SafeCare

TARGET AUDIENCE

This program is delivered to parents of children who are birth to 5 years old and are at risk for child abuse and/or neglect and to parents who have a history of child abuse and/or neglect and is intended to impact parents and children.

SUMMARY

SafeCare®, a community-based, in-home, parent-training program, is designed to enhance parent-child interactions, improve parental supervision and safety in the home, and decrease cases of child maltreatment.

EVIDENCE

Evaluations of SafeCare have yielded mixed findings. While the results of several studies have suggested reduced rates of child maltreatment among program participants as compared to members of comparison groups, results of other studies have suggested no effects on parent behaviors or risk factors related to child maltreatment. Furthermore, many of the studies on SafeCare have included significant flaws, such as high rates of participant dropout and lack of proper comparison groups. Outcomes from a longitudinal quasi-experimental evaluation indicated that intervention families reported significantly fewer cases of child abuse and neglect relative to a comparison group 36 months after the beginning of the intervention. Results from a single-group longitudinal study indicated improvements in child healthcare, home safety, and parent-child interactions. Six-year results from a cluster randomized evaluation of a statewide implementation of SafeCare in Oklahoma demonstrated significant reductions in maltreatment recidivism and greater participant satisfaction with services in the intervention group compared to services as usual (SAU). However, results from this same study indicated no effects on prevention of recidivism or reduction in risk factors associated with child abuse and neglect as compared to child welfare SAU in a subsample of adolescent parents (21 years and younger).

COMPONENTS

SafeCare addresses potential risk factors for child neglect and abuse, and parents are taught skills to prevent harmful behaviors. Key components include the following:

- Child health assessment and training - Recognize signs and symptoms of injury and illness in children and respond suitably and learn how to use health reference materials and keep accurate health records.
- Home safety assessment and training - Determine risks and hazards in the home, understand the importance of parental supervision, and improve the safety of the home environment to reduce chances of unintentional injury.
- Parent-child interaction assessment and training - Learn how to interact in healthy, positive ways with children; plan stimulating activities; establish routines; and constructively manage child problem behaviors.

All modules include a baseline assessment, training, and follow-up assessments to track progress. Training consists of instruction, modeling, parent practice, and feedback from the facilitator followed by a social validation questionnaire that measures parent satisfaction with the training. Parents are encouraged to practice new skills between sessions. SafeCare may be implemented as a standalone program or as part of a larger, home-visiting service.

PREVIOUS USE

SafeCare has been utilized in university-based settings since 1979 and is currently being implemented across the United States. In addition, the program has been adapted for use in Australia, Belarus, Canada, Israel, Spain, and the United Kingdom.
SafeCare

TRAINING

There are no educational requirements for SafeCare facilitators. Training is required, and a 4-day, on-site training is provided by certified trainers. This is followed by observations of a minimum of nine sessions (i.e., three sessions in each module) by a certified coach. In addition, there is a manual that provides details on program implementation. Please visit https://safecare.publichealth.gsu.edu/training/ or email by using the address listed in the Contact section for more information on training and costs.

CONSIDERATIONS

Considerations for implementing this program include recruiting facilitators and ensuring they receive training and have transportation for in-home sessions, acquiring participant buy-in, and obtaining various supplies needed for sessions (e.g., device to audio record sessions, dolls, coloring books and crayons, toys, digital thermometer for families, no-choke test tube, tape measure).

The Clearinghouse can help address these considerations. Please call 1-877-382-9185 or email Clearinghouse@psu.edu

IMPLEMENTATION

If you are interested in implementing SafeCare, the Clearinghouse is interested in helping you! Please call 1-877-382-9185 or email Clearinghouse@psu.edu

This program is delivered in 18- to 20-weekly, 60- to 90-minute sessions. Each of the three modules is implemented in approximately 6 sessions and includes an assessment session and five training sessions. However, facilitators work with parents until they meet an established set of criteria for each module.

Implementation costs will vary; however, the Washington State Institute for Public Policy has rated SafeCare as having a $20.25 return for every $1 invested in SafeCare. Please use details in the Contact section for information on implementation costs.

EVALUATION PLAN

To move SafeCare to the Promising category on the Clearinghouse Continuum of Evidence, at least one evaluation with a strong study design and modest attrition should be performed demonstrating positive effects among adult and adolescent parents lasting at least one year from the beginning of the program or at least six months from program completion.

The Clearinghouse can help you develop an evaluation plan to ensure the program components are meeting your goals. Please call 1-877-382-9185 or email Clearinghouse@psu.edu

CONTACT

Contact the Clearinghouse with any questions regarding this program. Phone: 1-877-382-9185 Email: Clearinghouse@psu.edu

You may also contact the National SafeCare Training and Research Center by mail P.O. Box 3995, Atlanta, GA 30302, phone 1-404-413-1281, fax 1-404-413-1299, email safecare@gsu.edu, or visit https://safecare.publichealth.gsu.edu/contact/

SOURCE

https://safecare.publichealth.gsu.edu/, www.cebc4cw.org/program/safecare/detailed, and https://homvee.acf.hhs.gov/Model/1/SafeCare-In-Brief/18