

## SafeCare® - Frequently Asked Questions

### 1. How long does it take to prepare (documents/pre-coaching) for a session? How can a provider fit this into their busy schedule?

Preparation for sessions is something that takes more time as a newly trained provider, and decreases as providers have more experience with the SafeCare® curriculum. For newly trained providers, we offer pre-coaching calls before the provider implements each new module for the first time. These calls should take no more than 30 minutes. In addition, newly trained providers should likely take 15 minutes to review the SafeCare® session curriculum prior to each session. As providers garner more experience, preparation time should be minimal and will likely only include the time it takes to gather materials together. To save time on material preparation, we encourage agencies to create several sets of parent and provider materials in advance, and replenish when needed. This will minimize the time preparing documents for families prior to each session. We also suggest that providers use the app to access some provider materials (i.e., assessments). This paperless option can further decrease prep time.

### 2. What is the process for recruiting families?

NSTRC does not have a standard process for family recruitment because we work across many different settings and systems. However, the NSTRC will assist your agency in creating a script for SafeCare® family recruitment, and we can provide you with marketing material (brochures, testimonial videos, and posters).

We also encourage agencies to speak and establish relationships with “natural brokers” (i.e., preschool teachers, physicians, child protective service staff, etc.). It is beneficial to inform them of the SafeCare® program, as well as the avenue for referring families for SafeCare® services.

### 3. What are some ways to encourage parents to try the SafeCare® program?

Feel free to use the verbiage in the *Engagement section of your Provider Manual* to assist you in your recruitment efforts. Or, if you prefer an agency specific script, the NSTRC can assist you in drafting one.

One strategy to consider is sharing the broad points of the program in your first calls or visits. For example, you could say, “We’ll meet once per week in your home or an agreed upon location and focus on one of three topics you are most interested in – you can decide if you would like to first focus on activities around positive interactions and engagement with your children, child health, or safety around the home.” We recommend this language over more formal language such as “The SafeCare® is a program for 18 weeks and it has three parts, Parent Child/Infant Interactions, Health and Safety.” With parents, you can also take a more naturalistic, conversation approach, asking about what their needs are as a parent and then presenting the SafeCare® curriculum components that match the needs they present.

As we can all understand, some parents might consider an 18-session commitment to be a lot. If this issue presents itself, you can ask the caregiver if she/he is willing to commit to one module or 6 sessions, and as they make progress through that module you can ask if they are willing to continue to complete all 18. Often parents are much more willing after they have built a strong relationship with the provider and are seeing some benefits of the sessions in their everyday lives. In our experience, families (and providers) REALLY enjoy SafeCare®, and they agree to add another module or two after they have had experience with the sessions.

#### **4. How does a provider decide to use SafeCare® with families instead of other parenting programs?**

This really depends on what other programs are available, and your judgment about what the family needs. We think the benefits of SafeCare® are that it is short, targeted, and effective. The full curriculum takes an average of 18 weeks to complete. A family can begin with the module they feel would be the most worthwhile. Individual modules take 6 weeks. A family is able to take a break between modules, and resume sessions when they are ready. Also, if parent's presenting concerns pertain to home safety and child health, the SafeCare® program has much more extensive curricula in these 2 areas than most other programs.

#### **5. If my client cancels a lot, or has more than 1 week in between sessions, how do we keep momentum with SafeCare®?**

It is suggested that SafeCare® sessions be scheduled weekly however a session every other week is fine. Text messages or phone calls are a great way to encourage parents to practice SafeCare® skills between sessions, and to confirm appointments. In fact, one SafeCare® research project found that parents who received text between sessions were much more likely to complete SafeCare® and had more positive parent and child outcomes!

Some agencies have the resources to offer incentives to families (i.e., food vouchers, baby items/kids' clothes, school supplies, toys for kids, etc.)

#### **6. What if a family does not want to have their SafeCare® sessions recorded?**

When requesting permission to audio record sessions, explain that the audio recording is only for training of the provider. It is not to judge the parent's interaction with their child OR their skills as a parent. It is simply a tool utilized to ensure appropriate service delivery on the part of the home visitor. Also assure the family that the recording can be paused or turned off if the session goes to a topic away from SC. If you think a family would feel more comfortable about the recording if they were to meet the SafeCare® coach, a Facetime chat can be scheduled for that and the coach can assure the parent that the recording is strictly to evaluate the provider's session delivery.

If a family firmly declines the audio recording, continue with SafeCare® and do not record. In this instance, a provider in the certification phase will describe the session to their coach and discuss next steps. Note: Even though sessions will be discussed with a coach, a provider cannot count the session toward certification or maintenance without an audio recording.

#### **7. If I can't complete a full SafeCare® session in 1 visit, how do I divide the session and keep fidelity?**

If a family is unable to complete a session you have already started, make note in your manual where you stopped the session and try to wrap up the visit with an end of session sequence. At the following home visit, resume the same session by first opening with a greeting and listing the remaining items/activities in your session overview. Then, pick up where you left off at your last visit. Upload the two recordings for review/credit.

Please note: It is best to end a visit if a parent is distracted/unengaged, and reschedule the visit when they are able to attend to the session and practice skills. It is not important to finish a session for the sake of finishing a session.

#### **8. The SafeCare® session is longer than our typical home visits- how do we plan for this?**

SafeCare® sessions typically last 45 minutes. However, it is not unusual for initial sessions to last a little over an hour (when a newly trained provider is implementing a session for the first time and may be not be as concise as an experienced provider). If the session is progressing slowly, or if the provider feels the parent's attention is diminishing, then it is suggested that the provider pause the session, and resume it at the next visit. (Please refer to question 7 on how to divide a session into two visits).

#### **9. Why is each module so long? What if my client already has strong skills, do they need all 6 sessions?**

SafeCare® is a skill-based model. In order for people to acquire new skills and consistently use them, there is a need for practice and repetition. SafeCare® is designed to be completed in 18 sessions (6 sessions per each of the 3 modules). However, the actual length of the program for each family will depend on the parent's initial skills and rate of skill acquisition (as measured by assessment); it may be shorter or longer. In the case where a parent is already demonstrating strong skills at the baseline session, training for that module can be shorter. The goal is for the parent to demonstrate mastery of the target skills, not to mandate 18 sessions.

#### **10. What if I have low fidelity scores? What happens next?**

The coaching process is focused first and foremost on the support for the provider. NSTRC trainers prioritize building rapport with the provider, and provide feedback in an encouraging manner. If a session doesn't meet fidelity, that is okay! The coach will talk with the provider about how to achieve fidelity in the next session in a supportive way. The purpose of coaching is to help support the provider in learning the SafeCare® curriculum in real sessions with families. There is no expectation for fidelity to be achieved right away, given a learning curve is expected. Our experience with over a thousand providers is that virtually all of them could achieve fidelity to the model.

#### **11. Is SafeCare® a program for high risk or low risk clients?**

SafeCare® has been delivered to families with a range of risk levels, in both voluntary and court-mandated situations. Certainly, there are some urgent situations or crises which limit families' ability to fully focus on a session. If appropriate, SafeCare® providers can use the problem-solving worksheet to work through solutions based on a family's realistic options. If the risk is immediate to the child or caregiver's health or safety, providers should follow agency protocol in responding. If risk is persistent, SafeCare's structure can be adapted to meet the family needs (i.e., repeat safety training sessions, pause sessions until family is stable, prioritize other aspects of family case, etc.)

#### **12. How can children be engaged during each SafeCare® module?**

SafeCare® always encourages engaging the child, but not every session focuses directly on the child since the skills are specifically designed for parents. The PCI module will engage the child throughout each session. In

Safety and Health, we encourage the provider to set up activities in session for the child; coaches can assist with planning and logistics for this. Although this is a short-term intervention, it's great to keep in mind how much the child will eventually benefit from their parent(s) or caregivers gaining these vital safety and health skills.

**13. How can I deliver SafeCare® to clients in rural areas if it is not feasible to drive there each week?**

SafeCare® sessions can be delivered bi-weekly to accommodate the travel time. With coach support, providers may also combine sessions if client's skill acquisition level is strong.

**14. How is SafeCare® a strength-based program?**

SafeCare® is a skill-based curriculum that builds on the knowledge, experience, and existing strengths of a parent. Through initial baseline assessments, a provider can gauge a parent's initial skill set and use this information to inform how to deliver the training in remaining sessions. SafeCare® is built to compliment the current parenting approach and always defers to the parent's best judgement on how to raise their child(ren). Providers should take a team-based approach with parents, letting them know that they are the experts on their child, and that they are already doing many, many things well as a parent, and that SafeCare® skills are intended to add to their parenting toolbox and help enhance child wellbeing.

**15. Is SafeCare® culturally competent?**

Yes, SafeCare® covers very basic parenting skills and should be presented to families as a complimentary tool to use as needed vs. a mandate to override family cultural experiences and beliefs. The curriculum's success is dependent upon the PROVIDER being culturally competent and introducing and training parents in the skills while understanding the context in which these skills will be delivered within a given family/culture. Research studies have consistently rated our content as culturally competent with diverse samples, including Latino populations, American Indian populations, and international populations.

**16. How can I deliver the Safety module if a family does not allow providers to assess their home?**

Prior to the Safety module, a provider will complete the Home Assessment Consent form with the parent. This allows an opportunity for clients to discuss their concerns with the process and also take ownership of the process by selecting which rooms and areas the provider can assess. If after this discussion, a parent is still uncomfortable with the process, a provider can opt to deliver the module at the provider's office location, but this option requires much pre-planning and extra coaching to be effective. At minimum, if a parent does not consent, the provider can offer the "explain" portion of the SafeCare® module. In NSTRC's experience around the nation and internationally, we have had very few parents (< than 1%) refuse to consent to the Safety module.

**17. If a family cannot afford safety resources, how do they implement the Safety recommendations?**

Agencies are sometimes able to secure some inexpensive safety instruments (i.e., cabinet latches) to provide to their families through community partnerships with dollar stores, Walmart, or Target. In general, a family just needs one or two safety latches in their home (Dollar Tree sells a safety latch for \$1) to lock away the most extreme hazards. The hazardous materials can then be secured in the one or two cabinets.



If other restrictions prevent the family from being able to secure a hazard (make it inaccessible) then the family is reminded to supervise the child when they are near that hazard.