

## Program Overview: Project SafeCare

Please note that the accuracy of the contents of this inventory cannot be guaranteed until the program director has reviewed this summary for accuracy. Changes may be pending.

Category	Home Visit Intervention/Out of Home Placement Programs	Definitions/ Notes
<b>Program Name</b>	Project SafeCare	
<b>History of Program</b>	Project SafeCare is a systematic dissemination of the Project 12-Ways Program, which attempts to address a broad spectrum of risks associated with child abuse and neglect. Project SafeCare focuses on the three of the 12-Ways components: child health care, home safety and accident prevention, and positive parent child interactions. SafeCare is based on the premise that child maltreatment results from a combination of factors including characteristics of individual parents, interactions between parents and children, and social and cultural forces. Because SafeCare utilizes an ecobehavioral model, services are always implemented directly in the home environment.	ank
<b>Description of Program as it Relates to addressing CEV</b>	Project SafeCare is designed to address the training and information needs of abusive and neglectful parents, as well as parents that are at high risk for abuse and neglect due to parent characteristics such as age, lack of social support, and a low level of education. Parents who completed the Project SafeCare program have been shown to significantly improve performance in home safety, health care, and positive parent child interactions. Project SafeCare has also been shown to reduce future instances of abuse and neglect in maltreating families.	

Highlighted text indicates program components are currently under review. Changes may be pending.

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<b>Service Continuum</b>	Secondary/Selective Intervention Tertiary/Targeted Intervention	
<b>Primary Exposure Type</b>	Physical Abuse Neglect	
<b>Target Population</b>	Parent/Caregivers(s)	
<b>Target Age</b>	0 - 2 Early Childhood (3-5)	Blank
<b>Target Gender</b>	Both	
<b>What Adaptations have been made?</b>	If yes, please describe: SafeCare has been adapted for use with parents that have low intelligence and/or learning disabilities.	Blank
<b>Primary Settings</b>	Homes (biological/adoptive)	Blank
<b>Persons or Entities in charge of delivering Program</b>	Home Visitors	
<b>Primary Components</b>	Assessment/ Triage/Screening Referrals Home-Visiting	

## Resource & Capacity Planning

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<b>Length/Duration of Program</b>	Please Describe: Project SafeCare is a time-limited intervention program designed to be delivered over a period of 20 to 24 weeks, and consisting of 5 or 6 sessions on each of the three components of the program.	
<b>Required Materials</b>	Manuals/Program materials Fidelity Checklists/Assessments Technical Assistance Other (Please Describe) Basic safety equipment (such as outlet covers and cabinet latches) is provided to parents.	
<b>Are Materials Available in Multiple Languages?</b>	Most SafeCare program materials are available in Spanish.	
<b>Training Requirements</b>	Face-to-face training Supervision Consultation	Training in the SafeCare model is provided by The Center for Child Well-Treatment at the Marcus Institute or the National SafeCare Training and Research Center at Emory University. Basic training for home visitors includes a five day workshop (limited to 3-4 participants) focused on observation, and role-play of essential skills. Workshops are followed by monitored provision of SafeCare services in which trainees are required to demonstrate mastery of program skills. In addition to the SafeCare model,

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		<p>participants are also trained in engagement strategies, listening skills, and problem solving. Additional training is provided for supervisors. A minimum of one year of technical support is provided following training in order to ensure fidelity to the model, and may include conference calls, email, and assessment of audiotaped sessions.</p>
<b>Provider Certification/Training/Requirements</b>	Program Specific Certification/Training Required	<p>The SafeCare program can be provided by a variety of professional and paraprofessional staff including bachelor's-level home visitors, graduate students, caseworkers from community and state agencies, and mental health providers.</p>
<b>System or Agency Recommendations for Serving CEV Populations</b>	With-in Agency Support & Infrastructure	<p>Broad organizational support is essential in order to successfully implement the SafeCare program. Organizations must ensure appropriate financing of home visitor staff, including training, supervision, and fidelity monitoring. Additionally, organizational knowledge and enthusiasm for evidence-based practices and the ability to secure buy-in from organizational leaders is necessary. The Center for Child Well-Treatment at the Marcus Institute has developed an implementation planning worksheet designed to help agencies evaluate crucial considerations in implementation of the SafeCare Model, as well as scripts for introducing the model to agency personnel.</p>

## Evidence for CEV

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<b>Evidence for Preventing or Addressing Violence Exposure</b>	<p><b>Effective</b> Program demonstrates effectiveness in reducing either the risk of exposure and/or ameliorating the effects of exposure to violence (e.g., related behavioral distress, PTSD, perpetration/assault, nightmares) among children or caregivers.</p>	
<b>Evaluation Design of Studies with CEV</b>	<p>Quasi-experimental design Pre- and post-test (no comparison group)</p>	<p>Blank</p>
<b>Violence Exposure-Related Outcomes</b>	<p><b>Child</b> (Briefly Describe) Children of parents completing treatment showed a statistically significant improvement in following parents' instructions.</p> <p><b>Parent</b> (Briefly Describe) In a pre- posttest study, parents completing treatment with Project SafeCare demonstrated significant improvements in child health-care skills, physical safety of the home, and parenting.</p> <p>Parents completing the Project SafeCare program were significantly less likely to have a recurrent report of child maltreatment, and were less likely to have children removed from the home than comparison families. Group differences remained significant at 3 years posttreatment.</p>	<p>Blank</p>
<b>Additional Research</b>	<p>Study 1: <b>Design, Setting, Participants:</b></p>	<p>Study 1:</p>

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<p><b>Information</b></p> <p>(This will be a link to another page, a drill down box or separate section)</p>	<p>Participants (N = 266) included maltreating families referred to Project SafeCare by the Department of Children and Family Services and families without a documented history of maltreatment considered to be at high risk referred by social workers at a hospital in Los Angeles, California. All families had a target child between birth and 5 years old. Families with reports of substance abuse or sexual abuse were required to be enrolled in a treatment program to address those issues. 41 families completed all three components of the SafeCare program.</p> <p><b>Outcome Measures:</b></p> <p>Parent’s knowledge of basic health care for children was assessed with a 10 item true/false quiz and by parent’s demonstrated behavior in 5 role-play scenarios. The Home Accident Prevention Inventory-Revised was used to assess physical hazards in the bathroom, living room, kitchen, and the child’s bedroom. Parent’s use of positive parenting skills was assessed observationally by measuring the number of appropriate and inappropriate behaviors in six domains: eye-to-eye leveling, attending to the child, touching, verbalizations, giving instructions, and incidental teaching. Children’s (but not infants) observed responses to parents were measured in four domains: verbalizations, aggression, affect, and following instructions. Parents were also assessed on their ability to use the ten steps of the Planned Activities Training.</p> <p>Study 2:</p> <p><b>Design, Setting, Participants:</b></p> <p>This study utilizes the 41 participants from Study 1 that completed the three components of the Project SafeCare program. A matched comparison group of maltreating families treated with traditional, home-based, time-limited family</p>	<p>Gershater-Molko, R.M., Lutzker, J.R., &amp; Wesch, D. (2002). Using recidivism data to evaluate Project SafeCare: Teaching “bonding”, safety, and health care skills to parents. <i>Child Maltreatment</i>, 7, 277-285.</p> <p>Study 2: Gershater-Molko, R.M., Lutzker, J.R., &amp; Wesch, D. (2003). Project SafeCare: Improving health, safety, and parenting skills in families reported for, and at risk for child maltreatment. <i>Journal of Family Violence</i>, 18, 377-386.</p>

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	<p>preservation services was compiled from the records of Department of Children and Family Services. Participants in the comparison group were matched on the birth month of the child and the geographic location of the family's residence.</p> <p><b>Outcome Measures:</b>  Recidivism information was collected for each family for a minimum of 24 months following treatment. The date, nature of incident, and outcome were recorded for substantiated cases of abuse and neglect.</p>	
<b>Conceptual Framework/ Theoretical Design</b>  <b>( For internal use)</b>	Reputable	<b>Reputable-</b> A program with this level uses a framework that is widely reputable in scientific community and has an extensive research base. For example, Parenting through Change is based on the Social Learning Model.
<b>Sources</b>	Empirical Studies (peer-reviewed journal) Review Article (peer-reviewed journal)	

## Contact Information

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## Selected Publications/References

Edwards, A., & Lutzker, J. R. (2008). Iterations of the SafeCare® model. An Evidence-based Child Maltreatment Prevention Program. *Behavior Modification*, 32, 736-756.

Gershater-Molko, R.M., Lutzker, J.R., & Wesch, D. (2002). Using recidivism data to evaluate Project SafeCare: Teaching “bonding”, safety, and health care skills to parents. *Child Maltreatment*, 7, 277-285.

Gershater-Molko, R.M., Lutzker, J.R., & Wesch, D. (2003). Project SafeCare: Improving health, safety, and parenting skills in families reported for, and at risk for child maltreatment. *Journal of Family Violence*, 18, 377-386.

Whitaker, D.W., Lutzker, J.R., Self-Brown, S., & Edwards, A.E. (2008). Implementing an evidence-based program for the prevention of child maltreatment: The SafeCare Program. *Report on Emotional & Behavioral Disorders in Youth*, 8, 55-62.