



About SafeCare

Established in 1979, SafeCare is an evidence-based, behavioral parent-training program for families at-risk or reported for physical abuse or child neglect. Trained SafeCare professionals provide in-home, module-based skills training to parents targeting parent-child interaction, home safety, and child health for children ages 0-5 years. SafeCare training is available through the National SafeCare Training and Research Center at Georgia State University. SafeCare services are currently available throughout the United States and internationally. For more information, visit www.safecare.org.

Overview of Research

There have been numerous studies conducted to develop and validate SafeCare or extensions of the model. Three of the most significant studies to-date which highlight critical findings are reviewed below.

For direct links to SafeCare research resources, visit <http://safecare.publichealth.gsu.edu/links/>.

1 SafeCare Effectiveness in Preventing Child Maltreatment Recidivism

In 2012 *Pediatrics* published a 10-year, randomized trial of SafeCare conducted with over 2,100 high-risk families. The purpose of the study was to examine whether SafeCare as compared to home visiting services as usual reduced future child welfare reports among participating families. According to the study:

- SafeCare reduced child maltreatment recidivism by 26% (HR = .74) relative to the family preservation program
- SafeCare prevented between 64 and 104 recidivistic reports per 1,000 cases relative to services as usual

Other randomized trials have found differences on a range of outcomes (maternal social support, child abuse potential, maternal depression, greater service utilization, and greater use of non-violent discipline) favoring SafeCare as compared to usual services.

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Cost-Benefit

The independent Washington State Institute on Public Policy (<http://www.wsipp.wa.gov/>), which conducts return on investment analyses of national parenting programs, concluded that **SafeCare returns \$20.80 in benefits for every one dollar invested in implementation. Notably, SafeCare was found to be one of the the most cost-efficient programs.**

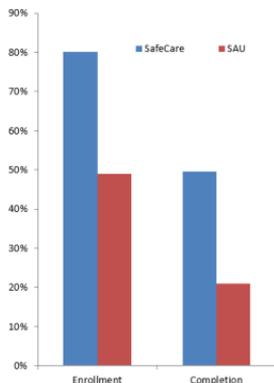
Evidence Based Practice List

1. **Title IV-Prevention Services Clearinghouse** <https://preventionservices.abtsites.com/>
2. **California Evidence-Based Clearinghouse for Child Welfare (CEBC)** <http://www.cebc4cw.org/>
3. **Home Visiting Evidence of Effectiveness (HomVEE)** <https://homvee.acf.hhs.gov>
4. **Child Welfare Information Gateway** <https://www.childwelfare.gov/>
5. **Washington State Institute for Public Policy (WSIPP)** <https://www.wsipp.wa.gov/>

2 SafeCare Family Engagement

In 2010 **Child Maltreatment** published a study that examined the influence of provider, program, and individual factors, as well as maternal and family demographic and risk variables in predicting service enrollment and completion in SafeCare and a standard community care program (services as usual).

Of 398 total families, SafeCare families were much more likely to enroll in services (80% versus 49%). Over 80% of families receiving SafeCare remained engaged in services (mean hours = 36), while only 33% of families receiving services as usual remained engaged. Additionally, families receiving SafeCare services reported a mean satisfaction score of 65%.



3 SafeCare Outside of the Child Welfare System

SafeCare has also been examined as an intervention outside of the child welfare system. Lefever and colleagues (2017) published findings from a research project that compared parent and child outcomes for high-risk parents recruited from community settings, who were assigned to either the SafeCare Parent-Child Interaction (PCI) module to a no-services control group. Findings indicated that parents receiving SafeCare PCI displayed improved parenting practices, lower maternal depression, and had more stimulating home environments compared to parents in the control group up to 1-year after receiving PCI. Findings demonstrated positive child level outcomes as well, including lower levels of externalizing behavior problems and increases in adaptive functioning.

SafeCare addresses three critical content skills to preventing and addressing neglect and abuse of young children: parent-child interactions, home safety, and child health. The protocols for each area have had expert validation, randomized control trials, and multiple single-case studies conducted to demonstrate effectiveness.

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Key References

- Chaffin, M., Hecht, D., Bard, D., Silovsky, J. F., & Beasley, W. H. (2012). A Statewide Trial of the SafeCare Homebased Services Model With Parents in Child Protective Services. *Pediatrics*, *129*(3), 509-515.
- Damashek, A., Doughty, D., Ware, L., & Silovsky, J. (2011). Predictors of client engagement and attrition in homebased child maltreatment prevention services. *Child Maltreatment*, *16*(1), 9-20.
- Lefever, J. E. B., Bigelow, K. M., Carta, J. J., Borkowski, J. G., Grandfield, E., McCune, L., ... & Warren, S. F. (2017). Long-term impact of a cell phone-enhanced parenting intervention. *Child Maltreatment*, *22*(4), 305-314.