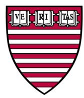

HARVARD Kennedy School
Government Performance Lab

Policy Brief

Engaging vulnerable families in voluntary prevention programs: *Lessons from seven jurisdictions across the U.S.*

Executive Summary

This policy brief describes strategies that local governments and community organizations can use to increase family engagement in voluntary prevention programs. These programs are particularly important for families that are vulnerable to adverse outcomes, such as child welfare involvement, below-grade school performance, and poor health. Communities should focus on identifying and engaging these families because: 1) providing preventative, supportive services upstream can stop adverse outcomes from occurring; 2) proactive, well-designed engagement strategies can address historic inequities; and, 3) families facing adversity are more likely to participate in services when providers' outreach efforts are tailored to their specific needs.

In identifying and engaging vulnerable families, providers of voluntary, preventative programs often face three key challenges: 1) deciding how to allocate slots for intensive services; 2) prioritizing outreach efforts; and, 3) addressing low take up rates. In the following brief, seven short case studies from jurisdictions across the country are used to describe successful strategies to address these challenges.

Challenge	Relevant Case Studies
Allocating Slots for Intensive Services	- Travis County, TX universal home visiting - New Hampshire child protection hotline
Prioritizing Outreach Efforts	- Rhode Island home visiting referral tiers - South Carolina Nurse-Family Partnership
Addressing Low Take Up	- Washington State early learning navigation - Florida behavioral health services - New York City Family Resource Centers

Why should communities focus on identifying and engaging families facing adversity?

Many jurisdictions are currently considering how to transform their family- and child-serving systems by redirecting funds to voluntary upstream preventative services and reducing interactions that families experience as coercive, punitive, or stigmatizing. These efforts have gained momentum in light of increasing awareness of how social service design can both contribute to and counter systemic inequalities, and following the Family First Prevention Services Act, which opens up federal Title IV-E funding for preventative services instead of restricting it to programs for children in foster care.[1]

A common problem when designing upstream, voluntary services is that programs struggle to attract and engage the families who most need support. When this occurs, resources instead go to families that are more likely to thrive regardless of assistance and programs do not have their intended impact. This challenge is particularly salient for primary prevention services, where a wide

[1] For this reason, this brief describes strategies that are particularly relevant for voluntary programs, services and supports such as post-birth home visiting and nutrition programs, early intervention, parenting classes and programs, and high-quality preschool.

net of eligibility can make it harder to focus support on vulnerable families, but is relevant for any voluntary support program. For example, a jurisdiction might plan to open a new subsidized preschool program and find that families in the lowest-income zip codes are not enrolling at the rate anticipated. A family resource center might offer services to all families in a local area, but find that they struggle to attract families who have a history with child protective services. A home visiting program might reach out to all new parents, but find that many of the families whom they believe would most benefit from services decline to accept a visit.

Focusing engagement activities on children and families facing adversity has multiple benefits:

1. **Providing supportive services upstream can prevent adverse outcomes before they occur**
   A wealth of evidence shows that the resources and experiences available to children provide a foundation for the rest of their life.[2] Unfortunately, too many resources and programs that are available to families are reactive, only stepping in after a bad event (e.g. a child turns up at the ER after an accident, a school discovers that a child has developmental delays when they arrive at kindergarten, or child welfare agencies start working with families after an allegation of neglect or abuse). In these cases, damage is often compounded because responsive services are experienced as punitive or stigmatizing, inflicting additional trauma.

   Getting support to families earlier is a better model. Families vulnerable to adverse outcomes could have access to resources and engage in supportive programming that empowers them to thrive and flourish from the earliest moments, so those adverse outcomes never occur. In addition to improving the lives of families, this model is often cost-effective, reducing expenditures on resource-intensive downstream services like foster care and hospital use.

2. **Proactive, well-designed engagement strategies can address historic inequities by increasing access to supports**
   Jurisdictions are working with increased urgency to reduce long-standing racial and income disparities in education and health. Government services should play a central role in reducing inequality; services are funded through progressive taxation and should provide families with the resources and supports that enable them to thrive. However, poor families and families of color are too often involved in punitive interventions, such as child welfare investigations, and poorly served by systems that are supposed to assist them. Jurisdictions can address inequitable outcomes for low-income and marginalized communities by increasing the availability of and access to high-quality supportive services that can prevent subsequent interactions with punitive, coercive responses.

3. **Targeted outreach and engagement can increase service uptake among families facing adversity (who often face barriers to participation)**
   Even when services are technically available to everyone, service providers should not expect that families facing the most adversity will be the first to show up at the door. Indeed, often the reasons that families need support also explain why those families may be unlikely to engage with services. The reasons for this, and potential solutions, are discussed in the call-out box below.

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[2] See, for example: Heckman, J. J. (2006). Skill formation and the economics of investing in disadvantaged children. Science, 312(5782), 1900-1902, and Hoynes, H., Schanzenbach, D. W., & Almond, D. (2016). Long-run impacts of childhood access to the safety net. American Economic Review, 106(4), 903-34.

Barriers to engaging in voluntary services

Vulnerable families may be less likely to engage in voluntary services for three broad reasons:

- *Logistical barriers*: Practical considerations can make it more difficult for families facing adversity to engage in services. Many families who would benefit from support might have unpredictable or inflexible work schedules that make it difficult for them to schedule or keep appointments. Some families may have unstable living situations, or might change phone numbers regularly, making it difficult to keep in touch with service providers. Families lacking access to affordable transportation will find it more difficult to engage with service providers located long distances from their homes. Families with the highest needs, such as those experiencing domestic violence or substance use, will likely face multiple barriers to consistent engagement and require patience and dedicated support from service providers. Successful engagement will require service providers to understand and meet these specific needs.
- *Lack of knowledge*: Families in marginalized groups who have historically had low access to certain services – especially families of color, low-income, and immigrant families - may not know about available resources. Families with small social networks may lack support at home, and lack information about resources that are available to them. Families without internet access will find it more difficult to learn about services and resources. Service providers cannot assume that the families who most need their support will know that their services exist. Instead, service providers will need to be intentional about identifying those families and proactively provide them with information about the benefits of their services.
- *Hesitancy and mistrust*: Even if they know about services that are available to them, families facing adversity may be hesitant to engage. Families who have had personal or second-hand experience with punitive or stigmatizing parts of the welfare system may wish to avoid any interactions with publicly-funded services out of fear or mistrust. For example, families may not want to engage with supportive early childhood services if they fear that staff might report them to a child protection hotline, or undocumented residents may be hesitant about enrolling in services for fear that it might jeopardize their ability to remain in the country. Families may experience services that are targeted – for example those that only serve low-income families or families with substance use issues – as stigmatizing, and wish to avoid them. To overcome these challenges, service providers should consider how to design their program and engagement efforts in ways that reduce fear and address stigma.

Providers can overcome these barriers with a better understanding of families' needs. Proactively centering client perspectives and voice through program design and delivery is often an effective way to develop engagement strategies that are informed by people's lived experiences and better meet their needs. Agencies can map client experiences, shadow participants, conduct client surveys, and organize client panels or committees to incorporate clients into decision-making processes. These activities might uncover new, effective engagement strategies that are worth implementing, such as locating services close to families, providing information materials in appropriate languages, hiring staff who are members of the communities the program aims to serve, training staff on communication methods that are inclusive and motivating, and being flexible with scheduling. Developing these strategies in partnership with the population being served will often result in solutions that are both more effective and more equitable. Seeking out client input during program implementation in addition to design can uncover opportunities for further adjustment.

Strategies for identifying and engaging families

The section below describes three representative challenges that jurisdictions often face when they offer voluntary preventative services followed by two or three case studies of jurisdictions that have made efforts to solve a similar challenge.

1. **Allocating slots for intensive services:** A jurisdiction funds an intensive, community-based parenting program for families, but has limited slots. Which families should be referred to the program and how should they be identified and engaged?

   Travis County, Texas, offers universal home visiting to all new parents, which provides an opportunity to identify and refer families with higher needs to more intensive parenting support services[3]: Several community-based home visiting programs operate in Travis County, including Nurse-Family Partnership, Parents as Teachers, and Healthy Families. These programs are intended for families with the highest needs, and only serve around 8 percent of new families. Before 2018, the County did not have a systematic way to identify those families and recognized that many high-need families might not be receiving services.

   To address this, Travis County partnered with a local hospital to pilot a universal short-term home visiting program, Family Connects. All new parents at St. David's South Austin Medical Center are greeted by a program support specialist who offers them a congratulatory gift and schedules a home visit three weeks after leaving the hospital. At the visit, a nurse home visitor assesses the family, using twelve factors that are associated with maternal and child health and well-being. These nurses provide all families with support to meet their needs. Families who score three or higher on the assessment are connected to appropriate community resources, including the more intensive home visiting programs. In addition to providing a systematic way of identifying all new families who need support, Family Connects informs public health leaders about the changing needs in the community and provides help to families with more mild needs during a time when all families welcome support.

   New Hampshire introduced a new pathway from the child protection hotline to connect families with high-needs to voluntary supports when an investigation was not appropriate[4]: Between 2012 and 2018, the number of families in New Hampshire experiencing a child protection investigation increased dramatically. But approximately 60 percent of these investigations were classified as low or moderate risk, and of these only one percent resulted in an open child protective services case. The state recognized that many reported families would benefit more from access to community supports rather than a formal child protection investigation.

   The state created two new pathways from the hotline for families who needed support to receive services. First, the state identified substance-exposed infants as a priority population, and hotline workers redirected a subset of reporters who called about substance-exposed infants to a home visiting program, Healthy Families America. Second, the state developed a tool to help hotline workers identify families who might benefit from further services. For these calls, hotline workers transferred the reporter directly to Family Resource Centers, where staff

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[3] Casey Family Programs Strategy Brief, April 2020, "How is Family Connects providing infants in Travis County, Texas, a healthy start to life? https://www.casey.org/family-connects-home-visiting-texas/

[4] For more information, see the GPL's website page on New Hampshire's Child Welfare System Transformation.

were trained to engage families, understand their needs, and make connections to resources, services, and parenting supports. This allowed hotline workers to focus on screening for abuse or neglect while also providing a pathway for families who needed support. Following these changes, 22 percent of hotline calls resulted in a referral to community services.

2. Prioritizing outreach efforts: There are more families eligible for a home visiting service than can be effectively reached by one outreach liaison. How should the outreach liaison prioritize which families to serve?

   Rhode Island uses population-level screening and personalized, differentiated outreach to increase participation in post-birth home visiting among families facing adversity[5]: Rhode Island Department of Health (RIDOH) funds a short-term home visiting program, First Connections, that is available to all families following birth. The Department uses a set of tools to identify and prioritize families for outreach and intensive services.

   First, RIDOH uses information already collected at birthing hospitals to assess the developmental needs of every newborn and identify families who should receive personal outreach from the program. For example, a nurse or community health worker will call every new family whose baby is below a certain birthweight, has certain medical conditions, or where the parent has a history of substance use, and offer them a home visit. Sixty-percent of new births receive this personal phone call. Researchers have validated that the newborn screen is effective in identifying families who are likely to benefit from support: the families who are not identified for this personalized outreach are very unlikely to experience subsequent child maltreatment and other adverse outcomes.

   Second, all families who are proactively offered a home visit are placed in one of four tiers which allow the service provider's staff to differentiate their outreach, so families facing the most adverse circumstances receive more intensive outreach. The tiers use a statistical model that identifies which factors were associated with adverse outcomes. Families in the highest tier face the most adverse circumstances and, absent support, have the highest likelihood of experiencing emergency department visits or child welfare investigations. Before the introduction of the tiers, fewer than half of these families engaged in services. They represent just 6 percent of all births each year – a manageable number for providers to conduct intensive outreach and offer more visits. The department also prioritizes these families for enrollment in intensive longer-term home visiting programs. During COVID, families in this top tier continued to be offered in-person home visits while other families received telehealth. Importantly, the tiers only provide guidance for initial outreach and support; once staff meet with the family, services are tailored to the family's needs.

   South Carolina set up contract incentives and funded dedicated staffing to increase engagement in Nurse Family Partnership among parents in low-income zip codes: South Carolina used a simple but effective method for prioritizing engagement with families facing adversity for post-birth home visiting services. When Nurse Family Partnership (NFP) expanded its services in the state, it noticed that enrollment was low in some low-income zip codes where families also faced adverse outcomes. The state structured its contract with NFP to encourage them to enroll families who lived in these zip codes, including additional payments if enrollment hit specific targets.

[5] For more information, see the GPL's project feature on 'Enhancing Maternal and Child Health in Rhode Island by Connecting Families to Home Visiting Services'.

The contract structure focused NFP on increasing outreach and engagement efforts for families in the low-income zip codes. The program hired two full-time staff who were focused on community outreach, knowledge building, and recruitment in the target zip codes. These staff put up fliers in the target neighborhoods, attended community events and fairs, and partnered with local schools, WIC centers, and health fairs to increase awareness and solicit referrals. The program also offered benefits that would be attractive to families, such as diapers and gift cards. In the three years following the introduction of the contract structure, nearly half of program enrollment came from the low-income zip codes.

3. **Addressing low take up:** An intensive parenting program has low enrollment among parents who are referred. How can the program increase take up?

   Washington State incorporated behavioral "nudges" for frontline workers to increase engagement in early learning services among families involved with child protection[6]: In 2018, Washington State reorganized its child-serving agencies, bringing both its early learning programs and its child protective services under the same department. A major goal of this reorganization was to increase the supportive services – such as home visiting, early intervention, Head Start, childcare and mental health services – offered to families facing adversity, and reduce maltreatment and re-maltreatment. But as the new agency launched, they were faced with two problems: first, child protection caseworkers struggled to identify and connect eligible families to the early learning service array, and second, Black families were underrepresented in these supportive services. Together, these problems meant that families who might most benefit from the agency's early learning supports were being under-served.

   The agency worked with frontline staff to map the process from family identification to service engagement, which helped to diagnose barriers that were contributing to low enrollment rates and identify opportunities for improvement. This process revealed that while child protection workers knew that early learning programs existed, they lacked the knowledge, time, and resources to identify families who would benefit, make appropriate referrals, and follow through to help families enroll.

   To address this, the agency created an automated system which flagged families who were eligible for the early learning services, and nudged child protection workers to consider families' early learning needs by adding questions to existing workflows, such as the investigation and differential response assessment checklists. The agency also hired new "Early Learning Navigators", who were experts in the service array and worked alongside child protection workers to both identify families who would benefit from services and support families to successfully enroll. Finally, the agency introduced real-time tracking of referrals, allowing the Navigators to follow up with families who were facing barriers. These strategies increased the number of families who were offered early learning services, the number who successfully enrolled, and eliminated racial disproportionalities.

[6] For more information, see the GPL's project feature on 'Connecting families involved in child protective services to early learning programs and family supports in Washington'.

Florida established client-centric intake protocols to improve engagement in behavioral health services among parents involved with child protective services[7]*:* In Florida, when caregiver substance use is suspected in child welfare investigations, the involved children often experience poorer outcomes (including longer average stays in out-of-home care). National research suggests that early access to substance use services often makes the difference in enabling children and families to stay together. The state aimed to support families by referring caregivers with suspected substance use to Family Intervention Specialists (FIS), who connected caregivers to assessment and treatment programs. However, Florida's Department of Children and Families discovered that only 7 percent of caregivers with suspected substance use received treatment within 30 days of their initial referral.

To address this, the department first developed an improved referral form with space for additional client contact information and their preferred modes of communication, improving the ability of FIS providers to reach clients. Leaders shadowed clients after they arrived for treatment to better understand their experience and streamlined the registration process after discovering that clients were spending much of their scheduled treatment time waiting to check in. They identified several barriers to engagement after initial contact, such as challenges with transportation, childcare, scheduling, and hesitancy to engage in treatment. Providers launched innovative strategies to address these challenges, including expanding telehealth options, co-locating services in locations with child-care providers, and sending text message reminders. These innovations led to a doubling of clients who received treatment within 30 days.

Family Enrichment Centers in New York City increase access to services by building community trust and empowering families to co-develop programming:[8] New York City's Administration for Children's Services took a new approach to addressing racial inequities in access to services when they opened the first Family Enrichment Centers (FECs) in 2018. They opened the Centers in three neighborhoods that were under-resourced but where families experienced high rates of abuse and neglect.

The FECs are positive, nurturing spaces where families participate voluntarily and play a role in designing the programming that is offered. An important feature of the model is building community and co-developing programming with families to overcome mistrust that might stop families from engaging with supports that are available to them.[9] One of the Center's Directors remarked: "We see ourselves as part of healing people's trauma with [the administration]". Families in the local community can meet each other and build stronger social connections through activities like movie nights, knitting groups, field trips, and pop-up closets. At Parent Cafés, parents share their successes and support each other when they are facing difficulties. The FECs also connect families to more intensive supports and resources when needed. An early evaluation of the Centers found that families involved with the Centers had

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[7] For more information, see the GPL's project feature on 'Connecting child welfare-involved families to substance abuse treatment in Florida's SunCoast Region'.

[8] Evaluation Study of the Administration for Children Service's Family Enrichment Center Initiative, Youth Studies INC, March 2020. Accessed at https://www1.nyc.gov/assets/acs/pdf/about/2020/FECEvaluationReport.pdf

[9] Moms Groups and Movie Nights: Can a New Approach to Child Welfare Win Families' Trust? Angela Butel, Center for New York City Affairs, June 2019. Accessed at http://www.centernyc.org/s/Mom_Groups_Movie_Nights.pdf

strengthened protective factors following their participation, and in 2021 the Administration opened a further 30 FECs in areas hit hardest by the COVID-19 pandemic.[10]

Conclusion

Jurisdictions across the country are working to transform supports for vulnerable children and families by creating a more prevention-focused, holistic, and accessible child welfare system. Key to this approach has been redirecting funds to voluntary, upstream services that can prevent poor outcomes for families before they occur. Unfortunately, however, these voluntary programs often struggle to attract and engage families most in need of their services. State and local government agencies face challenges allocating slots for intensive services, prioritizing outreach efforts to reach those most in need, and sustaining high take-up rates for vulnerable families who are referred to voluntary programs.

This policy brief has elevated lessons from seven jurisdictions that have worked to address these challenges while engaging vulnerable families in voluntary support services. Travis County's universal home visiting program and New Hampshire's child protection hotline strategically allocated program slots to priority populations based on identified needs. Rhode Island and South Carolina's home visiting programs utilized targeted outreach in order to identify and offer support to families most in need. Washington's early learning initiative, Florida's behavioral health program, and New York City's Family Resource Centers deployed various strategies to address low take-up rates and remove enrollment barriers for vulnerable families. These case studies highlight different approaches to engaging vulnerable families in upstream, voluntary services that can prevent instances of harm and instability in the future while helping families thrive together in the present.

To learn more about the GPL's work with children and families, read our Child Welfare Management and Delivery Solutions Book or visit the 'Children and Families' page on our website.

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[10] "NYC looks to close inequality gap with "Family Enrichment Centers" at 30 at-risk areas, Robert Pozarycki, AMNY, May 19, 2021. Accessed at https://www.amny.com/coronavirus/de-blasio-family-enrichment-centers-expanding-to-33-at-risk-neighborhoods/

Appendix: Representative Challenges, Strategies, and Case Studies

Challenge	Strategy to address challenge	Case study
Allocating slots for intensive services	*Use universal programs to assess all families and identify those with highest need*	Travis County, TX
	Develop a screen or adapt an existing screen to determine which families should be offered referrals to intensive services	Travis County, TX
	Identify priority populations using outcomes to receive specialized referrals or prioritized enrollment	New Hampshire
	Offer staff decision-support tools to help them consistently consider family needs	New Hampshire
Prioritizing outreach efforts	*Use existing measures of adversity to sort through which families should receive more intensive outreach*	Rhode Island
	Differentiate outreach so that families facing the most adversity receive more intensive engagement efforts	Rhode Island
	Use contracts to encourage providers to prioritize outreach among priority populations	South Carolina
	Dedicate staff to conduct outreach among priority populations	South Carolina
	Identify priority populations using outcomes data or existing measures of adversity	South Carolina
Addressing low take up of services	*Work with frontline staff and clients to uncover enrollment barriers by mapping referral process*	Washington & Florida
	Automate reminders for staff to consider families for specific programs	Washington
	Hire navigation-support staff to help families understand and enroll in programs	Washington
	Track referrals to identify when families would benefit from follow-on outreach	Washington
	Update referral forms to include complete contact information and communication preferences of clients	Florida
	Streamline registration process to eliminate time waiting between referral and beginning services	Florida
	Address logistical barriers to program participation, such as transportation, scheduling, and childcare	Florida
	Locate program facilitates in neighborhoods where priority populations live and work	New York City
	Co-design programming with community members to overcome historical mistrust	New York City