

Active engagement: Strategies to increase service participation by vulnerable families



Introduction

This Research to Practice Note provides a brief overview of the key issues presented in the literature review about active engagement of families in early intervention programs.

It aims to provide both caseworkers and agencies with a list of strategies designed to increase the uptake and retention of services by families in early intervention programs.

What is active engagement?

Active engagement strategies are those designed to increase the rate of enrolment and retention in intervention programs. They have been devised in response to high refusal and attrition rates experienced by programs.

It is now well established that it is important to intervene early if more serious problems are to be avoided later in life¹. However, research indicates that families at highest risk for child maltreatment as well as other parenting difficulties are those least likely to take up primary health services. And, if they do enrol they are more likely to drop out before completing the program².

Those most likely to drop out were older mothers with larger numbers of children³. As well, being employed also made attendance less likely⁴.

Active engagement strategies can be at an agency or an individual caseworker level.

What strategies increase initial uptake of services?

Strategies employed to increase initial uptake of services have varying levels of evidence supporting their use. These strategies are listed below.

The number of asterisks reflects the strength of the evidence as follows:

- reflects claims made by clinicians or service providers but without any detail as to the difference an intervention made
- ** reflects claims made by researchers, clinicians or service providers with some limited data as evidence (for example, based on pre and post comparisons in terms of percentages)
- *** reflects that there has been some statistical analysis of two groups. If Random Control Trials are used this has been identified in the text.

Caseworker level

- Contact parents/carers within 48 hours of them being referred⁵.*
- Visit families in the home initially before offering a clinic based intervention^{6,**}
- When visiting a family for the first time, accompany a worker already known to the family.*
- Follow up on participants one week after initial contact⁷.***
- During the first four months, make weekly contact with the families⁸.*** If families do not return a call, fail to keep an appointment or are not at home at the pre-arranged time, persist with the contact attempting at least three⁹* or four times¹⁰.**
- Where appropriate, visit mothers at least once prior to the birth of their child¹¹***

Agency level

- When introducing a new service to an area, allow enough time to promote and engage the support of key agencies.*
- Recruit families through the community rather than 'authorities' 12:**
- Offer services during transition periods, eg. the antenatal period (first child, starting school).***
- Give caseworkers a title that reflects a supportive rather than an intervention role to avoid families feeling stigmatised¹³.**

What strategies increase retention rates?

Caseworker level

- Build a trusting relationship¹⁴***
- Adopt a supportive role¹⁵.***
- Provide support that is useful, eg. provide concrete services¹⁶.**
- Focus on practical skill building¹⁷.*
- Do not adopt a punitive approach 18.**
- Frame questions in a non-judgmental way.*
- Use verbal encouragement and avoid official and officious sounding language¹⁹*
- Send a letter or phone beforehand to remind of appointment^{20,21}.**
- Be punctual and reliable, try not to cancel appointments or cut them short²².***
- Include families in decision-making, eg. offer a couple of strategies and let the parent decide what they think might work for them²³.*
- Empower parents so that parental confidence is increased²⁴**

Agency level

- Promote the service to increase awareness of its availability²⁵.*
- Provide multiple gateways into the service²⁶.*
- Reduce eligibility criteria to increase the rate of service uptake²⁷*
- Accessing support should require minimal effort by the families, eg. provide transport²⁸.***
- Provide flexibility, eg. weekend or evening appointments²⁹**

- Provide free child care during the programs for parents³⁰.*
- Participation should not result in financial disadvantage for the families.
- Provide a toll-free number³¹.**
- Provide some food.*
- Where possible, match participants and providers in terms of parenting status, age and ethnicity³².**
- Encourage the reception staff to be warm and welcoming³³.*
- Provide stability by using the same caseworker³⁴*
- Organise and hold social events within a community so that families can build up informal supports.*
- Evaluate outcomes not throughput³⁵.**

Agency-caseworker interface

- Provide caseworkers with a manageable caseload, for example 10 to 25 families, depending on their level of need³⁶.**
- Provide caseworkers with supervision³⁷.**
- Caseworkers need to be able to access brokerage funds quickly to deliver to families quickly^{38,39}***
- Train staff in programs that are culturally appropriate.*

Conclusion

It is important to make services attractive to families. If they feel threatened or if by attendance, they are labelled as failures, they will feel uncomfortable attending. Other agencies will also not refer to a program unless they see merit in it, so relationships need to be built within the service provider community.

It is clear that if providers are not able to provide effective services and the situation deteriorates, more intensive and expensive services will be needed.

For parents receiving statutory child protection services, the engagement in, and timely completion of, treatment is part of a specified service plan. Noncompliance with that plan can result in the removal of children and their placement in foster care and, ultimately, termination of parental rights.

Further reading

 Active Engagement: Strategies to Increase Service Participation by Vulnerable Families, NSW Department of Community Services, 2005

Endnotes

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