



# Increasing Family Engagement in Voluntary Supports

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**Driving  
question**

**How can we help more families benefit from voluntary supports and services?**

This is a common question among government and nonprofit leaders who want to better support families. Leaders know that families often face mental health needs, substance-use issues, housing instability, and rising costs of living. If left unaddressed, these pressures can contribute to punitive and damaging interventions like family separation, judicial involvement, or eviction.

In response, governments invest money and effort into voluntary, preventative programs, yet often do not see the engagement they want. When this happens, leaders and staff may think that families are not ready, or they do not want these services. Busy staff may also feel they do not have time to engage in extensive outreach or build relationships of trust with families. While those reasons may be true in some cases, we have also learned that improving engagement is within an agency’s control.

In the last 10 years, the Harvard Kennedy School Government Performance Lab (GPL) has helped 15 jurisdictions strengthen family engagement across 27 service arrays, including home visiting services, Family Resource Centers, substance use services, and youth mental health resources.

This publication shares what we have learned about increasing engagement across five categories:

- 1. Make outreach warmer**
- 2. Demonstrate value quickly**
- 3. Offer services repeatedly**
- 4. Make it easier to say yes**
- 5. Reduce friction for families**

In each category we share a “**big investment**,” which often requires significant additional time or money, but may offer significant results. “**Quick wins**” are solutions which leaders can implement more easily. We invite government and social service agencies that directly engage with families to share these strategies and stories with front-line staff. Together, you can invest in changes that will lead to better experiences for families in your community.



**First steps**

**Laying the groundwork for improved engagement**

This publication provides actionable strategies that outline how to increase voluntary engagement in services. For these to be effective, agencies need to have laid some important, systems-level groundwork.

First, agencies need a clear perspective on who they are trying to reach. Second, agencies must also know what services they should offer. This publication does not go into detail about how to identify a priority population nor how to design meaningful, responsive services; however, those steps are critical precursors to improving engagement.

We offer insights into those questions through other GPL publications and event recordings. Please see:

- [Connecting Families to Home Visiting in Rhode Island](#)
- [Investing in Culturally Responsive Services: Lessons from Washington State](#)



**Ultimately, the most important change leaders can implement is to make improving engagement someone’s responsibility.**

There are many ways to structure this. For example, it could mean making outreach activities a core part of a contracted provider’s scope or creating a new staff role focused on finding, informing, and connecting interested clients to relevant programs and services.

Regardless of how outreach is structured, leaders should carefully consider who plays this role. The person contacting clients and the organization they work for will both heavily influence how clients experience the outreach.

# Make outreach warmer

For some families, being offered services from a government agency or a community provider can feel frightening or even judgmental, even when the offer is intended to be supportive. As managers and staff find ways to make their outreach warmer, families may feel more comfortable engaging.

## Big Investment

### Hire peers with relevant lived experience to do outreach.

Having staff with similar experiences and backgrounds as potential clients can help break down barriers and quickly build rapport.

**For example:** In Washington state, officials at the Department of Children, Youth & Families (DCYF) noticed one of their providers was able to make contact with nearly 50% of parents-to-be with substance-use disorder who had been screened out from the DCYF child protection hotline. In examples across the country, staff reaching out to families in this way are typically able to contact fewer than 20% of clients and sometimes as few as 5%.

DCYF learned that what differentiated this provider from others is that they had an employee with relevant lived experience of both the child welfare system and substance use disorder. In their initial outreach, this staff member could speak from first-hand experience, which helped them quickly connect with families.

In 2024, Washington DCYF commissioned a local community organization, Zero To Three, to [conduct listening sessions](#) with 35 caregivers who had dealt with substance use disorder during pregnancy. In their reflections, parents validated the importance of peers:

***“[The script for initial outreach] is scary to think about. If someone with lived experience said it, though, it would be 1,000% better.”***

***“I need someone to see me, face to face. I need to see that someone else has done this to their baby and still gets to parent and can love their baby.”***



### Quick wins

**Use family-centered language.** The [language your staff uses](#) in outreach is a critical part of relationship building with families. Train staff making referrals on how to speak to clients, including creating tools like conversation guides, checklists, or other tools to ensure consistent, high-quality messaging. With any tool, make sure you get client feedback on what works and what does not.

**Explain how you got their phone number.** Families may be surprised that you knew how to reach them. Share as much information as you can with the client about how you got their information. This may be difficult during a cold call, but giving a family more context on where the outreach is coming from can help build trust.

**For example:** In the Washington example on page two, community providers were initially cold calling prospective clients who had been reported to DCYF hotlines. For privacy reasons, providers were not able to share much about how they got the families' information. Washington changed their approach so when a hotline caller reported a parent-to-be using substances, the DCYF team would ask for permission to share the caller's name and contact information with community providers. Community providers would then call the families — still a cold call — but they could now tell families things like, “your doctor is worried about you” or “your child's teacher wondered if you could use some additional support.” The community provider could then offer resources to address the family's observed need.

**Use a local number for calls or texts.** Sometimes online communication tools show up on people's caller IDs as “unknown” or as an out-of-state number. Families may be wary about taking a call from someone they don't know. By ensuring your outreach shows a local number, or even better, your organization's name, you can help outreach feel more credible. In most cases, this can be done by calling your phone provider and asking them to update your “Caller ID name” or CNAM record.

**Build a connection before sharing program details.** Families may not be able to hear information until they feel a sense of connection with the caller. Focus on building that connection first and save information (like details about programs or referral processes) until the end of the conversation. This could mean starting with very basic questions like, “Can you tell me a bit about your family and what's going on right now?” or even sharing a relevant snippet from your own life (e.g., “You mentioned feeling stressed about having your kids home for the summer. It can be overwhelming to think of educational activities for them. I've loved going to the city's parenting classes. They share great ideas for activities.”)

# Demonstrate value quickly

Families are often overwhelmed trying to care for children, manage household needs, navigate employment and finances, arrange transportation, and deal with health constraints. Even well-intended offers of support can end up feeling like another stressful addition on their “To Do” list. When you ask families to engage, it is crucial to demonstrate quickly how this service or program could help address the needs they feel are most urgent.

## Big Investment

### Identify flexible funding to immediately address what families say is most urgent.

Identifying funding can help reduce barriers to services (e.g., transportation, child care, translation), but also help show the family that you’re on their side and are willing and able to respond to what they say are their most pressing needs (e.g., buying groceries for the week, paying back rent).

In addition to building rapport, decreasing families’ mental load by meeting these urgent basic needs may give them more mental bandwidth to think about what they might want from other supports.

**For example:** New Hampshire’s Department of Children Youth and Families (DCYF) allocated nearly \$1.3 million of flexible funding over four years to community-based voluntary service providers. These providers could use the flexible funds to meet families’ needs that could not be met through existing public benefits, or where existing services were not quick enough. Workers would ask families what their needs were in a first conversation. If workers spotted a potential use of this flexible funding (e.g., house cleaning services, unpaid utility bill, etc.) workers could seek their supervisor’s approval to use the flexible funds to address the gap.

*“When families see these flex funds put to use it creates hope that programs like ours work, and that there are people looking out for them and trying to cut the red tape. When we respond to their needs, it makes them more willing to accept services from us. Flex funds are easy to use; all we need is an invoice and approval. The quickness of it tells families that we are listening and we do care.”*

— All Joseph, Program Manager at the Family Resource Center Gorham



### Quick wins

**Standardize outreach engagement tools for staff.** Your staff members may have their own ways of tracking complex information about services and service eligibility. This takes more time from staffers and may lead to confusing experiences for families as they get different information from different people. Create a standard, short document that consolidates all the institutional knowledge of your team. Staff can use this to remind themselves of available services and their eligibility criteria. The GPL has helped providers create simple flow charts so as workers ask families questions, they are guided to the “best fit” service for families.

**Train staff to emphasize detailed information about potential supports.** It is important that staff doing outreach know enough about the services to answer questions and explain specifics. Once you have a standardized list of resources, train staff to come to each call ready to explain the relevant details of what your organization is offering and how it might benefit that specific family. In addition to knowing the critical context, train staff them to listen and ask open-ended questions if the family is ready to talk.

**Schedule quickly.** If a family agrees to services, but then learns there is a six-month waiting list, it can deeply undermine the sense that your agency is trying to help. Make sure families can get their first appointment as soon as possible. Even without additional funding for more service slots, practitioners can still help get families in the door more quickly.

**For example:** Rhode Island’s Department of Health was able to reduce wait times for home-visiting services by having non-clinical staff do intake visits. At one point, some families referred to the state’s holistic family home visiting program, First Connections, had to wait up to several weeks after the initial referral to be seen. Providers were concerned this made families more likely to cancel their visit. To address this problem, some providers tested assigning community health workers to conduct intake visits, freeing up nurses for visits with clinical need.

**Demonstrate urgency.** Encourage your staff to quickly follow up on family requests. This may require setting clear goals and standards across your team regarding time frames. In New Hampshire, community-based service providers follow up with families in three days.

*“Families are more likely to engage long term if we’re meeting with them in that 72 hours. Most importantly, the families feel like they’re a priority. They feel important when I’m making an effort to reach out.”*

— Tina Holmes, Family Engagement Liaison, The Family Resource Center of Northern New Hampshire

# Offer services repeatedly

Workers want to respect family autonomy and be responsive when families decline services. However, we have heard from clients that they want multiple opportunities to accept services. Maybe they said “no” initially but might say “yes” if asked at a different time. Even after accepting, families often say they like hearing from someone who can remind them and encourage them to keep going.

## Big Investment

### Adjust outreach protocols for staff to encourage repetition

Providers with good engagement rates across GPL projects typically recommend trying to contact a family three to five times. Also, be sure to try different times of day. It is often helpful to call outside normal business hours when families may be more able to answer the phone. If a family answers the phone, but declines a service, ask if you can check back later.

In summer 2024, Think of Us, one of the technical assistance providers in the [OPT-In Initiative](#), of which the GPL is also part, interviewed families that family coaches had contacted to offer services. One family in Oregon declined the family coaching services, but later said they would have liked the provider to ***“Check back in a few weeks, in a month, in two months, because it’s a lot to handle at first. As you are able to think about things and realize that you do actually need help, it’d be nice to have that.”***

If a family does agree to services, consider making a plan for a follow-up conversation. This can be an opportunity to help families troubleshoot barriers to accessing services, or a chance to answer new questions they may have about the program. The follow-up plan can be as simple as telling the family you will reach back out in a few weeks to see how they are doing.

Between 2021 and 2022, the GPL supported the Texas Department of Family and Protective Services to convene a working group of 11 parents with lived experience. The goal of the group was to give feedback on the design and implementation of an initiative to better connect caregivers involved with the criminal justice system to family wellbeing supports.

When asked what outreach should look like, one of the parents shared: ***“I need to hear, ‘I would really like to come back and see how you’re doing in a couple days.’ If you’re really concerned about me, you’re going to be available. The initial conversation is an initial conversation for me, too. I’m assessing you just like you’re assessing me.”***



The GPL supported the Michigan's Children Services Administration as they interviewed families to learn more about their experiences with agency staff and services. Families said:

*"I have so much going on in my life. I talk to so many people about so many things, so follow-up helps."*

*"I would have appreciated a follow-up call and/or ongoing check-in, 'How is therapy going?' Just so I know they are still there."*



In addition to multiple times, different families may want to be contacted in different ways. For some families, phone calls may be effective. For other families, it may be more effective to reach out via text, email, or by trying to connect with them during an in-person visit to another service, like a doctor's visit or WIC appointment.

Consider pairing a call with a text explaining who is reaching out and why, or leaving a voicemail saying you will call back in 10-15 minutes. This allows clients to quickly do a bit of research and may make them more willing to answer the follow-up call.

**For example:** During the Zero-To-Three [listening sessions](#) in Washington state, some parents told providers that if they do not recognize a number, they are not likely to answer a call. Parents noted that it feels like *"a flood of information on a phone call as opposed to sitting and reading a text."*

### Quick wins

**Set up reminders for staff to follow-up with families.** Incorporate nudges for front-line workers to increase offerings of key services. This might look like creating automated flags in your case management system to highlight all families who have new babies or automating reminder emails for staff every three weeks to follow-up with families. It may also look like adding tasks to a supervisor's check list, such as check ins with staff about referrals, or a standing monthly phone call to service providers.

**Give families reminders of your organization.** Families may be interested in services, but forget to follow up. Offer families branded toys, magnets, calendars, or pens to help remind them of your organization and the services you offer.

# Make it easier to say yes

Families often have a lot going on in their lives and may not be ready the first time you offer services. In addition to patiently waiting and respectfully reiterating the offers, managers and staff can also work to create on-ramps with low barriers to entry so families can easily engage when they are ready and at their own pace.

## Big Investment

**Create welcoming places and events that can help families feel more aware of your organization and comfortable engaging with your services.**

- Invite families to low-key community events (e.g., school supply distribution event, family picnic).
- Offer lighter-touch service options (e.g., sign up for a monthly email or informational call, join a support group via text or social media).
- Use physical spaces to build connections between staff members and families.

**For example:** Staff at Michigan's Upper Peninsula's Tree House Family Resources personally welcome every family that comes to their indoor playground (*see pictures below*). Because of the cold weather much of the year, this inviting indoor space is particularly valuable for families and has helped make the organization well known and well regarded in the region. It has also created an inviting low-barrier entry point to their programming, which includes home visiting, clothing and diaper banks, and connections to other community resources, like car repairs and mental health support.



Indoor play space at Tree House Family Resources in Michigan. *Photos provided by Tree House Family Resources.*

### **Quick wins**

**Find a good time to talk.** Whether you are making a cold call or meeting parents in your office, give parents control over the timing. After explaining your services or program, it can be helpful to say something like: “I’d love to talk more, let’s set up a time,” rather than trying to force a conversation in that moment. Additionally, you can offer specific suggestions. Instead of asking, “When are you free?” try something like, “When are you free this week?” Providers from GPL’s work across the country have said they are surprised by how much potential clients want to talk if you catch them at the right moment.

**Break decisions into smaller pieces.** Parents may feel overwhelmed with what feels like a long process or a significant step. Help families identify smaller steps they can take right now. If they are not ready to say yes to services, ask if they would be interested in talking with a provider or former client to learn more.

**Highlight the benefits of supports for the children.** Parents may be less interested in receiving services for themselves, but open to offers for services that support their children. Families in Washington were more likely to accept services if they saw it as something to support their child’s development rather than filling a deficit in their parenting.

**For example:** In Texas, parents mentioned that program pitches too often focus on filling a need. Instead, they suggested pitching family wellbeing services as a positive addition, and a way to “bring kids a little extra joy.”

**Share success stories.** Parents want to know that they are not the only ones using this service. Find ways to tell parents about other parents who have participated in this program or resource and found it helpful. These stories could be communicated through testimonials on your website, posters in your office, a flyer handed or mailed to families, a phone call from a former participant, or graphics and videos on social media.

# Reduce friction for families

When families consider engaging with services, they must also weigh their willingness and ability to navigate the associated requirements, rules, and logistical steps. When the process becomes difficult, families may disengage, even if they like the service. Managers and staff should work to eliminate unnecessary snags and delays that may make it more difficult for families to engage with services.

## Big Investment

**Create a process map that outlines every step in a client's journey from initial outreach to actually engaging in services. This map can help staff:**

**Identify steps that can be simplified or removed.** Many practitioners find they can streamline the assessment or intake processes so families don't have to repeat information.

**For example:** In Harris County, Texas, a Jail Diversion Center (JDC) offers food assistance, housing vouchers, and visits with doctors and mental health professionals instead of booking individuals into jail. Yet, many individuals brought in on misdemeanor charges left before finishing the initial assessment — often within an hour of arriving.

The GPL helped officials review arrival and departure time stamps, as well as individuals' progress across service milestones. Data showed the biggest problem was the long, repetitive intake process. The JDC reduced the number of repeated questions and cut overall assessment length in half. Following these changes, 13% more JDC clients made it through the intake process. Initial evaluations showed the number of clients given a case manager — meaning they had stayed at least 24 hours — jumped by 80%. *(To learn more, please see our publication: [“Bottlenecks, Backlogs, and Breakdowns: Using Data to Identify Gaps in Service Referrals.”](#))*

**Prepare to assist families through each step, such as:**

- Going with the family to the resource or hosting a video call or phone hand-off to ensure the family feels connected to staff at the resource.
- Helping the family schedule an appointment.
- Walking the family through enrollment processes and helping them complete any paperwork.
- Following up with the family or staff at the resource to make sure the family successfully enrolled in the service.



### Quick wins

**Offer flexibility with logistics.** Offer a variety of meeting locations, times, and frequency. Or let families propose a convenient place for them (e.g., a coffee shop or local shopping area), especially for a first meeting.

**For example:** As part of the First Connections home visiting program, some community providers in Rhode Island offered parents on-site meetings with social workers, trained nurses, and community health workers at WIC offices before or after a family's appointment.

**Redesign materials to clearly communicate key information for families.** Families should not have to hunt for important information in your outreach or enrollment materials. This may require that you redesign your referral form or application materials to be more user friendly and more clearly elevate the most important information for families.

**Make resources opt-out.** Wherever possible, make things opt-out rather than opt-in. This reduces the need for families to sign up to receive something beneficial. However, if families do not want the service, they should be able to easily opt out without any consequences. This could look like receiving a monthly mailer detailing available community resources that is sent to everyone who pays a utility bill, unless that person specifically requests to be removed from the mailing list.

## Human-centered design in social services

Many of the solutions we presented in this publication reflect principles of human-centered design. Human-centered design is an [approach](#) that focuses on the people who use a service and draws on their experience as a valuable source of information when designing that service.

If you want to increase engagement rates in your organization, a human-centered design approach requires investing in understanding what families experience when they use your services — not just how agency staff or providers feel as they provide the services. Insights into families' experiences, including data on service uptake, observed direct usage, and family's verbal feedback, will help you figure out what is working and what could be improved.

As you change policies and processes, continue to ask families about their experiences and refine as needed. Over time, this curious, flexible, human-centered cycle can help you better serve the families in your community.





The [Government Performance Lab](#), housed at the Taubman Center for State and Local Government at the Harvard Kennedy School, conducts research on how governments can improve the results they achieve for their citizens. An important part of this research model involves providing hands-on technical assistance to state and local governments. Through this involvement, we gain insights into the barriers that governments face and the solutions that can overcome these barriers. By engaging current students and recent graduates in this effort, we are also able to provide experiential learning.

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