

# **SECTION 6**

## **WORKING WITH TARGET GROUPS**

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Effective development of health services requires the inclusion of key stakeholders ie., target groups in the consultation process. Effective consultation with target groups requires consideration of the needs of these groups. The following section presents three examples of how to work with target groups. The groups are: non-English speaking background communities, Aboriginal people, and people with disabilities.

For guidelines on how to consult with other target groups it is best to liase with the appropriate agency, such as the NSW Department of Education and Training for consulting with children and the NSW Department of Ageing and Disability for consulting with older people.

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#### **Protocol for consulting with non-English speaking background communities**

Source - New South Wales Department of Health. *Protocol for consulting with non-English speaking background communities*. Sydney: Health Services Policy Branch, 1997: p.6-8.



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## ***Setting Objectives***

In setting objectives consideration should be given to determining:

- ▶ Who is the target group?
  - Who are sub-groups within the community, for example, gender, age, recent as opposed to longer term migrants, religion?
  - Are there social and/or political issues impacting on the target group which may affect the consultation process?
  - Who, within the target group, should be consulted?
- ▶ What are the issues and parameters for consultation?
- ▶ Has similar research or consultation already been undertaken? If so, what were the outcomes?
- ▶ When will the consultation take place and where?
- ▶ What are the realistic achievable outcomes?

## ***Seeking assistance from Multicultural Health Staff***

Multicultural health staff have the expertise for working with NESB Communities. It is crucial to engage their expertise from the outset and throughout the consultation process to ensure the process is culturally accessible and appropriate.

Where multicultural health staff are not available Migrant Resource Centres and Migrant Community Workers, such as, Grant-in-Aid Workers could be asked for assistance.

Multicultural health staff can provide advice, resources and practical assistance with the following:

- ▶ Planning the methodology;
- ▶ Identifying key parties for involvement;
- ▶ Providing links with NESB communities;
- ▶ Developing appropriate media strategies;
- ▶ Promoting the consultations;
- ▶ Identifying barriers which may need to be overcome;
- ▶ Accessing and using interpreters;
- ▶ Facilitating and scribing;
- ▶ Designing appropriate consultation questions;
- ▶ Mechanisms for translations;
- ▶ Planning feedback strategies;
- ▶ Designing information which may be provided;
- ▶ Evaluation and documentation.





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## **Determining Methodology**

Experience has shown that a variety of approaches are needed to reach and communicate with NESB communities. Health Professionals need to be flexible in their approach and be guided in methodology by advice from multicultural health staff and/or community workers.

Some of the more common methodologies are described below:

- ▶ **Focus groups** - a focus group interview usually involves 8 to 12 people who discuss a particular topic under the direction of a facilitator. The facilitator influences the type and quality of the information obtained from the group. Group structure is important and should be based on the research questions to be answered, types of information to be obtained, how specific the information must be and the purpose of the information.

Focus groups are used to obtain qualitative data and are often useful for determining what should be included in a survey form or other research activities, generating new approaches to problems, determining impressions of programs or more general information about the nature of a problem.

It is preferable to conduct the group in the first language of the participants through the use of bilingual facilitators. There is an increasing number of trained bilingual facilitators available. (See also Guide for the Use of Focus Groups in Health Research, Transcultural Mental Health Centre, 1996).

- ▶ **Face to face interviews** - where trained interviewers obtain information from people with whom they are in direct personal contact, usually by using a structured or semi-structured list of questions.

As with Focus Groups, it is preferable to conduct interviews in the first language of the interviewee. If this is not possible, interpreters would need to be used and resources identified accordingly.

- ▶ **Snowball interview technique** - a method of locating people to interview by asking existing contacts to nominate someone they know who also falls within the target group. This method is generally used in contacting hard to reach groups, and has the limitation of providing a biased sample population.
- ▶ **Questionnaires** - instruments used to systematically obtain descriptive data from a sample of the population. These may be administered by mail, telephone or face-to-face methods. If the questionnaire is to be administered by telephone or face-to-face it is preferable to do this in the language of the interviewee. (See also Guide for the Use of Focus Groups in Health Research, Transcultural Mental Health Centre, 1996).





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If the questionnaire is to be administered by mail or otherwise completed by the target group, it would need to be translated. However, low levels of literacy in a number of non-English speaking background groups means this method may not be reliable. Consultation with multicultural health staff or community workers is advisable.

- ▶ **Public forums** - meetings which are open to the general public that provide a venue for the open expression of opinions, wishes and interests in regard to a particular issue.

If this method is to be used, the forum will need to be advertised in the relevant ethnic media. In doing this, consideration needs to be given to the information provided in the advertising since the concept of public forums may be unfamiliar to some groups.

Interpreters will also need to be arranged for the forum itself, to maximise the participation of people of non-English speaking background.

- ▶ **Representatives on advisory committees and working parties** - where people outside of the organisation participate in planning and decision making structures in order to determine responses to issues within their communities.

This method can effectively provide for input from *representatives* of consumer or other community organisations, but is often a poor mechanism for obtaining input from "disempowered" groups or disparate groups of residents (unless, perhaps, this itself is seen as a medium to long term process for the organisation).

## ***Allocating Resources***

The following may have associated costs:

- ▶ Interpreting and translating;
- ▶ Bi-lingual focus group facilitators and scribes;
- ▶ Tape transcriptions, participant fees (focus groups);
- ▶ Use of ethnic media, as paid advertisements are likely to be needed.

It has been found that it is preferable to have focus groups run with the use of bi-lingual facilitators, however, interpreters may be the only resource available.

## ***Establishing Time Frames***

Adequate time frames are required for effective consultation. This allows for effective partnerships to develop with community members and provide an opportunity to link with existing community activities.



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#### **Guidelines for consultation with Aboriginal people**

Source - New South Wales Department of Community Services.  
*Consultation Protocol*. Sydney, 1994: p.23-24.

# Guidelines for consultation with Aboriginal people

## 4.1 Preamble

These guidelines were developed to guide the processes of the Consultation Protocol Working Party. They were developed after discussions with the Office of Aboriginal Affairs and the Senior Aboriginal Consultant, Department of Community Services. Additional material from consultations with Aboriginal communities have been incorporated.

The guidelines are to be used:

- when developing consultations to facilitate the participation of Aboriginal people in general consultations; or
- when developing particular strategies targeted at Aboriginal people.

The guidelines are not exhaustive. Developing strategies of consultation should also involve input from the group being targeted.

## 4.2 Guidelines

4.2.1 Consultation will be most effective if a multi-faceted approach is used including direct consultation with Aboriginal communities, discussions with community organisations (eg. legal services, housing companies) and local, regional, and state Lands Councils.

4.2.2 Focussing on specific issues rather than general consultations is more likely to attract significant participation.

4.2.3 Consultations will be more effective if there is extensive control of the process by Aboriginal people.

4.2.4 Consultation will be more effective if appropriate use is made of Aboriginal field staff in preparing material, pre-publicity with communities and facilitating consultations.

4.2.5 Key factors to be considered in undertaking consultations with Aboriginal communities include:

- with local communities, effective preparation, straight-forward information provision and a preparedness to be present in the community before and after the formal consultation;
- the importance of the role and networks of regional representatives to the NSW Land Council;
- identifying and understanding the dynamics between key community and organisational stakeholders;
- the significance of utilising appropriate skilled and experienced facilitators;
- quality feedback provided to consultation participants on actions/decisions within an agreed timeframe;
- a knowledge of other Aboriginal controlled consultation procedures which may be dealing with the same or a similar issue; and
- an understanding of the history of contact between Aboriginal people and community service providers and the impact this has on trust and openness in consultation.

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#### **Guidelines for consultation with people with disabilities**

Source - New South Wales Department of Community Services.  
*Consultation Protocol*. Sydney, 1994: p.21-23.

# Guidelines for consultation with people with disabilities

## 3.1 Preamble

These guidelines were developed through consultations with people with disabilities and their advocates during the course of developing the Consultation Protocol.

The guidelines are to be used:

- when developing consultations to facilitate the participation of people with disabilities in general consultations; or
- when developing particular strategies targeted at people with disabilities.

The guidelines are not exhaustive. Developing strategies of consultation should also involve input from the group being targeted.

## 3.2 Guidelines

3.2.1 Every effort must be made to ensure access to general consultations by people with disabilities.

3.2.2 Additional consultation strategies held specifically for people with disabilities should be implemented. As far as possible, consultations should be organised with specific disability groups and not a combination of disability types .

For example, people with sensory and physical disabilities being consulted in one forum. In fact, not even all people with sensory disabilities should be consulted together. For example, people who are deaf have different service needs from those people who have a hearing impairment or a visual disability.

3.2.3 Consultative processes need to be designed so that they do not devalue people who should participate in the process. In particular, care should be taken to avoid assuming that people are more disabled than they are.

3.2.4 Insultations need to be designed so that the needs of people with more visible disabilities do not assume a greater importance than the needs of those with unseen disabilities.

3.2.5 Participants need to be able to relate to the person running the consultation. That is, as far as possible, people with disabilities should facilitate the process.

3.2.6 Specific areas to be considered in making consultations accessible include:

- background material should be presented in a variety of forms large print plain language (no smaller than 14pt), audio tape, braille;
- participants should have access to hearing loops, Auslan interpreters, visual aids, interpreters in community languages as and when relevant;
- physical access to venues. For example, in addition to providing accessible parking, set down areas near to any venue are also required for taxi style access.

- 3.2.7 Provide realistic timeframes to allow for lead time to advertise and explain the issues to be covered, including to locate and recruit participants and to arrange necessary support for individuals.
- 3.2.8 Costs to facilitate the participation of people with disabilities may include:
- travel;
  - personal care attendant;
  - support person (for people with intellectual disability or brain injury in particular);
  - accommodation; and
  - professional care of relative with disability while the family carer attends the consultation.
- 3.2.9 Planning the consultation should be around knowing who will be attending and what their needs are. Large and long meetings may preclude the participation because of fatigue and concentration level.
- 3.2.10 Many people with disabilities are dependent on individuals and organisations for information and personal support. Consultations should be sensitive to the need to balance the provision of this support during the consultation by those familiar to the person with the disability, with the provision of support that is support independent of any person or group with a vested interest in the results of the consultation, including service providers, families, or carers.

### **3.3 Means of consultation**

There is no hard and fast rule that can be applied to determine which are the most appropriate means of consultations for particular groups of people with disabilities.

Within the one group a number of means may need to be used.

People with disabilities and their advocates consulted in the development of these guidelines made the following points about deciding on means of consultation:

- (a) Many people with disabilities find large meetings intimidating and inaccessible. People with cerebral palsy, brain injury, or deafness are particularly disadvantaged in this and other environments which depend on verbal communication and pace.
- (b) Similarly, means which rely on reading skills are inappropriate for people with disabilities with little or no reading skills.
- (c) Large questionnaires, particularly mail-outs were considered inappropriate and alienating to people with disabilities.
- (d) The use of audio tapes is of little use to people with intellectual disabilities or those with little or no reading skills. This group often have higher support needs and generally have difficulty concentrating on continuous words, and will often lose the topic or general message.

However, people with lower support needs find audio useful, especially if it is accompanied by a visual support like photos, and if the two are matched well.

- (e) Group discussions were favoured. However, they can sometimes be difficult to follow, particularly where individuals shift from topic to topic.
- (f) Individual interviews are a very good way of addressing the communication needs particularly of people with intellectual disabilities.
- (g) Using existing structures such as house meetings were acceptable.
- (h) People with disabilities already have in place formal and informal networks which can be readily mobilised for consultative purposes. Such networks often have elected spokespeople who are available to speak for the group in the event of urgency or should a representative forum need to be convened.