NSTRC Recommendations for Serving SafeCare Families via Social Distancing

NSTRC is committed to the ongoing support of parents and young children during this difficult time. These times are unprecedented and we want to make sure that first and foremost we are keeping young children safe and healthy. We ask that your priority is to serve your families in the best way possible given their circumstances.

NSTRC Training Specialists will make themselves available to support some necessary adaptations. Fidelity is always a priority for the SafeCare model, but during this time, it is of higher importance that we provide continuity of care to some of the most vulnerable families in your community. We will be flexible about fidelity monitoring and accreditation during this crisis. Our goals are to offer the best customer service and not to add to your stress as you support families.

The following is general guidance for providing SafeCare sessions during the COVID-19 pandemic. Please keep in mind that things will continue to be fluid and the NSTRC will provide additional communications if there are other changes and recommendations. Of course, it is imperative that you first comply with your agency policies and funding requirements and then consider how these recommendations will fit within the context of your agency requirements.

Agencies should communicate with their funders to make sure that the adaptation is suitable and will be reimbursed. NSTRC can work with agencies to adapt to funder’s criteria if it is stricter than what is described in this document.
General Information to discuss with active and new SafeCare families:

1. Providers should connect with their families to determine what kind of technology capabilities the families have (i.e., telephone, smart devise, computer, internet access, data plans, etc.). This will determine what modifications are possible.

2. Ensure families have all materials in advance of session. Please hold a discussion with the parent/caregiver to determine the best way of getting parent materials to them (e.g. electronic copies or mailing/dropping by a physical copy, or ordering from NSTRC website). Ordering the parent materials from the NSTRC website may be a convenient option for some agencies if their budget allows.

3. Module Recommendations. If the Provider is not already engaged in a module with a family, that is if a Provider is just getting started with service delivery, carefully consider the order of modules to be delivered. We have two main suggestions for Providers who are just getting started with a family: 1) If possible, begin with Health, as these sessions are more conducive to tele-visiting. Prior to starting with Health module, it will be imperative to get the parent/caregiver materials. 2) While health is likely the easiest module to deliver via tele-visit, many parents may benefit most from PCI/PII to help address activities and positive parenting during a time when parents are likely with their children more often than normal.

4. Consider holding some sessions at alternative times to minimize distraction, especially sessions that have a lot of Explain/Education components (i.e., before children wake).

5. Consider that parent/caregiver focus may be shorter over the phone/video. Think about dividing or chunking each session into two parts as your schedule and agency allows.

6. Consider follow up texts to maintain connection (we could come up with some examples, perhaps even with MI).

7. Consider requesting that parent’s/caregiver’s send short video demonstrations of their practice between phone sessions. This can reduce the overall time of the session, and will have the benefit of ensuring parents are practicing skills between sessions.

8. Agencies may choose to provide tablets or other smart devices to families if sufficient funds are available. Tablets can be pre-loaded with parent materials and skills modeling videos.

Module Based Adaptations/Augmentations for Social Distancing Delivery:

Health Module
Health is the most straightforward module to adapt.

Baseline:
- If the Provider and parent/caregiver have video capabilities, follow protocol as normal.
• If the parent/caregiver does not have video capabilities, the baseline can be completed with some preparatory work. First, ensure the family has a copy of the three health scenarios (ER, call the doctor, care at home). This will allow parents/caregivers who are more visual to see the information while talking through the SICC-P steps. Ask family to refer to each of the three scenarios, and follow the protocol as normal.

Training:
• A large amount of material is covered in each Health session. Consider splitting the training sessions between two visits, to maintain the parent’s/caregiver’s focus.
• Consider ways to help parents/caregivers navigate the Health materials, such as pre-labelling pages in the parent curriculum and/or including a small stack of post-its to flag pages. Keep in mind that electronic copies will be difficult for some people so physical copies of the curriculum may be preferred.

End of Module: Same protocol as session 1 (baseline).

Parent-Child Interaction/Parent-Infant Interaction Module

Baseline:
• If the Provider and parent/caregiver have video capabilities, ask caregiver to position camera so the video captures the actions of both caregiver and child. Follow protocol as normal. This could even work to provider’s advantage if they are able to schedule it for the appropriate timed activity for PCI. For example, do play and mealtime observation, then call back during the bedtime routine to assess.
• If the parent/caregiver does not have video capabilities, consider skipping the baseline assessment and just launch into the first training sessions of PCI/PII.

Training:
• For Training Sessions, with or without video capabilities, “explain” and “feedback” portions of the session can be delivered without any changes to protocol.
• If the Provider and parent/caregiver have video capabilities, be sure to position the camera so you can capture the activity as the Provider “models” and caregiver “practices” the iPAT/cPAT skills.
• If the parent/caregiver does not have video capabilities, just offer the “explain” and provide a verbal “model” and ask the caregiver to practice the skills and report back at next session.

Creative Solutions:
• Modeling can be done by sharing the cPAT/iPAT skills videos:
  iPAT skills: https://www.youtube.com/watch?v=p60SYqQw7U0&feature=youtu.be
  cPAT skills: https://youtu.be/MbVzgzAexLs
• It may be helpful to ask the parent/caregiver fill out a cPAT Overview/iPAT Overview during the session, listing the behaviors they plan to practice for each of the cPAT/iPAT skills.

End of Module: Same protocol as session 1 (baseline)

Safety

Baseline:

• If the Provider and parent/caregiver have video capabilities, ask caregiver to hold camera and go clockwise around room capturing video of all spaces that are within the child’s reach.
• There are different ways to conduct a baseline assessment if a parent/caregiver does not have video capabilities. You can have the caregiver:
  o Take a few pictures of each space and either text or email these photos to Provider who can “score them”; or,
  o Create a baseline test of knowledge on paper to assess their knowledge as a proxy for behavior. For example, Providers can print out pictures of messy rooms and ask the caregiver to identify the hazards as part of this assessment or as a practice activity; or,
  o The Provider may consider skipping the baseline assessment.

Training:

• For Training Sessions, with or without video capabilities, “explain” and “feedback” portions of the session can be delivered without any changes to protocol.
• If the Provider and parent/caregiver have video capabilities, be sure to position the camera so you can capture the activity as the Provider “models” and caregiver “practices” removing hazards from each room.
• If the parent/caregiver does not have video capabilities, just offer the “explain” and provide a verbal “model” and ask the caregiver to practice the skills and report back at next session.

Creative Solutions:

• Ask parents/caregivers to take a few pictures of rooms/spaces after they’ve organized/cleaned the spaces to show progress.
• It may be an option to model the removal of hazards in a mock room that the Provider sets up. Provider can use FaceTime/Skype/WhatsApp to demo live or provide a recording to the caregiver.
• Make a list with caregiver of safety devices needed for each space (i.e., latches, outlet covers, etc) – potentially securing these items after social distancing is lifted if the caregiver themselves are unable to.

End of Module: Same protocol as session 1 (baseline)