

**FSS Professional Development  
Family Engagement Forum  
May 17 & 18, 2022**

**Attendance:**

Dutchess (3) – Addy, Valerie, Jasmine  
Herkimer (2) – Tammy, Arline  
Oneida (2) – Rebecca, MacKenzie  
Rensselaer (2) – JoAnn, Lisa  
Jefferson (1) – Elizabeth  
Otsego (2) – Alyssa, April  
Rockland (2) – Leslie, Shana  
Columbia (1) – Tara  
Albany (2) – Sierra, Diana  
Broome (1) – Jessica  
Ulster (1) – Kiran  
Orange (2) – Yvonne, Francisca  
Niagara (1)-- Jami  
Chemung (1)-- Brianna  
Monroe (2)-- Latoya, Eileen  
Jefferson (1)-- Karen Greene  
Steuben/Livingston (2)-- Amy, Haylee  
Albany (1)-- Christine  
Chenango (1)-- Julie  
Wayne (1)--Cassie  
South Bronx (2)—Leslie, Camila  
Jamaica (1) – Xionedy  
Morris Heights (2)—Kathia, Viviana  
Brookdale (2)—Shihnaz, Edna  
CAMBA (2) – Juana, Candace  
Staten Island (2)—Emma, Maggie  
Suffolk (1)-- Laura  
Ontario (1)--Nicole  
Central Harlem (1)-- Magnolia  
Ulster (1)-- Desiree

**Short Term Challenges with Engagement:**

Families being consistent, they keep first one or two appointments but then keep wanting to reschedule

Referral sources present program as a place for concrete goods, crib, car seats, or parents are only interested in us for those goods. Families may not be interested once they get those items. Tricky to keep them around.

Expectations of program aren't correct. E.g.: hear second hand that we can help with housing

Hear that we can fulfill CPS requirement for mandated program. Hard to keep them after they satisfy requirement

Check that they want child development information on referral form but assessment meeting is overwhelming, then families are hesitant to follow up with FSS

Families have a lot of appointments prenatally and when baby first born have busy schedules

Some families needing interpreters

Not being familiar with the program, a family may not know what HF is when referred by someone less

Learning to trust new person, coming into home/having new workers

Sometimes families are not clear what the program has to offer, community resources, information

Families from other countries that speak other languages (e.g. Iraq)

Meeting weekly can be a lot for some families

Not every family has the ability to connect virtually because of internet access, computer access etc.

Families are scared that we may report them to immigration and they may lose their kids

Engaging and keeping the attention of teen moms who have other interests and may see us as one more adult telling them what to do.

Teen parents: figuring out the dynamics of the family related to the teen's parents, their school involvement, and what the teen really wants vs. their parents

If they have a lot of service providers they get overwhelmed, often reschedule, and don't have time to sit down with us and engage

Conducting virtual visits and doing the CCI is difficult when parents don't have a computer or a phone with camera; you can't see the parent, the interactions, or the condition of the home

### **Long Term Challenges with Engagement:**

Families start going back to work/school, schedules change, and needing to accommodate them with late visits

Feel they've gotten what they wanted from program

Families moving, sometimes due to not being able to afford current area

Another example is that families are assigned for a limited time at military base

Getting new phone numbers, phone is disconnected, having a hard time contacting families

Parent loses custody, waiting to see if they will be getting custody again

CPS issue may come up, families may not trust you as your relationship is new, families busy setting up other services that are required

Domestic violence, need other services so let Healthy Families program go; other partner may not want HF involvement

Mental Health can go either way, either are more engaged with us as we are main support or they taper off as it's too challenging to continue

Hard to talk with families struggling with mental health because they may not want to talk as much. In the MIS looks like FSS is doing less than they really are.

Parent with MH issues took 30 minutes to come to the door, lot of work to engage

Substance abuse, embarrassed or preoccupied after relapse, avoiding  
Afraid to be reported if something is going on, trust is challenging  
Families may not be in home, may go to shelter  
Homelessness, not comfortable meeting if in hotel or shelter, hard to engage, trying to figure out where to meet  
Hard to talk about baby's milestones or provide the program in general when other things are more pressing. Families have real crises and HF is put in background  
Hard to engage parents who are teenagers and/or in high school, busy, want concrete goods  
Sometimes grandparents want family to be in program more than parents, especially with teen parents  
Teen parents are used to having someone else speak for them and it can be challenging when our approach with families is to ask them what they think.  
It can be difficult for FSSs to engage when the parents enrolled are older than the FSS.  
Feel bad/sad when they don't stick with program as we know how beneficial it can be. Try not to take it personal.  
Others find first time parents stick around more. It is harder to engage parents that have other children. They may leave after they get the initial help from the program.  
Hard to predict who will engage and who won't  
Frustrating, wish they would give us more time to build relationship before they decide it isn't for them  
Some families reluctant to work with new FSS after original FSS leaves program, hard for parent to adjust, families compare FSSs if they are not exactly the same, don't like change  
Challenging overtime to find creative ways to keep families engaged  
"Life happens," when pandemic slowed, families became busier and had less time to meet  
Prenatal families: less likely to engage. They feel, "why would I start now?"  
Prenatal families have lots of info from apps and may feel that they don't need Home Visiting  
Some info we have prenatally can be dated compared to current info on app (egg birthing classes, parenting classes). Tough to adapt dated information in PN material  
Making the transition from virtual to in-person visits and forgetting to leave time for travel.  
Feeling that I am not doing enough and am not present enough for the families  
The family likes the program, but is engaged with so many service providers they have no energy or time for the program  
Were human too: transitioning back to in-person visits and hearing families talk about their struggles is stressful  
Being out of work due to family matters, and having to work very hard to re-establish trust and engagement with my families when I returned to work  
Families don't follow through with the actions they are supposed to take and so don't get the benefits of the program that they expect

### **Success to come out of large groups:**

#### Short term:

Being on time  
Being accountable

## Consistency

Text, call throughout week

Bringing incentives, activities, crafts

Let parent know FSS is there to support

Being upbeat in general, make interactions enjoyable, make visits fun

Take time to develop rapport

Visit prenatal families weekly right from the start

Same staff person does FROG and FSS work with a family

Meet at the same day and time each week, make visits routine

Acknowledge that if family needs to cancel, we are there for their support, and it is ok to reschedule rather than the family feeling they need to disengage

Let family know that they have choices

Unconditional caring and flexibility with families, some concern about balancing with home visit rate expectations

Drop off materials for home visit at the home prior to meeting virtually

Reach out to family as quickly as possible after FROG, quick turnaround time

Meet them where they're at

Point out strengths

Reflect on assessment information with family

Share program information to know what to expect and to be clear about the purpose of the program

Go out with FRS to meet new family

Letting the parent be the expert and being different than other service providers – being warm, accepting, creating enjoyment

Remembering that the intake phase is important. That's where we start to build trust, find out what they need, and provide for it

Following up on their FGP goals

Learn about the family from the family

## Long term:

Building trust, relationship, connection

Be accountable for what you've said you'd do

Being consistent

Allowing families to call and vent when things are challenging

Send more personal cards rather than business letters

Send cards for family milestones such as birthdays

Relationship building

Sending bits of curriculum out

Patience

Meeting family where they are

Be consistent in efforts to engage

Be flexible

Established positive communication, letting family know they have choices, being non-judgmental when families reschedule

Let families know they can be comfortable in missing an appointment, rescheduling  
Making ASQs exciting and other activities, like cooking activities  
Make sure the visits are enjoyable  
Check in via text/phone to keep in touch on off weeks.  
Use Facebook group for families to connect on their own/build community connections  
Bring music to listen to with Prenatal families. Share how the babies respond to music during prenatal stage.  
Use Google translate for families that speak different languages. Use humor when mistakes happen.  
Virtual visits offer flexibility with families that may not have a lot of time to meet  
Mental Health: look for small things parent is doing well to help build their motivation and self-esteem  
Follow-up on FGP goals  
Send weekly quotes to families to motivate the family  
Acknowledge siblings' birthdays to show them you care about the whole family  
Learning about the family from the family  
Follow-up on FGP goals

### **How do we keep the balance of flexibility with our program expectations?**

Look at it that you are ahead if they cancel one appointment, rather than if the family avoids you for three weeks because they missed a visit  
Check in with family to see if schedule still fits for them, can plan/adjust level rather than the family disappearing  
Helps relationship in the long run  
Start out by orienting families with program expectations re: cancellations and rescheduling  
Leave one day/week open as a free day to make up missed visits.  
When FSS can't see a family on scheduled time, meet on Saturday and flex time.  
Set boundaries by being transparent about FSS responsibilities. Setting expectations early on.

### **What something you heard today that you'll put into practice:**

Letting families know it's ok to reschedule, allow them choices for flexibility  
Sending birthday cards  
Meeting with prenatal families weekly  
Let visit be relaxed, meet the tone of the family  
Provide info on health and well-being of baby prenatally  
Consistency is key  
Send more informal, personal outreach cards  
Make visits unique for each family  
Have a Facebook group page to encourage community connection with families.  
Go for a walk with family during visit.  
Try emailing out a weekly quote. Call it "Monday motivation"  
Remembering their other children's birthdays shows you care  
Remember to make the visits fun  
Being more empathetic with families to let them know you understand

Promoting self-care for families and for ourselves too!

**Additional resources you need/Other thoughts:**

Focus on families who are clearly invested in being in program

Could there be ways to offer program on a trial basis?

Challenges of engagement in the virtual world

Offer fun events for FSSs that parallel the fun events programs offer families

Provide more opportunities for FSSs to talk together