

MATCH: Making Alternative Therapy Choices Happen: Engaging hard-to-reach families

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Background

- In one year, clients missed 1367 appointments without notice, using >SFTS clinician to plan, document and schedule
- KidsAbility identified hard-to-reach families as those who missed appointments without notice (no-shows)
- Hard-to-reach families are eligible for a service, but for a variety of reasons, do not use the service¹
- Complex and diverse supports are needed to promote engagement²

Purpose

To increase engagement with hard-to-reach families by implementing best practices at KidsAbility.

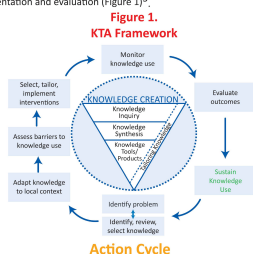
Method

2010: Knowledge Creation → Develop MATCH

2011-2012: Action Cycle 1 → Pilot MATCH

2013: Action Cycle 2 → Expand MATCH

The Knowledge to Action (KTA) framework guided care path development, implementation and evaluation (Figure 1)³.



Results: I

2010: Knowledge Creation → Develop MATCH

- Literature review to identify hard-to-reach families (Figure 2) and best practices for them (Figure 3)
- Developed MATCH (Figure 4)

Figure 2. Identifying hard-to-reach families

*Barriers to engagement include:

- High parental anxiety, stress, depression
- Families in poverty, young parents, single parents
- Transportation, lack of childcare for siblings, language barriers
- Family is not yet ready to change (e.g. adjusting to child's delay)
- Lack of trust between family and service provider

Figure 3. Best Practices for engaging hard-to-reach families

**MATCH Principles:

- Begin where the family is comfortable
- The primary service provider should have the closest relationship with the client
- Follow the family's lead and be persistent
- Partner with other involved agencies
- Initially, avoid groups
- Avoid written communication
- Recognize that motivation fluctuates

Figure 4. MATCH Care Path



Results: II

2011-2012: Action Cycle 1 → Pilot MATCH

- Obtained organizational support and external funding
- Implemented MATCH at one site and evaluated by tracking program use and challenges, clinicians completed case reports (Figure 5)

Figure 5. Sample clinician quote

“I LOVE this program. I have used the principles with great success.”

2013: Action Cycle 2 → Expand MATCH

- Obtained organizational support to continue MATCH
- Selected site facilitators as required to tailor MATCH, train clinicians and monitor program use
- Implemented MATCH at four sites and evaluated by clinician survey (Figure 6)

Survey Participants:

- 42 pediatric clinicians returned the survey
- CDA, OT, PT, SLP, SW from KidsAbility Cambridge, Waterloo, Kitchener sites
- 92% of respondents received formal MATCH training

Figure 6. Clinician survey results

Clinicians' ratings of their understanding of the MATCH program

1- Do not agree at all → 5- Completely agree



Conclusion

- The KTA cycle guided this multi-stage implementation and evaluation. Use of the KTA should be considered when implementing new programs and best practices.
- Site facilitators provided ongoing training and support to help clinicians understand which clients can use MATCH and how it can be applied.
- Overall, therapists felt positively about having this flexible therapy option for their clients and noted increased engagement with families and improved client outcomes after implementation.

Future Directions

- Explore how hard-to-reach families view engagement in pediatric therapy services
- Determine if the rate of missed appointments decreased following implementation of MATCH

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References

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