SAFE Year 1 Executive Summary

A Feasibility Study of the Support and Aid for Families Electronically (SAFE) Program Pilot Year 2020/21

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The Support and Aid for Families Electronically (SAFE) program emerged as the King's School of Social Work developed a formal remote learning plan in response to COVID-19. King's School of Social Work partnered with the Thames Valley District School Board to address gaps in community-based parent and caregiver supports during the first phase of the COVID-19 pandemic and the associated school closures. The SAFE program offers parents and caregivers of school-aged youth access to no-cost, low-barrier, no waitlist, accessible support provided by social work students. The student social work students have supported families dealing with domestic violence, mental health, addictions, social, emotional, and behavioural concerns with children in addition to parent coping and stress reduction strategies. Since the SAFE pilot program began, it has been able to provide increased access to social work services, take pressure off community agencies; in particular the school board; allow students to provide up to date evidence-informed practice while honing their skills; and to create stable strong placements for social work students. At the outset, research was interwoven into the SAFE program.

FEASIBILITY STUDY *(Sanders et al., 2023)*

Objectives

The SAFE research team engaged in a feasibility study of the pilot year of the SAFE program with the objective to understand the feasibility of the SAFE pilot program intervention regarding the families who used the SAFE service, King's practicum placed social work students, King's Field Education Office professionals and for the referring school board. In doing so, the feasibility study focused on the following feasibility objectives:

1. Demand for SAFE.

2. Acceptability of SAFE, how satisfying, appropriate and perceived positive or negative SAFE was thought to be.

3. Implementation, considering the success or failure of implementation of the pilot, the resources needed for ongoing implementation, and the factors affecting ongoing implementation.

Methods

The current feasibility study used Thematic Analysis (TA) of qualitative data (Braun & Clarke, 2006, 2021). Semi-structured interviews and qualitative survey data were the primary method to ensure that this study reflected the realities of the community and the practice setting of SAFE. The participants invited included King's social work students, service users, Thames Valley District School Board referring professionals and involved King's professionals. Data were collected at the end of the 2021 pilot year between June 2021 and January 2022.

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FINDINGS FROM THE FEASIBILITY STUDY

Demand

There were 59 referrals to the SAFE program, 43 of those referrals followed through on SAFE services. Seven of the 43 completed intakes but did not engage in counselling, seven engaged in short term counselling, and 28 engaged in long-term counselling with 11 continuing throughout the Summer. Regarding demographics, mothers were the most referred caregiver group (75%) (see Table 1). Sixty-three percent of referred families identified as White, 62% lived in a neighbourhood in the lowest of two income categories, and 53% resided in a neighbourhood in the lowest five categories of educational attainment. Our thematic analysis found the most common referral reason involved child externalizing behaviours, aggression, and managing emotions; second were anxieties; followed by family stress related to maintaining daily routines, boundaries, screen time or sibling conflict; difficulties with online learning or school attendance; and finally specific situations such as grief, gender transitioning, or neurodivergent supports. SAFE students and King's professionals noted that referral numbers were lower than anticipated, however, they felt this reflected the limited awareness of the program. The participants noted it will be important to balance the number of students with the anticipated referrals to be sure that waitlists do not become a barrier to service. The SAFE program provided additional resources and helped to relieve pressure on school social workers' and other community supports.

Acceptability

Our thematic analysis identified five themes related to the perceived acceptability of SAFE. *Support to parents* was evident as participants felt that the focus on parents was the greatest contributor for change in all areas and ultimately helped everyone in the family including their children. *New family dynamics* were present as participants noted there were changes in the family dynamic, significant changes in communication and family tension. The program was *client directed and flexible* as it allowed parents to

direct the focus and for both to engage in evidence informed and collaborative intervention planning that fit the needs of the client rather than the approach of the program. The services were *evidence informed* as parents found the program was structured to ensure students were skilled and supported to do the work. Finally, the SAFE program was seen as a *complimentary service that filled a gap* in service provision.

Implementation

The referral and intake processes were designed to be short with a quick response time for referring professionals and families. A dedicated intake worker within the SAFE students was seen as important for students and families (see Table 2). Although SAFE students and referring professionals reported positive communication through the process, both indicated it would be beneficial to increase points of collaboration. Virtual service delivery was beneficial for families, and helped eliminate barriers including transportation, schedules, and childcare concerns, and both students and service users feel connected and engaged. Barriers of virtual service delivery included; privacy, technology concerns and/or engaging with services in potential unsafe spaces. An opportunity to expand would include walk in or self-referral days, psychoeducation webinars and/ or parenting groups. Accessibility was foremost in the design of SAFE, being free with no limit to sessions, and no wait times; the responsiveness of SAFE was seen as critical to continue. An ongoing implementation consideration was to balance the number of students with the referrals to ensure a ratio that will allow timely access to service. The SAFE program was also able to minimize language barriers through the use of interpreters.

Resource Needs

For the pilot program, the resource costs totaled $12,676 CAD. Resources directed to the development and ongoing implementation of the SAFE pilot were absorbed by the Field Education Office and were not factored into the tally of expenses but should be taken into consideration for future planning.

Table 1: Demographics of Families Referred to SAFE (n=59)

CHARACTERISTICS	SAMPLE (%)
Referred person's relationship to student	
Mother	44 (74.58%)
Father	1 (1.69%)
Mother and father	10 (16.95%)
Mother and stepfather	1 (1.69%)
Grandmother	1 (1.69%)
Not identified	2 (3.39%)
Gender identity of individual service users	
Mother	42 (61.76%)
Man	10 (14.71%)
Not identified	16 (23.53%)
Race of family	
Asian and White	1 (1.69%)
Indigenous and White	3 (5.08%)
Latinx	1 (1.69%)
White	37 (62.71%)
Not identified	17 (28.81%)
Religion of family	
Christian	9 (15.25%)
Muslim	3 (5.08%)
Not applicable	31 (52.54%)
Not identified	16 (27.12%)
SES [a] *Mean neighborhood household income (Canadian average 82,436.48 CAD)*	41 (100%)
$0 – $61,146.21 CAD	17 (28.81%)
$61, 146.22 CAD – $78, 076.58 CAD	9 (15.25%)
$78,076.59 CAD – $94,299.98 CAD	8 (13.60%)
$94,299.99 CAD – $116,561.33 CAD	5 (8.47%)
$116,561.34 CAD – $856,675.04 CAD	2 (3.39%)
Not identified	18 (30.50%)
Neighbourhood educational attainment [b] *(Canada average 31.52%)*	41 (100%)
0% - 19.23%	22 (37.29%)
19.24% - 27.72%	11 (18.64%)
27.73% - 37.11%	1 (1.69%)
31.12% - 49.05%	6 (10.17%)
49.06% - 100.00%	1 (1.69%)
Not identified	18 (30.50%)

[a] *Based on family postal code data*

[b] *% of household population 25 to 64 years by educational attainment / household population 25 to 64 years / university certificate, diploma or degree at bachelor level or above*

Table 2: Implementation Recommendations and Considerations

IMPLEMENTATION	STRENGTHS AND RECOMMENDATIONS	CONSIDERATIONS FOR PROGRAM DEVELOPMENT
Referral and Intake Process	◆ Open to all schools ◆ Low-barrier referral process ◆ Prompt response to referrals ◆ Dedicated intake worker ◆ Referrals from school with direct access to families in need ◆ Referrals vetted by SB	◆ Mitigate barriers created by referral through school board professionals ◆ Website and flyers to improve access to information about SAFE for parents and other professionals ◆ Online referral form
Communication Across Systems	◆ Intake process quick, easy, and responsive ◆ Independent from school board	◆ Increase communication between referring professional and SAFE students
Service Delivery	◆ Individual and co-parent virtual sessions ◆ Client centered, assessment driven, flexible, evidence-informed, transparent and collaborative ◆ Strong supervision and support for SAFE students ◆ Flexible hours ◆ Flexible practice approach	◆ Offer face-to-face as needed ◆ Walk-in or group approaches ◆ Accessible consent forms and other online paperwork ◆ Continue protocols related to safety and confidentiality with virtual service ◆ Barriers regarding internet access ◆ Continue to weigh the benefits of a clinical assessment tool ◆ Client cancellations and dropout rate
Accessible Service	◆ Timely response at intake and ongoing service ◆ No waitlist ◆ Free ◆ Unlimited flexible sessions ◆ Virtual ◆ Added summer sessions ◆ Translation	◆ Cost of internet and technology ◆ Student availability (specific days and for duration of placement) ◆ Balancing caseloads and number of students placed with maintaining no waitlist
Resources	◆ Supervisor/field instructor ◆ Materials and laptop ◆ Internet for supervisor and students ◆ Secure SAFE email addresses ◆ Supervisor liability insurance ◆ Cell phone and plans for SAFE ◆ Secure virtual platform for clinical notes ◆ Clinical level secure video conferencing platform ◆ IT support ◆ Marketing to promote program within the referring school board ◆ Development of program materials such as intake forms	◆ Additional resources required for development and ongoing implementation of SAFE absorbed by the practicum office to be accounted for

References

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