SafeCare: An Effective Evidence-based Home Visiting Program for American Indians

You may recall the exciting news of a publication of a 10-year statewide Oklahoma SafeCare randomized control trial in the journal Pediatrics in the January 2012 edition of the SafeCare newsletter (Chaffin et al. 2012). The 2175 family study showed that families who received SafeCare were about 21%-26% less likely to experience CPS reports than families receiving the same home visiting services without SafeCare.

The size and scope of the study allowed the research team to examine whether SafeCare was equally effective and culturally acceptable to American Indian parents. This question has been a longstanding concern for practitioners who adopt evidence-based programs: will this program work equally well for non-majority racial/ethnic groups? With 16% of the study’s population (354 families) being American Indian, the research team was able to answer this question. Analyses on this subpopulation of 354 American Indian families showed that SafeCare was equally effective at reducing child welfare recidivism among American Indian parents as it was for the entire state population. American Indian parents who received SafeCare also reported reductions in depression compared to those who received non-SafeCare based services. And, the study found that American Indian parents rated their SafeCare providers as higher in cultural competence, reported stronger alliances with their provider, and rated their services as higher in quality and benefits compared to families receiving non-SafeCare services. A key point is that the content of SafeCare was not adapted in any systematic way. Rather, it was delivered as designed – and it worked – for these American Indian families.

This sub-study is one of the few rigorous evaluations in existence to examine the effectiveness of home-visiting for American Indian families in child welfare.

For more information, see http://homvee.acf.hhs.gov/document.aspx?rid=1&sid=18

SafeCare Augmented Now Eligible for MIECHV Funding

An augmented version of SafeCare was recently deemed eligible for funding under the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). The augmented version of SafeCare includes motivation interviewing and training on assessing risk factors for child maltreatment risk. The augmented version of SafeCare was approved based on Jane Silovsky’s 2011 study conducted in rural Oklahoma. More details to come in our January 2013 newsletter. If you have currently been working with your state with MIECHV dollars and would like to discuss options of incorporating SafeCare into your work, please contact (one of us) directly.

For more information, see http://homvee.acf.hhs.gov/document.aspx?rid=1&sid=18

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Photo Courtesy of the Indian Health Service/U.S. Department of Health and Human Services.
Georgia’s Governor’s Office for Children and Families Awards Grant: A Pilot Study for Group SafeCare

Last month, Dr. Jenelle Shanley was awarded a grant through Georgia’s Governor’s Office for Children and Families (GOCF: click here for GOCF newsletter). This project will be the first to implement the recently developed Group SafeCare. The group curriculum is in the final stages of development, thanks to a seed grant from Emory’s Center for Injury Control.

One of the primary objectives of the GOCF grant is to provide prevention services to families in rural Georgia. NSTRC is partnering with a local SafeCare agency, Home Ministries, to provide services to families in the rural counties of Polk and Haralson. Two providers will conduct standard SafeCare through in-home services, while two other providers will conduct Group SafeCare. NSTRC will work with local organizations, such as churches, daycare centers, WIC office and pre-kindergarten centers to recruit families for the pilot study. NSTRC plans to serve a total of 48 families who have no current or prior involvement in child welfare. Direct services will begin in January 2013. Though this project, NSTRC hopes to understand:
1. The impact of group-based SafeCare on parent acquisition of skills.
2. The utility of individual home-based and group-based SafeCare from the prospective of parents and providers.
3. The impact of individual home-based and group-based SafeCare services to prevent child abuse and neglect during the service period. This will provide important information to refine the group curriculum before further trials and implementation.

SafeCare Staff Gets Healthy!

As human service professionals, we spend our work days taking care of other people. While our work has numerous rewards, there are times that is can be challenging as well. To help us get through such challenges, it is incredibly important to remember to take care of ourselves in our personal lives. We at NSTRC are trying to make more conscientious efforts to take care of ourselves. As one activity this month, several of our NSTRC staff participated in the Atlanta Corporate Run, which is a 5K race. That is 3.2 miles! This activity allowed our staff to bond and to get some good exercise in the process.

We hope to encourage all of you, the wonderful individuals in our hardworking SafeCare community, to do something to take care of yourself this month...whether it is going for a long walk, a fast run, having dinner with a friend, or simply just taking a few moments to stop, take a deep breath, and pat yourself on the back for the wonderful work that you do each day. You all deserve it.

We invite all of our SafeCare community members to send us photos or stories about individual or group events you do to take care of yourself in your personal lives.

-By Shannon Self-Brown
The mission of our private non-profit agency in Santa Barbara, California is to prevent, assess and treat child abuse. At CALM, which stands for Child Abuse Listening Mediation, we have made a commitment to implementing evidence-based practices whenever possible. When the opportunity to be part of the SafeCare came along we were excited to add this parenting curriculum to our menu of programs because it furthered our mission and expanded our focus on early intervention and child abuse prevention.

As part of our contract with local Child Welfare Services, and in line with the National SafeCare guidelines, once we had a qualified trainer, we wanted to grow the program and build capacity as much as possible in our local community.

To that end our certified trainer, Martha Ruiz, has been providing the SafeCare training for home visitors and family advocates across the County and has trained a total of ten new home visitors to date.

After our last training we decided to have a re-union luncheon inviting the original staff, (five out of six are still working for the SafeCare program), the newly trained staff and the other SafeCare providers working in the field. A total of nine SafeCare staff showed up to the luncheon where Martha was presented with flowers and a card thanking her for successfully helping to cascade this program from one end of the county to the other. We went around the room and shared some stories of our most challenging home visit and our most rewarding ones. Some of the less successful ones involved encountering big dogs unexpectedly, navigating around the home of a hoarder, not being allowed into someone’s home and having to conduct sessions on the front porch or in the garden. Luckily the success stories were also very evident and staff mentioned the tremendous growth in confidence that occurred for many parents and the pride that they experience on graduating from the program.

Just like our families, we feel fortunate to be a part of SafeCare and hope that we can continue to grow and expand this program in Santa Barbara County.

-By Deborah Holmes
CALM Associate Director
Congratulations to one of our very own Graduate Research Assistants, Rebecca Palmer (now “Rebecca Palmer, MPH!”). Rebecca successfully defended her SafeCare-related thesis on July 20th, 2012, graduating with her Master’s of Public Health on August 7th, 2012. Dr. Daniel Whitaker served as thesis chairperson; Dr. Shannon Self-Brown and Dr. Anna Edwards-Gaura, were thesis committee members.

The purpose of the thesis was to examine the relationship between SafeCare home visitor fidelity and competence. *Fidelity* is whether a particular SafeCare behavior was performed by the home visitor. *Competence* is how well the home visitor performed the key skills of SafeCare. Rebecca and other graduate assistants listened to over 220 audio recordings of SafeCare sessions and rated them for both fidelity using the standard SafeCare fidelity checklists, and competence using a new measure developed by NSTRC. Rebecca’s results showed that fidelity and competence were related (as would be expected), but did not appear to be identical constructs. Further work on the competence measure is needed including refining definitions to obtain better reliability, and examining how fidelity and competence relate to parents acquisition of SafeCare skills.

Great work, Rebecca! We are proud of Rebecca as she has moved on to further study. Rebecca is pursuing her Doctor in Osteopathic Medicine at Philadelphia College of Osteopathic Medicine, Georgia Campus.

NSTRC is excited to partner with the Georgia Division of Public Health’s Children 1st program to implement the Parent-Child/Parent-Infant modules with participating families. The Children 1st program’s mission is to identify children who are at risk for poor health or developmental outcomes and ensure appropriate interventions are made available to promote healthy growth and development. Children 1st utilizes the Electronic Birth Certificate to identify newborns with or who are at risk for poor health and development outcomes and also receives referrals from health and community partners for children 0-5 years old. It is a “single-point-of-entry” to a statewide system of public health and prevention services for families. One of the goals of this program is “to assist families in recognizing and addressing needs that affect their capacity to provide healthy, safe and nurturing environments for their children.” This makes implementing the PCI and PII modules of SafeCare a natural fit!

On September 5-7, staff members from Cobb/Douglas, Dougherty and Richmond Counties were trained in the PCI and PII modules, as well as structured problem solving. All of the staff, who’s educational backgrounds include nursing, child development and education, have wide-ranging experiences assisting and supporting families by providing essential health assessments such as the Ages and Stages Questionnaire (ASQ) and linking parents to much needed services such as housing and job training. The Children 1st staff is enthusiastic about providing an additional layer of education and support to the families they serve and we welcome them to the SafeCare family!