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RESEARCHING HEALTHCARE AVAILABILITY FOR PROBATION CLIENTS: AN ILLUSTRATION OF METHODOLOGICAL CHALLENGES AND LESSONS IN SURVEYING ORGANISATIONS

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Abstract
This article critically reflects on the methodological approach used in a multi-method study of healthcare provision for probation service clients in England. The study involved gathering data from a range of large criminal justice and health organisations. Drawing on the literature and using learning from this study as an example, we address two central questions which evolved during the research: why was it more difficult to gain access in some organisations than others, and what methodological strategies might best improve engagement with research in the future? We discuss gatekeeping, and the impact of organisational resources, culture, responsibilities, change and objectives on engagement with research. We make recommendations for future methodological approaches to address these challenges, which are relevant to researchers in any discipline trying to engage organisations in research.

Introduction

This article provides an illustrative example of some of the challenges involved in attempting to survey a large number and variety of health and criminal justice organisations. Through critical reflection, it considers lessons in terms of what methodological strategies might best improve engagement with such research in the future.

Firstly, it provides a brief overview of the research project that is being used as an illustrative example. Secondly, it considers existing recommendations within the previous literature about how to improve engagement with surveys and overcome problems in gaining access to research data. Thirdly, it critically reflects on the research team's experience of the challenges of following some of these recommendations. Finally, it charts the possible origins of the problems that were encountered, and the implications of this for improving methodological approaches in future research.

Literature from around the world in a variety of research disciplines relates difficulties in gaining research access and a concomitant decline in survey response rates. Efforts to raise response rates have used such strategies as monetary incentives or repeated attempts to contact sample members and obtain completed surveys, but these strategies increase research costs (Muñoz-Leina et al., 2010; Cho et al., 2013). Current trends in non-response, if not halted, could compromise the potential of research to elicit data that assists in understanding social and economic issues and concomitant policy development. High non-response rates also create potential for risk of bias in estimates, and they affect survey design, data collection, estimation and analysis (Meiklejohn et al., 2012). Such difficulties have implications for both the design and conduct of research.

Whilst a body of literature exists on survey design and administration, processes such as negotiating access are rarely discussed in relation to survey research (Lindsay, 2005). There is also a paucity of research on conducting surveys of staff specifically within the settings that were of interest in our example study (namely probation, public health departments and mental health trusts in England and Wales – see below). Likewise, there is a paucity of literature on how best to improve engagement with organisational-level (as opposed to individual-level) surveys that aim to gather data from a large number and variety of organisations. Existing accounts of gaining access to these research sites that were identified in the literature were not focused on survey research, or related to gaining access to service users rather than staff (see for example Reeves, 2010; Ahern et al., 2016; Sirdifield et al., 2016). However, literature that exposes the bones of the research process is essential if we are to conduct high-quality research involving staff in the health and justice field. Consequently, we anticipate that this article will be useful for researchers in any discipline who are attempting to survey a large number of organisations. It may be of particular interest to early career researchers and those wishing to conduct research with criminal justice or health organisations.

The project

The research focused on mapping healthcare for probation service clients (i.e. offenders in the community rather than secure establishments) across England. This included mental health, physical health and public health services that were provided specifically for

probation clients, or had a probation-specific component (such as a particular pathway into the service for probation, or services to support use of particular community order requirements). Participants were also able to share details of any services that were accessible to people on probation which they felt had not been covered by the core survey questions.

The research aimed to identify good practice for improving offenders' health and access to healthcare. Probation services in England and Wales are provided by a mixture of private-sector community rehabilitation companies and the public-sector National Probation Service, which manages high-risk cases (Webster, 2019). Clinical commissioning groups are responsible for commissioning the majority of healthcare services for people in contact with probation (NHS England, 2016, 2017).

The focus of the research was informed by three key considerations. Firstly, internationally, offenders on probation have a high level of mental and physical health needs when compared with the general population (see for example Mair and May, 1997; Bradley, 2009; Brooker et al., 2012; Durcan et al., 2014; Binswanger et al., 2015).

Poorer access to treatment and prevention programmes in addition to problems with substance misuse (drugs, alcohol and tobacco) have recently been noted in a report by NHS England (NHS England, 2016). Health vulnerabilities are complicated by other factors, notably homelessness, deprivation, unemployment, poor levels of education, and complex trauma generated through neglect, abuse and bereavement (NHS England, 2016).
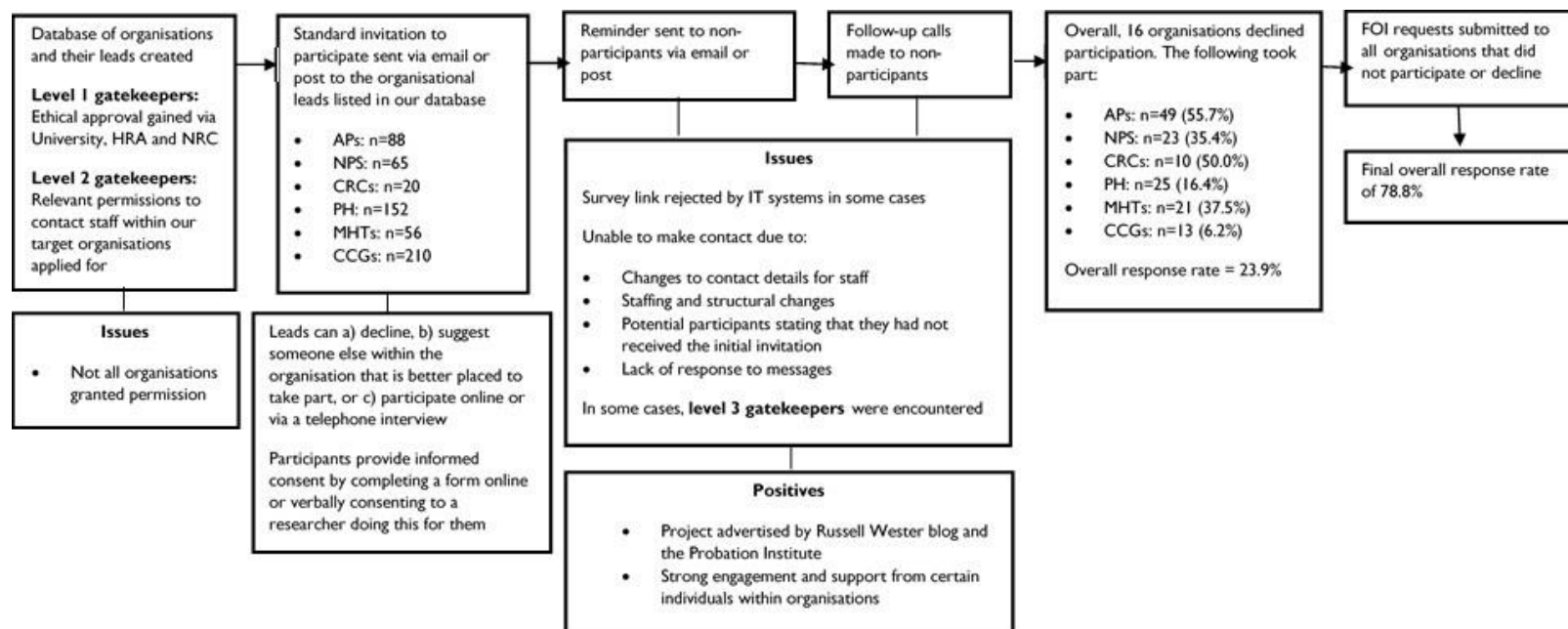
Secondly, despite deficiencies in healthcare provision being documented in policy for at least a quarter of a century (see for example Reed, 1992), access to healthcare remains problematic for offenders. Thirdly, offenders' health needs, and the extent to which these are met, are under-researched around the world (Plugge et al., 2014). The need for continuity of care and the benefits of early intervention and improving data quality and reporting have been noted in numerous settings (Arriola et al., 2007; NHS England, 2016). There is arguably a need and an appetite for research to inform and build upon this agenda.

Our central research question was 'What systems, policies and procedures exist within each probation provider to deliver healthcare to offenders (in-house, through local partnership arrangements, or through local clinical commissioning groups)?' By using a combination of national surveys of six types of organisation, analysis of documents, and case studies, the research sought to understand what mechanisms could be used to measure and facilitate improvements in the quality of healthcare for offenders. Using this information, a 'toolkit' for commissioners and practitioners to improve healthcare provision for offenders was developed. The basic premise of the research, which, as suggested above, is reflected in current government policy, is that better healthcare could help to increase compliance with community sentences, reduce recidivism, and save the NHS substantial sums of money by reducing the unnecessary use of urgent and emergency services.

Our recruitment process is described in Figure 1 and in the section on 'gatekeepers' below. It included sending an initial invitation, followed by email and telephone follow-up of non-

responders. Response rates were low from several of the organisation types (see Figure 1), in particular, clinical commissioning groups, where the response was low across the board. Estimating what response rate we should anticipate at the project design stage was problematic. This was due to a lack of literature to draw upon, particularly in relation to surveys of community rehabilitation companies, and heterogeneity in types of survey method used (e.g. face-to-face completion, completion online, mail surveys). Previous research in the types of organisations that we were interested in reported response rates that varied between 32% and 100% (Crawford et al., 2003; Seiter and West, 2003; Burnett and Eaton, 2004; Hatfield et al., 2005; Mair et al., 2006; Sampson et al., 2012; Clarke et al., 2013). Consequently, we had also included employing Freedom of Information requests with public health departments, mental health trusts and clinical commissioning groups as a final stage of recruitment to improve the overall response rate within the study design. Ultimately, an overall response rate of 78.8% was achieved.

Database of organisations and their leads created

Level 1 gatekeepers: Ethical approval gained via University, HRA and NRC

Level 2 gatekeepers: Relevant permissions to contact staff within our target organisations applied for

Issues
- Not all organisations granted permission

Standard invitation to participate sent via email or post to the organisational leads listed in our database

- APs: n=88
- NPS: n=65
- CRCs: n=20
- PH: n=152
- MHTs: n=56
- CCGs: n=210

Leads can a) decline, b) suggest someone else within the organisation that is better placed to take part, or c) participate online or via a telephone interview

Participants provide informed consent by completing a form online or verbally consenting to a researcher doing this for them

Reminder sent to non-participants via email or post

Follow-up calls made to non-participants

Issues

Survey link rejected by IT systems in some cases

Unable to make contact due to:
- Changes to contact details for staff
- Staffing and structural changes
- Potential participants stating that they had not received the initial invitation
- Lack of response to messages

In some cases, **level 3 gatekeepers** were encountered

Positives
- Project advertised by Russell Wester blog and the Probation Institute
- Strong engagement and support from certain individuals within organisations

Overall, 16 organisations declined participation. The following took part:

- APs: n=49 (55.7%)
- NPS: n=23 (35.4%)
- CRCs: n=10 (50.0%)
- PH: n=25 (16.4%)
- MHTs: n=21 (37.5%)
- CCGs: n=13 (6.2%)

Overall response rate = 23.9%

FOI requests submitted to all organisations that did not participate or decline

Final overall response rate of 78.8%

Time: Completion of ethics applications. Around 6 weeks for gaining all approvals. Initial invitation to participate. Reminder two weeks later. Follow up call two weeks later. FOIs submitted, and organisations are expected to respond within 20 working days

AP: Approved Premises; CCG: Clinical Commissioning Group; CRC: Community Rehabilitation Company; FOI: Freedom of Information; HRA: Health Research Authority; MHT: Mental Health Trust; NPS: National Probation Service; NRC: Her Majesty's Prison and Probation Service National Research Committee; PH: Public Health

Figure 1. Approach to recruitment

Ethical approval for the research was granted from the Health Research Authority, the National Offender Management Service National Research Committee, and an ethics committee at the University of Lincoln.

Recommendations in the existing international literature

When designing the project, although the focus was on health and criminal justice, our search of the literature included broader literature on survey research methods. We detail how we followed advice relating to survey design and administration below.

We found a paucity of literature that related specifically to conducting surveys with staff within the organisations that were of interest in our study, so we also consulted the broader literature on improving engagement in studies employing other research methods. We extracted themes and recommendations that were relevant to our proposed study as a means of anticipating and addressing potential challenges at the project design stage.

In this paper, we present a number of themes around engagement with an example project by using a combination of reference to the recommendations that we identified in the existing literature and our experience of trying to follow them. We also draw upon notes made by the research team when conducting follow-ups around reasons for non-response. We explore the advantages and disadvantages of different approaches to engaging organisations in research, and make recommendations on how to optimise engagement in future research.

We researched and followed advice relating to survey design and administration at the project design stage. This included ensuring that the survey was as short as possible; using a personalised email invitation to participate, which contained a clear subject line and a direct link to the online survey; giving a choice of response modes (self-completion online or completion via a telephone interview); and, if there was no response, using two follow-ups by email or telephone (Muñoz-Leina et al., 2010; Cho et al., 2013; Phillips et al., 2016).

As detailed earlier, it is rare for papers on survey research to consider processes such as negotiating access to research sites, although there are examples of issues such as the role of gatekeepers being discussed in relation to survey research (Parkinson et al., 2015). Therefore, in addition to the literature on survey design and administration, we consulted the broader methodological literature on improving engagement with research. This largely related to small-scale qualitative studies involving a researcher being physically based at a site to collect data. However, a number of key themes were apparent about difficulties in gaining access. The research team felt that themes within these papers may equally apply in quantitative or mixed-methods studies in numerous disciplines where there is a need to gain access to a large number of settings without physically basing a researcher within them. Therefore, in this section we present the key themes that we identified within the literature: gatekeepers; resources, organisational culture and responsibilities; and organisational change. We discuss how they were considered in our project, the advantages and disadvantages of this, and the implications for future research.

Gatekeepers

Research in large organisations frequently involves having to negotiate with gatekeepers. The process of 'gatekeeping' in this research operated at a number of levels. From the literature available, it does not appear to be peculiar to the organisations that we were researching. In military research for instance, even after a researcher has gained access, further obstacles are encountered. Crucially, these include gaining the trust of other gatekeepers at service personnel level (Vuga and Juvan, 2013).

The complexities of gaining access to organisations are explored by Reeves (2010) in her study of sex offenders in probation residential accommodation. Here, different levels of gatekeeping are encountered within the probation service. At the initial stage of the research formal gatekeepers are approached, but as is the case with other organisations (such as the military, as mentioned above), gaining trust is an ongoing process which requires constant negotiation and renegotiation. Personal contacts are useful in getting beyond the official line, both in the probation context according to Reeves (2010), and in the wider context of research on organisational policy-making (Duke, 2002).

In the study described here, it was not possible to gain personal contact in the initial stages for the survey research due to the volume of organisations that we aimed to survey. Unlike ethnographic research, permissions for access are often more remote and less personalised when attempting to gather larger data sets through surveys of multiple organisations.

At the initial gatekeeper level, some researchers point to increasing difficulties in accessing data due to the complex permissions and ethics processes that researchers must engage with prior to commencing their research (Sloan and Wright, 2015; Jewkes and Wright, 2016). As shown in Figure 1, for the project presented here, it was necessary to obtain ethical approval from a university, the Health Research Authority, and the National Offender Management Service National Research Committee.

Following this, we had to negotiate access via a second level of gatekeepers by approaching divisional directors (DDs) and chief executives (CEs) within probation for permission to conduct the research within their areas and by seeking confirmation of capacity and capability to participate from the NHS organisations that we wished to survey. Thus, ethical approval alone did not guarantee access to data. Moreover, in some cases, access to the DD or CE was not direct and a third level of gatekeepers was encountered. These gatekeepers were personal assistants or other administration staff who requested that details of the research be sent to them and forwarded to the DD or CE, rather than sent directly from the research team to the DD or CE.

The literature suggests establishing a rapport with gatekeepers in order to improve access to sites or staff. Wanat (2008) and Shenton and Hayter (2004) describe having a 'known sponsor' where organisations have good working relationships as a means of ensuring that there is an interest in the research being undertaken and that the researchers will be trusted. Reeves (2010) describes having a personal friend, known to an organisation, who introduced the researcher to a significant gatekeeper, ensuring access to the organisation and other gatekeepers.

In our example project, navigating the layers of gatekeepers that we encountered was hugely time-consuming and resource intensive. Since the researchers needed to engage with over 500 organisations, it was not possible to use Reeves' strategy of having personal connections in most of the potential research sites (Reeves, 2010). Establishing rapport was not possible by using the traditional methods often employed in qualitative research studies such as spending time in each research site; as a result, we knew that we would be reliant on 'cold calling' (i.e. writing to or calling people who were not personally known to us).

As shown in Figure 1, invitations to participate in the surveys were sent via email or post to senior staff in the National Probation Service (n=65) (public-sector probation in England and Wales), community rehabilitation companies (n=20) (a private arm of probation in England and Wales (Webster, 2019)), probation approved premises (n=88) (properties housing offenders on bail, licence or on release from prison, many of which are high-risk offenders), public health departments in local authorities (n=152), mental health trusts (n=56), and clinical commissioning groups (n=210) in England. Ethical approval letters were sent alongside these invitations as appropriate.

We attempted to engage organisations in the project multiple times. A written reminder was sent to non-participants approximately two weeks after the initial invitation. Approximately two weeks after this, follow-up phone calls were made to many of the remaining non-participants.

Professional experience can also be a means by which access can be secured. This can occur when the researcher has worked in a particular field, or already has experience and is known for conducting research on the subject (Duke, 2002; Shenton and Hayter, 2004). Members of our research team came from a variety of disciplinary backgrounds, including nursing and probation. When making follow-up calls to non-participants, we did attempt to establish rapport by highlighting our professional backgrounds and experience, and the relevance of our research to organisations' objectives. However, as a result of non-response, ultimately, we took a decision at a project steering group not to conduct follow-up calls with all non-participants, as this was very resource intensive and was producing very little return.

Resources, organisational culture and responsibilities
There have been reductions in health budgets in the UK, and changes to the roles and responsibilities of different organisations in relation to healthcare provision for probation clients. The restructuring of probation has resulted in work-related stress, and increased caseloads and staff shortages, so resources are often at a premium (Kirton and Guillaume, 2018). One may have expected that response rates would vary according to things like the size of an organisation or the population that it serves, but this did not appear to be the case – for example, prior to us employing Freedom of Information (FOI) requests, response rates were universally low from public health departments and clinical commissioning groups.

Managerialism has been an important aspect of the development of probation practice over the last two decades (Wade, 2000; Deering, 2016). Probation in England and Wales has become increasingly managerialised, and staff already spend time providing data to keep case files up to date and support inspections of probation. Concomitantly, potential

participants may not have the time to contribute to anything that is seen to be outside the core focus of their role or the role of their organisation. Thus, even if a higher-level gatekeeper has granted access to an organisation, potential participants may still choose not to take part for this reason.

Information overload can transform technologies into sources of risk to users (Lupton, 2016). Another important factor related to the ease with which work materials can be digitally transmitted is the perception of increased work volume, which makes research participation less likely. Work pressures were given as a reason for non-participation at a number of points in this process during follow-up enquiries being made by researchers. Any perceived increase in requests to create information could also have resulted in potential participants perceiving themselves as being over-researched, which could have provided rationalisation that justified non-participation.

Significantly, the researchers found it more difficult to gain access to data in some types of organisation than in others. Nationally, both NHS England and Her Majesty's Prison and Probation Service (HMPPS) have acknowledged the importance of research in assisting in the evaluation and commissioning of services. NHS England have a Research and Innovation Unit, and they outline the importance of research in 'enabling health and care commissioners to reduce uncertainties in decision making to improve health outcomes, [and] reduce health inequalities' (NHS England, 2018). Their ambition is that commissioners work with academia and national research councils to enable them to do this. Within HMPPS, research is encouraged across the board, and they state that they 'work to ensure that internal and external research supports effective policy development and operational delivery across HMPPS by providing timely, relevant and robust research' (Her Majesty's Prison and Probation Service, 2018). This includes both the National Probation Service and community rehabilitation companies.

Despite this national level of support, there were low levels of participation by both health and justice organisations in our surveys, and the groups who were engaged directly in offender management had significantly higher response rates than those with a responsibility for commissioning healthcare. It is impossible to say with any exactitude why this should be the case, but it may be related to both a lack of resources and what Sloan and Wright (2015) have called organisational and cultural interests. Organisational cultures are differentiated and complex, but, in broad terms, they represent the collective values, beliefs and principles of organisational members and are a product of wider factors including history, technology, strategy, type of employees, management style, and national culture (Needle, 2015).

It may well be that information sharing is not regarded as part of the organisational culture in an age in which data protection or commercial interests are paramount in the minds of potential participants (Denney, 2005). However, it is important to add that no data on individual subjects was being requested, and we did not view the information that we were collecting as in any way sensitive, because the research was not looking at an emotionally charged topic. Thus, it is difficult to account for the levels of resistance and non-response encountered in some organisations.

Another vital point, again related to organisational culture, is asking what level of importance was attached to providing data. Completing surveys does not appear to be a high priority in organisations which already regard themselves as being under a lot of pressure. Thus, as Jewkes and Wright (2016) have suggested, there are multi-layered obstacles. Some parts of the organisation will be willing to take part in the research, whilst in another part of the same organisation unanticipated problems can be experienced, which calls a halt to data gathering (Jewkes and Wright, 2016). Having emphasised the importance of research, it is important that NHS England, HMPPS and other organisations work with researchers to overcome difficulties to access such as those outlined here.

Organisational changes and restructures

Another factor which could be significant is difficulties in contacting organisational leads due to organisational restructures. Defining responsibility streams when accessing potential sources of data proved to be challenging. The researchers were reliant on organisational directories (some of which proved to be out of date due to organisational change) and what information they could gain from individuals within an organisation when trying to identify who was prepared and qualified to respond. Finding the right phone numbers and email addresses to follow up non-responders, and establishing who was now in which post following organisational restructures and staff changes, was hugely time-consuming.

Moreover, research suggests that organisations that have been subject to a number of structural changes may not be fully aware of their responsibilities in relation to offender health (Brooker and Ramsbotham, 2014; Brooker et al., 2015), and thus may not realise the relevance of the research to them or their organisation.

It is difficult to know exactly how to overcome these problems. One strategy that we would consider using in future research is to ask higher-level gatekeepers from each of the six types of organisation to be part of the project steering group and work directly with the researchers to overcome problems with contacting potential participants. Here, we would still be mindful of the need to ensure that whilst higher-level gatekeepers may facilitate contact, the decision to participate must be voluntary and not coerced.

Does the research meet organisational objectives?

The literature suggests that access can be improved if researchers ensure that the study fits potential participants' personal and organisational objectives (Clark, 2010) and if they address any concerns expressed by gatekeepers openly and honestly. We attempted to ensure that the research was likely to be relevant to organisational or personal objectives by engaging with service users and members of probation and health staff at the research design stage, enabling them to shape the focus of the project. In addition, this was assisted by the fact that the research team have varied interdisciplinary backgrounds, including mental health, probation, criminology, sociology and psychology. Furthermore, when making follow-up phone calls, we attempted to address any concerns that gatekeepers or potential participants had about the study. It is important to acknowledge that the response to the research by the differing organisations involved was not entirely negative. For example, probation DDs were supportive in sending out invitations.

Increasingly, there is realisation amongst researchers that those providing data could need some form of incentivisation (Guyll et al., 2003; Shenton and Hayter, 2004). Thus, researchers are striking bargains to enable both parties to benefit from the project and give participants some vested interest in seeing a successful outcome to the project. From the researcher's point of view, this is good practice and may pave the way to future research impact if key stakeholders are involved at the outset of the project. Patton's (2002) recommendation to use reciprocity to negotiate access is an important point to bear in mind when attempting to gain research access (Patton, 2002). We attempted to incentivise organisations to take part here by offering them the opportunity to work with us to shape the content of the toolkit that we will produce at the end of the project, in order to ensure that it is relevant and helpful to them.

Cold calling, fatalism and risk

Using cold calling is often a necessary evil in research projects, particularly where large numbers of participants from different organisations are included. However, such practices can be seen by potential respondents as a possible risk. Given the current culture of constant and instant communication and associated security problems, telephone calls from unknown people can appear intrusive and give rise to anxiety or even suspicion of criminal activity being associated with the call (Smith, 2005; Glogowska et al., 2011). Cold calling is perhaps not the best method to use in organisations where sharing information is not viewed positively. Some may be suspicious of motive, believing that in some way they as respondents may be held to account. In situations in which organisational morale is low, a form of fatalism could be present in which respondents believe the situation has reached the point where participating in research will not lead to improvements. We are uncertain whether or not this was the case in our research, but there is certainly evidence that NHS and criminal justice staff have experienced considerable organisational change, and consequent low staff morale is a concern (The Probation Officer, 2014; The King's Fund, 2015).

Using Freedom of Information Act requests to gather research data

Although the idea of an acceptable response rate is open to interpretation, a response rate of 6.2% for clinical commissioning groups was remarkably low whilst a rate of 16.4% for a public body makes it difficult to draw any definite conclusions from the data. Consequently, we asked key research questions of non-responders from clinical commissioning groups, mental health trusts and public health departments using FOI requests. This increased our overall response rate in these key areas to 78.8%.

Following the Freedom of Information Act (2000), and Freedom of Information Act (Scotland) (2002), such requests can be submitted by any person or company (including those based abroad) to organisations in a variety of fields, including health, education, criminal justice and security. Similar schemes are also available in over 40 countries, including the Republic of Ireland, Sweden, Finland, the United States of America, Canada, Japan, Thailand and Australia (Lee, 2005; Savage and Hyde, 2014). One of the most striking observations to be made from the experience of attempting to gain access to these various organisations was that reasons for initial decline, such as work pressures, did not seem to apply following the FOI requests. This raises questions about why this was the case. We do not think our survey was too long, and we suspect that the low response rates could be

connected to resourcing, as organisations allocate resources to answer FOI requests, whereas the organisational leads who we contacted initially may have been time-poor and reluctant to delegate participation to someone else. This raises the possibility that FOI requests could be used as a first-line research tool (Savage and Hyde, 2014).

If this practice were to be adopted as a first-line attempt to gain access more generally in research, consideration would need to be given to potential ethical issues. Some measure of legal force is being employed on the assumption that response rates would be low before any attempt has been made to gain access in a more consensual manner. Furthermore, it could be argued that the widespread practice diminishes the choice of organisations to provide data. However, one possible justification for taking this course of action is that in this case, expensive researchers' time and public money was being expended in attempting to gain responses by repeated written invitations and follow-up calls. In addition, in our case, the use of data from the FOI requests vastly improved the generalisability of the research findings and helped us to identify case study sites for later stages of the research. FOI requests could mark a way forward to gain access to data more quickly and efficiently (Savage and Hyde, 2014).

Discussion and conclusion
Reflections on the research process and implications for future research
The findings described in the article are based upon a single case study at a single point in time, which immediately raises the question of the extent to which generalisable conclusions can be drawn. However, conclusions based upon numerous studies also capture the practices of an organisation or research team at a particular point in time, and to some extent are limited. Yin (1999, 2014) has argued that single case studies are a valuable tool in health services research since they capture operational steps. Multiple source triangulation is a step which can be useful in improving the validity of any single case study (Yin, 1999, 2014). As in all areas of research, an attempt should be made to verify results by drawing on data from a variety of sources. In this study we drew on the existing literature, feedback from non-participants, and our own experience (critical reflection). We hope that in sharing this illustrative example, we can improve understanding of the issues involved in conducting this type of research.

An important part of the research process is to reflect upon how the research could have been conducted differently to increase participation. We have done so here, providing an overview of key themes within the existing literature around solutions to increasing engagement in research, and using our experience on one project to illustrate the difficulties of employing these solutions in large-scale research projects.

Much of the literature focuses on qualitative studies where a researcher is physically based with a particular group or within a particular organisation, rather than research where there is a need to gain 'virtual' access to a large number of settings. Interviews and observations conducted in the setting where the phenomena of interest usually occur have traditionally been primary sources of data in qualitative research (Merriam and Tisdell, 2016). Although our research did not involve direct observation or interviewing on the research site, the difficulties encountered in gaining access described above have a wider relevance for

qualitative research internationally. In the near future, technology, particularly in the realm of communication, could move to a point where physically based interviews and observations are seen as too expensive to be of practical use by those funding research, and so increasingly researchers will be required to gain 'virtual' access to a setting.

Significantly, our illustrative example shows that recruitment can still be problematic even when the rationale for a research project is based on organisational or governmental policy, key stakeholders (including staff and service users) have been engaged at the project design stage, and some gatekeepers are supportive at the data collection stage.

A personalised approach and building rapport with individual potential participants or all levels of gatekeepers may be impossible in a large-scale project, as there are simply not enough resources to do this. However, in times where organisations have limited resources and may be suspicious of cold calling, it is critical that individuals see the benefit of the research to them and their organisation. Participant information packs may not convey this adequately or may simply be deleted unread in an era of constant communication. It could well be that researchers adopt an over-optimistic attitude to the reaction of potential respondents to a research project, when the reality facing those working in over-stretched organisations is that of an added task, of dubious origin, and of questionable value to their own organisation. Consequently, we recommend building rapport with a small number of higher-level organisational gatekeepers and engaging them at the project design stage. Engaging a wider range of gatekeepers at an early stage may create a sense of ownership of the research; enable a full discussion of respondents' potential fears or concerns regarding the research prior to data collection; and ensure not only that there is a fit between the research and gatekeepers' organisational objectives, but that this fit is recognised by the gatekeepers. Moreover, if we had involved particular gatekeepers at an earlier stage, they would have been expecting requests for data, which may have improved our response rates.

In addition to this, we have highlighted that difficulties in contacting potential participants can result from organisational change. Consequently, we would suggest inviting the same higher-level gatekeepers to sit on the project steering group and advise on potential ways of overcoming such difficulties.

In research involving numerous types of organisation, information sheets and invitation letters that are more individualised and emphasise the potential benefits of the research to the particular type of organisation (rather than the benefits of the project overall) could be another strategy for improving participation rates.

Despite employing a three-stage recruitment process, our response rates from some types of organisation were low. Consequently, we have also demonstrated some of the potential benefits of using FOI requests in research and explored some of the ethical issues associated with using these as a first-line research tool. Further consideration may need to be given to the extent to which using FOI requests introduces an element of compulsion to participate in research. However, organisations can state that they do not have the data required or charge for the time taken to respond to such requests, and our experience suggests that

using FOI requests in this way could be a more efficient and cost-effective way of using research funds and gaining access to sufficient data to produce generalisable results. This approach could be adopted by researchers conducting research in numerous fields and settings around the world.

Finally, we note that whilst it may be incumbent on researchers to adopt appropriate methodological approaches to engage participants in research, if organisations are serious about having researched-informed policies and practice, they also need to work with researchers to understand and overcome some of the challenges that researchers face in trying to recruit research participants.

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