The SafeCare® Parenting Program

An Evaluation of Findings in Georgia

Georgia Child Welfare Conference
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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

<table>
<thead>
<tr>
<th>Service Sectors</th>
<th>Populations</th>
<th>Languages</th>
<th>Locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Child protective service systems</td>
<td>• Diverse racial/ethnic groups</td>
<td>• English</td>
<td>• 22 states</td>
</tr>
<tr>
<td>• Prevention settings</td>
<td>• Fathers</td>
<td>• Spanish</td>
<td>• Australia</td>
</tr>
<tr>
<td>• Justice settings</td>
<td>• Grandparents</td>
<td>• French (parent materials)</td>
<td>• Belarus</td>
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<tr>
<td>• Educational settings</td>
<td>• Teen parents</td>
<td></td>
<td>• Canada</td>
</tr>
<tr>
<td></td>
<td>• Adults with intellectual disabilities</td>
<td></td>
<td>• England</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Israel</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>• Spain</td>
</tr>
</tbody>
</table>
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
- Physical interaction
- Choices

**END**

Wrap-up and transition
PII Skills: iPAT

**BEFORE**
- Explain activity and what is expected
- Prepare in advance

**DURING**
- Talk
- Physical interaction
- Imitate
- Choices
- Redirect
- Look and smile
- Praise and loving words

**END**
- Wrap-up
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

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

3. Check other symptoms
   - Breathing, temperature, behavior, appearance
   - Ask your child questions
   - Fill out the Health Recording Chart
   - Review Health Manual

4. Does your child need a doctor’s appointment?
   - YES
   - Make a doctor’s appointment
   - NO

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 weekly sessions
• Focus on parent behavior
• Assessment driven → tailored training
• Structured curriculum delivered with flexibility to individual family needs
Part 2: Research

Implementation is **NOT** 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
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

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 more satisfied with SafeCare compared to service as usual
  • Parents rated services as more culturally 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

![Table of Benefit-Cost Summary Statistics Per Participant]

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

http://www.wsipp.wa.gov/BenefitCost/Program/160
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 Families (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
<table>
<thead>
<tr>
<th>Primary referral reasons</th>
<th></th>
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<tbody>
<tr>
<td>Increase parenting capacity</td>
<td>30.4%</td>
</tr>
<tr>
<td>Prevention</td>
<td>30.4%</td>
</tr>
<tr>
<td>Safety concerns</td>
<td>22.3%</td>
</tr>
<tr>
<td>Neglect</td>
<td>20.3%</td>
</tr>
</tbody>
</table>
## Description of the Sample

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

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

Completed 1+ module
- Yes: 53%
- No: 47%

Completed entire program
- Yes: 40%
- No: 60%
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

<table>
<thead>
<tr>
<th></th>
<th>Pre training</th>
<th>Post training</th>
<th>Percent change</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCI behavior</td>
<td>19%</td>
<td>62%</td>
<td>226%</td>
<td>&lt; .01</td>
</tr>
<tr>
<td>PII behavior</td>
<td>58%</td>
<td>92%</td>
<td>59%</td>
<td>&lt; .01</td>
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<tr>
<td>Safety Hazards</td>
<td>12.3</td>
<td>1.95</td>
<td>84%</td>
<td>&lt; .01</td>
</tr>
<tr>
<td>Health skills</td>
<td>73%</td>
<td>94%</td>
<td>29%</td>
<td>&lt; .01</td>
</tr>
</tbody>
</table>
Pre to post changes

- PCI: Pre training: 0, Post training: 60
- PII: Pre training: 0, Post training: 100

Safety Hazards:
- Pre training: 14, Post training: 0
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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www.safecare.org