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# Implementing SafeCare® in Brighter Futures:Frequently Asked Questions

These Frequently Asked Questions have been raised and discussed during the trial of SafeCare within Brighter Futures programs. Here you will find ideas and strategies for engaging families and delivering SafeCare effectively.

### Can all Brighter Futures families do SafeCare?

All Brighter Futures families that have a child aged 0-5 years old can benefit from SafeCare. By 2019, the aim is that all agencies in the trial will be delivering SafeCare with at least 50% of their Brighter Futures families.

### Can SafeCare be delivered with a couple?

Yes, SafeCare can be delivered with a couple. If they are doing the program as a family unit, Providers can work with both by doing separate assessments for different activities. If one or both parents are required to complete the program individually, you will need to have separate assessments for all activities for each parent.

### Can SafeCare be delivered with a pregnant woman?

SafeCare is an ideal program for women who are pregnant. The Safety and Health modules can both be delivered pre-birth. Experience suggests that it can help families to set up a safe environment for their child, and builds parents’ confidence.

### Is it the responsibility of our local Community Service Centres (CSC) to refer families to SafeCare?

No, CSCs are only responsible for referring families to the Brighter Futures program. Referrals to SafeCare are not required, either from CSCs or community organisations.

### Is SafeCare an add-on to Brighter Futures?

To achieve effective implementation, it is best to think of SafeCare as an integral part of the Brighter Futures program that you provide to families. SafeCare’s strong evidence base makes it an ideal fit for two of the four integrated service components of Brighter Futures:

* **structured home visiting programs**
* **parenting programs**
* quality children’s services
* brokerage funded support.

### What’s the best set-up for SafeCare and Brighter Futures caseloads?

The ideal situation is for caseworkers to deliver SafeCare with families for whom they **do not** carry case management responsibility. This allows the SafeCare Provider to focus wholly on SafeCare with the family, reducing the potential for other issues to disrupt a SafeCare session. It also enables caseworkers with case management oversight to concentrate on the family’s bigger picture strengths and needs. Over time, however, workers may integrate SafeCare into their case management.

### Can our staff be dedicated SafeCare Providers?

Yes, it is possible for caseworkers to be dedicated SafeCare Providers. NSTRC’s advice is that, once certified, a full-time Provider could carry a SafeCare caseload of up to 15 families. Depending on travel time, it is typical for dedicated Providers to see about three families in one day.

### How can I encourage our staff who are not trained in SafeCare to offer SafeCare to the families they are working with?

Some sites have found it useful to put posters about SafeCare in other Brighter Futures offices to increase program awareness. Another useful strategy is to invite non-SafeCare caseworkers to attend SafeCare sessions with the family. In some agencies this has led to a greater understanding of the program, and an increase in families in SafeCare.

### How can I encourage a family to begin SafeCare?

The SafeCare Provider Manual has suggestions about how to present SafeCare to prospective families (see pages 6-9). We have also provided some strategies that have worked well for agencies in this trial.

* Introduce SafeCare as just one of the components of the Brighter Futures program. Many families who are new to Brighter Futures will just assume that it is “business as usual”.
* Focus initially on the benefits of SafeCare, and try to personalise that information to each specific family.
* Avoid discussing the logistics of SafeCare in your first conversation, such as program length or session frequency. Instead, focus on a module that the carer would be interested in (see below).
* Introduce the program gradually over two visits. For example, during one visit you may just give a brief overview of SafeCare, including the modules covered. You also really want to listen to the family’s needs so you can make a link between the modules and how these can help meet the family’s needs.
* In the second visit, you may bring with you some resources such as flyers and materials that are used depending on the module that the family has indicated as being the most pressing. For example, if you heard the parent talk about their toddler getting into cupboards, you may want to bring some safety latches and come prepared with ideas about these can help.
* If your service has brokerage attached to SafeCare, you could raise this, again linking it to the family’s needs. For example, if a mother indicates concern for her newly crawling baby falling down the stairs, you may link this to the safety module. Here, you can inform the parent how this module can address her concern, such as through the purchase of safety gates and supervision.

### I have a few families that would really benefit from SafeCare and are well engaged. Should I start delivery of SafeCare with them?

Yes, this is a good strategy as rapport and engagement already exits. This will not only increase the chances of the family completing the program, but will also enable them to talk to other Brighter Futures families about how SafeCare helped them. Word of mouth is a great way of advertising! Families can start SafeCare even if they have been in Brighter Futures for a number of months, particularly if they haven’t participated in an evidence-based parenting program.

### Parents are getting put off when I mention the 18 weeks of home visits. Is there a way to get around this?

Yes, it’s best to avoid mentioning the 18 week duration before you establish rapport with the family and before they fully comprehend how SafeCare can assist them. Instead, try saying something like, “let’s get started with the first module and then, if you like it, we can take it from there”. In most instances, once the family gets started, they are normally happy to continue. And after all, many families will be working with you through Brighter Futures for a year or more; 18 weeks is a small part of that of their overall engagement in Brighter Futures.

### Do I need consent to record a conversation with families?

Yes, it’s an offence to record a private conversation involving a person unless that person has given their consent. Where more than one person is involved in the conversation, you must obtain consent from each person.

### How do I obtain consent?

When they begin SafeCare, parents/s must provide signed consent if you are going to record their sessions; you can use the SafeCare consent form (p. 13 Provider Manual). We also recommend that each time you begin audio recording in subsequent visits, you ask the parent who gave written consent to confirm their consent verbally on the recording – for example, ask “do you agree with this conversation being recorded?”.

### Do I have to use the Participation Agreement Form and Consent Form provided by SafeCare?

It is important to minimise the number of forms that a family has to read and sign. The Participation Agreement Form (p. 10 Provider Manual) is not necessary, as families engaged in Brighter Futures have already signed an Agreement to Participate. Similarly, agencies can use their own consent forms or tailor the SafeCare form (p. 13 Provider Manual) as required. The main area of consent for SafeCare is that families agree to audio recordings.

### What if a parent doesn’t consent to sessions being recorded?

Audio recording is purely for the purpose of quality assurance. Once a Provider is certified, they do not have to record every session, so if a family does not wish to be recorded they can work on SafeCare with a Certified Provider.

### I have a family who moved out of area and they were so close to finishing. Does this mean I can’t continue working with them?

Well, this really depends on your service and their policy around this. When this has happened at other sites and travel to the family’s new location wasn’t a problem, the provider was able to continue seeing the family, leading them to full completion of the SafeCare program.

### Now that I’m a certified Provider, do I still need to record sessions and upload recordings to NSTRC’s Portal?

Once you are certified, you don’t have to record every SafeCare session. However, you do need to record some sessions to maintain your certification. NSTRC recommends that you record every session (where consent has been provided) in a particular week; for example, record all sessions conducted in the first week of the month. You then upload those sessions to the Portal and your Coach will randomly select which audio they will review for monthly maintenance. If you wish, you can record sessions more frequently. This is helpful because if you would then like support with a particular session, it will have been recorded. If you want support for a particular session, let your Coach know so that they can review that session.

### What happens if a Provider doesn’t achieve certification within 9 months from training?

One of the strengths of the SafeCare program is the extent of support that individual staff and agencies receive to ensure that the journey to certification, and implementation of the program, goes smoothly. It is rare that a Provider does not meet certification in the required timeframe. However, if it does occur, the Provider will need to attend a one-day Refresher training and will then begin their certification process again from the beginning.