-in aims to welcome and value all parents and carers, and support their involvement in their child's learning. RTP originally had a temporary home as a 'stall' on the concourse of the shopping centre. Parents did not have to cross a threshold, and children often took the initiative to draw their parents into the activities on display. Being in such a central and highly visible location, the stall offered a forum to publicise RTP, and many of the regular users continued to visit when it moved into its new premises.

Although welcoming to all, RTP has a special focus on young parents and those who are 'hard-to-reach'. It appeals as a 'home from home' with the single rule that adults are responsible for their own children at all times. It offers the usual facilities associated with a drop-in (i.e. play resources and activities for children, information area for parents, sitting area, baby and breastfeeding areas, kitchen, outside play area and computer facilities). The activities on offer are based on the clearly-documented and structured PEEP curriculum, designed to support parents/carers in understanding and facilitating their children's learning through everyday play and interactions.

Room to Play is open Monday to Friday (09:30–15:00) and on Saturdays (10:00–13:00), and remains open during half-term and school holidays. A practitioner and an assistant are always present, and sometimes there is a third multilingual staff member. A project manager supervises all staff, conducts weekly team meetings and regular staff development days.

The aims of RTP are: (i) to engage 'hard-to-reach' parents/carers and (ii) to develop a model for a drop-in based in a neutral venue that should be easier to access for more isolated families. The objectives are to provide a safe and welcoming place for adults and young children to spend time during the day, and to offer both directed and undirected play and learning activities. Parents also have opportunities to talk to practitioners about their children's development or obtain useful information about local services. For a detailed description of the first 3 years of operation, see Evangelou and others (2008).

Methods

This evaluation of RTP was commissioned by the Sutton Trust and Garfield Weston Foundation. It consisted of two concurrent strands: undertaking formative evaluative research to inform practice (aim 1) and providing a critical description of the project, including perceptions of both the user and service provider, to develop a transferable model of service delivery (aim 2). The following overarching research question guided the enquiry:

How successful is Room to Play in engaging its target group, and what is the nature of the contact? What are the processes that enable parents to take their first steps into the provision, and how are they encouraged to engage with other people and acquire the confidence to access the services they need?

Observations, user snapshots and interviews

The study began with unstructured observations in the setting 4–5 days per week over a three-month period. A researcher took extensive fieldnotes, which contributed towards a rich description of the provision. Although she was mainly a non-participant observer, her picture was posted on the wall as a staff member so that parents/carers would recognise her. In the

first year, the evaluation team was advised not to collect any data on users, to avoid alienating the very families the centre sought to target.

PEEP also collected daily attendance figures by using a tick sheet to record the number of male, female and child visitors. RTP received approximately 12 500 visits each year across 2006–2008. Unfortunately, it is impossible to ascertain the precise number of users (i.e. unique families), the frequency/length of their visits or whether they are parents/carers or accompanying friends, as the headcount was kept anonymous. The staff felt strongly that the best way of finding out more information about the users was to try to build a strong relationship with them. This approach might mean they would be more likely to return to RTP and be willing to share more information about themselves on future visits.

As RTP became more established in the second and third year of delivery, the evaluation team used a combination of quantitative and qualitative methods to interview users directly. It was decided that the benefits outweighed the possible costs (Evangelou and others, 2007), and a careful balance was struck between obtaining vital demographic data and preserving the 'integrity' of RTP (i.e. keeping intrusions to a minimum).

In 2007, a quantitative questionnaire was used to conduct a week-long 'user snapshot' of the socioeconomic profile of users, their patterns of use of RTP and other services. It was administered by the researcher in a friendly, conversational style. Although the regular users were already familiar with her, it was observed that attendance dropped by half during this particular week. It is possible that parents who were not comfortable answering questions had seen the sign displayed the week before (to comply with University ethical guidelines) and purposely stayed away. The timing of interviews just before the summer half-term may also have meant that some families were on holiday. A total of 57 adults visited the centre that week, but only those who had responsibility for children were approached for an interview (10 were accompanying visitors only). One declined to participate, so 46 adults completed the survey, 35 of whom were 'once-a-week' visitors and 11 came multiple times per week. In addition, in-depth qualitative interviews were conducted with six users identified by staff as 'hard-to-reach'.

The same week-long 'user snapshot' was repeated in 2008 on 61 users, and a significant dip in attendance was again observed (74 adult users in total, 9 of whom were first time visitors so were not approached and 4 declined to participate). In terms of frequency of attendance, 2 users visited daily, 28 came multiple times per week, 23 came once a week, while the remaining came once a fortnight or once a month. Similarly, in-depth qualitative interviews were conducted again with eight users, four of whom were from the same families as those interviewed in 2007.

Staff interviews

Semi-structured qualitative interviews were carried out in both 2007 and 2008 with all eight staff members, the project manager and the CEO of PEEP. Staff interviews in 2008 focused specifically about their work with individual families. This provided information on staff views of the different processes that enable parents to take their first steps into RTP, as well as staff perceptions on changes to parents' engagement with their children or in moving on to other services.

Ethical considerations

As expected, gaining informed consent required a slightly unconventional approach. To preserve the anonymity and confidentiality of users, the researcher explained the study verbally to parents, sometimes with an interpreter present. The consent form was then signed and dated by the researcher so that the participants did not have to give their names, but 'witnessed' the record of the event. The in-depth interviews were not audio recorded, and composite parent sketches were compiled to disguise the personal details of interviewees in the reports.

Findings

A descriptive profile of RTP users

The demographics obtained from the first and second 'user snapshots' were broadly similar, although there had been an increase in users in 2008 compared with 2007. In 2008, the average age of the users was 29.7 years (ranging from 20 to 42), and they were predominantly female (95%). The majority were parents (85%), with a few grandparents and childminders. Most children had another sibling (49%) or were an only child (34%). Two-thirds of users were White British, followed by Black African (7%) and Pakistani (7%). English was reported to be the sole language spoken in the home by 71 per cent of users, while the remaining 29 per cent were multilingual and non-English-speaking (e.g. Urdu, Arabic, Portuguese). In terms of access to other forms of childcare, 21 per cent attended nursery, 3 per cent school, 2 per cent playgroup, 11 per cent crèche or drop-in centres and 5 per cent were regularly cared for by a childminder/nanny (note that these figures are not mutually exclusive).

A diverse range of qualifications were found: 33 per cent of the interviewees had left school at age 16, 11 per cent left before 16 and 18 per cent continued until the age of 18. Most stated that they were full-time carers (67%), while 5 per cent were in full-time employment and 24 per cent worked part-time. In terms of occupation, most worked in the retail or service sectors, and for those who were interviewed with their partner/spouse, 89 per cent had a spouse currently in employment. As expected, a high percentage of users received child benefit (93%) and child tax credit (70%), as well as housing benefits (28%), council tax benefit (28%) and income support (25%). Note that not all interviewees were parents (e.g. childminders) and some were ineligible for benefits due to immigration status.

To ascertain whether RTP users come from disadvantaged socioeconomic neighbourhoods, the residential postcodes of the interviewees were linked to the Index of Multiple Deprivation (IMD) (Noble and others, 2008). The results indicate that almost half of the users came from neighbourhoods that scored highly (3 or 4) on the IMD, and the area as a whole ranked 155th of 354 local authorities in England, putting it in the most deprived half of the country. As an open access drop-in, it is unsurprising that it attracts a wide range of users, and although engaging the 'hard-to-reach' is an explicit aim, PEEP also considered it extremely important to make it accessible to all, to avoid service stigma. Moreover, the mix of users is potentially beneficial, as long as no one group dominates.

... It would be off-putting to have it dominated by [the middle-class families] ... but then I think it would also be problematic to have it dominated by families that are very needy. (Staff member, 2007)

The majority of users reported that they visited RTP specifically for the child (60%), some were shopping and decided to drop by (17%), others came to meet other adult friends (13%) or they wanted to 'get out of the house' (10%). Interviews with parents and staff were used to compile 'user journeys' in the form of composite parent sketches, detailing some of the difficulties families faced, and how they were helped to overcome them.

Core components of RTP: towards a transferable model

Although RTP was still in the early stages of development, the funders were keen to identify the core components of the provision, which could potentially be replicated elsewhere. It is acknowledged that the intervention has yet to be validated in terms of its *effectiveness* at attracting and engaging the 'hard-to-reach', however, based on the tentative research findings thus far, the five core components illustrated in Figure 1 are likely to be fundamental elements of a transferable model of service delivery: (i) *Location, space and time*, (ii) *Relationships and communication*, (iii) *Curriculum*, (iv) *Parent information and signposting* and (v) *Staffing, professional training and inter-personal skills*. Note that no order of importance has been ascribed to these elements, and while their 'transferability' to other settings is intuitively plausible, further empirical evidence is required.

(i) Location, space and time

Firstly, there was a consensus amongst staff that RTP is 'the right space' in 'the right place', and has been successful in attracting a wide range of users, including a number of 'excluded' families. Locating the project in a shopping centre, where parents visit regularly, has been a good strategy for reaching families who may not access other more conventional forms of provision.

Being in a shopping centre, it has the advantage that many people generally feel comfortable about going into shops; they already have that experience under their belt. The location is a good one, people pass continuously and feel that they can come in. (Staff member, 2008)

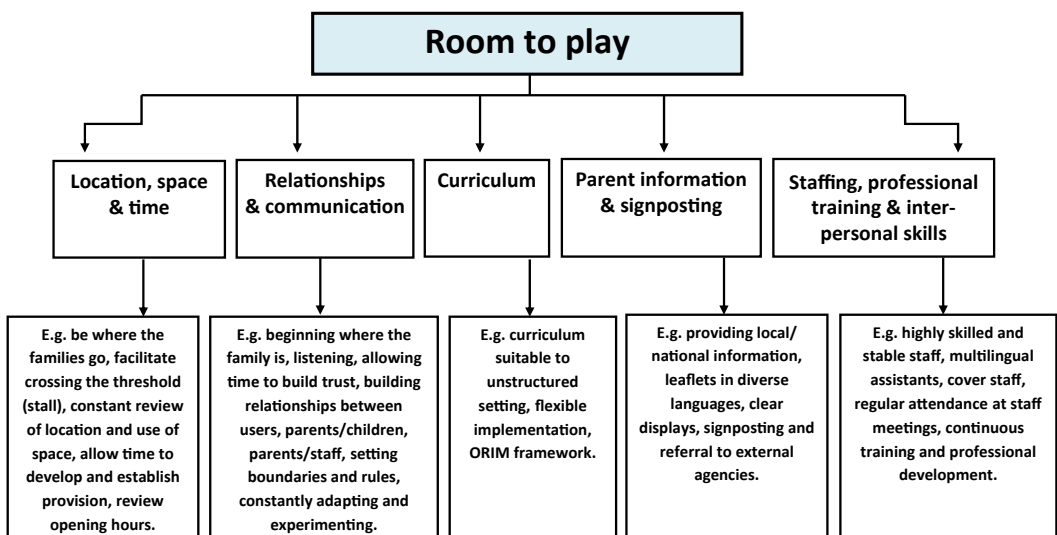


Figure 1: Room to Play: the core components.

Room to Play initially had a temporary home as a stall whilst suitable premises were being prepared. The accidental success of this arrangement has been documented in detail (Evangelou and others, 2006): having an open-access 'stall' provided a natural point of contact for parents, and this initial point of interaction could be much less intimidating for those who find it difficult to cross a threshold. It therefore seemed to be a particularly effective 'tool' for drawing in 'excluded' parents.

The physical 'space' of RTP is also a key feature of the intervention itself, and staff spent considerable time and effort in 'getting the space right'. It has been observed (Evangelou and others, 2007) that some settings, which are purpose-designed for families such as children's centres, tend to favour play equipment and modern furnishings in bold, primary colours. By contrast, the décor of RTP is understated, comfortable and homely. Although child-centred, it also provides a welcoming environment for adults, and the sensation of 'stepping into someone's living room' has been retained over the 3 years, with a single open-plan room, divided by furniture only. The informal 'home from home' atmosphere, however, is not without problems:

On the one hand, the sofas are a great asset, but the reverse side of that is that they're also a pain. It's great when you see a mum and child curled up on the sofa sharing a book, or a mum on the sofa breastfeeding ... but when you've got mum on her mobile phone, or falling asleep, and the child's outside and she's sort of not taking any notice ... then you start to wonder whether the sofa really is a good thing. (Staff member, 2008)

Staff have since developed strategies to prevent the 'misuse' or overuse of sofas (e.g. becoming more proactive in asking parents to play with their child), and despite the inherent conflict in offering drop-in activities in a 'domestic' environment, staff felt strongly that RTP should not turn into 'just another early years setting', and were very conscious of the need to strike a balance between continuity and change:

For some parents this place can be the one constant thing in their lives: too much change is upsetting. (Staff member, 2008)

Thus, it was suggested that staff should only experiment with change in one area at a time and use everyday objects where possible, encouraging parents to see play opportunities around the home without the need for commercially made equipment.

(ii) Relationships and communication

Staff emphasised the importance of relationship building, which is at the core of several successful strategies highlighted in the literature on interventions with 'hard-to-reach' families (e.g. Arnold, 2007; Barrett, 2008; Brocklehurst and others, 2004; Statham, 2004). In terms of beginning to engage with new users, staff are mindful that they must begin where the family is at.

We focus first of all on getting them in, just being friendly, letting them sit down, trying to build a relationship, but not interfering too much.... We now know that the most important thing is to make sure that parent wants to come back another time. (Staff member, 2008)

For some parents, actually taking that first step into the room can represent an enormous hurdle, one which may take several weeks or even months to overcome.

The first time she came, she told me afterwards she was standing outside the room for ten minutes. She told me 'I pushed myself to come in but I couldn't, so I went back home'. Next time she came, the same thing happened, but this time she sat on the bench outside. I asked her 'would you like me to go with you?' She said, 'yes please' – and that was a turning point for her. So I went with her, and at the end, she asked me if I would be able to take her again. I took her there a second and then a third time, and at the end of that visit she said that the next time she would come on her own. (Staff member, 2008)

Successful relationships of trust require time to build (Barnes and others, 2006; Doherty and others, 2004; Glennie and others, 2005; Hannon and others, 2003; Milbourne, 2002), as well as much skill and patience:

When she first came in, although she interacted with her children, she didn't speak directly to the staff or any of the other users. Then, bit by bit, she began to talk to me, but only through the children. Now she's really grown in confidence, she's made friends with people. (Staff member, 2008)

The ability of the setting in facilitating friendships between parents/carers from different backgrounds was also considered unprecedented by staff, who had not anticipated the powerful influence of social support (Evangelou and others, 2007). Observations and interviews consistently showed that for many parents/carers, RTP is a place where they can meet other adults, form friendships, help each other and share experiences. The opportunity to interact in a neutral space appears to be one of the most important factors in increasing parental confidence and reducing social isolation, especially for language minority groups.

There's one grandparent who comes in frequently with her grandchild – she doesn't have any English at all ... and she has developed a really warm, open friendship with another mother who also comes in a lot. They are both looking after children of the same age and they smile at each other and talk, in their own language, and hold each other's children and talk to them. They're helping each other, reaching out to each other, and I love to see that they're integrating, without any common language at all. (Staff member, 2008)

In terms of enhancing the ways in which parents interact and engage with their children using the ORIM framework, modelling was often cited by staff as one of their key strategies, although with certain families this can be challenging. A staff member recalled an incident where she modelled an appropriate response for a parent who became angry and described her infant as 'naughty' when he cried:

I don't make a joke of it, but I do make light of it. I say things like, 'oh you're not naughty are you?' to the baby, then I'll ease it along and say 'we can all have our moments, can't we' ... and then if they say something that's not appropriate, I'll try to come back to it later, maybe in a different way, a more roundabout way. (Staff member, 2008)

Similarly, another staff modelled appropriate adult-child interaction with a mother who did not play with her very placid nine-month-old:

A lot of times I've gone and sat with him, trying to play. I've shown him bricks and tried to get him to bang them together, and I say to mum 'oh look, he's doing that', trying to get her involved. She's very fussy about keeping him clean and only interacts with him when she's feeding him, or changing him: she doesn't seem to give him any eye contact. I'm trying to model this kind of playing to the mum. He's missing out on a lot of stimulation. (Staff member, 2008)

Although parents must supervise their own children at all times, staff also recognised the need to be flexible with this rule to facilitate parental engagement:

There was this one mother, and she'd been in hospital with her new baby, and the three-year-old really needed her, he was playing up. So we held the baby for half an hour, and they really benefited from that time together, you could see that. She was really able to focus on him. (Staff member, 2008)

(iii) Curriculum

One of the attractions of RTP was that it offers activities which may be unavailable at home (e.g. painting, play-dough, water and sand). These more experiential activities seem to be most successful in promoting parental engagement, but even everyday activities often proved new and exciting:

I was sat with a little boy. And just by the way he was holding a crayon, I said to his mum 'is that the first time he's done any' and she said 'yeah, look at him! Two and half, that was the first time he'd held a crayon'. So that experience was brilliant, and mum loved it – she was saying 'I'll get him some crayons now, I hadn't even thought of that'. So something like that, you've made a difference there. She was like really proud of it: 'We'll put that up on the wall when we get home, it's really nice!' I think there's a sense of achievement with parents. (Staff member, 2007)

Apart from providing stimulating free play opportunities, staff also experimented with more structured activities, in line with the PEEP curriculum. In 2007, a PEEP practitioner visited RTP for 2 hours a week to undertake more directed activities with families to extend the curriculum. These included singing sessions, which were not particularly successful:

We tried the singing but it didn't hit off amazingly well ... some other parents felt uncomfortable with it. Singing is not an easy thing to do in front of other people... (Staff member, 2008)

Staff have since attempted to implement aspects of the PEEP curriculum in a spontaneous rather than pre-planned way. However, with unpredictable attendance, ensuring 'progression' across the curriculum is difficult.

I think there are curriculum challenges because it's not an early years setting, but you do have some families where children are brought in every single day, so it's about meeting their needs as well as the needs of other children that come in every now and again. (Staff member, 2008)

Simplification of the formal PEEP curriculum has been proposed, focusing mainly on the ORIM framework. Essentially, staff will adopt a less a prescriptive and more responsive approach, concentrating on developing high-quality activities that are appropriate for a flexible setting.

It's about putting the focus on being more responsive: you respond to what's going on, you bring in the curriculum where you can. (Staff member, 2008)

I think we've been on a journey: and now, it's a matter of having very simple messages that we are very clear about ... what we need to be doing is providing high-quality activities which are attractive to both parent and child, and developmentally appropriate for the children. We need to have practitioners who are sufficiently knowledgeable about the curriculum to be able to respond to what

parents are doing, and find the opportunities to enhance that and move people on. (Staff member, 2008)

(iv) Parent information and signposting

Another one of the original aims of RTP is to act as a 'one-stop-shop' by providing information for parents on a wide range of subjects. This is achieved through the use of clear visual materials (e.g. photographs of local places suitable for a family day out) with translations where possible. A dedicated staff member updates the information resources (e.g. leaflets on local/national services) and monitors parental requests (e.g. children's sleep problems), to signpost parents swiftly to obtain appropriate support. In addition, health visitors regularly update the staff on current child health issues and they 'cascade' the information to parents when the need arises.

Although RTP experimented with involving other external agencies (e.g. a health visitor conducted a weekly group for Arabic-speaking mothers and another provided baby weigh-in sessions), staff were reluctant to formalise the arrangement, wary of becoming 'just another family centre'. They felt it was more appropriate to signpost/refer parents than to attempt co-location on the shop premises.

(v) Staffing, professional training and inter-personal skills

Room to Play staff constantly revisited their rota on a weekly basis to strike a balance between having a predictable staff pattern and 'spreading the strain' across the team:

You couldn't do this every day, you just couldn't. Because by the end of the week ... you just wouldn't be nice to people. It is hard work. You can have just one person who's really needy and can take all your time. (Staff member, 2008)

There was also regular review of the need for staff counselling, as well as topics for their ongoing professional training. In 2007–2008, staff underwent training on solution-focused brief therapy, speech and language training, sexual health information, engaging fathers, stress management, listening skills, etc. Further training needs were later identified, including implementing the new Early Years Foundation Stage, child protection issues, domestic violence awareness/advice, cultural issues, dealing with teenagers and time management/organisation.

Apart from professional knowledge and competence, the success of engaging 'excluded' families clearly depends on the inter-personal skills of those trying to engage them (Brocklehurst and others, 2004).

Many of the professional skills required to reach the 'hard-to-reach' are not necessarily professional competencies ... but could be thought of instead as the skills of being an effective *person*, which have been employed within the professional domain. These 'human' skills facilitate 'real' encounters between people and experience of them, inform our judgments about the integrity of others and the degree to which we might view them as being helpful, warm, laid-back, nice and so on. (Hughes, 2007: 21)

Staff must have the ability to 'think on their feet' and deal with the unpredictable events with sensitivity and tactfulness:

You don't know what's happened just before they walk through that door. Sometimes you get here and there's someone waiting for you. They just need to tell someone. (Staff member, 2008)

Methodological constraints and limitations

Although the researchers welcomed the opportunity to evaluate such an innovative and experimental drop-in service, there were a number of methodological constraints. One major limitation was the inability to collect accurate attendance data. The staff and management were convinced that one of the unique qualities of RTP was that users were never required to sign in or out, and no questions were asked. Therefore, quite understandably, they did not wish to revoke this policy for research purposes, so the 'user snapshots' were restricted to a single week with limited questions, and only a handful of users were interviewed in-depth. It does seem that their concerns were justified, as attendance dropped considerably during data collection, and presumably those who chose to 'opt-out' were 'hardest-to-reach', so the samples are inevitably skewed. Needless to say, the collection of any measure of child outcomes was impossible. It must be emphasised, however, that these constraints (and resulting limitations) were a function of the type of service under evaluation and its related clientele (i.e. an open access, anonymous drop-in aiming to serve 'hard-to-reach' families). In other words, while it is critically important to measure services in a more robust manner (Axford, 2010), it is often easier said than done, and this remains a major challenge for our field.

Conclusion

Despite the limitations, this three-year exploratory evaluation has provided some tentative evidence of good practice by RTP in attracting and engaging 'hard-to-reach' families with young children. The core components of the service were distilled, forming the building blocks of a potential transferable model of intervention. RTP benefitted from being in the right location, with highly stable, experienced and skilled staff, implementing a flexible and developmentally appropriate curriculum, as well as being a 'one-stop-shop' for various parenting information. The dynamic nature of the provision also enabled it to constantly adapt and experiment to see what works best, and this 'trial and error' approach gave rise to various new ideas. RTP remains a work-in-progress, and hopefully a future study could be conducted to assess its effectiveness at engaging the 'hard-to-reach'. Nevertheless, this small-scale study serves as a useful first step in this endeavour.

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