The SafeCare® Parenting Program

An Evaluation of Findings in Georgia

Georgia Child Welfare Conference
November 28, 2017

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Presentation Overview

- Part 1: SafeCare
  - Structure, Implementation

- Part 2: Research
  - Statewide Trials, Evidence-Based Model

- Part 3: Georgia Program Evaluation
  - Overview, Findings

Part 1: SafeCare

- Targets 3 areas associated with risk factors for abuse and neglect
  - Positive parent-child/infant interactions
  - Systematic health decision making
  - Appropriate supervision
- Proven to work in scientific studies
- Programs and policymakers are increasing emphasis on research-based programs
- Can be integrated with other services

SafeCare Model

- For parents with children ages 0-5
- Behaviorally based curriculum
- Short term 18 sessions
  - 6 sessions per module (3 modules total)
  - Depends on parent's initial skills and skill acquisition
- 50 to 90 minute sessions
  - Scheduled when assessment/training most applicable (e.g., nap time, bath time)
- In home
  - Family's natural environment
 - Utilize natural opportunities to train

SafeCare Content

Service Sectors	Populations	Languages	Locations
• Child protective service systems • Prevention settings • Justice settings • Educational settings	• Diverse racial/ethnic groups • Fathers • Grandparents • Teen parents • Adults with intellectual disabilities	• English • Spanish • French (parent materials)	• **22** states • Australia • Belarus • Canada • England • Israel • Spain

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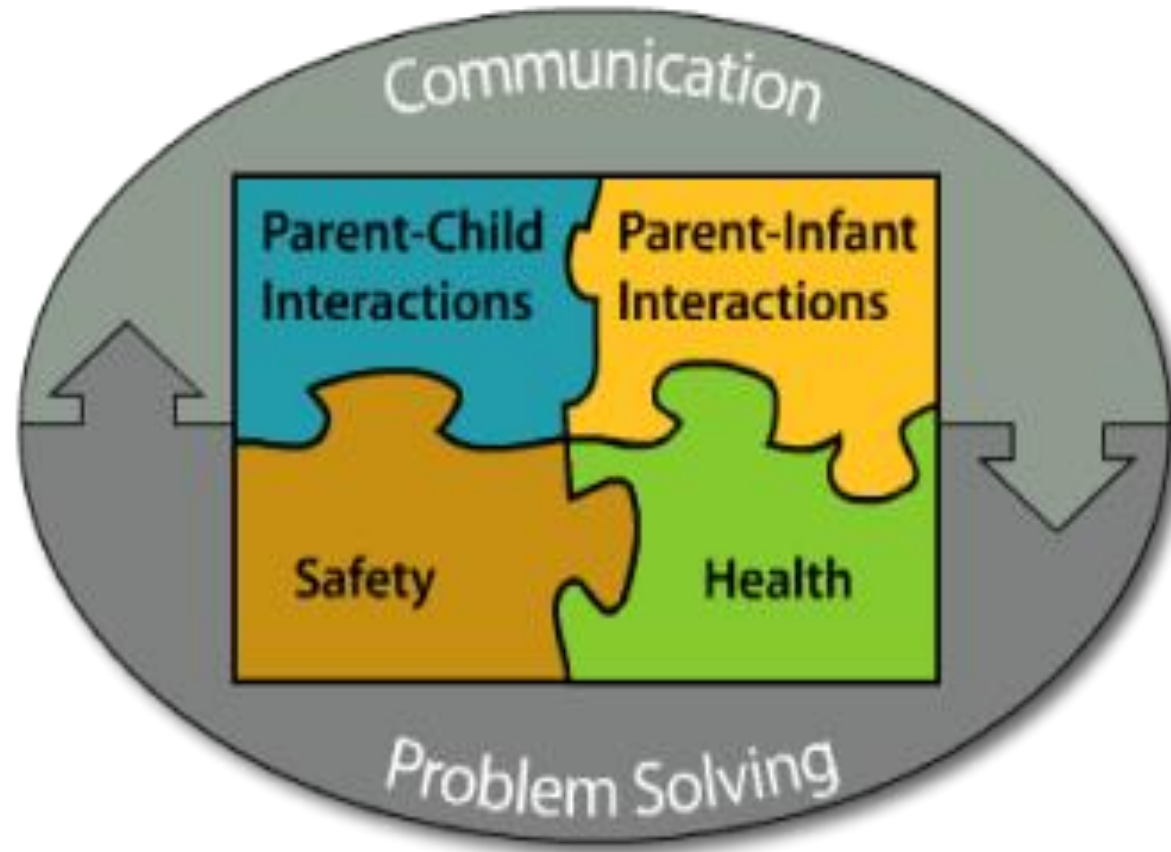
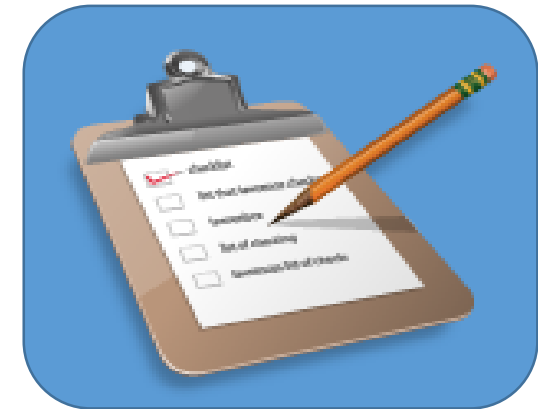# SafeCare

SafeCare Module Structure

Session 1
Assessment
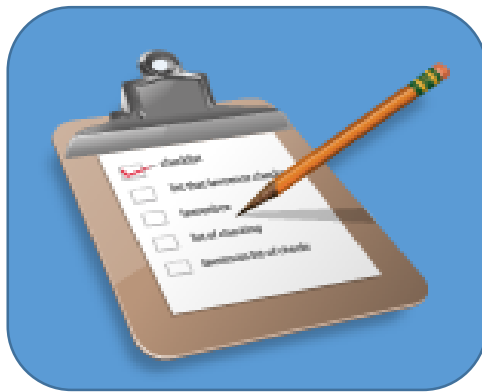
Sessions 2-5
Training

Session 6
Re-assessment
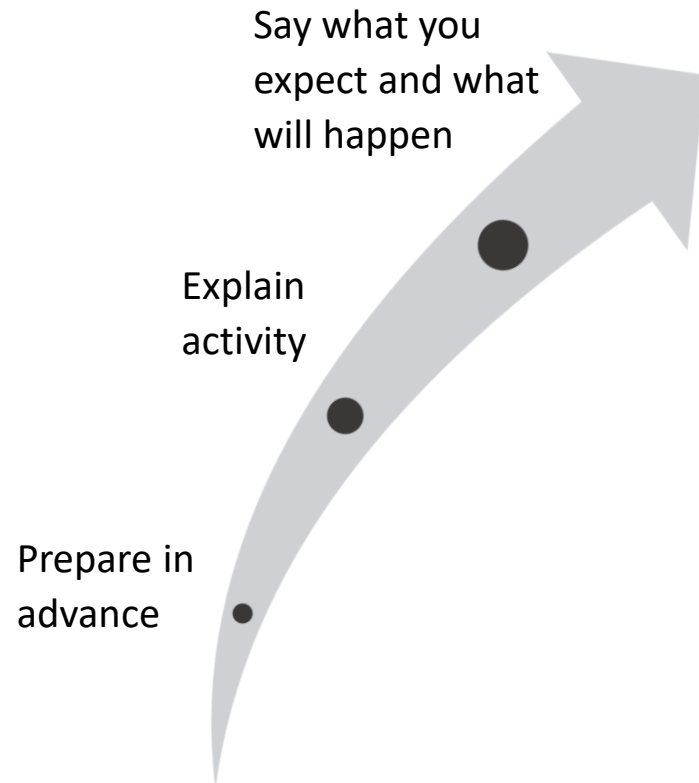
Explain—Model—Practice—Feedback
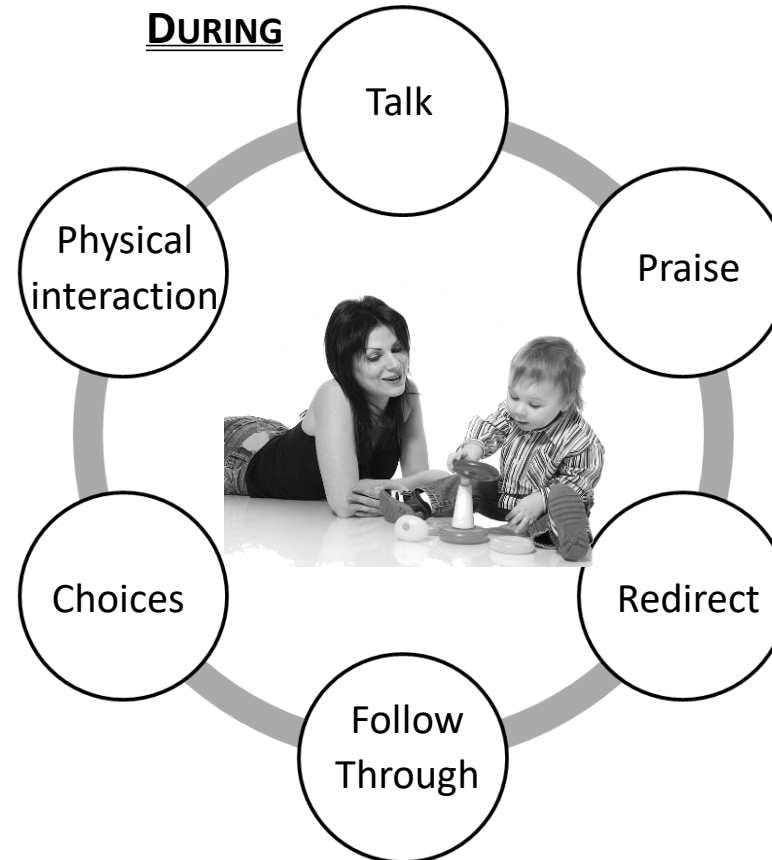
Parent-Infant/Child Interaction (PII/PCI)

➢ PII: Infants up to 18 months

➢ PCI: 18 months and older

- Teach parents strategies to:
  - Enhance their parent-child relationships
  - Plan and organize daily and play activities
  - Positively interact with their children
  - Prevent challenging child behavior

PCI Skills: CPAT

BEFORE

Say what you expect and what will happen
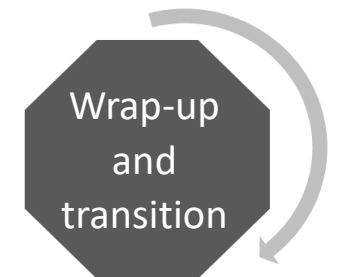
Explain activity

Prepare in advance

DURING

- Talk
- Praise
- Redirect
- Follow Through
- Choices
- Physical interaction

END

Wrap-up and transition

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PII Skills: iPAT
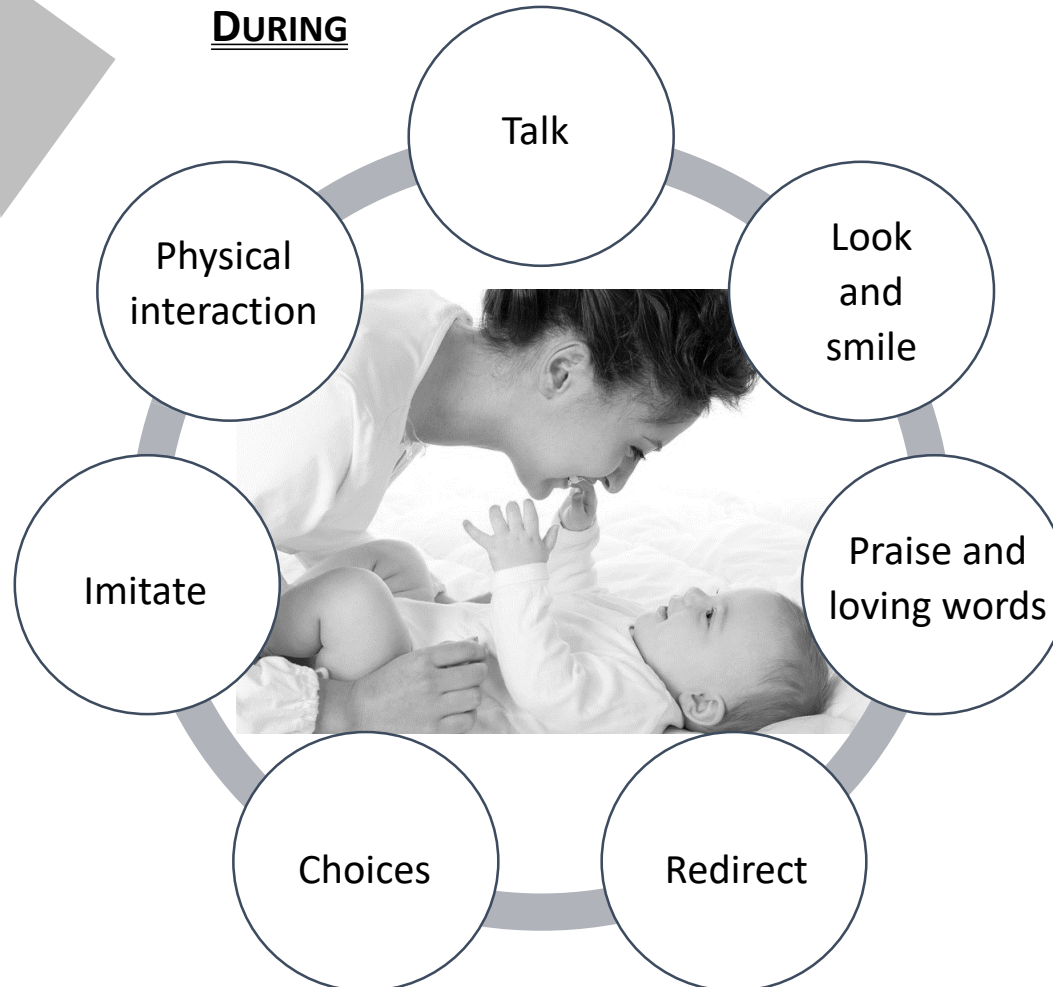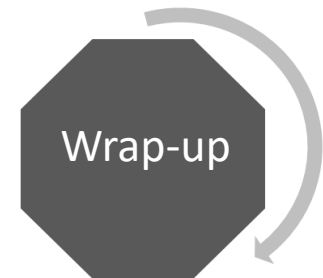
Home Safety Module

- Teach parents to:
  - Understand the importance of a safe home
  - Know the types of hazards in homes
  - Know ways to remove household hazards
  - Understand the importance of supervision

Health Module

- Teaches parents how to:
  - Keep children as healthy as possible
  - Prepare for when child is sick or injured
  - Recognize when symptoms:
    - Need emergency care
    - Need a doctor's appointment
    - Can be cared for at home
  - Use reference materials
  - Keep good health records

The Sick or Injured Child Chart – Parent
Steps to take when your child is sick or injured

SICC-P

1. Identify child's symptoms

Call doctor or check Health Manual ← **Unsure** ← **2. Is this an emergency?** → **YES** →

Call 911 or go to ER

NO

Review Health Manual

3. Check other symptoms
Breathing, temperature, behavior, appearance

Ask your child questions

Fill out the Health Recording Chart

Fill out the **Health Recording Chart**

Call doctor or check Health Manual ← **Unsure** ← **4. Does your child need a doctor's appointment?** → **YES** →

NO

Make a doctor's appointment

5. Care for your child at home
Watch for your child staying sick or getting worse
Fill out the Health Recording Chart

SafeCare Services Summary

- 3 modules: Parenting, Safety, Health

- 18 session (6 sessions per module)

- 50-90 minute <u>weekly</u> sessions

- Focus on parent behavior

- Assessment driven → tailored training

- Structured curriculum delivered with flexibility to individual family needs

Part 2: Research
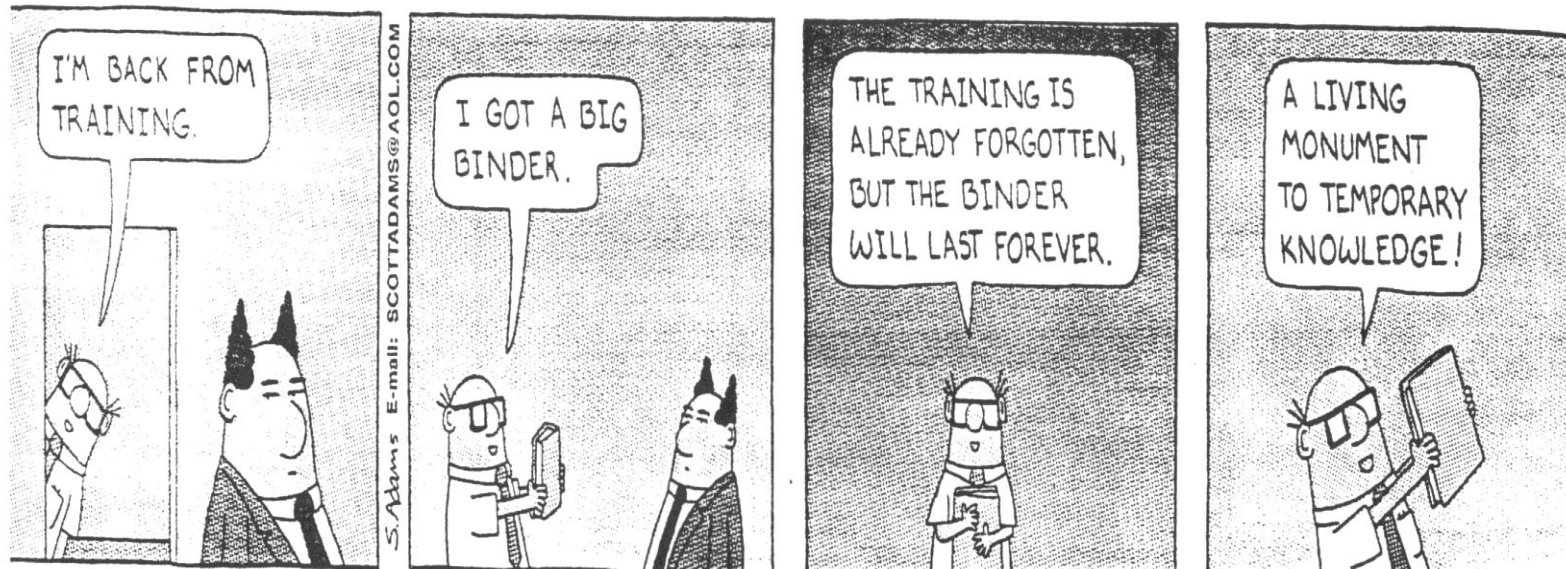
Implementation is <u>NOT</u> just workshop training

SafeCare Research

- Numerous studies support SafeCare efficacy and effectiveness

- Variety of outcomes
  - Parent skills
  - Family outcomes
  - Parent satisfaction
  - Provider support and satisfaction

SafeCare Training: 3 levels

Home visitor

- Provides SafeCare to families

Coach

- Provides coaching (fidelity monitoring + support) to HV
- Coaching is required

Trainer

- Trains and supports new HV and coaches within their organization

Trainer

Coach

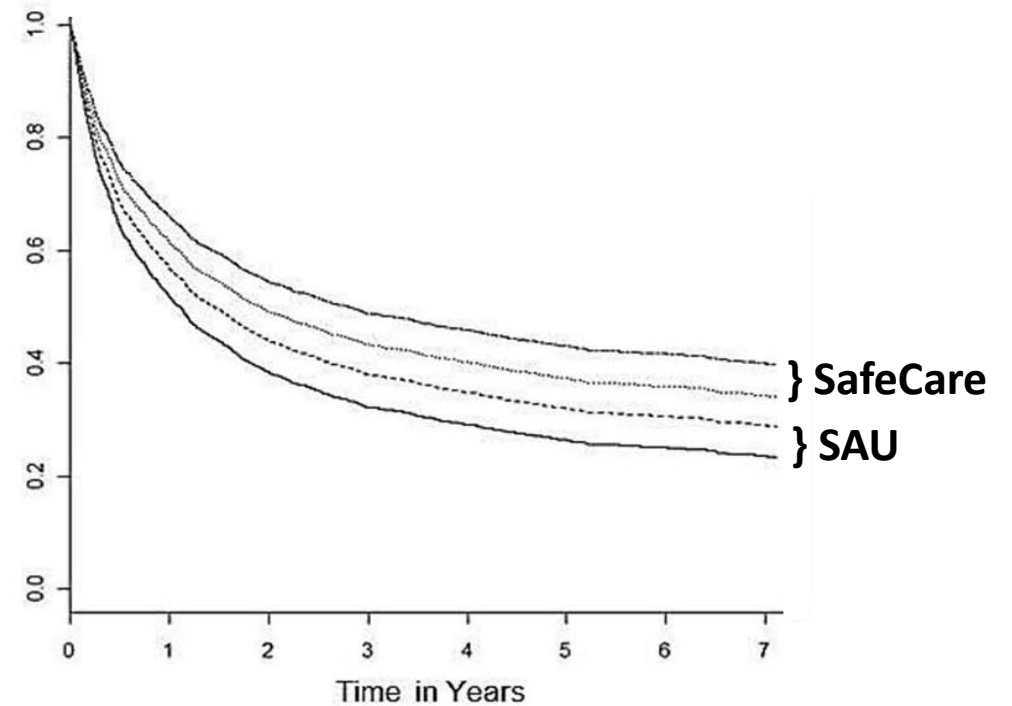Home Visitor

Oklahoma Statewide SafeCare Trial

- Service regions assigned to SC or SAU
- Families followed for several years
- N = 2175, 91% women
- Mean of 2.8 children
- 82% below poverty line
- 4.7 prior CPS reports
- Deep end child welfare clients
- Diverse population

OK Statewide SC trial: results

- SafeCare decreased re-reports by ~ 26%

- Results held across populations

- $14.85 in benefit for every $1 invested in SC

Recidivism

} **SafeCare**

} **SAU**

Chaffin, M., et al. (2012). "A Statewide Trial of the SafeCare Home-Based Services Model with Parents in Child Protective Services " Pediatrics **129**: 509-515.

Do SafeCare parents show lower child maltreatment risk?

- At-risk moms with at least 2 risk factors and no more than 1 existing CPS referrals

- Mothers that participated in SafeCare compared to Services as Usual reported:
  - Less Child Abuse Potential
  - Lower Depression

Silovsky et al., 2012

Do SafeCare families like SafeCare?

- Across three RCTs with over 2800 families:
    - Parents were <u>more satisfied</u> with SafeCare compared to service as usual
    - Parents rated services as <u>more culturally</u> relevant (sample of American Indians)

SafeCare Return on Investment

From the Washington State Institute of Public Policy, December 2016 **$20.13 return for every $1 invested in SafeCare**, an increase from $14.85 in 2012

Benefit-Cost Summary Statistics Per Participant		
Benefits to:		
Taxpayers	$1,387	Benefits minus costs	$3,536
Participants	$2,030	Benefit to cost ratio	$20.13
Others	$149	Chance the program will produce benefits greater than the costs	91 %
Indirect	$154		
Total benefits	$3,721		
Net program cost	($185)		
Benefits minus cost	$3,536		

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SafeCare: Research Summary

- SafeCare has been shown to:
  - prevents child maltreatment
  - Improve parenting skills
  - Improve program enrollment & completion
  - Improve service satisfaction
- Providers benefit from SC training
  - Less job burnout
  - Less turnover

# How is SafeCare implemented in Georgia?

Context for SafeCare in GA

- DHS/DFCS began SafeCare implementation in 2008

- Context has changed quite a bit; State has tried to figure out where SafeCare fits best

- Has been primarily in family preservation and prevention
  - Suspected/substantiated cases of maltreatment where children remain in the home

- Today, SafeCare is now partnered with GA agencies who secure Promoting Safe and Stable Famlies (PSSF) funding through DFCS
  - PSSF is a Federal Grant which distributes funds to each state
  - Several categories of funding opportunities for PSSF dollars; SC aligns with Family Preservation

Georgia SafeCare Program Evaluation

- Goal: learn more about the families in Georgia who receive SafeCare , SafeCare outcomes,

- Multi-year evaluation: 2014 - 2016

- Copies of completed case files were collected and de-identified by DFCS, and then data was recorded and analysis was conducted by The National SafeCare Training and Research Center

- Relevant paperwork was coded and provided to NSTRC

Agencies that delivered SafeCare

- During this study 22 different agencies were approved to deliver SC

- There were 47 active SC providers
  - 25 different providers delivered SafeCare to at least one client in this evaluation

- All HV were rigorously trained with ongoing coaching
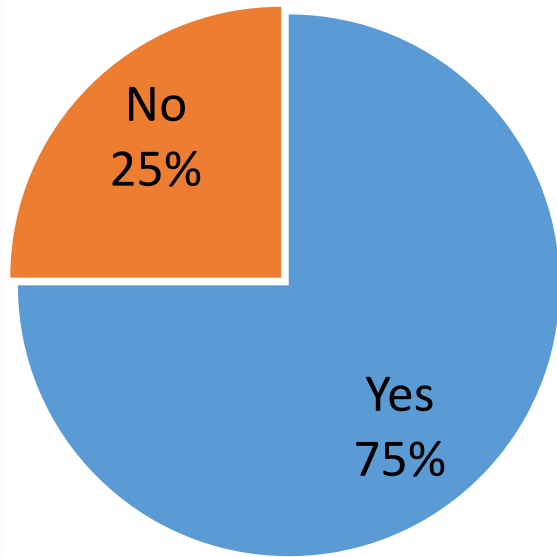 - Mean fidelity ratings were 91% in over 440 sessions in which fidelity was assessed
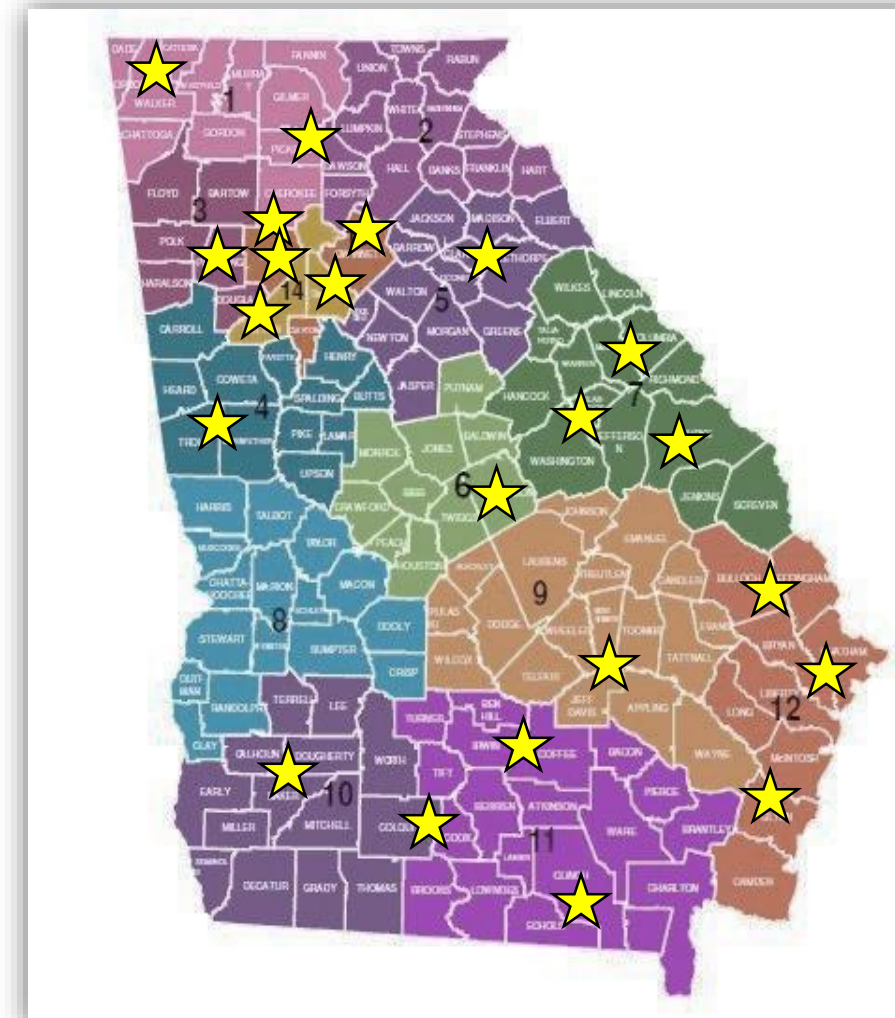
Primary referral reasons	
Increase parenting capacity	30.4%
Prevention	30.4%
Safety concerns	22.3%
Neglect	20.3%

Description of the Sample

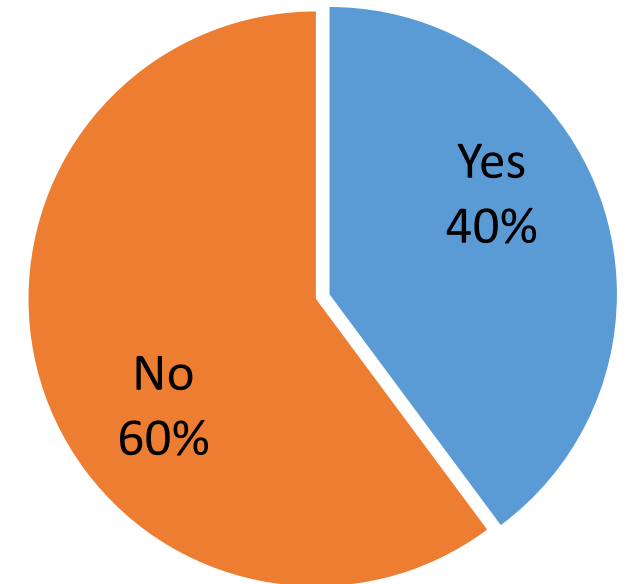| Variable	N/%
Female	N = 127 (95%)
Age	Median = 28
Race	
White	N = 69 (50%)
Black	N = 69 (50%)
Kids in home	
1	50 (37%)
2	33 (24%)
3+	52 (39%)
Has a co-parent (vs. single parent)	N = 71 (48%)
History of CPS involvement	N = 75 (67%)
Current CPS Case	N = 20 (18%)

Program Engagement/Completion

Completed 1+ sessions
- No 25%
- Yes 75%

Completed 1+ module
- No 47%
- Yes 53%
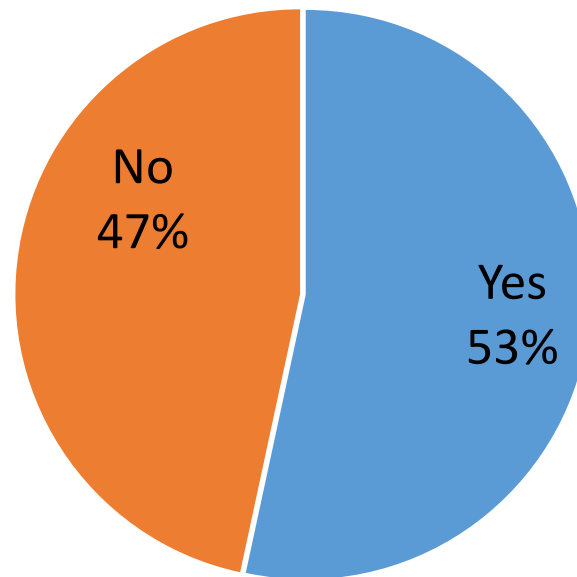
Completed entire program
- Yes 40%
- No 60%

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Does SafeCare change behavior?

Parent-Child Interaction
- Preparing/explaining activities
- Engaging child by talking & giving choices
- Affection
- Explain rules/consequences
- Using consequences

Parent-Infant Interaction
- Looking
- Talking
- Touching
- Smiling

Homes Safety
- Accessible hazards in home
- Poisons
- Choking
- Fall
- Shock
- Burns

Child Health
- Decision process around illness/injury
- Identifying symptoms
- Knowing when to call doctor
- Knowing when to go to ER

Skill acquisition pre/post SafeCare

	Pre training	Post training	Percent change	P-value
PCI behavior	19%	62%	226%	< .01
PII behavior	58%	92%	59%	< .01
Safety Hazards	12.3	1.95	84%	< .01
Health skills	73%	94%	29%	< .01

Pre to post changes
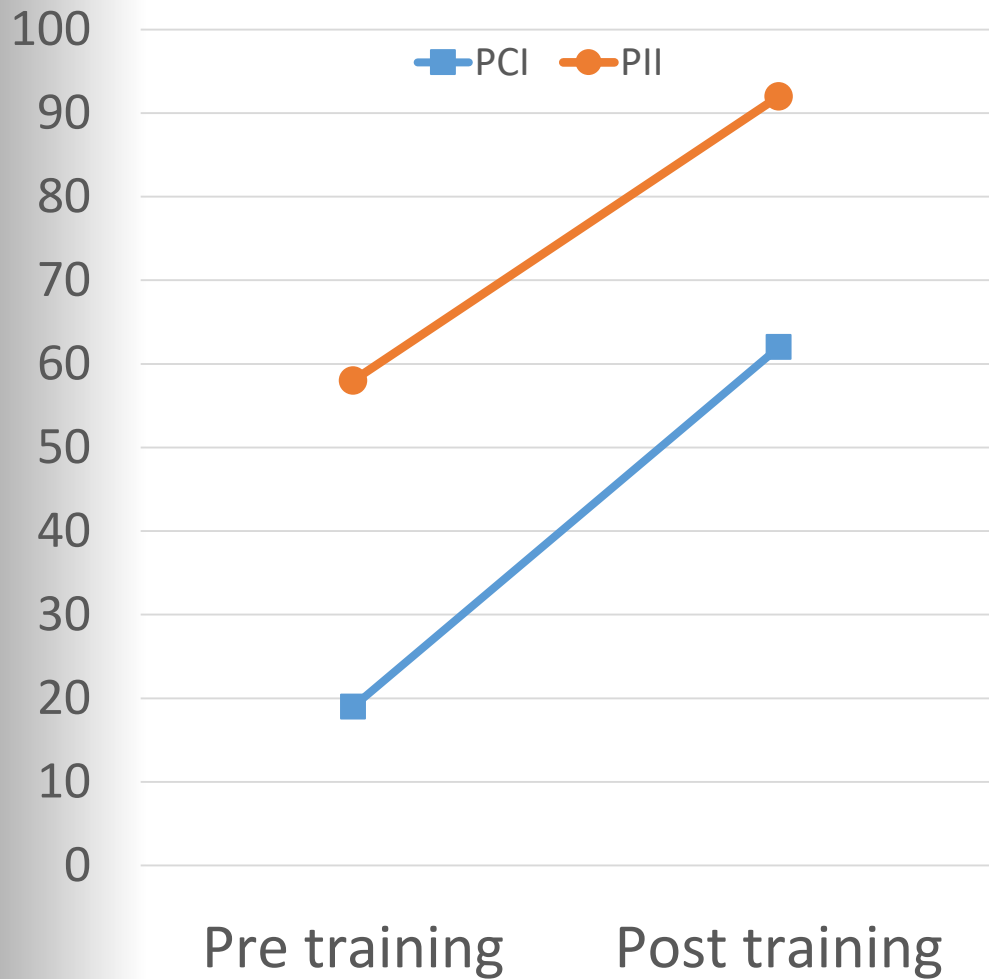
Discussion and Conclusions

- SafeCare resulted in very large skill improvements from pre to post training
  - Maintenance of skills is key
  - Not measured here, but other research suggests skills are maintained
- Low completion rates (approximately 40%);
  - Expired Services Authorization
  - Family lost contact
  - How do effectively delivery preventative services, especially for CPS systems
- Low program utilization despite expressed enthusiasm to receive and deliver services
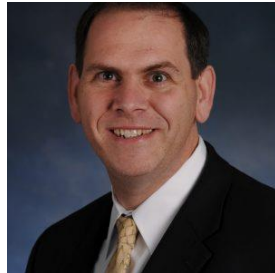
Questions?

Thoughts?

Comments?

Thank you for your time!

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Contact Information

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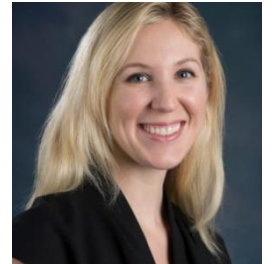Director, National SafeCare Training and Research Center

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