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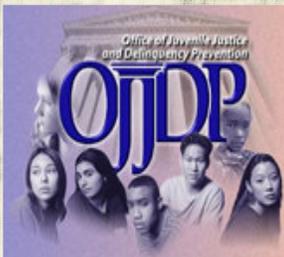
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# *Safe Start Initiative: Demonstration Project*

*Process Evaluation Report I (2004)*

*Report # 2005 - 2*

*September 2005*



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## PREFACE

This report on the promising principles for engaging and retaining families in services was developed by the Association for the Study and Development of Community (ASDC) for the Office of Juvenile Justice and Delinquency Prevention (OJJDP) for the Safe Start Demonstration Project.

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## TABLE OF CONTENTS

1. INTRODUCTION.....	1
2. ENGAGEMENT AND RETENTION STRATEGIES .....	2
2.1 Building Relationships.....	2
2.2 Leveraging Existing Supportive Relations.....	5
2.3 Designing and Providing Responsive and Respectful Services .....	7
2.4 Using Strategic and Strengths-Based Marketing.....	9
2.5 Addressing and Removing Participation Barriers .....	11
3. CONCLUSION.....	12
REFERENCES.....	13

## **INDEX OF ENGAGEMENT AND RETENTION STRATEGIES**

Make contact with the family prior to the first appointment .....	2
Use reminder letters .....	3
Use the Comprehensive Referral Pursuit and Maintenance Approach (CRPMA) .....	3
Use paraprofessionals .....	3
Use a combined engagement intervention.....	3
Engage the whole family system and address family concerns not directly related to parent-child interactions .....	4
Specifically train staff to show consistent respect for families.....	4
Identify key individuals (leaders, elders, helpers, etc.).....	5
Identify key social spaces.....	6
Involve target participants .....	7
Ensure ethnic & language congruence.....	7
Match families’ participation style with opportunities offered.....	8
Provide multilingual materials.....	8
Adapt curricula .....	8
Foster a sense of anticipation, progress, and achievement .....	8
Include parents and children together .....	8
Include socialization opportunities .....	8
Make reminder calls.....	8
Design “What’s in It for Me” advertising .....	10
Use strengths-based marketing .....	10
Take advantage of naturally occurring events .....	10
Conduct door-to-door canvassing and one-to-one recruiting .....	10
Use bilingual and bi-cultural individuals .....	10
Advertise frequently, using a variety of methods .....	10
Leave brochures at local community-based organizations.....	10
The Comprehensive Referral Pursuit and Maintenance Approach (CRPMA).....	11
The combined engagement intervention .....	11
Schedule services at times convenient for families .....	11

# 1. INTRODUCTION

Family engagement and retention in services represent a critical practice issue. Effective service delivery and impact cannot be achieved if practitioners fail to convince families to access and use their services. The fiscal and human resources invested in service design and delivery are wasted when services are either under-utilized or not utilized at all.

Current Safe Start Demonstration sites have reported several challenges associated with client engagement and retention. These included the stigmatization of mental health interventions, distrust of social service agencies, lack of staff diversity, perceptions of families that staff have negative attitudes toward them and a lack of respect, the inability to reach families (e.g., no telephones), lack of stability in families (e.g., no stable housing, multiple needs), and language barriers between families and service providers.

The engagement and retention issues identified by Safe Start Demonstration Project practitioners are similar to those well-documented in the research and practice literature, and reviewed in this paper. (Dumka et al, 1997; Flaherty, 1998; Harachi, Catalano, & Hawkins, 1997; Staudt, 2003). The challenges of engaging and retaining families to participate in non-mandated mental health and family services can be particularly salient for low-income families who may face barriers to participation, such as limited time and economic resources (e.g., transportation, child care) and family adversity (e.g., illiteracy, domestic violence). Ethnic and racial minority families may confront additional language and cultural barriers, as well as negative experiences with mainstream helping institutions and professionals.

Acknowledgement of these fundamental service delivery issues has not translated into a systematic and empirical examination of counteractive or ameliorative strategies. The body of knowledge for evidence-based practices for engaging and retaining families in services is limited. This paper offers early childhood intervention services guidance on how best to address the challenges of engaging and retaining families in services, based on a review of the literature and interviews with Program Directors of the 11 Demonstration sites participating in the Safe Start Demonstration Project.

To prepare this paper, the Association for the Study and Development of Community (ASDC), as the National Evaluation Team (NET) for the Safe Start Demonstration Project, reviewed: 1) studies of strategies used to increase attendance at initial appointments and treatment retention for children and families seeking mental health services, 2) studies of effective recruitment and retention for parenting programs, and 3) studies that examine social support networks in different cultures. ASDC also reviewed websites of 1) the Harvard Family Research Project's Evaluation Exchange, 2) the National Center for Children Exposed to Violence, 3) The Annie E. Casey's Making Connections initiative, and 4) the Research and Training Center on Family Support and Children's Mental Health's Focal Point, for promising engagement and retention practices these organizations have found and promote.

Interwoven with the literature review are descriptions of the practices created and implemented by Safe Start Demonstration sites to engage and retain families in their services.

## 2. ENGAGEMENT AND RETENTION STRATEGIES

To create a set of engagement and retention strategies that can be used with families throughout the service pathway, the NET synthesized two bodies of literature. In the first body of literature -- generated by mental-health services researchers -- strategies have been somewhat artificially categorized as 1) those that increase attendance at initial appointments and 2) those that increase treatment retention (Staudt, 2003). (Note: Although the NET recognizes a general correspondence between specific strategies and the service pathway sequence, we encourage using all strategies iteratively throughout a family's participation in services). In the second body of literature -- generated by researchers who designed specific parenting programs -- recruitment and retention strategies have been less systematically examined with respect to the effectiveness of particular strategies at various points in the service pathway (Dumka et al, 1997; Flaherty, 1998; Harachi, Catalano, & Hawkins, 1997). Instead, retention rates obtained have been compared with those reported in the literature (rather than a comparison group, for example) and then attributed to all efforts used to attract and retain families in the program under study. In this second body of literature, therefore, strategies used for initial and sustained engagement of families in services are categorized by type rather than by timing.

Collectively, the literature suggests five categories of engagement and retention strategies that should be incorporated into any family and mental health service. They are:

- Building relationships;
- Leveraging existing supportive relations;
- Designing and providing responsive and respectful services;
- Using strategic and strengths-based marketing; and
- Addressing and removing participation barriers.

It should be noted that none of these practices are meant to be viewed as stand-alone strategies. Engaging and retaining families in services requires that multiple strategies be used concurrently. Strategies are described in detail below.

### 2.1 Building Relationships

Establishing a relationship between the service provider and the family as early as possible in the service pathway increases attendance at initial appointments (Staudt, 2003). Building on this early relationship throughout the family's participation in services, by attending to the family's concerns and needs and engaging family members as equal partners in the help-seeking process, helps ensure sustained engagement in services (Staudt, 2003).

Ways in which a service provider can establish a relationship with the family include:

- ***Make contact with the family prior to the first appointment:***  
Contact may include a phone call, a letter, an in-person visit, or a request to complete and return forms prior to the initial appointment (Deane, 1991; Kourany et al, 1990; MacLean et al, 1989). This method has been shown to increase attendance at initial appointments. Contacting low-income families face-to-face prior to the start of a program also is

associated with an increased likelihood of parental attendance (Harachi, Catalano, & Hawkins, 1997).

- ***Use reminder letters:***

Reminder letters can specifically state a consequence for missing an appointment or a reward for keeping it. This method also has been shown to increase attendance at initial appointments (Parrish et al, 1986).

- An example of a consequence is placing the family on a waiting list if more than three appointments are missed.
- An example of a reward is placing the family's name in a monthly prize lottery for each kept appointment.

- ***Use the Comprehensive Referral Pursuit and Maintenance Approach (CRPMA):***

CRPMA was developed by Szykula (1984) to increase treatment retention.

- In the CRPMA, both the referral source and the therapist meet with the client at the first appointment, potentially increasing the client's comfort level, if the referral source is someone already familiar to the client.
- The CRPMA also provides for:
  - Meeting families in their homes,
  - Keeping session times flexible, and
  - Helping families locate needed resources (e.g., housing, transportation).

- ***Use paraprofessionals:***

Paraprofessionals assist low-income families with overcoming barriers to accessing and using mental health services. This is another method that has been shown to increase attendance at first appointments (Elliott et al, as cited in Staudt, 2003). Paraprofessionals are typically individuals without higher degrees or licensure credentials who are particularly skilled at earning the trust and respect of families. These individuals often have good interpersonal skills, extensive experience with the issues families face, and knowledge of the community. When paraprofessionals can meet more family needs (i.e., information about mental health services, respite care, transportation, childcare, etc.), dropout rates may decrease, in addition to the increase in attendance at initial appointments.

- ***Use a combined engagement intervention:***

A combined engagement intervention should include both 1) an initial telephone contact and 2) an initial interview with therapists specifically trained to focus on the process of engagement in the first interview. A study by McKay, et al (1998) showed that this intervention increased urban, low-income families' attendance at first appointments and the ongoing use of services by families.

- The combined engagement intervention serves two primary purposes: understanding why a child and family are seeking mental-health services and engaging the child and family in the helping process. More specifically, the following four elements of engagement are highlighted in this method: 1) clarifying the helping process for the client; 2) establishing a collaborative working relationship with the client; 3) focusing on immediate, practical

concerns; and 4) emphasizing the identification and amelioration of barriers to seeking help.

- The telephone contact, in particular, targets four areas: 1) clarifying the need for mental-health care, 2) increasing the family's investment and efficacy in relation to seeking help, 3) identifying attitudes about and previous experiences with mental-health care, and 4) overcoming concrete obstacles to accessing services.
- ***Engage the whole family system and address family concerns not directly related to parent-child interactions:***

Include concerns about the stigma of being in therapy, work concerns, marital difficulties, and financial worries. This method can increase both attendance at first appointments and treatment retention.

  - ***A family systems intervention known as Strategic Structural Systems Engagement (SSSE)*** has increased the first-appointment attendance of Hispanic families with adolescent drug abusers (Santisteban et al, 1996; Szapocznik et al, 1988). SSSE is an intervention that focuses on establishing an alliance with the person who calls for services, by actively working with him or her to involve other family members. In addition, the service provider inquires about family members' values and interests, and calls significant others to gather more information about the family. Home visits to the family are made if necessary.
  - An approach called ***enhanced family treatment*** also has been shown to increase retention. In contrast to standard family treatment, this method requires the therapist to give attention to parental concerns beyond the parent-child difficulties that led the family to seek help (Prinze & Miller, as cited in Staudt, 2003).
- ***Specifically train staff to show consistent respect for families:***

Such training is associated with higher participation rates in parenting programs. Teaching specific communication, encouragement, and disciplinary techniques to staff can increase retention of families (Dumka et al, 1997).

Three of the 11 Safe Start Demonstration sites have used relationship-building strategies to engage and retain families in services. The Spokane SSI has increased families' engagement by having a Child Outreach Team member arrive at the scene of a police response. Initial contact with the family is made during this response, rather than a day or more after the crisis has occurred.

San Francisco SafeStart emphasizes relationship-building within the family and, in turn, has been able to retain families in on-going services. San Francisco SafeStart developed a policy that explains what a provider should do when working with families. This family-centered policy emphasizes a safe environment for the family by focusing on the restoration of relationships between parents (including the offender), as well as between parent and child. Families are contacted at least five times within the first 30 days. The specialist or advocate reaches out to the family by phone or by visiting the family at their home.

The Chatham County Safe Start Community Programs Coordinator is strongly tied to the faith community, allowing for connection with families involved in that community who may

need assistance due to their children's exposure to violence. In addition, building relationships with previously untapped communities has great potential to generate new referrals. For example, the Chatham County Community Programs Coordinator also meets with the human resources directors of local businesses to inform them of Safe Start services that their employees may need.

### **Principles to Remember When Building Relationships**

***Build relationships with families*** that are based on equality and respect, recognizing that all partners in the process have something to give, as well as to receive.

***Remember that developing social networks takes time***, and remaining in one community helps facilitate a family's connection to the community.

***Recognize that different cultures vary*** in their regard for formal institutions, their leaders, and their service providers. These variations must be understood and considered when identifying optimal entry points for soliciting support. For instance, Asians tend to hold teachers and school principals in high esteem, and, therefore, are less likely to question their authority.

***Provide social support*** at the individual, community, and systems levels to be sustainable. Low-income people, as compared to middle- and upper-income people, tend to develop networks that are smaller, homogenous, and tightly knit, resulting in a lack of support at the institutional level; hence, they have limited access to mainstream opportunities and resources.

***Engage the police and other "first responders"*** (e.g., spiritual counselors, priests, teachers) as primary resources for help in low-income communities.

(Annie E. Casey Foundation, 2004; Association for the Study and Development of Community, 2002)

## **2.2 Leveraging Existing Supportive Relations**

Identifying and using the natural and informal social support networks of potential service participants has been used as a successful engagement strategy (Annie E. Casey Foundation, 2004; Harachi, Catalano, & Hawkins, 1997; Meyers & Miles, 2003). Relying on respected and trusted members of the community to recruit families for services can be especially important for bridging cultural differences that may exist between service providers and the target population.

Techniques for leveraging existing supportive relations include:

- ***Identify key individuals (leaders, elders, helpers, etc.):***  
Use other parents, staff from community-based agencies, school personnel, or otherwise credible members of the community to contact potential participants directly. This can be important for ensuring cultural competence. These key individuals also can help make the situation less threatening for the person or family seeking help and should be known to the target population (Harachi, Catalano, & Hawkins, 1997).

- Harachi, Catalano, and Hawkins (1997) reported successful recruitment strategies for four ethnic groups: African American, Hispanic, Samoan, and Native American. Relying upon personal networks and bilingual individuals was particularly effective for the Hispanic, Samoan, and Native American groups. Hiring active and respected elders in the community proved to be the most effective strategy for the Native American group. Using person-to-person contact was effective for all four groups.
  - Meyers and Miles (2003) discussed the engagement of parents in an approach known as Wraparound (or Individualized Service/Support Planning). With the Wraparound approach, teams of family members, service providers, and members of the family's natural and community support networks are used to implement a system of care philosophy for children with serious emotional or behavioral disorders. Some Wraparound sites have created a community committee consisting of a blend of families and staff, who serve as a resource for teams struggling with building community and natural supports. Parent graduates of the Wraparound program can be paid as parent advocates or parent/family partners.
  - The Annie E. Casey Foundation has described lessons learned about engaging residents in their Making Connections initiative (see [www.aecf.org/initiatives/mc/](http://www.aecf.org/initiatives/mc/)), designed to improve the outcomes of vulnerable children by helping strengthen their families and neighborhoods. These lessons include: 1) hiring trusted natural helpers in the neighborhood as coordinators can successfully link families to needed services, and 2) these neighborhood coordinators play essential roles in engaging families.
- **Identify key social spaces:**  
Key social spaces will likely increase the family's comfort and sense of safety. This method is associated with engagement and retention in parenting programs (Dumka et al, 1997; Flaherty, 1998; Harachi, Catalano, & Hawkins, 1997). Specific examples of key social spaces include churches; community recreation centers; schools; and social service agencies such as "one stop shops" for employment, housing, food, and cash assistance. Spaces should have geographical proximity to the target population. Families should feel comfortable and safe about traveling to the location or facility. Childcare services should be available; the space should be able to accommodate both the program or service and childcare. Utilizing social spaces that meet these criteria also facilitates opportunities for using naturally occurring events (such as parent's nights, birthday parties, or community meetings) to advertise the family service.

## Principles to Remember in Leveraging Existing Supportive Relations

*Natural supportive relations differ by community, culture, and type of problem. Assess and work with natural networks in communities. For some issues, family members may provide the support that is needed. In other cases, friends will provide the support.*

*Institutions vary in their role and structure across cultures. Find the appropriate institutions based on their function and constituency. For example, Chinese and Korean communities are likely to have language schools that occur on weekends. Social support networks for these communities can be found through these language schools. Latino parents, on the other hand, are concerned about learning the English language, so that they can find employment, help their children, etc. English as a Second Language (ESL) teachers naturally become the source of information for other concerns of Latino immigrants.*

*Members of low-income communities need safe spaces to form connections with individuals who can provide emotional and instrumental support.*

*Existing sources of support are as important to use as new sources of support.*

*Leadership and social hierarchies vary across cultures. For example, elders are considered the leaders in the Somali community. Before any action can be taken in the community, the elders have to be informed and give their blessing.*

*Interventions need to take place in the natural environments of young children and their families and incorporate community supports.*

(Annie E. Casey Foundation, 2004; Association for the Study and Development of Community, 2002; Simpson et al, 2002)

## 2.3 Designing and Providing Responsive and Respectful Services

The content and processes used to deliver services can be critical to retaining participants. Generally speaking, positive initial experiences are important (Flaherty, 1998). In addition, families are more likely to continue using services when the services are designed to make the participant feel that attendance is important and personally worthwhile (Dumka et al, 1997; Flaherty, 1998).

Sustained participation in services has been associated with use of the following methods (Dumka et al, 1997; Flaherty, 1998; Harachi, Catalano, & Hawkins, 1997):

- ***Involve target participants:***  
Involve target participants in the planning phases of a program.
- ***Ensure ethnic & language congruence:***  
Ensure congruence between the ethnicity and preferred language of service providers and those of the target population.

- ***Match families' participation style with opportunities offered:***  
Ensure congruence between an individual's preferred participation style (e.g., large group discussion, one-on-one conversation, etc.) and the participation opportunities provided during sessions.
- ***Provide multilingual materials.***
- ***Adapt curricula:***  
Adapt curricula to meet the needs of families. For example, training methods should be tailored to differences in learning styles across cultures.
- ***Foster a sense of anticipation, progress, and achievement:***  
For example, parenting programs can be organized according to a cumulative, step-by-step skill development framework that results in a complete handbook, graduation ceremony, and completion certificate.
- ***Include parents and children together:***  
Include parents and children together when possible.
- ***Include socialization opportunities:***  
Include socialization opportunities for participants such as pre-session meals, warm-up activities, and closing rituals.
- ***Make reminder calls:***  
Make reminder calls to participants between sessions.

## Principles to Remember in Designing Responsive and Respectful Services

*Adapt to gender and cultural differences regarding how support is received and given.*

*Adapt to educational differences regarding how support is received and accessed. The more highly educated an individual is, the less likely he/she is to seek support from friends, neighbors, co-workers, or parents, suggesting that increasing education means increasing financial resources and independence.*

*Build the capacity of families and neighborhood residents. They are either already competent or have the capacity to become competent to make positive changes in their own lives and their neighborhoods. With adequate knowledge, skills, and resources, residents can recognize the wealth of talents in their neighborhood, mobilize resources, and find solutions to their own problems.*

*Provide supports and services family-centered. They should be designed according to the family's strengths, needs, and preferences.*

*Individualize programs and services, to respect each family's racial, ethnic, cultural, and socioeconomic background, as well as values and beliefs.*

*Build interventions on strengths and resilience. Programs and services should be designed to promote resilience in children and build on family strengths by enhancing self-esteem, improving coping strategies, and increasing positive social support.*

*Involve family members in all levels of decision-making about their children's care and in designing, implementing, and evaluating services.*

*Use programs that have been shown to effectively address the developmental needs of children in all areas of functioning.*

(Annie E. Casey Foundation, 2004; Association for the Study and Development of Community, 2002; Simpson et al, 2002)

In response to client feedback, the Chatham County Safe Start Initiative is intending to shorten its screening tool, because families find it time-consuming and intimidating. Chatham County also has revised its service coordination protocols and the structure of its case management team meetings. These two service modifications have shortened the time between the referral of a family and the receipt of services. One point-of-service provider has developed a close working relationship with a Department of Social Services worker, who has agreed to track cases for her. This worker can help the provider locate and maintain services for families who move often.

### 2.4 Using Strategic and Strengths-Based Marketing

Flaherty (1998) asked parents how the advertising efforts of future parenting programs could be improved; the results of this study also can be applied to mental health and family services. Dumka, et al (1997) carefully avoided presenting the goal of their program as one of rectifying parenting deficits, and instead framed it in terms of raising successful children.

Harachi, Catalano, and Hawkins (1997) also attended carefully to the channels used to reach out to families of various ethnic groups. Together, these practitioners recommend the following recruitment strategies for future use:

- ***Design “What’s in It for Me” advertising:***  
The advertising “sells” the service on the grounds of personal gain. Many existing marketing materials (such as flyers and brochures) focus more on describing the services and less on what participants will gain.
- ***Use strengths-based marketing:***  
Services and programs should be sold as opportunities for strengthening and supporting families.
- ***Take advantage of naturally occurring event:***  
Events such as birthday parties, Tupperware parties, after-church coffee hours, parent’s night at school, etc., can be used to announce services and programs.
- ***Conduct door-to-door canvassing and one-to-one recruiting:***  
Both door-to-door and one-to-one recruiting were found by the Annie E. Casey Foundation to be effective ways of reaching out to neighborhood families. Word of mouth was found to be a convincing form of advertising.
- ***Use bilingual and bi-cultural individuals:***  
Use bilingual and bi-cultural individuals for engaging families and helping you plan your strategy.
- ***Advertise frequently, using a variety of methods:***  
Parents in Flaherty’s (1998) study suggested that their own children and familiar parents were the most effective engagement strategies. Seeing a flyer several times in different places also was suggested as a convincing method of advertising.
- ***Leave brochures at local community-based organizations.***

**Principle to Remember When Using Strategic and Strengths-Based Marketing**

*Use and partner with ethnic media outlets such as radio programs, newspapers, and local cable programs that are intended for a particular group of immigrants. These play an important role in disseminating resources and other information, which helps to generate and maintain social-support networks.*

(Association for the Study and Development of Community, 2002)

## 2.5 Addressing and Removing Participation Barriers

Removing the challenges that families may face when seeking services is critical for initial and sustained engagement (Dumka et al, 1997; Harachi, Catalano, & Hawkins, 1997; Staudt, 2003). Economically disadvantaged families, in particular, may face obstacles such as language barriers, culturally inappropriate services, lack of transportation, and lack of childcare. Service providers who are able to address barriers to access and service delivery, or link families to needed resources experience greater utilization of their services.

- ***The Comprehensive Referral Pursuit and Maintenance Approach (CRPMA):***  
CRPMA, described previously in Section 2.1, could result in increased treatment retention in part because it meets families in their homes, uses flexible scheduling, and assists families with locating needed resources.
- ***The combined engagement intervention:***  
The combined engagement intervention, also described in Section 2.1, could result in increased kept appointments and ongoing participation in treatment in part because this strategy works with families to overcome concrete barriers to participation such as translation, transportation, and childcare needs.
- ***Schedule services at times convenient for families:***  
Dedicating time during the planning phases of their family programs to solicit feedback from potential participants about convenient meeting times helped increase the families' participation (Dumka, et al, 1997; Harachi, Catalano, & Hawkins, 1997).

Three of the 11 Safe Start Demonstration sites reported that they have addressed barriers to accessing and using services, to better engage and retain families; specifically, the Baltimore and Pinellas Safe Start sites have addressed the common barriers of transportation and childcare, respectively. Baltimore's point-of-service providers make home visits to families. Pinellas funds a Safe Start specialist position within an agency that provides an array of childcare support and consultation. San Francisco SafeStart's Service Delivery Team (SDT) approach enables the retention of families in services by ensuring an integrated response throughout the continuum of care. The SDT is the center point for outreach and training and for providing consultation to their own agencies, other agencies, and points-of-services. The SDT is comprised of representatives from various key agencies that interact with families with CEV (see list from website). The SDT approach identifies areas for systems improvements through case analyses. They meet three times per month; twice to coordinate case sharing and once to address training, systems change, and policy development. The SDT receives clinical supervision from the Child Trauma Research Project. In the past year, the SDT has been expanded to include representatives from child welfare, domestic violence, batterer's intervention, and adult probation. Because of the limited resources of some of the member agencies, San Francisco SafeStart is able to pay some of the representatives on SDT for their time at an hourly rate.

### **Principles to Remember When Addressing and Removing Participation Barriers**

*Provide ample logistical supports.* Childcare, translation services, transportation, and economic compensation must be provided if parents are to participate meaningfully.

*Services must be comprehensive.* Service arrays include a variety of interventions that take into account the developmental, health, and mental health needs of families and the potential for preventive as well as therapeutic interventions.

(Annie E. Casey Foundation, 2004; Simpson, et al, 2001)

### **3. CONCLUSION**

While the knowledge of how to improve the engagement and retention of families in services is only emerging, useful principles have been found. Thoughtful planning that responds to the perspectives of the target population; cultural competency; relationship-building; and relationship-leveraging in the form of using familiar, informal social networks are key to engaging and retaining families. Providing practical support in familiar places enables many families to benefit from services and programs designed to strengthen and build upon their ability to protect their children from harm. Understanding that low-income and racial minority families may be particularly likely to stigmatize mental health services, distrust mainstream service providers, and experience cultural incompetence in service design and delivery is an important consideration for those in the early stages of designing and planning initiatives like Safe Start.

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