SafeCare has officially gone global! Our first training outside of the US took place this June in Leceister, England, about a 100 miles north of London. These international efforts are in collaboration with National Society for the Prevention of Cruelty to Children (NSPCC; http://www.nspcc.org.uk). The NSPCC is the only organization with the legal ability to protect children at risk for abuse in the United Kingdom. The NSPCC has agencies across the UK working with a diverse population of families. NSPCC plans to launch implementation efforts with families in October 2011.

The initial group of trainees included 5 coaches and 3 home visitors. In July, we trained a second group of additional home visitors. Prior to these trainings, NSTRC worked with the assistance of NSPCC to adapt SafeCare modules to best serve at risk families in the UK. This largely involved altering the Health module to correspond to the National Health Service (NHS Direct; http://www.nhsdirect.nhs.uk/). Other adaptations included altering language to ensure families understand the materials. For example, diapers are referred to as nappies, while pacifiers are called dummies. The Safety module was altered slightly by adding a discussion on scalds to address parents who hold hot tea cups while carrying their children. Some terms in the Parenting modules were also altered. During training, trainees provided valuable feedback on additional changes to facilitate the adaptation process.

Overall, trainees expressed a strong interest in the SafeCare program, noting the need of many families their service. Lisa Westall, a coach from Swindon service region, said, "SafeCare is a brand new way of working for us and I’m looking forward to putting all that learning into practice, both as a home visitor and a coach!" NSTRC feels the same and is excited about beginning our international dissemination of the SafeCare program.

Cheers!
Dr. Jenelle Shanley
In her own words,
One mom describes what SafeCare has meant to her

The following story was submitted by Misty Gorman-Taylor, who is receiving SafeCare in Shasta county as part of the Parent Partners program. Her parent partner is Rhonda Carr.

Parent partners are so important because every parent needs a little help every once in a while. Every parent could use a little help gaining skills they do not posses. Children do not come with an instruction manual and some parents struggle to make it through raising their children.

Now that there is a parent partner program, parents no longer have to struggle through their issues because now they can have a parent partner by their side like a guardian angel giving them the strength and skills they need to make it through the rough times. It also gives the parent the understanding of what it means to be a parent.

To be a parent not only means to love your child, to teach your child and to make sure your child has every thing the child needs. It also means teaching your child PAT – Planned activity training, with explaining rules and consequences and above all teaches staying grounded and sticking to what you say. This has brought a new love and understanding for me and my son. This is why I know that every parent should have a parent partner in their life.

I am so glad to have a parent partner in my family’s life; it gives me enthusiasm and the drive to be a good parent. I was lacking tools I needed so my parent partner brought the tools to the table and now I am becoming the parent I always wanted to be. A parent should not only have love and patience for her child, but the strength to have the positive interaction by setting the rules and consequences before an activity.

Thank you Rhonda!

By Misty Gorman – Taylor

If you would like to subscribe to this newsletter, please send requests to safecare@gsu.edu
Meet the new SafeCare staff

Pauline McKenzie-Day is a Licensed Professional Counselor in the State of Georgia with over eleven years of experience in providing therapeutic service. Pauline has worked with a diverse range of clients, including groups, couples and individuals. She has facilitated workshops and trainings in effective discipline techniques, parenting skills, pre-marital support and divorce recovery. Pauline is the founder of Inspired Lives Counseling LLC where she promotes a holistic approach to healing and wellness. Pauline works with individuals and couples with an emphasis on relationship dynamics. She has a Master of Science degree in Mental Health Counseling from Nova Southeastern University in Fort Lauderdale Florida. She is also a member of the Licensed Professional Counselors Association of Georgia.

Angela Montesanti attended the Georgia Institute of Technology, where she earned a Bachelor of Science in Biochemistry in 2009. In 2011, she received her Master of Public Health from the University of Alabama at Birmingham, with a focus in Infectious Disease Epidemiology and Global Health. During her tenure there, she held a research assistant position with the UAB Division of Pediatric Nephrology, where she conducted clinical research on Acute Kidney Injury in term-neonates. Angela also served as a data analyst on a Monitoring & Evaluation team with the Catholic Medical Mission Board in Zambia in 2010, where she evaluated the first implementation phase of an HIV Nurse Practitioner Diploma Program, a higher education program designed to provide nurses with the skills to improve care for patients with HIV and AIDS in Zambia. Angela currently serves as the program coordinator for the National SafeCare® Training and Research Center at Georgia State University.

Avais Arkwright Jones

After resigning from her position as a full time stay-at home mother, Avais completed her Bachelor of Science degree in Social Work from Georgia State University in 2008 and her Master of Science degree in Social Work from Valdosta State University in 2009. Avais has worked within the Child Welfare system for 9 years as a foster and adoptive parent, CPS case manager, and a certified SafeCare Home Visitor. She has also worked with young children for 23 years as a childcare provider and volunteer teacher/ nursery coordinator for several Christian organizations. Avais is married and has 6 children. Her special interest: Understanding the unique challenges of children born exposed to drugs and alcohol.
Amanda Hodges completed her Bachelor of Arts degree in Psychology at Georgia State University in 2009. Her research as an undergraduate focused on assessing the prevalence of problem gambling behaviors among youth and adult offenders in Georgia’s juvenile and drug/DUI courts. In 2011, she earned a Master of Public Health degree from Emory’s Rollins School of Public Health in Global Health with a concentration in community development. She also received a graduate certificate in Complex Humanitarian Emergencies from Centers for Disease Control and Prevention. Megan’s master’s thesis examined indoor air pollution from firewood cook stoves in urban Addis Ababa, Ethiopia and the health and economic impacts on women and young children. Her thesis was nominated for the Emory Shepard Award and she was received an Outstanding Global Health thesis award. Before working with the Center for Healthy Development, Megan was a Project Coordinator with Emory University to evaluate the impact of Text4Baby, a free texting program for pregnant and postpartum women. Megan is now a Program Coordinator for several SafeCare grants in the Center for Healthy Development.

Megan Graham received her Bachelor of Arts from Gettysburg College, Pennsylvania in Health Sciences and Globalization Studies in 2009. Much of her undergraduate research examined gender-based violence and maternal and child health in the global context. In 2011 she earned her Master’s Degree in Public Health from Emory’s Rollins School of Public Health in Global Health with a concentration in community development. She also received a graduate certificate in Complex Humanitarian Emergencies from Centers for Disease Control and Prevention. Megan’s master’s thesis examined indoor air pollution from firewood cook stoves in urban Addis Ababa, Ethiopia and the health and economic impacts on women and young children. Her thesis was nominated for the Emory Shepard Award and she was received an Outstanding Global Health thesis award. Before working with the Center for Healthy Development, Megan was a Project Coordinator with Emory University to evaluate the impact of Text4Baby, a free texting program for pregnant and postpartum women. Megan is now a Program Coordinator for several SafeCare grants in the Center for Healthy Development.

Melissa Cowart received her Bachelor of Arts degree in Sociology from Berry College in 2007. As a senior, she earned the Robert L. Geisel Award, presented to a graduating Sociology major for excellence in the discipline. Upon graduating, Melissa worked for the Department of Family and Children Services (DFCS) as a Social Services Case Manager in the Investigations Unit. In this capacity, she met with families to address allegations of child abuse and neglect. After several years at DFCS, Melissa came to Georgia State University in the Fall of 2010 to begin pursuing a Master of Public Health (MPH) degree. In January of 2011 she earned a Graduate Research Assistantship at the National SafeCare Training and Research Center (NSTRC) where she was involved in coordinating a randomized controlled trial of SafeCare. Melissa joined NSTRC as the GA SafeCare Project Coordinator in August 2011 and continues to work toward an MPH. She is passionate about and committed to the prevention of child maltreatment.

Amanda Hodges completed her Bachelor of Arts degree in Psychology at Georgia State University in 2009. Her research as an undergraduate focused on assessing the prevalence of problem gambling behaviors among youth and adult offenders in Georgia’s juvenile and drug/DUI courts. In 2011, she earned a Master of Public Health degree from GSU where she focused on prevention science. Her research integrated nursing and neuroscience to examine the health impact of sleep disorders. During Amanda’s tenure in graduate school, she worked as a graduate assistant within the National SafeCare® Training and Research Center. Upon graduation in 2011, she joined NSTRC as a research coordinator.
Dear A.C.,

Technology already is changing SafeCare and it will continue to do so. Our biggest hope is that technology will make home visitor, coach, and parent training more efficient and will make SafeCare less costly. Recently, a small research project showed that smart phones could reduce the number of face-to-face visits in the homes of families receiving the home safety module. As smart phones become cheaper and more accessible to low income families, they could serve as an important tool in SafeCare training. Also, we have nearly completed a home safety iPhone app. Other research in Kansas has shown that daily texting between HV and mothers keeps more mothers in the program. Preliminary efforts on a research grant have shown that digital picture cubes (that cost well under $100) may enhance parent-infant interactions with mothers with intellectual disabilities. The cubes show the mother engaging in PII with her own baby, thus creating a phenomenon called self-modeling. Much of the didactic (lecture and quiz) SafeCare HV training is now being put in an interactive web format. Also, soon we will be exploring the use of computer-assisted training for fathers to look at once at its efficiency and how well it may engage dads. It is likely that as web cams and their accessibility for low income and rural families improve, we will explore that technology for making SafeCare better. Many other evidence-based parent training programs are also exploring technology for improving their programs. We hope that we will all be able to learn from each other. I have no doubt that within the next 10 years there will be new an improved technologies that will all the more improve SafeCare.

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