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# REACHING OUR PEOPLE

Towards a Strategy and Practices for Client Recruitment and Retention

Frank Maidman, Ph.D

January 7, 2000

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## **INTRODUCTION**

This document aims to facilitate a strategy and practices for improving client recruitment and retention in the Kognaasowin prenatal nutrition program. It accomplishes this in two ways (1) by selectively reviewing research literature on client recruitment, retention and service utilization, and (2) by incorporating staff ideas through consultation.

## **THE PROGRAM**

The Kognaasowin prenatal nutrition program offers pre-natal nutritional services to all aboriginal women who are pregnant and/or have babies 0-6 months of age. According to a brochure description, the program strives to assist mothers in maintaining health, well-being and balance during and after the pregnancy. The ultimate goal is the stress-free birth of a healthy baby. The availability of all program components allows mothers to build a network of community support for her and her family.

Specifically, the program offers (i) a pre-natal circle (ii) traditional teachings (iii) nutrition support (iv) one-to-one counselling with an Aboriginal nurse and Parent -Child Worker, (v) parent education workshops (vi) family support and (vii) referrals to Aboriginal and non-Aboriginal resources.

For more details on the program and growth challenges, see the first formative program evaluation, The Aboriginal Prenatal Nutrition Program: A Program Evaluation (Maidman, F., 1998).

## **ACTIVITIES DURING 1999**

Program staff are required to collect and submit activity sheets throughout the year. A summary of these submissions for 1999 shows the following services. The numbers refer to the number of times the service was offered, and not the number of clients.

### Holistic health

.	Child abuse support	2
.	Cultural teachings	69
.	Family healing	18
.	Parenting class	5

### Prenatal and educational services

.	FAS/FAE prevention	2
.	1-1 support	26

### Prenatal and educational services (con't)

.	Breastfeeding support	1
.	Prenatal education	8
.	Post-natal education	4
.	Hospital and home visits	2
.	Nutrition information	6
.	Prenatal supplement	4
.	Nutrition supplement	2

#### Family Support Services

.	Home visits	5
.	Parent support circle	29
.	Individual parent support	1
.	Moms and tots	56
.	Child development programming	55
.	Clothing\ furniture exchange	2
.	Transportation	10
.	Recreation	2
.	Other	0

Thus far, one referral was made during 1999.

It is clear from the above information that although the enhancement of parent skills and knowledge is the primary focus of the program, other realities and needs of family life (eg. Family problems, transportation, recreation) also receive attention. The program's core service modalities include cultural education, circles, classes, 1-1 support, parent education, moms and tots events. Clearly traditional cultural education is an important component.

#### **STATEMENT OF THE PROBLEM**

Originally entitled "Ia Ko Te Wi Rat? Kwen Nions" the Kognaasowin prenatal nutrition Program

has been in place for 5 years. It was originally funded as a separate program from the agency's Kognaasowin Program - a parent educational program. With budget cut-backs, prenatal nutrition became integrated as part of Kognaasowin.

Since its beginning, the program has experienced growing pains much like other aboriginal urban service programs. The budget cut-back weakened the efforts to plan and carry out more effective promotion and recruitment processes. Even so, the following recruitment methods have been used over the first years:

- Development of brochures
- Distribution of promotional package to aboriginal and non-aboriginal agencies
- Door-to-door contacts at aboriginal residences, including Gabriel Dumont Homes and Wigwamin Homes.

Despite efforts to promote the program and recruit clients, it has not been consistently filled to full capacity. This has been a disappointment to staff, who identify attendance as the most challenging issue. This issue was initially identified in the earlier evaluation.

Since the beginning, attendance has varied considerably. A site-by-site estimate of session attendance follows:

- Gabriel Dumont (5-10)
- 611 St. Clair (2-5)
- Native Women's Resource Centre (2-14)
- Jessie's (0-4)
- Youth Program: Native Child and Family Services (3-8)

One Kognaasowin prenatal nutrition program staff member also provides service to the Youth Department at Native child and Family Services. Emphasis is given to traditional culture and parenting. Many clients are single parents and street youth.

Ideally staff would prefer 10-15 participants at each site - a target considerably above the attendance so far. At times, both NWRC and Gabriel Dumont reach the lower target number. The explanations for this are fairly clear. Gabriel Dumont is located within an apartment complex. The closer physical accessibility and denser informal communications within the community are likely the key explanatory factors. At NWRC the occasional higher attendance has resulted from one of their own programs, which requires mandatory attendance at Kognaasowin prenatal nutrition.

## **UNDERSTANDING THE PROBLEM**

### **How Should We Simplify Our Understanding?**

To find a solution for this issue, it is important to identify, as best as possible, the various reasons or causes for a disappointing attendance. For starters, we simplify (reformulate) the attendance issue into two separate processes: recruitment and retention.

“Recruitment” refers to the steps taken to advertise the program and encourage new participants. “Retention” is the process of keeping clients in the program, once they have started. Different processes are involved in these two elements.

### **Reasons for Poor Attendance: Brain-storming and Research Review**

The Kognaasowin prenatal nutrition staff made several useful suggestions for why the program has an attendance problem. These are included below, along with other ideas from published research.

The recruitment and retention of human service clients is obviously an important function for new and on-going programs. Accordingly, some information is available on this matter in publications (Harachi et al, 1997; Dumka et al, 1997). However, as one author notes, few descriptions of service programs provide sufficient details on their recruitment strategies for other developing programs. This is particularly true for aboriginal programs, on which few publications are available.

A summary of possible reasons for poor attendance follows. This summary casts a wide net on possible reasons.

#### **Professional factors**

1. Few publications or reports on program development or delivery contain detailed information on strategies of recruitment and retention.

#### **Program factors**

1. Insufficient financial and staff resources for promotion and recruitment

#### **Client factors**

1. Families targeted by prevention programs are subject to higher risks of negative and unpredictable life events. These hamper regular attendance.
2. Such families have fewer resources (e.g. car, telephone, money) to help them through emergencies. This may also hamper their attendance.
3. Target families frequently move, making it difficult to maintain contact with them, and ensure transportation arrangements.
4. Accessibility to urban aboriginal families for recruitment purposes is difficult because of their dispersion throughout the city. Many high-risk families are not affiliated with existing aboriginal organizations. This makes it difficult to work with the service community for purposes of advertising a program and recruiting clients. This also makes it difficult to consult potential clients for the purpose of designing programs which meet their needs, and which are consistent with their values and conditions.

5. Many aboriginal people are sensitive to the prospect of participating in programs which seem directed to their “problems” or “deficiencies”. For many, being an aboriginal person is associated with the negative stigma of "someone with problems". Involvement with a parenting program may suggest that they are “bad” parents.
6. Many individuals in high-risk families lack the self-esteem and experience for appropriately conveying their needs, values and situations through a pre-program consultation process. Such limitations complicates consultation with potential clients either before or during their participation, for the purpose of motivating them to join or remain in the program. As well, on-going program responsiveness to client needs is difficult without client feedback.
7. In the case of nutrition programs, potential or participating clients may not value health promotion as strongly as the general population. However, one may safely assume that all parents aspire to raising children for health, safety and success in life. This general value surrounding their children's future is useful for those designing recruitment and retention strategies.
8. Potential or participating clients may lack the confidence and experience for participating and being an active member of a Program designed around group process.
9. The socio-economic conditions, lifestyle and family structure of high-risk and aboriginal parents, may not easily allow them to participate in a formally organized, and structured program. Financial constraints may impede transportation and baby sitting. Male partners may not be available, or may think it is not their responsibility to look after children. As well, they be uncomfortable in attending female-oriented parenting programs. Most of these issues are increased for single parents.

### **Staff and agency factors**

1. Most staff trained for human service careers, although they are aware of difficulties, have not received specific skill training in the recruitment and retention of clients. As well, supervision may not focus on their efforts to promote the program, recruit and retain clients.
2. Agencies are important sources of information about their specific programs. Sometimes the messages given, or the reputations developed within the community, are totally unintended. For example, Native Child and Family Services apparently is seen by some as a child protection agency. Parents recruited for parent education may fear losing their children to the child welfare system.

### **Community factors**

1. Program success relies on the co-operation of other agencies for such matters as promotion, referral, advice and the like. Where community agencies are only loosely associated, or even competitive, these processes may be weakened.

With these assumptions as background, we now turn to a set of strategies for recruitment and retention of clients.

## STRATEGIES FOR RECRUITMENT

3. Make “client recruitment and retention” an important function in the program.
  - One or more staff should incorporate this as part of job description
  - Have time set aside to carry out the tasks.
  - Allocate an adequate budget item for this function
  - Find ways of valuing and acknowledging this function
  
2. Identify and assess the accessibility to the targeted risk group
  - identifying geographic areas in the city
  - negotiate arrangements to access clients with other institutions, agencies and programs (e.g. schools, Canadian Native Centre, etc.)
  
3. Consult target population
  - identify community leaders, advisors and volunteers in each community to assist the recruitment effort
  - through consultation, develop program content and processes in order to address the needs, values and conditions of the target clients
  - have meetings with potential clients or knowledgeable persons to identify the sources of motivation and possible barriers to attending a program
  - key questions are: (1) what problems are faced by the client population? (2) what should be the focus of programs to address the problems?, and (3) what steps might be taken to increase attendance?
  
4. Decide on the selectiveness of the program. Consider whether it should be:
  - Universalistic: try to involve all target group members
  - Selective: target those at high-risk
  - Indicated: target those already showing signs of having poor nutritional skills and

knowledge

5. Early general recruitment procedures

- well before program begins, meet with groups or organizations such as parent -- teacher association meetings, to publicize program
- hold recruitment meetings for targeted parents; ask them to share their ideas concerning health goals for their children and anticipated barriers to realizing those goals
- review program details with parents

6. Immediate pre - program recruitment procedures

- home visits to eligible families, describing program, offering incentives for attendance, and providing a rationale and procedures for intake interviews
- intake interviews with parents and children
- within a week of the program, revisit parents to confirm any preferences and their availability, determined transportation needs, and remind them of any steps for making attendance easier (eg. child-care, transportation, meals, etc.)

## **STRATEGY FOR CLIENT RETENTION: A HOLISTIC, COMPREHENSIVE APPROACH**

The following client retention practices are based on a holistic strategy for keeping clients in the program until they have received full benefit. It assumes that “client retention” is not a simple goal to achieve. Because it is linked to several factors which represent widening circles of influence, retention must be achieved by a **comprehensive effort** which addresses all if not most factors. To do otherwise is to launch a “piece-meal” approach which will likely be limited in its impact. For example, attempting to keep client interest and involvement by offering snacks may work for awhile,

and with some, but it will not address the complex social and psychological issues impacting client lives.

## **CLIENT RETENTION PRACTICES**

1. Describe the Program's goal in ways that potential clients can see that their participation is important and personally worthwhile
  - avoid descriptions that sound like program will correct parenting deficits; instead use positive words and phrases such as "program will help parents help children to be successful in life"
  - reintroduced these positive themes throughout Program
2. Include content which reflects the needs, values and beliefs of the target population
  - do not assume that all clients are the same (eg. some may not respond positively to traditional cultural themes and content)
  - these will have been learned from the earlier consultation
3. Enhance the retention in the program by fostering the participants' anticipation of progress and achievement
  - Example: use a cumulative step-by-step skill development framework in which hand-outs are available at each session which eventually accumulate in a handbook; plan a graduation ceremony and certificate at the conclusion.
4. Enhance the relevance to each participant by ...
  - designing and implementing a customized plan for working on specific parent interests, such as purchasing nutritional foods;
  - parents' success should be demonstrated to them as they learn each new skill; at the beginning, parents should see signs of quick progress
  - specific teaching and learning steps should be taken, such as (1) trainers describing and modelling the skill (2) parents practicing under non-demanding conditions (3) trainers provide helpful feedback on parents performance (4) parents applying skill at home, and (5) parents reporting on their experience to the group
5. Include process elements in program to foster a sense of belonging to the group
  - eating and socializing
  - warm-up activities

- provision of feedback for demonstrations of skill
  - parents sharing experiences and positive feedback
  - ending with a ritual closing
6. Incorporate recruitment and retention elements in staff training and supervision
- reinforce the desire and ability to consistently show respect for parents and children
  - staff share some details of their own life with clients, and show familiarity with clients' beliefs, values, customs and local situation
  - if necessary and possible, have some conversation in an aboriginal language
  - staff should learn to monitor the participants closely for signs of disinterest, boredom or other indications of withdrawal
  - involve volunteers who are well-known and well-connected in the community
7. Reduced barriers to attendance through ...
- appropriate scheduling of programming
  - accessible locations
  - meals provided for members
  - stimulating, attractive child-care
  - program activities which are attractive to male partners
8. Monitoring and referral procedures
- persistent monitoring of clients' interest and participation
  - contact with parents after program begins, to seek reactions and express enthusiasm about parent participation
  - home visits to parents who missed sessions to distribute handouts and identify barriers to attendance

- families with phones receive reminders one day before the session
- staff becomes aware of pressing needs for food, housing, or health care; makes referrals to community resources; follow-up.

## **REFLECTIONS ON THE KOGNAASOWIN PROGRAM**

With this background, we now return to the characteristics of the Kognaasowin Program for the purpose of determining the next steps towards problem-solving. This material came from a meeting with staff, during which an earlier draft of this report was discussed.

Comparing program functioning and clients against criteria suggested in the above section, staff made the following observations:

1. The most likely reason for poor program interest and attendance lies with the family life circumstances faced by many clients. On the other hand, because they are unsure of detailed reasons, staff suggested a research study (see next section).
2. Staff try very hard to minimize any possible stigma associated with a parenting program. They do this by starting with, and building on, client strengths.
3. “Mandated” clients are required to attend through court orders. Unlike others in the program, many of these have not started their own healing. For this reason, they may be somewhat less committed to the program.
4. Clients are given opportunities to share their interests and create the program’s curriculum. It is unlikely that the program doesn’t address their needs.
5. Prior to collapsing the prenatal nutrition and Kognaasowin Programs, the budget allowed significantly more opportunities for outreach. Staff continue to undertake follow-up, outreach work. However, time limitations restrict this to telephone contacts. Even so, staff completed a recent blitz of personal distribution of brochures directly to residences.
6. The opportunities for outreach may be curtailed by other program responsibilities. For example, most of Wednesdays are taken up with supervision and team meetings.
7. Staff acknowledge that program linkages to other aboriginal agencies are important for promotion and recruitment (eg. Anishnawbe Health, Native Canadian Centre, Pedahbun Lodge, etc.). Even though some important links do exist, staff speculated about the following possible difficulties:
  - When brochures are dropped off, program staff in other agencies may not distribute them to clients.
  - Other Aboriginal agencies often compete for scarce funds. Their staff may not share the strongest commitment to Kognaasowin prenatal nutrition’s success.

- At least one agency, Pedahbun Lodge, approached Kognaasowin to host a parenting program. However, that agency's time availabilities do not fit with Kognaasowin prenatal nutrition's.

## RECOMMENDATIONS

The following recommendations come from the research review and the discussions with staff.

### Research

1. To clarify the motivations and constraints on better client attendance, the program should mount a research study. This study should be a low budget, volunteer-driven project with technical consultation and support. The study should follow the principles of "participatory research" in which community members control and participate in design, development, data-gathering, analysis and interpretation. Recommendations should be made to the program and agency.

### Agency Linkages

2. The staff should continue to build strong relationships with sister agencies and programs, seeking out the best possible liaison people within each agency. Pat Turner at Native Canadian Centre is an excellent example of a committed liaison contact.
3. Rather than distributing program brochures to staff in other agencies, a direct contact approach with their clients should be considered. For example, permission might be given to talk to other program clients about Kognaasowin prenatal nutrition program. This should be cleared and actively supported by Executive Directors.
4. Recommendations #2 and #3 would be best implemented with the support of agency Executive Directors acting together through something like a central planning committee. If the potential for central planning is possible, a topic entitled "Increasing Client Participation" should be submitted for an agenda item.

### Increased Outreach Time

5. A personal approach to outreach and client recruitment seems to work best. Personal contacts should be made to elicit interest, offer reminders shortly before sessions, and contact parents when they miss sessions.
6. To free up time for staff outreach, consideration should be given to reducing the time required for staff team meetings and supervision. For example, bi-weekly rather than weekly, meetings could be considered.
7. Consideration should also be given to involving volunteers and core participants in the

outreach function. Volunteers could be trained by staff to “spread the word” about the program, and follow-up when clients miss meetings. Such volunteers should be well-known, respected local community people. They could also attend sessions to provide support. Something like a “buddy system” could be put in place, with each core regulars taking responsibility for contacting one other person.

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