

Does SafeCare[®] prevent child abuse and neglect from reoccurring?

Snapshot

- The Department of Communities and Justice (DCJ) is trialling SafeCare in eight services across NSW, as part of the NSW Brighter Futures program.
- SafeCare is an in-home training program to help parents of young children at risk of neglect and abuse.
- The program focuses on building strong and positive interactions between parents and their children. It supports parents to develop the practical skills and knowledge needed to keep their children safe and healthy.
- There is extensive research to show that SafeCare is effective. The strongest evidence comes from a state-wide rollout of the SafeCare program in Oklahoma, USA, where child neglect and harm was reduced by 26 per cent.

Introduction

By 2023, the NSW Government aims to decrease the proportion of children and young people re-reported at risk of significant harm (ROSH) by 20 per cent. Achieving this goal will reduce the number of children entering out-of-home-care (OOHC) and strengthen vulnerable families.

To help achieve this ambitious target, the Department of Communities and Justice (DCJ) is implementing SafeCare in eight services across NSW. SafeCare is an evidence-based, in-home training program designed to teach safety, health and parent-child interaction skills to families who are at risk of, or have been reported for, child abuse and neglect.

This Evidence to Action Note provides an overview of SafeCare and summarises key findings from the extensive evidence-base that supports this program.



Why is supporting parents of maltreated children important?




Child abuse and neglect can affect all domains of child development – physical, psychological, emotional, behavioural and social.¹ It also has enduring impacts that lead to poorer outcomes (e.g. education, health, employment) later in life. Experiencing chronic and multiple forms of abuse increases the risk of more damaging and severe consequences for children and young people.¹

Vulnerable families reported for, or who are at-risk of, abuse and neglect, have complex issues and needs. The most effective programs for at-risk families have a strong emphasis on providing parents with education and skills training based on behavioural and social learning principles. They cover giving explicit instructions, modelling, role-play rehearsal, providing constructive feedback, and setting homework exercises with clear performance criteria to help parents develop the skills to provide adequate safety and care to their children.^{2,3} When service providers model and teach these skills in a supportive and non-judgemental way, they support parents to develop a sense of self-efficacy and mastery so they can competently perform these tasks with confidence.

What is SafeCare®?

SafeCare is an evidence-based behavioural skills training program for families with children 0-5 years old. It targets parents and caregivers reported for, or at-risk of, child maltreatment.

As part of the SafeCare program, parents and caregivers receive weekly home visits from trained professionals for approximately 18-20 weeks. These visits usually last one to two hours. During these visits, service providers work through three training modules (outlined below) with parents and caregivers. These sessions assist parents to develop the practical skills and knowledge needed to keep their children safe, healthy and happy.

SafeCare® Training Modules	
	In the health module, parents learn how to prevent child illnesses through proper hygiene and nutrition. Trainers also work with families to identify and treat child illnesses and injuries at home and provide guidance about when to seek medical assistance.
	In the safety module, parents learn to identify common safety and health hazards in their home. Trainers work with families to eliminate these hazards from the home, by removing them, storing them out of children's reach and increasing supervision.
	<p>The parenting module aims to increase positive interactions between parents and their children. Parents develop skills to plan and organise enriching daily activities (e.g. mealtime, playtime, bath time). Depending on the age of the children, families will receive one of two programs:</p> <ul style="list-style-type: none"> • Parent-Infant-Interaction (PHI) training focuses on increasing bonding and attachment, using sensitive parenting techniques. • Parent-Child-Interaction (PCI) training focuses on reducing child behavioural problems, using positive parenting techniques.

Is SafeCare® effective?

The SafeCare program has been demonstrated to increase child safety, improve parent's knowledge of child health, improve parent-child communication and problem solving and reduce abuse and neglect.^{4,5} It has also demonstrated improved engagement of families with support services, compared to standard care approaches.⁶

There is over 40 years' worth of evidence to support SafeCare's effectiveness at improving positive parenting skills, and reducing and preventing abuse and neglect (for more information, see 'the Brief History of SafeCare' on page 6). It has been validated through a number of evaluations, including randomised-control trials (RCTs) (see Box 1 for a definition of RCT's). Three key studies that demonstrate the effectiveness of SafeCare are described below.

Box 1: What is a randomised-control trial (RCT)?

RCTs are considered the 'gold standard' for intervention studies. Typically, they randomly assign participants to an 'intervention' or 'treatment as usual' group and compare their progress over time.

Oklahoma state-wide prevention trial

In Oklahoma, USA, a state-wide trial of SafeCare was conducted. This is the largest-ever study with the longest follow-up of families with substantiated child maltreatment reports.⁷ The trial consisted of 2,175 parents or caregivers who had been referred to services between September 2003 and October 2006. These families were randomised to receive:

- SafeCare
- Services as usual

All families received home-based services on a weekly basis for six months.

SafeCare families had a 26 per cent decrease in reports of maltreatment, compared to families who received services as usual, over the seven years after the intervention.⁴

SafeCare+ for a rural high-risk population

Between March 2008 and May 2009, 105 families participated in a randomised control trial of SafeCare in a rural county in USA. In this context, SafeCare was modified for a rural high-risk population to include motivational interviewing (see Box 2 for a definition of motivational interviewing). This version of the program was called SafeCare+.

Families were randomised to receive SafeCare+ or services as usual. Families included in the study had at least one child aged five years or younger and at least one of the following risk factors: parental substance abuse, parental mental health issues or interpersonal violence.

Families who received SafeCare+ had fewer reports of subsequent maltreatment, compared to families who received services as usual.⁸ Further, of those SafeCare+ families who did receive subsequent reports, fewer were related to domestic violence compared to families who received services as usual.

SafeCare+ also had much higher rates of enrolment and program retention.⁸ Mothers who participated in SafeCare+ were 4 times more likely to enrol and 8.5 times more likely to complete the service.⁶

Box 2: Motivational interviewing

Motivational interviewing is a counselling method that helps people find internal motivation to change their behaviour. It draws upon people's own values, motivations, abilities and resources to help them resolve ambivalent feelings and insecurities about change.⁹

Reducing home hazards in Georgia, USA

Research conducted by Rostad et al.¹⁰ tested the effectiveness of the Safety model of SafeCare in reducing hazards in the home that place children at increased risk of unintentional injury. This study collected data from the state-wide implementation of SafeCare in Georgia, USA, between 2009 and 2011. The sample included 57 families referred to SafeCare who had both baseline and follow-up Safety data included in the study.

Following participation in SafeCare, there were significant reductions in hazards across various rooms in the home.¹⁰ In the kitchen, for example, the average number of hazards at baseline was more than seventeen. At follow-up, this had reduced to an average of six hazards. These findings indicate that SafeCare reduced home hazards that could result in injury to young children.

Is SafeCare® cost-effective?

In 2018, the Washington State Institute for Public Policy examined SafeCare to see whether the benefits of the program outweigh the costs. This analysis found that the program has a benefit-to-cost ratio of 21.60, which was the highest of any child welfare program evaluated in that year.¹¹ This means that SafeCare produces benefits of \$21.60 per participant for every dollar invested in the program.

How is DCJ implementing SafeCare®?

SafeCare is being implemented as part of the existing Brighter Futures program. Brighter Futures delivers targeted intervention services to families with at least one child under the age of nine, where concerns of abuse and neglect have been raised.

The SafeCare program targets a sub-set of Brighter Futures clients – parents of children aged 0-5 years.

A SafeCare pilot began in October and November 2017. Eight NGO partners are working with the Parenting Research Centre to implement the trial:

- Barnardos in Orana Far West
- Mission Australia in Wagga Wagga and Albury
- CatholicCare in Taree
- Samaritans in Newcastle
- CareSouth in Illawarra
- Wesley Mission in Nepean, Blacktown and Parramatta
- SDN Children's Services in Sydney
- Wandiyali in the Hunter region.

Since 2017, more than 100 families have completed the program. As at December 2019, more than 80 families were participating in the program. The SafeCare trial will continue until the end of 2020.

An independent evaluation of SafeCare is being conducted by Siggin Millers Consultants. This evaluation is mixed-method and will evaluate client outcomes and cost-effectiveness of the pilots.

Once the evaluation is complete, DCJ will determine if it is feasible to roll out SafeCare to other sites across the state.

Brief history of SafeCare®

In the late 1970s, psychologist John Lutzker designed a multi-faceted, behavioural change program, called 'Project 12-Ways', for families in rural Illinois who had been reported for, or were at-risk of, child maltreatment. Families received training and support in 12 different areas: home safety, child health and nutrition, parent-child interaction training, basic skills training for children, stress reduction, relationship counselling, financial management, job seeking, treatment for alcohol dependency, leisure time, self-control training, and prenatal and post-natal care for single mothers. The program was delivered in the family home, so they could learn and practice new skills in the setting where they will be used.

Project 12-Ways produced promising results, including a 10 per cent reduction in the number of children notified to child protection after one year.¹² Over the next decade, researchers and practitioners in West Virginia, Nebraska, Mexico, Florida and California replicated the model and found it consistently led to reductions in re-reporting.

In 1994, the California Wellness Foundation funded Lutzker and his colleagues to develop a more succinct and easily disseminated version of Project 12-Ways program. The refined program, 'SafeCare', focused on the three most commonly used behavioural training programs: safety, health and parent-child interaction.

Based on the success of SafeCare, Georgia State University established the National SafeCare® Training and Research Center (NSTRC) in 2008. As of 2019, the NSTRC has supported the implementation of SafeCare® in 130 sites across 19 states of the USA, and more than 25 sites in six other countries.

More Information

The Parenting Research Centre is working with DCJ to trial SafeCare® in NSW. For more information see here: <https://www.parentingrc.org.au/programs/safecare/>

Produced by

Elizabeth Watt and Kathleen Blair

FACS Insights, Analysis and Research (FACSIAR)

NSW Department of Communities and Justice

320 Liverpool Rd, Ashfield NSW 2131

www.facs.nsw.gov.au

Email: facsiar@facs.nsw.gov.au

Endnotes

- ¹ Australian Institute of Family Studies 2014, *Effects of child abuse and neglect for children and adolescents*, viewed 22 October 2019, <https://aifs.gov.au/cfca/publications/effects-child-abuse-and-neglect-children-and-adolescents>
- ² Filene, JH, Lutzker, JR, Hecht, D & Silovsky, J 2005, 'Project SafeCare: issues in replicating an ecobehavioural model of child maltreatment prevention', in KA Kendall-Tackett & SM Giacomoni (eds), *Child victimisation: maltreatment bullying and dating violence. Prevention and intervention*, Civic Research Institute, New Jersey, pp. 18-20.
- ³ Kinney, JM, Haapala, DA, & Booth, C 2004, *Keeping families together: the homebuilders model*, Aldine Transaction, New Jersey.
- ⁴ Chaffin, M, Hecht, D, Bard, D, Silovsky, JF & Beasley, WH 2012, 'A statewide trial of the SafeCare home-based services model with parents in Child Protective Services', *Pediatrics*, vol. 129, no. 3, pp. 509-15.
- ⁵ Guastaferro, K & Lutzker, J 2019, 'A methodological review of SafeCare[®]', *Journal of Child and Family Studies*, p. 1-18.
- ⁶ Damashek, A, Doughty, D, Ware, L & Silovsky, J 2011, 'Predictors of client engagement and attrition in home-based child maltreatment prevention services', *Child Maltreatment*, vol. 16, no. 1, pp. 9-20.
- ⁷ Guastaferro, K & Lutzker, JR 2017, 'Getting the most juice for the squeeze: when SafeCare and other evidence-based programs need to evolve to better protect children', in D Teti (ed.), *Parenting and family processes in child maltreatment and intervention*, Springer, New York, pp. 141-163.
- ⁸ Silovsky, JF, Bard, D, Chaffin, M, Hecht, D, Burris, L, Owora, A & Lutzker, J 2011, 'Prevention of child maltreatment in highrisk rural families: a randomized clinical trial with child welfare outcomes', *Children and Youth Services Review*, vol. 33, no. 8, pp. 1435-1444.
- ⁹ Miller, WR & Rollnick, S 2004, 'Talking oneself into change: motivational interviewing, stages of change, and therapeutic process', *Journal of Cognitive Psychotherapy: An International Quarterly*, vol. 18, no. 4, pp. 299-308
- ¹⁰ Rostad, WL, McFry, EA, Self-Brown, S, Damashek, A & Whitaker, DJ 2017, 'Reducing safety hazards in the home through the use of an evidence-based parenting program', *Journal of Child and Family Studies*, vol. 26, no. 9, pp. 2602-2609.
- ¹¹ Washington State Institute for Public Policy 2018, *SafeCare Child Welfare*, viewed 29 October 2019, <http://www.wsipp.wa.gov/BenefitCost/ProgramPdf/160/SafeCare>
- ¹² Lutzker, J & Rice, J 1984, 'Project 12-ways: measuring outcome of a large in-home service for treatment and prevention of child abuse and neglect', *Child Abuse & Neglect*, vol. 8, no. 4, pp. 519-524.