

SafeCare® Readiness Guide

NSTRC is delighted you are interested in SafeCare. Your success in implementing SafeCare (or any program) can be affected by how well prepared your staff and your organization is to do SafeCare. Below we provide some guidance and considerations to help optimize your SafeCare implementation.

I. Systems/Population

As with any evidenced-based program, SafeCare may only be effective with specific populations. Most research with SafeCare has been conducted with parents of young children, between birth and five years of age with a history of neglect or physical abuse or who have risk factors for neglect and/or abuse. Other related considerations for your organization include:

- Your agency should have an adequate referral base for the targeted population.
- You should be sure that your funding source can and will reimburse for SafeCare services
 - If you will bill for SafeCare services through an existing contract, be sure that the contract provides adequate reimbursement for SafeCare services, which generally consist of weekly 90 minute sessions for 18-20 weeks.
- It may be appropriate to orient your agency's referral sources about SafeCare and inform them about plans to implement SafeCare with appropriate referrals.

II. Your Agency

Your agency leadership is crucial for achieving sustained implementation of SafeCare. Leadership must be committed to support implementation of SafeCare and should take the following steps:

- Become familiar with NSTRC's implementation and training models to ensure that requirements can be met. Any concerns can be discussed with NSTRC.
- Communicate clearly with staff about what SafeCare is, and why it is being adopted.
- Soliciting and addressing the concerns of your staff about adopting SafeCare.
- Ensure that your managers and staff are committed to both workshop and in-field training for Home Visitors and Coaches. This includes planning to implement SafeCare according to NSTRC's implementation model.
- Emphasize the importance of delivering SafeCare to families in the way it was designed. That is, adhering to the model when implementing SafeCare.
- Commit to ongoing coaching and ensure that staff have adequate time to give/receive coaching
- Ensure that caseloads for Home Visitors conducting SafeCare are appropriate (10-12 families at a time), and that staff can complete all other work assignments.
- NOTE: NSTRC routinely participates in an agency orientation prior to beginning training. NSTRC faculty or staff typically assists agency leadership in discussing the SafeCare model and related questions or concerns.

III. The staff that will receive SafeCare training

SafeCare is very structured and there are specific protocols to follow that include observational assessment, modeling, role playing, and giving feedback to parents. SafeCare is a straightforward intervention, and home visitors with a wide array of experience and education have been able to meet mastery in delivering the model. However, some staff may be more open to using SafeCare than others, and more open generally to learning new intervention techniques. You should think carefully about who would be a good fit for SafeCare.

Good candidates to become SafeCare Home Visitors are individuals who are:

- Comfortable delivering interventions to families in the home setting.
- Open to learning and implementing new curricula or intervention programs.
- Open to delivering a highly structured intervention.
- Able to be both creative and flexible in delivering services to families.
- Open and responsive to supervision and feedback.

Good candidates to become SafeCare Coaches are individuals who:

- Are willing and able to master the SafeCare model.
- Have good communication and interpersonal skills.
- Understand the importance of fidelity, and are committed to working with Home Visitors to ensure the model is conducted properly
- Have experience implementing new approaches, programs, or systems for working with families.

All Staff should be aware of SafeCare training processes and expectations

Home Visitors responsibilities include:

- Must attend a SafeCare Training Workshop for five days.
- Must demonstrate skills in the field to become certified SafeCare provider.
- Adherence to the SafeCare protocols is regularly monitored by their Coach through direct observation or recordings of sessions.
- Must participate in weekly team meetings with Coaches to discuss cases.

Coach responsibilities include:

- Must attend SafeCare Home Visitation training and achieve full certification.
- Must complete one day of additional training in SafeCare coaching.
- Must work with Home Visitor to monitor fidelity according to NSTRC's minimum required frequencies:
 - The first four family sessions (two must be live observations).
 - One session per month for the first year.
 - One session per quarter after the first year.
 - Fidelity assessment and coaching sessions should be done more frequently for Home Visitors who consistently fall below minimum standards (85%).
- Should conduct weekly meetings of all SafeCare staff to discuss SafeCare implementation.

- Will be regularly supported and monitored by their SafeCare Trainer to assist them in performing their coaching duties.
- Coaches should participate in periodic implementation meetings with NSTRC to assess organization progress in implementing SafeCare, program successes, and problem-solving techniques. NSTRC recommends quarterly meetings.

IV. Resources needed for SafeCare Training and implementation

SafeCare requires a few additional materials beyond what is normally needed for conducting home-based services.

Each Home Visitor will need:

- Digital audio recorder (one per Home Visitor) and batteries
- Screwdriver for installing latches (one per Home Visitor)
- Baby doll for doing role-plays with the parents (one per Home Visitor)
- Access to a copier (we will give all trainees master copies of the SafeCare assessment forms and a health manual; copies will need to be made for each family served)
- Clipboard, rolling file organizers to carry supplies

Each family will need:

- Copies of the health manual and other SafeCare forms
- Safety First Kit OR the following basic safety latches:
 - Cabinet latches
 - Door knob holders
 - Drawer latches
- No choke test tube or tube for assessing choking hazards (to leave with each family)
- Other optional materials:
 - Digital thermometer with cover (to leave with each family)
 - Packet of coloring sheets (can be printed from the internet) and box of crayons
 - Toys for Family (walking child – age 5)
 - Toys for Infant (0 – walking age)
 - Gloves
 - Stickers for reinforcing children's positive behaviors
 - Band-aids
 - Health Kit