
Promising Practice Fact Sheet – Strengthening Families

THE SAFECARE MODEL: Evidence based parent-training curriculum - Nationwide

Program

Description:

SafeCare is an evidence-based, parent-training curriculum for parents with children from birth to age five, who are at-risk or have been reported for maltreatment. Through SafeCare, trained home visitors work with families. Services involve one to two-hour visits per week for 18-20 weeks. The duration of the program is typically 15-20 weeks for each family, and the content for home visiting sessions is delivered in three separate modules. This national evidence-based model training curriculum for the treatment and prevention of child abuse and neglect was established in 1979.

Target Population:

Parents who are at-risk or have been reported for child abuse or neglect

Goals:

Teach parents skills that enable them to:

- Recognize symptoms of illnesses and injuries and seek the most appropriate health treatment;
- Identify and reduce environmental and health hazards in the home;
- Engage in positive parent-child/parent-infant interactions and prevent child behavior problems.

Cost:

According to Congressional Research Service, the cost is approximately \$2,275 per family on average (program estimate based on statewide implementation in Oklahoma)

Evidence:

There have been over 60 studies conducted to develop and validate SafeCare or extensions of the model. The three primary modules of SafeCare have each been validated with single-case studies: parent-child interaction and use of planned activities; Recommended by California Evidence-Based Clearinghouse on Child Welfare as a Promising Research Evidence Program.

Assessment:

Families are typically referred to SafeCare programs through Division of Children and Family Services (families that have had recent reports of maltreatment) or by local hospitals who considered the families as risk on the basis of parent's age, lack of social support networks and low educational levels. The SafeCare program can be provided by a variety of professional and paraprofessional staff including bachelor's-level home visitors, graduate students, caseworkers from community and state agencies and mental health providers.

Operation in Washington:

The Children's administration uses this model.

Description of Services:

- Providers are trained to teach structured problem solving to parents on an as-needed basis; and, there are specially tailored materials for parents with intellectual disabilities.

- There are no educational requirements for staff and home visitors. Trainees must be motivated to implement SafeCare, open to new services models, and interested in using a structured protocol for service delivery.
- Training begins with a five-day workshop focused on the three SafeCare modules and on problem solving and communication. In addition to lectures and viewing videos of sample home visits, trainees watch modeling of skills by the trainer, participate in role-play exercises, and receive feedback from the trainer.
- They are provisionally certified after completing the workshop and then receive field implementation feedback from a SafeCare coach. They receive full SafeCare certification after mastering skills. Additional training is required for SafeCare coaches and trainers.
- By targeting families at-risk for abuse and neglect, the training curriculum helps parents to recognize illness and injuries and seek the appropriate treatment, identify and reduce safety hazards in the home, engage in positive parent-child interactions and prevent child-behavior problems. To accomplish these goals, SafeCare® uses three sequential modules to impart a series of skill-based criteria: Health, Home Safety, and Parent Child Interaction.
- Most recently, the National SafeCare® Training and Research Center (NSTRC) was established to assist with a nationwide implementation of the SafeCare model, including supporting research to improve training and implementation and cultivate collaboration with communities, child welfare administrators, and policy makers.
- Training in the SafeCare model is provided by the Center for Child Well-Treatment at the Marcus Institute or the National SafeCare Training and Research Center at Emory University.
- The Home Visitor uses the observational assessment tools built into each module (child health care, home safety and accident prevention, and positive parent-child/parent-infant interactions). Each module includes a baseline assessment, intervention sessions, and a follow up assessment to monitor changes and progress in parenting skills over the course of the program.
- There are modified materials available for parents with disabilities.
- Assessment Tools: SafeCare has an observational assessment tool built into each module (health, safety, and parent-child/parent-infant interaction) to evaluate whether parents are progressing as expected in SafeCare targeted skills.

Eligibility: Parents at-risk or who have been reported for child maltreatment.

Findings:

- An uncontrolled group trial of SafeCare found that parents showed significant change in the behaviors targeted by the SafeCare model: improved safety, health and parenting skills. (Gershater-Molko, Lutzker, & Wesch, 2003)
- Specifically, the number of home hazards was reduced by 78% for maltreating families and there was an 84% increase in the use of parenting skills taught.
- For instance, in this study, the number of home hazards was reduced by 78% for maltreating families, and there was an 84% increase in the use of the parenting skills taught.
- In terms of child maltreatment outcomes, Lutzker and colleagues (Gershater-Molko, Lutzker, & Wesch, 2002; Wesch & Lutzker, 1991) compared families receiving SafeCare services to families receiving standard family preservation services in California, and found that SafeCare families were significantly less likely to have a recurrence of child maltreatment (15% over three years) compared to services-as-usual families (44% over three years).
- Similar reductions in neglect were found in an evaluation of Project 12-ways, the predecessor of SafeCare (Wesch & Lutzker, 1991).

Implications for Policymakers and Program Developers to Consider:

- Family-centered services strengthen the capacity of parents to care for and protect their children and promote the family’s capacity to manage their own lives.
- One of the most important considerations of SafeCare implementation involves an organization’s capacity to implement the model.

- An organization that plans to adopt the SafeCare model must have sound financing for training and consultation, direct service staff (or financing for the hiring of new staff) who will have the time and capacity to do so, supervisors who conduct team meetings, individual clinical supervision, and monitoring of direct service staff.
- In addition to the SafeCare assessment tools that come with each module, it may be useful to use additional measures in conjunction with these observational skill assessments to (1) evaluate other behavioral changes families may make as they complete SafeCare, (2) employ measures that are independent of the SafeCare model, and/or (3) and to understand other issues that may facilitate or impede behavioral change (e.g., substance use, mental health, partner violence).

Resources: <http://chhs.gsu.edu/safecare/index.asp>; www.civresearchinstitute.com;

Project SafeCare: Issues in Replicating an Ecobehavioral Model of Child Maltreatment Prevention

Filene, Lutzker, Hecht, & Silovsky (2005); In *Child Victimization: Maltreatment, Bullying and Dating Violence, Prevention and Intervention*;

Recommended by Seth Chamberlain, ACF and Lauren Supplee, and California Evidence-based Clearinghouse for Child Welfare as a promising program for home-visiting services

- Child Trends, “What Works for Home Visiting Programs,” 7/27/2010 www.childtrends.org;
- California Evidence-Based Clearinghouse for Child Welfare, www.cebc4cw.org/search/topical-area/18;
- Literature reviews and meta-analyses by Sweet, M.A. and Applebaum, M.I. (*Home Visiting Best Practices: A Review of the Literature, May 2007* - www.birth-beyond.com/ and Deanna Gomby (*Home Visitation in 2005: Outcomes for Children and Parents* – www.ced.org/projects/kids.shtml/#new)
- Kimberly S. Howard and Jeanne Brooks-Gunn in “The Future of Children” latest issue; (Journal Issue: Preventing Child Maltreatment Volume 19 Number 2 Fall 2009) <http://futureofchildren.org/futureofchildren/publications/journals/article/index.xml?journalid=71&articleid=514>
- Congressional Research Service report Home Visitation for Families with Young Children by Karen E. Lynch & Emilie Stoltzfus, 10/23/2009 www.preventchildabusesb.org/CRSHomeVisitReportOct2009.pdf