

# Enhancing the Client Intake Experience

ideas <sup>42</sup>



Facilitating comprehensive data collection and service referrals at the Arab American Family Support Center

**To support the Arab American Family Support Center's (AAFSC) efforts to collect robust data about their clients in order to create programs that best serve their needs and match them with appropriate services, we designed an intake training guide and an internal referral tool. We also provided recommendations on how to use these resources and infrastructure that reinforce the best practices from the training guide, adapt it to meet changing situations, and ways to modify existing forms.**

## Summary .....

The Arab American Family Support Center (AAFSC) offers culturally competent, trauma-informed, multigenerational social services to immigrants, refugees and their families across nine locations and all five boroughs in NYC. The Center provides a multitude of services, ranging from preventive services and afterschool programming to ESL courses and immigration legal support. Before accessing these services, potential clients complete a short intake process, which involves providing information about themselves and their needs. AAFSC draws on information from its intake forms to make appropriate service referrals and determine what additional services and programs are needed. In addition, some of this data is required by program funders.

However, staff have not always been able to gather the required information during intake. When clients have completed the general intake form alone, completion rates for certain sections—particularly those asking about sexual orientation, gender identity, and ethnicity—have been below 60%.

Staff reported that, even when they worked with clients to complete the form, clients were often reluctant to answer these questions, noting that they didn't understand how this information was relevant to their service needs. Even after hearing explanations, they were still wary of providing answers.

AAFSC was eager to create more effective data collection procedures to improve service delivery at both its current sites and new planned sites in other boroughs as it expands. Staff turned to ideas42's Behavioral Design Center (BDC) for guidance on how to reimagine their intake process and tools to enhance data collection. The goal was to create a process that makes clients feel comfortable answering questions about themselves that may feel very personal, and increase understanding about what that information is used for.

## Highlights

- ▶ Personal data is key information that informs program and service delivery, but people may be reluctant to provide it.
- ▶ A training guide helped staff increase transparency and make clients more comfortable answering questions.
- ▶ The guide and other supports for the staff improved data collection, on some questions by more than 20 percentage points.

## Barriers to Data Collection

Our review of the completion rates for certain parts of the general intake form confirmed what we had heard anecdotally from our program partners: Multiple choice questions regarding sexual orientation and transgender identity were answered by 59% and 43% of clients, respectively. The part of the form that asked about ethnicity, which allowed clients or staff to write in the response, had a 40% completion rate. This is despite the fact that the sections of these forms have a “Decline to Answer” option, which is also considered a valid response.

To more fully understand the intake process and barriers to obtaining complete information from clients, we interviewed staff who conduct intake for three different programs—Adult Readiness, Legal Services, and the Young Adult and Youth Program. We learned that:

- ▶ Staff preferred to complete intake forms with clients in a private place, when time and space allowed. This made it easier to answer client questions, translate parts of the forms when necessary, and ensure that they were completed fully and accurately. However, often when too many potential clients arrived at once, or when staff were serving a client or overseeing a program activity, it wasn’t possible to help new clients complete the form.
- ▶ Clients sometimes grew impatient if they had to wait to complete the intake process when there were no private spaces available. This would put pressure on staff to either give clients the intake form to complete on their own—which often led to incomplete or illegible forms—or to complete intake with clients in public spaces—which made it difficult for staff to ask clients for personal information.
- ▶ Clients were often reluctant to provide answers about questions that felt personal or irrelevant to the service they wanted to receive. Questions related to household income, ethnicity and sexual orientation, for example, tended to confuse clients or prompt guarded responses.
- ▶ Staff were not always aware of existing intake processes or guidelines they were supposed to follow, so they often turned to each other and trial-and-error to identify a process that worked for their programs. Additionally, some staff expressed confusion about why certain sections of the form were important to their program or service, which meant they did not know how to explain this to clients.

In our conversations with program staff, we also learned that experienced staff developed their own strategies to make clients feel more comfortable providing this kind of information. Many of their tactics informed the strategies that we later used in developing the training guide:

- ▶ They emphasized that the information would be safe with AAFSC, and explained how sharing the information could help AAFSC inform its funders about the diverse and expansive communities it serves.
- ▶ When clients seemed particularly reluctant to answer a question, staff reminded them of the “Decline to Answer” option.

- ▶ They also explained the relationship between certain sections of the form and the program or service that the client was interested in. For example, when a client seeking legal services seemed unsure about giving their year of arrival in the United States, program staff explained why a lawyer might need that information.

## Developing the Training Guide .....

Based on the insights gleaned from our interviews, the BDC developed a Data Collection Training Guide to provide a normative structure for data collection and internal referrals. The main goal of this guide was to create a common reference point for establishing standards for new or less experienced staff across AAFSC locations so all staff feel prepared to conduct intake in a way that makes clients comfortable and improves AAFSC's data collection.

The guide itself:

- ▶ **Establishes a uniform procedure for conducting intake and explains the rationale** for each element, so that staff fully understand the importance of completing the form with each client and the potential mishaps when clients complete the form alone. It also provides alternatives for scenarios where the standard procedure is not possible.
- ▶ **Explains why parts of the intake form are important to specific programs and services** and provides strategies for staff to use in discussing parts of forms that create client confusion or discomfort. For example, one strategy is to explain what the section about sexual orientation and gender identity is asking for, list the options and let the client fill in the responses themselves. This approach lets the client answer the question honestly and without fear of someone overhearing them, if they are completing the form with a staff member in a more public area.
- ▶ **Includes activities to help staff experience the intake process from a client's perspective** to promote empathy, and practice the strategies in different intake scenarios with their coworkers.
- ▶ **Provides strategies for identifying other client needs during and after intake** so that AAFSC can connect clients to additional services and programs that may be of interest to them or their family members. The guide also outlines various approaches staff can take when discussing other services with clients.
  - To complement this section of the guide, we drafted an internal referral tool to help staff decide whether to discuss another AAFSC program with a client and which ones might be appropriate. For each program or service, it outlines potential indicators of client needs, eligibility criteria, talking points, and next steps for referring interested clients.

## Recommendations

Simply running a training is unlikely to lead to sustained behavior change. Effective trainings are supported by additional processes and tools that reinforce and remind participants of the skills and information introduced during the training. Our recommendations focused on best practices to consider in finalizing the training guide, implementing it, and revising it to meet changing needs. They included:

- ▶ Create resources that summarize the key skills and information from the training.
  - These resources will reinforce and remind participants of the key skills and information covered during the training and serve as a tool for staff during intake.
- ▶ Keep staff accountable to the standards through monitoring, check-ins, and by providing feedback.
  - Accountability and feedback signal that the standards covered during the training are important to staff’s success, and will support their development.
- ▶ Use team meetings as opportunities to remind staff of standards and allow them to reflect on how to apply the training guidelines to real contexts.
  - In addition to serving as a reminder and signal of the importance of these standards to the organization, creating spaces for staff to discuss their experiences as a group can facilitate identification of new issues to discuss in future training sessions, and encourage collective brainstorming to create solutions.
- ▶ Collect and respond to staff feedback on the training to improve its structure and content, understand how participants have applied the strategies presented, and to ensure the strategies and suggestions discussed during training reflect the intake scenarios that staff are most likely to encounter.
  - Like user testing, collecting and responding to this kind of ongoing feedback will enable AAFSC to ensure their training is as useful as possible for their staff, reflects the challenges they face, and is effectively helping them learn best practices.

The recommendations also included modifications to the general intake and some program-specific forms to simplify the process for staff and clients. For example, we recommended moving questions that tended to make clients uncomfortable to the end of the form. Answering questions that feel personal can be jarring when a client first sits with a member of AAFSC’s team. Moving the questions to the end gives the client and staff member time to develop rapport and get more comfortable with each other while answering easier, less personal questions. We also suggested adding an opening line at the top of the form explaining the organization’s reasons for collecting the information and the client’s right to select the “Decline to Answer” option. Other suggestions were designed to make it easier for clients who prefer to fill out the form alone to read and complete it.

## Initial Implementation and What's Next? .....

As with most city non-profits, COVID-19 is changing how AAFSC offers services and interacts with their clients. Even so, many of the principles and best practices in our designs and recommendations are still proving useful as AAFSC's team adapts to changing circumstances.

AAFSC restructured the general intake form based on our recommendations almost immediately and saw results. In early 2020, even as they adapted their intake process to account for social distancing measures, AAFSC staff conducted over 161 intake interviews using the updated form, and reported significant increases in responses to certain questions and smaller increases in others.

	<b>December 2019 Response Rate</b>	<b>New Form Response Rate (As of May 2020)</b>
Sexual Orientation	59%	80%
Transgender Identity	43%	80%
Ethnicity	40%	43%
Country of Origin	84%	90%
Income	80%	81%

Additionally, the database and evaluation coordinator at AAFSC has been using our recommendations and guide to coach staff through their new virtual intake procedures. As they finalize the procedures for conducting intake by phone or video conference, AAFSC plans to use our guide and recommendations to standardize the process, develop regular trainings and support their team.

Staff are hopeful that once they've fully adapted to conducting remote intake and regular trainings are implemented, response rates to questions on the intake form will increase further.

By easing clients' understandable concerns about sharing personal information, through increasing transparency and equipping staff with the training and resources they need to support clients, this work is helping AAFSC better serve its current clients, and continue to develop programming that meets the needs of immigrants and refugees.

*The work of the Behavioral Design Center is generously supported by The New York Community Trust and the Booth Ferris Foundation.*