

# Reaching and Engaging Hard to Reach Families

## Advice from CAPC & CPNP Coordinators

### Introduction

In this pdf resource, you can read the comments and suggestions from seven CAPC and/or CPNP coordinators who were interviewed for this video. They all have wonderful information and strategies to offer and share. Since we couldn't include all their comments in the video, we've included them here.

Originally we were going to just feature Ontario coordinators, however, wanting a broader view, we interviewed Sue Rossi and Debra Reimer, who are in opposite ends of the country.

Most of the coordinators interviewed have had years of experience with CAPC and/or CPNP. Some have been with the program from the inception. Some have been providing service in large, urban centres with a multicultural participant base, while others provided service in more rural areas. All had great information and stories.

The coordinators who were interviewed were:

Sophia Ali, Growing Up Healthy Downtown, Toronto (CAPC)  
Brenda Clarke, Algoma Family Services, Sudbury (CAPC/CPNP)  
Liz Heeney, Hamilton Prenatal Nutrition Project, Hamilton (CPNP)  
Marilyn Junnila, Ka:nen Our Children Our Future, Thunder Bay (Aboriginal CAPC/CPNP)  
Joanne, King, Killaloe Community Resource Centre/Toy Bus/Best Start, Killaloe (CAPC/CPNP)  
Debra Reimer, Kids Action Program, Nova Scotia (CAPC/CPNP)  
Sue Rossi, Whitevalley Community Resource Centre, North Okanagan (CAPC)

We'd like to thank Beth Bonvie who interviewed each of these people. Beth used to coordinate a CAPC project in Carleton Place and is now the Consultant to the Ontario Coalition of CAPC & CPNP Projects.

The video features Gena Robertson, who is the Executive Director of SIRCH Community Services and co-chair of the National Network of CAPC & CPNP Projects. SIRCH has provided CAPC and CPNP programs since 1993. Gena has had involvement with CAPC and CPNP on a local, regional and national level for many years. As well it features Nancy Brownsberger, who is involved in the SIRCH CAPC and CPNP programs.

Our thanks to Midori Nagai, who filmed the video. She had lots of patience!

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**Please note: This resource is meant to accompany the SIRCH Community Services video, entitled “Reaching and Engaging Hard to Reach Families.” A full explanation of each point is included in the video. A copy of the responses of our “experts” (as outlined in the video) is also available on our website at [www.sirch.on.ca](http://www.sirch.on.ca).**

### **What key tips would you give for engaging a first-time participant so they return?**

#### **Brenda Clarke**

We offer a non-threatening environment. The parent doesn't get asked a lot of questions and they don't have to reveal their story. Many programs have a children's play component so they can attend with very little conversation to begin if that is what they prefer. We don't give them paperwork to fill out; it's a simple sign in with just their name used. We offer some kind of a snack for both the parent and child. Our project has maintained the same staff in the programs for a number of years. In many cases they are women who have lived in conditions of risk themselves. There is not a big division between the parent and staff. The staff members are part of the community and accepted as part of the community so no difference in status between staff and participant.

#### **Debra Reimer**

It is about doing effective outreach and going to the families. We meet the family where they are at and move at the pace that the family is just outside their comfort zone to help move forward. If a person is uncomfortable with attending a group, we may go and meet them on their turf first to help make them feel safe so they will attend the groups. We provide transportation, and touch base with them afterwards. If they don't return to group we will touch base with them to see why. We have group 'norms' to help make participants feel safe. We address concerns or breaches of confidentiality as they arise to help ensure a safe environment. We don't have cliques form at the groups. Everybody feels like they belong.

#### **Joanne King**

It is important to welcome and reach out to the newcomer in a warm and non-threatening way. It helps to understand how they feel. Walking into a new group is a difficult thing to do. You need to convey the huge appreciation you have for that person walking through the door. Help them to understand what is going on in the room, introduce all the people and give a very brief overview of the program. Eye to eye contact is important and be on their level. Help the child to be comfortable to be in the group. If the child enjoys the program they will want to come back too. Don't get them to fill out paperwork when they first attend because that is too threatening. It's helpful to buddy the new person with someone else in the group to help them feel connected for the rest of the session.

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### **Marilyn Junnila**

We use food in most instances to help engage families so they come back. We also utilize strategies like having an elder participate in the program or a drum group attend the group or host a small powwow with a feast afterwards. The programs offer incentives to continue the motivation to attend such as transportation, bus tokens, and milk coupons. Some programs will draw for a prize for participating in the programs, i.e. attend each week for a month and be entered into the monthly draw. Some programs have care closet or a community closet or community basket or sharing circles. These are incentive programs that encourage participation and involvement in the programs. A participant will get a point if they attend a program, sign up for a kitchen chore or child care relief for instance. They can redeem their points at the end of the month for toiletries such as feminine pads, breast feeding pads, shampoo, etc. It is more of a mutual exchange rather than just being given something as a free hand-out that may insult some people. This is a new way of doing it so the participant feels like they are useful because they are contributing to the program. They gain valuable experience, self worth and self esteem.

### **Liz Heeney**

We try to keep the environment relaxed, we speak slowly, make eye contact, and repeat things because we are working with women who do not speak English or it is not their first language. We have a lot of visual things that we use to help bridge the language gap. We will partner a new participant with another participant to help them engage in the program. They help each other even if they don't come from the same culture. We provide visuals, and we have games where the women can work in teams so they aren't working alone. The staff will write the word the same time they are talking so it helps the women learn the language. We have some resources available in different languages but many of the women prefer to have them in English so they can learn the language more quickly. We use their names and try to get the pronunciation right to make them feel welcome and important. We ask them a simple question that they might learn at an ESL class to help them feel more familiar and confident. Many of the participants can understand English better than they can speak it. We encourage them to use English and acknowledge that we can understand them. We smile a lot. We have to be very careful not to insult people without even realizing it. We tend to be cautious because many women who participate in the programs are well educated from other countries and are not able to work in Canada. We try to keep things simple and easy to understand but not too simple because the women are very intelligent. We have trained Parent facilitators that will help with the group who are past participants. For instance we have a parent facilitator who is an Ear, Nose and Throat (ENT) specialist from another country. Really she is under-utilized given her education and background, but it's a springboard to help her get her footing in a new Country.

### **Sophia Ali**

The first contact is so important. The welcoming that you give to people is key. We know when you are out of your comfort zone it's difficult. The welcome you give to people when they first come is key. You need to pay attention to them, introduce them

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to the group to facilitate that bridging. We recognize where the person is at. Some people may not want to be immersed fully the first visit. You need to be able to understand each person as an individual and accommodate their needs. There are many different needs to take into account such as social, cultural competency, so many languages and people coming from different places. There are very different cultural norms that the staff needs to be fully aware of. Some cultures are more reserved, some are more talkative. Knowing and understanding the cultural norms is helpful. You need to know why the person is coming to the program, don't assume why they are there. Their motivation for attending guides what they want from the program. They might come for the social aspect, the food, etc. Make sure you know. You need to know their interests and then we can cater to that need and motivation.

Adult learning principles help to keep people engaged. But in addition to that there is the diversity of skills, gender, identity, age, and cultural variation needed in programming to accommodate into the groups. We can refine that as well.

You need the basics, to have a clean bright space and the resources available if people need them. You need well informed knowledgeable staff. They may not have all the information but they need to know where to send the people to get the information they require.

Staff must have conflict resolution and group facilitation skills when working within a group and know how to deal with the different personality types. Provide opportunities for participants to keep them interested and engaged. Some of the women are well educated so engage them in planning a community event. Encourage them to be on an advisory committee if that is what they want.

### **Sue Rossi**

It is important that they feel comfortable and welcomed. In the larger programs there are 60-70 parents attending and only one staff and one childcare support program. It is difficult for a staff person to always be the person who greets them. It might be another parent who has been asked to greet new families who will be the first point of contact. The important thing is that each new parent is made to feel welcome and part of the group from the first visit. Attendance records are kept so we know the new families who have come and can track it. Many parents continue to attend the programs. The CAPC project avoids the 'coffee talk' style of programs in order to avoid cliques so people feel welcome. Staff meet and discuss challenges in running a program and brainstorm ideas and strategies together. The programs maintain some structure to the program so they don't become just a 'bitch' session. The programs try to offer a more learning/sharing atmosphere and a more inclusive program to involve all the participants. Parents often take on the leadership role.

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### What is your most effective strategy for reaching hard-to-reach families?

#### **Brenda**

One of the things we do is to go to where the families are. We have mobile programs that go to the remote and rural areas. We tend to choose a location that is not seen as having any particular bias. We have moved away from using church basements and using more community oriented spots like a community centre. In some cases we are the only program available in some of the communities because we are the only thing in town that they can come out to. Some staff have gone to knock on people's doors to check on someone they know that has a small child.

#### **Debra**

Our most effective strategy for reaching the hard-to-reach families is word of mouth and our reputation. We work from a strength-based, solution-focused belief. If child protection or community services refer a family and they want to work with us as part of the plan we are clear about what that means. We build honest and trusting relationships with the families. We have been in the community for 17 years and people know that about us. We have a reputation where the hard-to-reach families trust us. We have always been open, honest and transparent.

#### **Joanne**

It's a combination of go to where the families are for outreach; the building, the community spot they hang out, meet them where they are and then create a non-threatening and welcoming atmosphere. You need to meet them with respect and as an equal. Food is important to. "If you feed them they will come." Where, when and what you do are all key to reaching the hard-to-reach. You must be able to understand where they are at, physically, emotionally and mentally.

#### **Marilyn**

We find that hosting a booth at a local store with brochures and program information, along with a draw incentive to get people to sign up for the program works well. Often this is the initial contact the program staff has with the families.

Other methods include the use of the free community cable channel ad or public service announcements that run for free if a program is low on numbers, i.e. smaller rural communities like Cochrane. An open house might be held to recruit new families from the community. The open house might expand to make it more into a health fair that includes some of the other community services as well such as HBHC, PHN's, etc.

Some programs have participated in a local parade and have a float in the parade to help raise the awareness of the programs. They might include people walking alongside the float handing out flyers about upcoming events.

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Being adaptable and flexible to meet the needs: Urban settings have street programs and they will often refer to the CAPC program if the person has a child. Alternative education programs partner with the CPNP programs for pre-parenting programs. In areas where full day kindergarten is offered they are looking at more of the evening and weekend programs. Programs are becoming more flexible with group running from 5 p.m. - 8 p.m.

The programs go to the community where the families are at. There is a group running in the local laundromat. It's about the where and when programs are offered. Adaptable and flexible.

### **Liz**

We have handouts with 12 different languages on the front saying "Are you pregnant?" The inside of the handout is in English. Word of mouth is probably the most successful way of reaching people who attend our programs.

### **Sophia**

It is our framework that says the families are 'hard to reach', but the families see it as being socially isolated. We have to be where the families are. We don't have a lot of time or money for outreach. One of our programs is offered in the Davenport-Perth area where there are few playgrounds, a train tracks, and very little recreation space available. Our program operated out of a small room in an apartment building. But there are difficulties associated with that. We use the population in the community, the participants through word of mouth, and referrals from people using the programs. Families are also informed about our programs through the informal community groups who operate with no funding. We tap into those informal groups. We also work with the partners who serve the families we need to reach such as low income housing, social assistance, etc.

Have a presence in places where there are vulnerable populations (aka: be where they are at). I.e. at the food banks, laundromats and social assistance offices have good brochures and flyers.

### **Sue**

Sue's project uses many strategies to reach the hard-to-reach families. Probably the most effective is the one to one support which CAPC is not able to provide. They rely on professionals (partners) who can provide the one to one service. Often it's the PHN or others who have the ability through home visiting or one to one support. Once they get linked in, partners promote the CAPC programs. It is very hard to reach our families who are isolated so the CAPC project works through the family counselor to reach the families. New parents are often unaware of the services available and are linked to CAPC through the other one to one support programs. There are barriers to programs due to isolation. In the area that Sue's project is located they have very cold and snowy winters with poor transportation systems. If a family is out of walking

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distance the CAPC project addresses transportation for those families. The CAPC program provides incentives that encourage families to attend their programs such as the clothing exchange to provide warm clothing as the children grow. Often it is the people coming to the programs that are the guides to the programs. We ask them what they need or want out of the programs. The families guide the programs to suit their needs. Many channels are provided for input to programs.

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### What are the 2 or 3 things you think most effective in keeping them coming back?

#### **Brenda**

Food. Programs with most success involve food. Being responsive and offering the kind of programs that the participants want. Meeting their particular needs is important to keep them coming back. Staff are welcoming and don't pose any kind of threat to the families. It's a safe and inviting environment.

In some programs we offer parent activities while childcare is available at no cost. Bus tickets are offered in the City, but that is only in the City, the rural areas don't have any public transportation which is why we need to go where they are. If they can't walk to programs we look at ad hoc ways of getting the families there.

#### **Debra**

Honesty, support to get there (transportation), food and the way that we work. Showing people we care if they are there or not. It's the sense of belonging and welcoming atmosphere that makes them want to be there. The way that we work from the strength-based and solution focused philosophy which makes the families feel empowered. We listen and develop programs that people are interested in. We have a lot of participant involvement in program direction.

#### **Joanne**

Food, if child is having a good time, and engage the parent making them feel noticed and appreciated. Let them know it is important for them to come back; 'We want to see you again.' Food is a huge part of having them attend. Food is part of the programs. Things need to be fun. It is important to make sure that participants do get introduced to one another so they can create a network among themselves. You are creating a sense of belonging for the person, and sense of engagement in the child. Reach out to them the first time they attend so they do come back. You are also creating that self efficacy - a belief that you are capable of doing what you need to do or making the change you need to make. "Whatever I decide to do, I can do." Empowerment!

#### **Marilyn**

The sharing circles work very well to keep the participants coming back. It's like an extension to a food bank concept where pre and postnatal food and clothing items are provided to participants in CPNP. They often run hand in hand with the care closet concept mentioned above. Families come when they are in need, specifically for pre and post natal. Baby baskets are given out when mother just has her baby. Some programs will host a combined baby shower and that encourages the continuation of involvement in the program.

Another strategy that works really well is a graduation ceremony from CPNP into CAPC. CPNP families are involved in creating their own graduation gift. They take it

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home for a special memory. The graduation ceremony is a joint effort between CAPC and CPNP workers so that the introductions take place. It is a blending of the programs and has a traditional focus. The celebration involves the extended family and community. There is often elder involvement and areal focus on the celebration. It is celebrating the moving to the Second stage of life for the child.

Community kitchens are offered as joint efforts between the CPNP and CAPC programs so mothers become familiar with one another and it eases the transition between workers and families.

Culture is being delivered to the families. Kids are learning traditional songs and cultural activities. Kids are retaining the information and bringing it home. They are infused with the traditional cultures of the community. Families are looking for that as an adult because they may have missed it when they were growing up. The programs are meeting the needs of all the languages and traditions. The feeling of belonging has positively impacted participation and the rate of families returning.

### **Liz**

We do a lot of demonstrations where we involve the participants in the demonstration. The social aspect with staff and other participants is needed and valued. The women really miss the group if they aren't there.

We offer incentives because the families are living on low incomes and are not employed outside the home. Incentives include things like grocery gift cards (\$10 per session), bus tickets, and other things when there are special funding opportunities like bags with logo, Dietician cookbooks, crock pots, and stress balls. We sometimes offer prizes with some of the games like notebooks, pens, markers, post-it notes, and gloves. We have onesies for the babies with our logo on them that we give to the women when they have their baby.

We have a bilingual dietician at one of our groups and it really helps make people feel comfortable. We have staff and parent facilitators who speak other languages to support participants to feel more welcome and comfortable. Most of the women are trying to learn to speak English.

Because many of our participants hear about our program through word of mouth, someone often knows someone else who is at the group. It is a place to come to practice their English. Each group has its own distinct personality. Some are more multicultural, others are lower income/lower education. The social aspect really helps them to feel supported, and they can ask any question that they want to. All questions are encouraged. They feel comfortable to ask the questions that they might feel uncomfortable to ask a health professional.

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We involve the women and gather information on what they want to do in the programs. At one of the smaller groups we have the women take turns demonstrating a recipe from their homeland. It builds self esteem and helps the women with their English.

We also use name tags (women decorate their own) and at the beginning of each group ask participants to introduce themselves and share how the past week was, how pregnancy is going, etc.

### **Sophia**

Team synergy is key. There are very few staff at the programs compared to the number of participants so we rely on our volunteers. It takes a dynamic team to encourage people to come back. Not all personalities mesh, so having a team helps to make sure that there is one staff or volunteer who connects well with the participant.

We promote healthy, nutritious food but you have to have a cultural component to it as well. You need to encourage healthy eating taking into account a mix of food such as halal food, vegetarian eating (Hindu populations tend to eat vegetarian foods).

The messaging that we are putting out to promote the project needs to promote inclusion. It can be subtle or clearly visible messaging. For instance, promotional posters must include the different faces and dress to be inclusive.

Our programs are all welcoming and inclusive, and we consider religion, language, food preferences, sexual identity, etc. Frontline staff has a high turnover because of the lower salaries and it tends to be part-time work. It is difficult to maintain cultural diversity within the staff, but the understanding and awareness is key.

### **Sue**

The connection with the staff and the group is huge. If a family had a bad experience, they aren't going to come back. The connection is important so they feel like they belong. One of the staff in our project always finishes each program with "I'm so glad you came today, you are all the reason that keeps our programs successful." It's important to maintain that sense of belonging and being an important member of the group.

Programs are busy with so many children and different stations set up that it's fun and not boring. Some programs close in the summer, they are busy in the fall, winter and spring due to the fact that there is less to do during the winter months. Parents can share with other parents and the groups are facilitated so they are a safe place. If a parent attends one of the groups with fewer than 30 attending, and a parent stops attending the staff will contact the parent as a follow up to see why they stopped coming.

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Programs are very holistic. They are not just drilling in the ages and stages. The programs incorporate the seasons so they offer activities in May like making hanging baskets, or they learn about Spanish cooking, etc.

The Ministry of Education in BC started Strong Start programs which are offered 5 hrs a day, 5 days a week. There was a call for proposals for more Strong Start programs to be established. CAPC has survived through partnering and working with ‘competing’ programs. CAPC are non-competitive. CAPC adapt the programs and go back to reach the parents who aren’t going to the typical programs or those that involve a fee. The CAPC project talked to each other about the strengths in partnering with Strong Starts and what were challenges. As a result the programs adapted to fit the needs in their areas. Some areas focus on 0-3 year old and Strong Start focuses on 4-5 year olds. In other areas the Strong Start program was incorporated into the CAPC programs. And in other areas the programs share a facilitator, so Strong Start runs in morning and CAPC in the afternoon.

***“Reaching and Engaging Hard to Reach” is one in a series of videos available through SIRCH Community Services. To see other relevant videos and resources, visit our website at [www.sirch.on.ca](http://www.sirch.on.ca)***