



# SAFE Year 3 (2022-2023) Executive Summary

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## Purpose of the SAFE Program

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King's School of Social Work developed the Support and Aid to Families Electronically (SAFE) program in partnership with local school boards in response to in-person school closures and service gaps brought on by the COVID-19 pandemic. In partnership initially with the Thames Valley District School Board and joined by the London District Catholic School Board this year, the SAFE program addresses existing gaps by offering virtual counselling to parents, caregivers and now school-referred youth with complex needs requiring support. The SAFE program provides a no-cost, low-barrier, no-waitlist, accessible service delivered by social work students while also providing opportunities for high-quality mandatory professional practicum education for these same students. Common issues supported by social work students in the program include social, emotional, and behavioural concerns with children, mental health, addictions, domestic violence, and parental coping and stress reduction strategies. Since the inception of the SAFE program, it has offered increased accessibility to social work services, eased the burden on community agencies, specifically the school board; and provided valuable professional practicum opportunities for social work students to learn highly sought-after evidence-based virtual counselling skills with strong supervision.

## Program Statistics

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In its third year, the SAFE program offered professional practicum placements for 3 Bachelor of Social Work (BSW) students, and 17 Master of Social Work (MSW) students; bringing the total number of students participating in counselling through the SAFE program to 36 by the end of the 2022-2023 academic year. In addition, 131 parents/guardians and 88 youth aged twelve years and older were served through the SAFE program totalling 219 service users. Of these, 113 identified as mothers or stepmothers and three as grandmothers, while 14 identified as fathers or stepfathers. Only 18 of the 88-youth identified as male with two identifying as non-binary and 1 as gender fluid. Therefore, the

vast majority of service users identified as female (n=157). The majority of service users identified as White (n=115), five as Latino, five as Black, African, or Jamaican, three as bi-racial Black and White, two as African and Indian and two as Indian, one as Indigenous, two as Indigenous and White, four as Brazilian, two as Middle Eastern and two as Middle Eastern and White, two as Asian and two as Asian and White, and one as Pilipino. The majority identified as Christian, with Muslim (n=8) the second most identified religion. Based on available postal code data (n=58) 24 service users lived in the lowest category of socioeconomic status, nine resided in the second lowest, 10 in the third, 11 in the fourth, and

five in the highest socioeconomic status category.

This brings the total number of caregivers and youth supported through this program after year three to 362. In the 2022-2023 academic year the program expanded from the original partnership with the

Thames Valley District School Board, to include the London District Catholic School Board. This allowed for additional referrals and additional counselling students to participate in the SAFE Program.

## Impact of the SAFE Program

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Social Work Students have provided support to families dealing with mental health challenges such as anxiety and depression, stress, grief and loss, transitions, domestic violence, emotional and behavioural concerns, parenting challenges, and school attendance. The SAFE program continues to grow and provide a low-barrier, free, accessible service for families seeking support who are facing long wait times in the community. The knowledge generated over the past 3 years has been fed directly to the knowledge users to ensure SAFE is an evidence-based intervention. See the attached

table for details on the recommendations from the pilot study and the changes in year 3. These include updates to the referral process, increasing the intake worker role, and information on referring to SAFE provided within hospital programs upon discharge. Families receive service quickly after their referral and SAFE continues to offer unlimited sessions while involved with the program. SAFE has also provided an enriching placement opportunity for students to learn direct practice skills to support a population experiencing a range of challenges that will prepare them for practice as professionals in the field.

## Future Needs/Growth

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As the SAFE program continues to grow, limitations experienced by some service users include continuity and accessibility. The duration of student placements can disrupt continuous service for families. Currently, this is being mitigated by transferring clients to incoming student counsellors. Another consideration of the SAFE program being a remote service is addressing the need for families

who are unable to access reliable internet or technology. A potential solution under exploration is securing a physical space to offer face-to-face service.

Implementation	Strengths and Recommendations	Considerations for Program Development from Y1	Progress Y3
<b>Referral and Intake process</b>	<ul style="list-style-type: none"> <li>◆ Open to all schools</li> <li>◆ Low-barrier referral process</li> <li>◆ Prompt response to referrals</li> <li>◆ Dedicated intake worker</li> <li>◆ Referrals from school with direct access to families in need</li> <li>◆ Referrals vetted by School Board</li> </ul>	<ul style="list-style-type: none"> <li>◆ Mitigate barriers created by referral through school board professionals</li> <li>◆ Website and flyers to improve access to information about SAFE for parents and other professionals</li> <li>◆ Online referral form</li> </ul>	<ul style="list-style-type: none"> <li>◆ SAFE is now partnered with two school boards</li> <li>◆ Information on how to get a referral to SAFE is provided at hospital programs upon discharge</li> <li>◆ The referral form has been updated</li> </ul>
<b>Communication Across Systems</b>	<ul style="list-style-type: none"> <li>◆ Intake process quick, easy, and responsive</li> <li>◆ Independent from school board</li> </ul>	<ul style="list-style-type: none"> <li>◆ Increase communication between referring professional and SAFE students</li> </ul>	<ul style="list-style-type: none"> <li>◆ The number of intake workers has been increased</li> <li>◆ Criteria and training for warm transfers is explicit</li> </ul>
<b>Service Delivery</b>	<ul style="list-style-type: none"> <li>◆ Individual and co-parent virtual sessions</li> <li>◆ Client centered, assessment driven, flexible, evidence-informed, transparent and collaborative</li> <li>◆ Strong supervision and support for SAFE students</li> <li>◆ Flexible hours</li> <li>◆ Flexible practice approach</li> </ul>	<ul style="list-style-type: none"> <li>◆ Offer face-to-face as needed</li> <li>◆ Walk-in or group approaches</li> <li>◆ Accessible consent forms and other online paperwork</li> <li>◆ Continue protocols related to safety and confidentiality with virtual service</li> <li>◆ Barriers regarding internet access</li> <li>◆ Continue to weigh the benefits of a clinical assessment tool</li> <li>◆ Client cancellations and dropout rate</li> </ul>	<ul style="list-style-type: none"> <li>◆ Work is happening to secure physical space however that has been a limitation to providing face-to-face options</li> <li>◆ Walk-in and group options are still under consideration</li> <li>◆ Orientation for students is expanded and detailed related to safety and confidentiality, consent and ensuring service users have options to sign paperwork</li> <li>◆ SAFE now supports youth over age 12</li> </ul>

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Implementation	Strengths and Recommendations	Considerations for Program Development from Y1	Progress Y3
<p><b>Accessible Service</b></p>	<ul style="list-style-type: none"> <li>◆ Timely response at intake and ongoing service</li> <li>◆ No waitlist</li> <li>◆ Free</li> <li>◆ Unlimited flexible sessions</li> <li>◆ Virtual</li> <li>◆ Added summer sessions</li> <li>◆ Translation</li> </ul>	<ul style="list-style-type: none"> <li>◆ Cost of internet and technology</li> <li>◆ Student availability (specific days and for duration of placement)</li> <li>◆ Balancing caseloads and number of students placed with maintaining no waitlist</li> </ul>	<ul style="list-style-type: none"> <li>◆ SAFE remains free, no waitlist, unlimited sessions</li> <li>◆ SAFE remains a remote service option and so those families for whom that is a barrier are referred elsewhere</li> </ul>
<p><b>Resources</b></p>	<ul style="list-style-type: none"> <li>◆ Supervisor/Practicum Instructor</li> <li>◆ Materials and laptop</li> <li>◆ Internet for supervisor and students</li> <li>◆ Secure SAFE email addresses</li> <li>◆ Supervisor liability insurance</li> <li>◆ Cell phone and plans for SAFE</li> <li>◆ Secure virtual platform for clinical notes</li> <li>◆ Clinical level secure video conferencing platform</li> <li>◆ IT support</li> <li>◆ Marketing to promote program within the referring school board</li> <li>◆ Development of program materials such as intake forms</li> </ul>	<ul style="list-style-type: none"> <li>◆ Additional resources required for development and ongoing implementation of SAFE absorbed by the practicum office to be accounted for <small>(Sanders et al., 2023)</small></li> </ul>	<ul style="list-style-type: none"> <li>◆ Limitations continue to include the duration of the student placement (mitigated by transfer to incoming students) and overall growth of program (service numbers) dictated by number of student placements in turn dictated by supervisor funding to ensure high level of supervision</li> <li>◆ By-weekly individual supervision and session observation has been added to weekly peer supervision model</li> </ul>