



SafeCare Arkansas: 2017-2022 Evaluation Results

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Program Overview

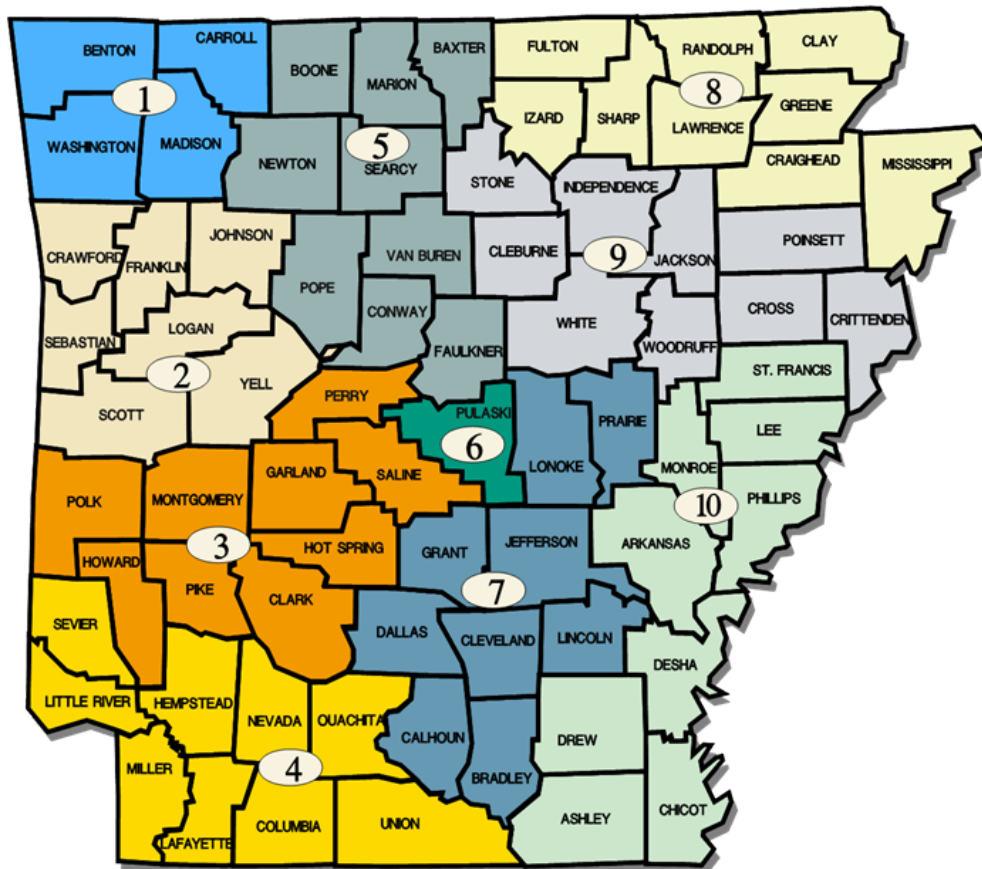
In 2017, SafeCare® AR was developed by the Arkansas Children’s Home Visiting Network with funding from the Arkansas Department of Human Services, Division of Children and Family Services (DCFS). The goal of SafeCare is to support families to reduce household and parenting risks, increase safety, and ultimately to provide optimal and permanent home environments for children.

SafeCare is a structured, evidence-based home visiting program that involves a SafeCare provider and parent working together to promote positive interaction between parents and their children. This is done through parent skill building in the home, including modeling and teaching role-play, which helps parents improve their parenting and decision-making skills, as well as knowledge of their child’s health and safety needs.

The program is structured into three distinct modules: Home Safety, Child Health, and Parent-Infant Interaction (PII) or Parent-Child Interaction (PCI), the last of which depends on the child’s age at enrollment. Each module is conducted over six 1-1.5-hour sessions and families are typically enrolled for 18 to 22 weeks. All modules use a similar teaching model: An initial assessment session, four sessions of training, and a final re-assessment session.

This report details findings from the state of Arkansas. See Figure 1 below for a map of AR DCFS Regions.

Figure 1. DCFS Regions Map



Model Description

SafeCare is an in-home parent training program developed by the National SafeCare Training and Research Center (NSTRC) at Georgia State University.¹Click or tap here to enter text. The program is designed for families with children ages birth to 5 who are at risk for child abuse or neglect.

Curriculum

SafeCare provides a curriculum of 4 possible modules for treatment.²Click or tap here to enter text. Each family receives either Parent-Child Interaction or Parent-Infant Interaction, depending on the age of children. All families, regardless of age, participate in a Health module and a Safety module. Families typically participate in 6 sessions per module over 18-20 weeks. Sessions typically last 60-90 minutes. At the beginning of each module, providers conduct an observational assessment to determine parents' skills and needs. Another observation occurs at the end of each module to determine skills uptake. Descriptions of each module are provided below.

During the *Parent-Infant/Child Interaction (PI/PCI)* assessment and training, parents receive instruction on target behaviors that reduce the risk of child physical abuse and neglect by improving parent-child interactions and reducing difficult child behaviors. Providers assess parent-child interactions using the iPAT Assessment Form (infants 0-18 months) and the cPAT Assessment Form (children 18 months-5 years old). To set the foundation for positive interactions, caregivers learn to organize activities by preparing in advance, establishing routines, explaining expectations and following through with them, using positive verbal and physical interactions, and transitioning between activities.

To reduce the risk of unintentional injury from home hazards, caregivers participate in the *Home Safety* module. Providers assess accessible home hazards with the Home Accident Prevention Inventory Assessment form, help parents child-proof their homes, and teach the importance of parent supervision according to the developmental age of the child.

The *Child Health* module provides parent instruction on decision-making strategies aimed at reducing medical neglect. Providers assess parent skills using the Sick or Injured Child Checklist Assessment Form; teach caregivers how to differentiate between situations that require emergency medical services, nonemergency medical services, and home care; and teach caregivers how to maintain their children's medical records.

All parenting skills are taught using these 4 principles: (1) explaining skills and why they are important, (2) demonstrating how to do each skill, (3) having parents practice the skills, and (4) providing positive and corrective feedback to parents on their use of skills.

Implementation

The NSTRC conducts an implementation planning process for each agency that adopts the model. The NSTRC collects information about the agency to ensure readiness, conducts an initial webinar to introduce SafeCare, and provides materials to educate staff about the program. Agencies then review appropriate documents

¹ Georgia State University. National SafeCare Training and Research Center. Published 2018. <https://safecare.publichealth.gsu.edu/>

² Georgia State University. SafeCare® Model. Published online 2018. <https://safecare.publichealth.gsu.edu/safecare-curriculum/>

independently and evaluate the logistics of implementation at their site. Prior to initiating training, NSTRC faculty conduct an in-person orientation that confirms the agency's population is appropriate for SafeCare, that leadership and staff support SafeCare, and that staff have been familiarized with the program. When agencies are ready to move forward with implementation, the NSTRC conducts a 4-day training workshop for providers.

Throughout the implementation process, agencies continue to receive support. Certified Coaches support Providers by observing home visits to assess fidelity and guide feedback to the provider. Trainers support Coaches by assessing the reliability and quality of the coaching session. NSTRC also provides technical assistance to agencies during the first year of implementation.

When the agency is ready to assume autonomy, providers can complete a 2-day Coach training followed by 6 months of support from the NSTRC as they work toward Coach certification, which will allow the agency to train future Providers in-house. The NSTRC works with the agency to develop a sustainable plan that ensures program continuity as the agency becomes independent.

Staffing

Although NSTRC does not have educational requirements for SafeCare providers, the California Evidence-Based Clearinghouse for Child Welfare (CEBC) states that a bachelor's degree in human services is preferable.³ However, for successful implementation, providers must be open to new models of service and be willing to use a structured protocol for delivery.⁴ Organizations need to provide a great deal of communication about possible implementation prior to training. Training occurs at 3 levels: Provider, Coach, and Trainer. See Appendix A1 for information on staff education, experience, and other demographics.

Provider

To become a SafeCare Provider, trainees must attend a 4-day workshop and complete the required curriculum. Providers receive support from SafeCare Coaches or Trainers to become certified SafeCare Providers. To reach certification, individuals must demonstrate proficiency in delivering SafeCare with families across 3 sessions in each module (9 total). As of June 2022, 96% of individual providers in Arkansas were certified.

Coach

To become a SafeCare Coach, individuals attend the Provider workshop, and they must attend a 1-day Coach Workshop. Following the workshop, a SafeCare Trainer supports the trainee to become certified as a SafeCare Coach. To reach certification, individuals must demonstrate proficiency in fidelity monitoring of SafeCare Providers, leading SafeCare team meetings, and providing coaching on SafeCare home visiting skills. Regions 4, 8, 9, and 10 are currently coached by the state office until their Enrollment Coordinators are certified, at which time each region will have its own coach.

Trainer

To become a SafeCare Trainer, individuals must complete certification in SafeCare home visiting and coaching and have substantial experience in using the SafeCare model. Additionally, they must attend a 3-day Trainer

³ California Evidence-Based Clearinghouse. SafeCare Program Overview. Published online 2018.

⁴ Georgia State University. SafeCare Training Levels. Published online 2018.

Workshop and complete the required curriculum. Following the workshop, an individual receives support from the NSTRC Trainer to become certified as a SafeCare Agency Trainer. To reach certification, individuals must demonstrate proficiency in delivering a SafeCare Provider Workshop. Additionally, they must demonstrate proficiency in supporting a Coach. After certification, SafeCare Trainers receive six months of support and are required to complete recertification every year. SafeCare Arkansas currently has one certified trainer, with two more expected to complete the process by the end of the year.

Fidelity

Various assessments are used to monitor fidelity. CEBC states, “There are three fidelity assessment forms that are used for each SafeCare module to assess the provider’s delivery of the program to a family. Each assesses approximately 30 behaviors that should be performed during the SafeCare session (e.g., the provider opens the session, observes parent behavior during practice, and provides positive and corrective feedback). Each item is rated as ‘implemented,’ ‘not implemented,’ or ‘not applicable’ to that session. Coaching sessions are also rated for fidelity using a coach fidelity assessment form.”⁵

In 2016, NSTRC rolled out an accreditation process to ensure that agencies uphold SafeCare model standards.⁶ SafeCare Arkansas has received national NSTRC accreditation in every year of its implementation with the most recent accreditation documented in March 2022.⁷

Clearinghouse Ratings

CEBC has assigned SafeCare a “level 2 scientific rating (supported by research evidence)” in 5 different topic areas related to child abuse and neglect and “level 3 (promising research evidence)” in the area of Home Visiting Programs for Child Well-Being.⁸

Additionally, the model is rated as “Supported” by the Title IV-E Prevention Services Clearinghouse.⁸ Click or tap here to enter text. Reviewers found evidence of favorable impacts on out-of-home placements. However, the model does not meet HomVEE criteria for an evidence-based early childhood home visiting delivery model.⁹ The HomVEE review found evidence that adaptations of SafeCare were effective among general populations but not for tribal populations.

⁵ California Evidence-Based Clearinghouse. SafeCare Program Overview. Published online 2018.

⁶ Georgia State University. SafeCare Accreditation. Published online 2020.

⁷ Whitaker DJ, Self-Brown S, Hayat MJ, et al. Effect of the SafeCare© intervention on parenting outcomes among parents in child welfare systems: A cluster randomized trial. *Preventive Medicine*. 2020; 138. doi:10.1016/j.ypmed.2020.106167

⁸ Associates A. SafeCare Program. Title IV-E Prevention Services Clearinghouse. Published 2020. <https://preventionservices.abtsites.com/programs/221/show>

⁹ Mathematica Policy Research. SafeCare In Brief. Home Visiting Evidence of Effectiveness. Published 2017. [https://homvee.acf.hhs.gov/effectiveness/SafeCare®/In brief#Modeldescription-d](https://homvee.acf.hhs.gov/effectiveness/SafeCare®/In%20brief#Modeldescription-d)

Families Served

Referrals to SafeCare

SafeCare AR received 3,655 adult referrals (primary caregivers) from July 1, 2017, through June 30, 2022, with 3,126 adults enrolled in services (86% enrollment rate¹⁰). A total of 56 adults were referred more than once. To reduce duplication for these clients, their last SafeCare enrollment was used in data analysis, except for reporting in Tables 1 & 2¹¹. See Table 1 below for a breakdown of enrollment by DCFS region.

When looking at data from the last fiscal year only, SafeCare received 1,213 adult referrals from July 1, 2021, through June 30, 2022, with 1,055 adults enrolled in services (87% enrollment rate) and served over 900 families. For information on services within the last fiscal year, see Appendix Table B1.

Table 1. SafeCare AR has served over 3,200 families since July 2017. (Referrals & clients served, by region)

Geography	Families Referred	Families Served	Families Served & Exited	Adults Referred	Adults Served	Adults Served & Exited	Children Served	Children Served & Exited
Region 1	501	388	349	623	479	422	446	403
Region 2	470	415	368	566	501	439	437	382
Region 3	292	251	209	343	293	245	274	229
Region 4	194	172	150	212	190	167	176	152
Region 5	218	165	139	231	178	151	170	142
Region 6	831	728	680	875	768	712	810	752
Region 7	123	108	85	139	121	93	114	89
Region 8	336	297	284	409	352	339	377	364
Region 9	115	106	99	116	106	99	110	103
Region 10	191	171	139	197	175	142	175	142
Unduplicated Total	3219	2767	2470	3655	3126	2774	3057	2728
Duplicated Total	3271	2801	2502	3711	3163	2809	3089	2758

Note: Not all those who were referred to SafeCare received services. "Served" is defined as when a client signs consent for services. For this table, "unduplicated" is defined as the following: Regardless of how many times a client was referred/served/dismissed, they are counted once within the unduplicated total row. For this table, "duplicated" is defined as the following: If an individual is referred/served/dismissed multiple times and/or across multiple regions, each occurrence will count in the relevant region/column. Regional data is duplicated unless otherwise stated.

¹⁰ SafeCare AR services are provided only when there is an open investigation/protective services case. In some of these cases, DCFS closed the case before SafeCare was completed, thus ending services (ex. child removed from home, DCFS case closed, unsubstantiated referral, etc).

¹¹ Number of unduplicated primary caregivers ("adults") referred to SafeCare vs. those served/served and dismissed. Primary caregivers are always assigned as "adults" in the system, though they may be underage.

Table 2 below provides details for referrals that did not lead to enrollment (this information is provided in percentages in Appendix Table A2. The most common reasons were families being ineligible for services (207) and SafeCare staff losing contact with families (201).

Table 2. Adults being ineligible for services and loss of contact were the primary reasons referred clients were not enrolled in SafeCare. (Potential clients who were not enrolled & why, by region)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total	Dup. Total
Ineligible for Services	62	31	6	9	15	42	7	21	0	9	202	207
Lost Contact	38	14	9	13	18	61	9	20	4	6	192	201
Family Declined Services	26	16	19	3	11	15	1	8	2	7	108	111
Child(ren) removed from home	10	6	7	1	8	14	3	7	2	0	58	58
Unsubstantiated Referral	8	7	7	0	1	5	0	5	0	2	35	35
Mistake-Duplicated Referral	0	2	0	0	1	1	0	6	0	0	10	10
Imprisonment	1	3	1	0	1	2	0	0	0	0	8	8
Death of child	1	1	0	0	0	2	0	1	0	0	5	5
Family Unable to Meet Virtually	0	0	2	0	0	2	0	0	0	1	5	5
Home Visiting Organization Closed	0	0	0	0	2	0	0	0	0	0	2	2
Full Caseloads	0	0	0	0	0	0	0	0	0	1	1	1
Parent Death	0	0	0	0	0	1	0	0	0	0	1	1
Total	146	80	51	26	57	145	20	68	8	26	610	-
Duplicated Total	151	81	51	26	57	152	20	70	8	28	-	644

Note: A client may be counted more than once in any row/column unless otherwise stated. For this table, "unduplicated" is defined as the following: Regardless of how many times a client was referred/dismissed for a given reason, they are counted once within that reason in the unduplicated total column. For this table, "duplicated" is defined as the following: All referrals are considered individual instances, and a client may be counted multiple times within referral reasons and/or regions. Regional data is duplicated unless otherwise stated.

Demographics of Parents/Caregivers

A total of 2,774 unique caregivers were served and exited by the SafeCare Arkansas program from July 2017 through June 2022 (see Table 3 below for caregiver demographics and Appendix Table A3 for this information in percentages).

Table 3. The majority of SafeCare clients identify as female & White. (Demographics of adults served, by frequency)

Demographics	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Gender											
Female	345	349	196	139	134	671	81	279	95	136	2425
Male	76	84	44	22	13	38	8	58	2	4	349
Race & Ethnicity											
Asian	1	2	0	0	0	2	0	0	0	0	5
Black	24	28	30	67	10	475	30	75	30	95	864
Hawaiian/Pacific	10	0	0	0	0	1	0	0	0	0	11
Hispanic	45	16	3	8	4	20	1	7	1	1	106
Multiracial	11	4	13	4	2	9	3	5	2	0	53
Native American	13	6	1	0	0	0	0	0	0	0	20
Unknown or Other	0	3	3	0	0	0	0	1	0	0	7
White	317	374	190	82	131	202	55	249	64	44	1708
Age at Enrollment											
8-13	0	0	0	1	0	1	0	0	0	0	2
14-19	40	40	24	14	18	46	6	22	7	4	221
20-24	129	131	75	60	52	216	34	114	30	46	887
25-29	124	125	74	43	44	207	26	94	32	52	821
30-39	107	123	59	33	28	221	20	95	27	37	750
40+	21	14	8	10	5	18	3	12	1	1	93
Unduplicated Total	421	433	240	161	147	709	89	337	97	140	2774

Note: Data from adults served and exited. Adult is defined as primary caregiver of the child. Hispanic ethnicity was not measured as a distinct racial category, rather it was a yes/no in addition to participants' racial identification. We do not have demographic information for every participant, as some exited the program before intake was completed. All data is unduplicated. For this table, "unduplicated" is defined as the following: A participant is only counted one time, regardless of if they had multiple SafeCare enrollments over time, or if those enrollments happened in multiple regions over time. Participants are counted in the last region where they received services.

Table 4 below displays the most common reasons why potential clients were referred to SafeCare. The most common reasons were Garretts Law (1729), inadequate supervision (460), failure to protect (218), and environmental neglect (218). See Appendix A4 for this data in percentages. When looking at data from the last fiscal year, Garretts Law (397), inadequate supervision (118), failure to protect (87), and environmental neglect (48) were also the top four referral reasons. See Appendix Table B2 for more information.

Table 4. Garrett’s Law is by far the primary reason potential clients are referred to SafeCare.
(Children associated with allegation type, by frequency)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Garretts Law	238	201	151	87	85	516	58	211	73	109	1729
Inadequate Supervision	64	91	28	23	32	102	10	86	13	11	460
Failure To Protect	69	28	10	24	15	44	4	21	8	8	231
Environmental Neglect	45	42	17	11	11	41	3	35	5	8	218
Exception With Unlisted Allegation	24	24	3	0	3	20	5	12	0	5	96
Medical Neglect	5	21	5	6	5	26	3	4	0	6	81
Inadequate Food	11	9	3	1	9	11	4	6	2	3	59
Inadequate Shelter	10	7	2	0	9	10	4	5	1	3	51
Substance Misuse	11	1	5	0	2	15	1	8	7	0	50
Failure To Thrive	6	1	4	1	0	20	2	2	0	2	38
Inadequate Clothing	8	4	2	0	8	2	3	2	2	3	34
Failure To Provide Essential Needs	7	10	3	0	2	5	0	4	1	1	33
Threat Of Harm	1	6	0	0	0	16	0	7	0	0	30
Educational Neglect	2	4	1	0	1	1	0	0	0	0	9
Malnutrition	2	1	0	1	0	2	0	0	1	0	7
Medical Neglect Of a Disabled Infant	0	0	0	0	1	3	0	0	0	0	4
Exception Without Allegation	0	0	1	0	0	0	2	0	0	0	3
Extreme Or Repeated Cruelty	1	0	0	0	0	0	0	0	0	0	1
Lock Out	0	1	0	0	0	0	0	0	0	0	1
Munchausen Syndrome	0	1	0	0	0	0	0	0	0	0	1
Unduplicated Total	402	378	222	147	140	750	85	363	101	140	2728

Note: Data from children served and exited. Figures above are numbers of children associated with each allegation type, not numbers of allegations overall. Regional column data may be duplicated. For this table, "duplicated" is defined as the following: If a referral included multiple allegations, all of those reasons will be included in the numbers above, up to once per-child per-reason within a region. If a child was part of multiple allegations over time across multiple regions, each allegation is counted for every region the child was associated with and are displayed in the final region of service. Final region of service is decided by 1) The region of their last program completion OR 2) If the participant never completed a program, their final region is the last region they were dismissed from.

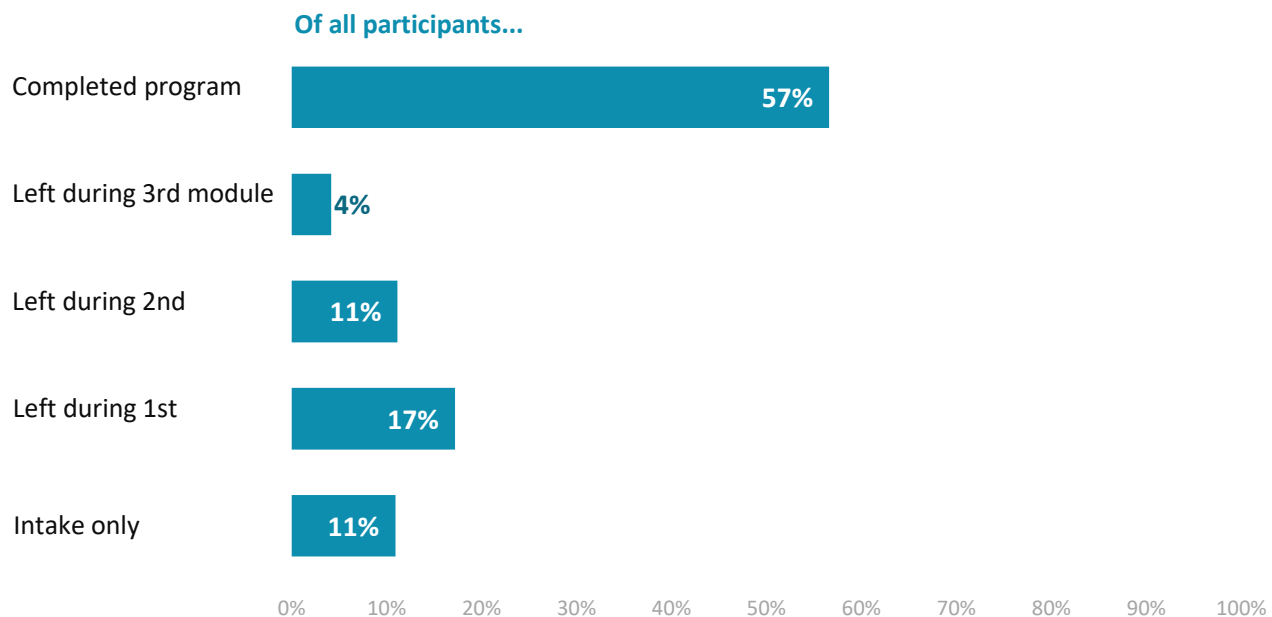
Program Completion Rates & Modules Delivered

As of June 30, 2022, a total of 2,774 unique adult caregivers have been served and exited from SafeCare AR. There were 1,570 unique participants who completed the program (with or without a certificate). The overall program completion rate is 57% (this rate includes reasons that were not under SafeCare staff control, such as DCFS closing a case before the caregiver could complete SafeCare). Figure 2 below displays participant exit timing and Table 5 below details the reasons participants left or were dismissed by the program; see Appendix Table A2 for percentages.

Overall, 57% of program participants completed SafeCare, with the first module being the most common time for participants to leave/be unenrolled. Approximately 72% of enrollees complete at least one of the three SafeCare modules. Figure 2 above shows the breakdown of attrition timing in percentages. See Appendix A5 for frequencies. The overall completion rate in the last fiscal year was 51%, with 64% of families completing at least one module (see Appendix Table B3).

The Health module was completed by the most participants (1,854), followed by Parent-Child/Parent-Infant Interaction (1,661), and Safety (1,538). See Appendix Table A6 for regional breakdowns with percentages/counts.

Figure 2. SafeCare participants completed the program 57% of the time. Those that did not complete SafeCare most often left during the first module.



Note: Data from adults served and exited. Adult is defined as the primary caregiver.

Table 5 below lists the number of participants who completed the program (1,551 full completion with certificate; 19 completed curriculum; 57% completion rate), as well as detailing reasons why some participants exited before completion. The most common reasons were lost contact (359) and adult dropping out of the program (223). When looking at data for the last fiscal year, the program had a 51% completion rate. Adult dropping out (86) and lost contact (85) were also the top reasons for leaving the program other than successful completion (351). See Appendix Table B4 for details.

Table 5. Other than program completion, lost contact & adult dropping out are the most common reasons for not finishing the program. (Reason for participant dismissal from the program, by region)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup Total
Completed Program WITH Certificate	235	226	122	75	76	445	53	187	45	87	1551
Completed Modules WITHOUT Cert.	0	0	4	1	0	12	0	2	0	0	19
Lost Contact	61	33	22	49	9	90	17	49	11	18	359
Parent Dropped Out	29	25	33	6	26	50	1	28	16	9	223
DCFS Closed Case	33	42	8	8	8	25	8	28	15	9	184
Child(ren) Removed from Home	20	42	31	6	12	37	7	6	8	4	173
Moved Out of State	22	29	4	9	8	30	0	21	0	7	130
Imprisonment	8	14	3	3	0	6	0	4	0	0	38
Region Transfer	3	1	4	0	2	3	1	3	0	1	18
Local In-Patient Admission Where SafeCare Not Allowed	5	4	2	0	0	3	1	0	0	2	17
Unsubstantiated Referral	2	3	0	1	1	4	0	4	1	0	16
Transitioned to Another Home Visiting Model	1	6	0	0	3	0	1	2	0	2	15
Death of Child	1	4	2	1	0	1	0	0	1	1	11
Family Unable to Meet Virtually	0	2	4	0	0	1	0	1	0	0	8
Moved Out of State for In-Patient Admission	0	1	0	1	1	0	0	1	0	0	4
Region Transfer for In-Patient Admission Where SC Not Allowed	0	0	1	1	0	2	0	0	0	0	4
In Temporary Housing	0	1	0	0	0	0	0	1	0	0	2
Home Visiting Organization Closed	1	0	0	0	0	0	0	0	0	0	1
Parent Death	0	0	0	0	1	0	0	0	0	0	1
Unduplicated Total	421	433	240	161	147	709	89	337	97	140	2774
Completion Rate (Unduplicated %)	56	52	53	47	52	64	60	56	46	62	57

Note: Data from adults served and exited. Data is unduplicated unless otherwise stated. For this table, "unduplicated" is defined as the following: If there are multiple dismissals across time, only data from the most recent dismissal is counted, unless the reason for a previous exit is program completion. If a client completes the program, all previous reasons for program exit are disregarded. If a client completes the program multiple times, they are only counted above one time. SafeCare AR services are provided only when there is an open investigation/protective services case. In some of these cases, DCFS closed the case before SafeCare was completed, thus ending services (ex. child removed from home, DCFS case closed, unsubstantiated referral, etc).

Evaluation Methods & Measures

SafeCare AR uses a web-based data management system (Efforts to Outcomes, “ETO”) to track family services. Data are entered into ETO by the local agency as services are provided. This allows for real-time analysis and reporting and helps local program managers supervise the implementation of the program.¹²

Similarly, the system was designed to track family enrollments, dismissals, and contacts (with/without educational content). Contacts are recorded in ETO after every visit and include the topic of the visit, assessments, home visitors’ ratings of the visit, and observational scores on parent-child interaction measures.

SafeCare providers conduct family assessments and log the results in ETO. These assessments are completed before and after each educational module to measure parents’ mastery of the curriculum (available modules are: 1. Safety, 2. Health, and 3. Parent-Child/Parent-Infant Interaction). A parent must demonstrate either “Mastery” (100% correct use of skills) or “Success” (marked improvement as compared to Baseline Assessment) of the skills/knowledge in each module to pass. Participants must pass all three modules to complete the SafeCare program.

In addition to the SafeCare assessments, home visitors rate parent-child interaction at every home visit using items from the “Parenting Interactions with Children: Checklist of Observations Linked to Outcomes” (PICCOLO)¹³. The PICCOLO was designed to measure positive parenting along four domains that are known to support children’s early development: (1) Affection, (2) Responsiveness, (3) Encouragement, and (4) Teaching, and is recommended for use with parents of children 10-47 months old.

For this evaluation, we combined some items from the PICCOLO’s affection and responsiveness domains into one “parental warmth” scale, as well as using items from the teaching domain. As home visitors observe child-parent interaction during their visits they mark a score of 0-2 (0 = Absent—didn’t see, not observed at all; 1 = Barely there—sometimes seen but not often; 2= Consistently there—seen often) on items like, “Parent pays attention to what child is doing” and “Parent smiles at child”.

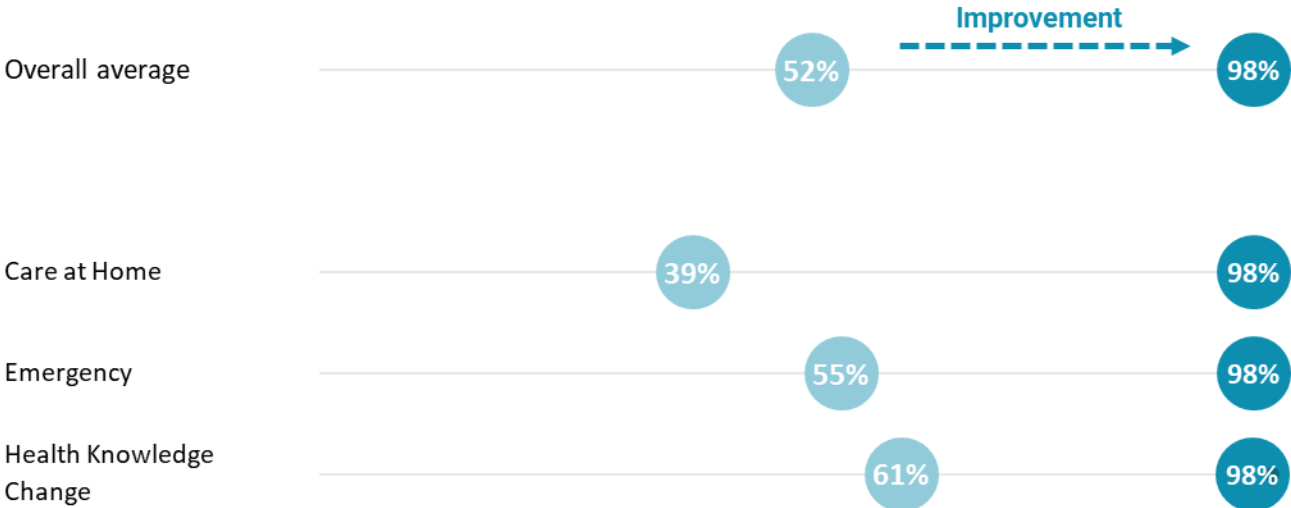
¹² Data from this report was pulled on August 15th, 2022, with a selected date range of July 1st, 2017 – June 30th, 2022.

¹³ <https://brookespublishing.com/product/piccolo/>

Program Outcomes

As Figures 3-5 demonstrate, SafeCare AR has produced some promising results since its inception in 2017. Not only have participants increased their knowledge of child health (Figure 3) and optimal parent-child interaction behaviors (Figure 4), child safety hazards in their homes also fell sharply after completing the SafeCare modules (Figure 5). Results are based on participants who completed SafeCare modules, regardless of whether they complete the entirety of the program. Figures 3-5 utilize data from primary caregivers who completed the relevant secure module (health, parent-child interaction/parent-infant interaction, and/or safety).

Figure 3. Participants increased their baseline health knowledge after completing SafeCare modules.



Data from primary caregivers who completed the health module.

Figure 4. Participants increased their baseline knowledge of optimal parent-infant and/or parent-child interactions after completing SafeCare modules.

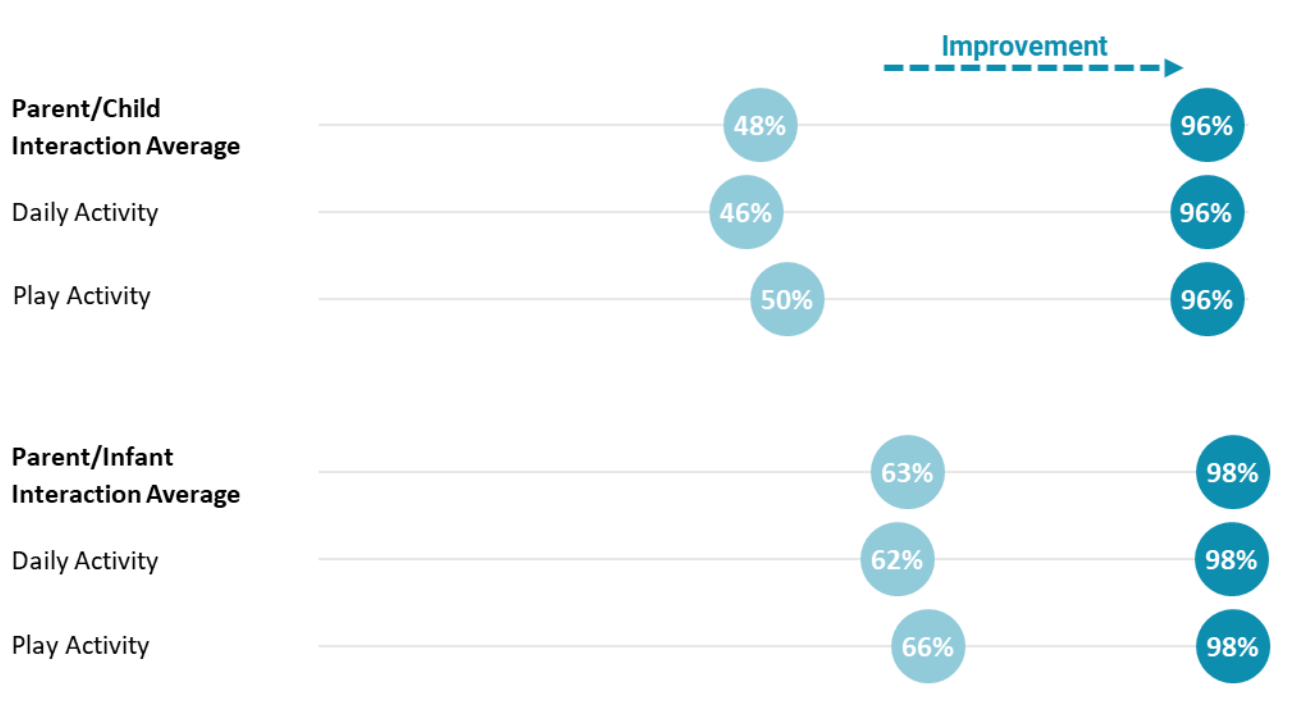
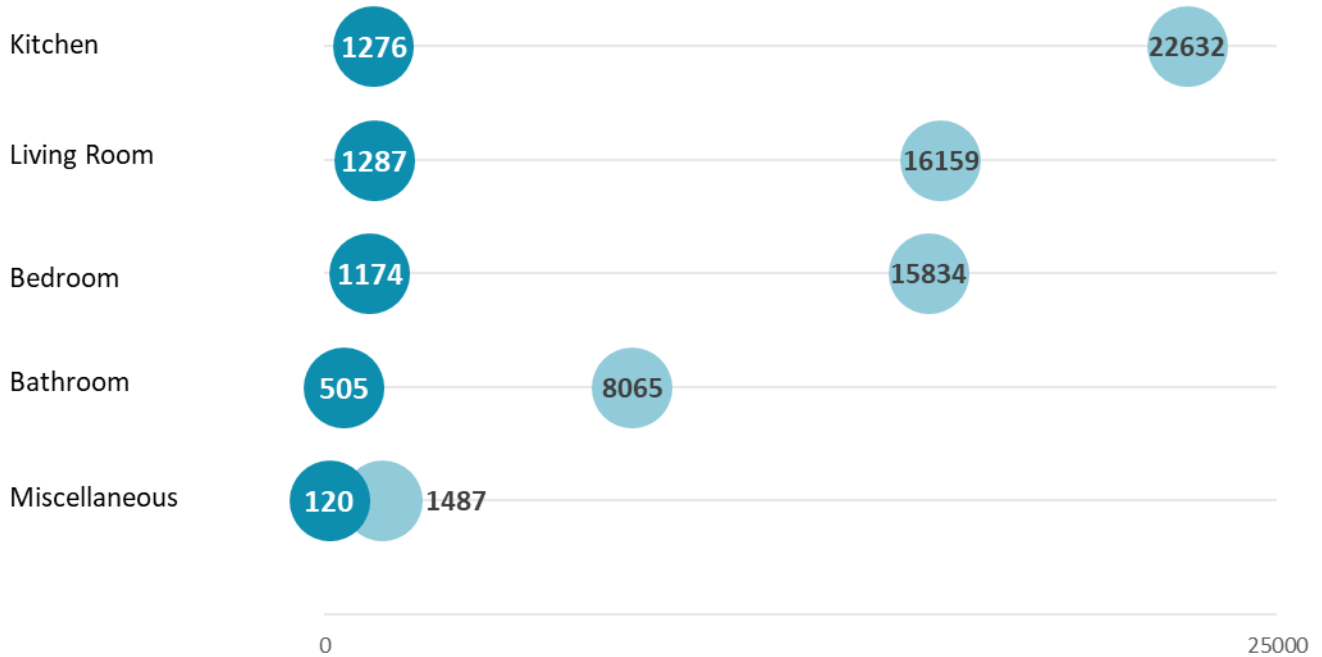


Figure 5. Participants cut the baseline number of safety hazards in their home after completing SafeCare modules.



In addition to these outcomes, we analyzed additional observational data (PICCOLO) from home visitors on parent-child interaction at the beginning and end of services. For this analysis, we included participants who completed the Parent-Child/Parent-Infant Interaction module and were observed by a home visitor a minimum of 6 times where the child is present and awake for at least 20 minutes during each of the visits.

Parental warmth (items reflect affection and responsiveness) scores significantly increased from pre- to post-test (first three visits mean=1.44; last three visits mean=1.75; $t(1236)=25.97, p<0.001$). Similarly, parental teaching scores significantly increased across time (first three visits mean=0.8; last three visits mean=1.37; $t(1235)= 29.87, p<0.001$). Finally, the percentage of parents who were deemed at-risk for Child Emotional Neglect¹⁴ significantly decreased across services (54% at the first three visits to 25% at the last three visits; $\chi^2(1, N = 1236) = 256.1, p < 0.001$).

¹⁴ For our evaluation, a participant was defined at-risk for child emotional neglect if the home visitor marked 0 (“Absent; didn’t see, not observed at all”) or 1 (“Barely there; sometimes seen but not often”) on at least three items in our observational Parental Supportiveness measure.

Summary

SafeCare Arkansas provided services to 3,126 caregivers across the state during the reporting period. Despite high attrition being a well-acknowledged challenge for prevention programs, 57%¹⁵ of all enrolled caregivers completed SafeCare AR since the onset of services and there was a 51% completion rate in the last fiscal year.

For comparison, Arkansas's completion rate is higher than/like that of other states whose evaluations included child welfare populations. For example, the state of Colorado reported 24.5% of families enrolled completed services¹⁶ and a four-state analysis by researchers at Georgia State University (which states are not specified) showed an average completion rate of 49% for those states.¹⁷

Additional results from caregiver assessments suggest that SafeCare AR is making positive gains in targeted outcomes: 1) Families who completed each of the SafeCare modules were assessed as making significant improvements. 2) Home safety hazards decreased and knowledge of child health and positive parent behavior in infant/child interaction increased for participating families from the beginning to the end of each teaching module. 3) Analyses of parent-child interaction observations by SafeCare home visitors also demonstrate increases in parental warmth and support for learning from the onset of SafeCare to the end of services (for those families who completed the parent-child/-infant interaction module).

¹⁵ This rate includes reasons that were not under SafeCare staff control, such as DCFS closing a case before the caregiver could complete SafeCare

¹⁶ http://media.wix.com/ugd/97dde5_76ce9182827446e7820435b31669fc53.pdf

¹⁷ Whitaker D.J., Self-Brown, S., Hayat, M., Osborne, M., Weeks, E., Reidy, D., Lyons, M. (2020). Effect of the SafeCare® model on parenting outcomes among parents in child welfare systems: A cluster randomized trial. *Preventive Medicine*. Retrieved from <https://doi.org/10.1016/j.ypmed.2020.106167>

Appendices

Additional Tables & Figures for Regionalized Data

Table A1. SafeCare staff demographics.

SafeCare Region	Num.	Perc.	Experience	Num.	Perc.
Region 2	7	14%	Less than one year	12	24%
Region 8	6	12%	1 - 2 years	19	38%
Region 1	5	10%	3 - 5 years	10	20%
Region 3	5	10%	More than 5 years	9	18%
Region 5	5	10%			
Region 6	5	10%	Education	Num.	Perc.
Region 7	5	10%	Associate's	4	8%
Region 4	4	8%	Bachelor's	34	68%
Region 9	4	8%	Master's	12	24%
Region 10	4	8%			
Gender	Num.	Perc.	Degree Focus	Num.	Perc.
Female	46	92%	Social Work	13	26%
Male	4	8%	Psychology	13	26%
Race & Ethnicity	Num.	Perc.	Early Childhood Education	7	14%
White	32	64%	Sociology	4	8%
Black	16	32%	Human Services	3	6%
Multiracial	2	4%	Counseling	3	6%
Language	Num.	Perc.	Teaching	2	4%
Speaks English	50	100%	Secondary Education	1	2%
Speaks Spanish	5	10%	Other	14	28%
Hours per Week	Num.	Perc.			
Full-time	38	76%			
Part-time	12	24%			

Table A2. Service ineligibility and losing contact were often the primary reasons potential clients were not enrolled in SafeCare. (Potential clients who were not enrolled & why, by percentage within region)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10
Child(ren) Removed from Home	5%	10%	13%	4%	8%	5%	8%	2%	8%	3%
Completed Program WITH Certificate	56%	52%	51%	47%	52%	63%	60%	55%	46%	62%
Completed Modules WITHOUT Cert.	0%	0%	2%	1%	0%	2%	0%	1%	0%	0%
DCFS Closed Case	8%	10%	3%	5%	5%	4%	9%	8%	15%	6%
Death of Child	0%	1%	1%	1%	0%	0%	0%	0%	1%	1%
Family Unable to Meet Virtually	0%	0%	2%	0%	0%	0%	0%	0%	0%	0%
Home Visiting Organization Closed	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Imprisonment	2%	3%	1%	2%	0%	1%	0%	1%	0%	0%
Moved Out of State for In-Patient Admission	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Local In-Patient Admission Where SC Not Allowed	1%	1%	1%	0%	0%	0%	1%	0%	0%	1%
Lost Contact	14%	8%	9%	30%	6%	13%	19%	15%	11%	13%
Moved Out of State for In-Patient Admission	0%	0%	0%	1%	1%	0%	0%	0%	0%	0%
Moved Out of State	5%	7%	2%	6%	5%	4%	0%	6%	0%	5%
Parent Death	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%
Parent Dropped Out	7%	6%	14%	4%	18%	7%	1%	8%	16%	6%
Regional Transfer for In-Patient Admission Where SC Not Available	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%
Region Transfer	1%	0%	2%	0%	1%	0%	1%	1%	0%	1%
Transitioned to Another Home Visit Model	0%	1%	0%	0%	2%	0%	1%	1%	0%	1%
Unsubstantiated Referral	0%	1%	0%	1%	1%	1%	0%	1%	1%	0%

Note: Data from adults served and exited. Data is unduplicated unless otherwise stated. For this table, "unduplicated" is defined as the following: If there are multiple dismissals across time, only data from the most recent dismissal is counted, unless the reason for a previous exit is program completion. If a client completes the program, all previous reasons for program exit are disregarded. If a client completes the program multiple times, they are only counted above one time. SafeCare AR services are provided only when there is an open investigation/protective services case. In some of these cases, DCFS closed the case before SafeCare was completed, thus ending services (ex. child removed from home, DCFS case closed, unsubstantiated referral, etc).

Table A3. Most SafeCare clients identify as White & female. (Demographics of adults served, by percentage within region)

	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Gender											
Female	82%	81%	82%	86%	91%	95%	91%	83%	98%	97%	87%
Male	18%	19%	18%	14%	9%	5%	9%	17%	2%	3%	13%
Race & Ethnicity											
Asian	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Black	6%	6%	13%	42%	7%	67%	34%	22%	31%	68%	31%
Hawaiian/Pacific	2%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Hispanic	11%	4%	1%	5%	3%	3%	1%	2%	1%	1%	4%
Multiracial	3%	1%	5%	2%	1%	1%	3%	1%	2%	0%	2%
Native American	3%	1%	0%	0%	0%	0%	0%	0%	0%	0%	1%
Unknown or Other	0%	1%	1%	0%	0%	0%	0%	0%	0%	0%	0%
White	75%	86%	79%	51%	89%	28%	62%	74%	66%	31%	62%
Age at Enrollment											
8-13	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%
14-19	10%	9%	10%	9%	12%	6%	7%	7%	7%	3%	8%
20-24	31%	30%	31%	37%	35%	30%	38%	34%	31%	33%	32%
25-29	29%	29%	31%	27%	30%	29%	29%	28%	33%	37%	30%
30-39	25%	28%	25%	21%	19%	31%	22%	28%	28%	26%	27%
40+	5%	3%	3%	6%	3%	3%	3%	4%	1%	1%	3%

Note: Data from adults served and exited. Adult is defined as primary caregiver of the child. Hispanic ethnicity was not measured as a distinct racial category, rather it was a yes/no in addition to participants' racial identification. We do not have demographic information for every participant, as some exited the program before intake was completed. All data is unduplicated. For this table, "unduplicated" is defined as the following: A participant is only counted one time, regardless of if they had multiple SafeCare enrollments over time, or if those enrollments happened in multiple regions over time. Participants are counted in the last region where they received services.

Table A4. Garrett’s Law is the primary reason potential clients are referred to SafeCare.
 (Allegations leading to participant referral for the SafeCare program, by percentage within region)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Total
Garretts Law	59%	53%	68%	59%	61%	69%	68%	58%	72%	78%	63%
Inadequate Supervision	16%	24%	13%	16%	23%	14%	12%	24%	13%	8%	17%
Failure To Protect	11%	11%	8%	7%	8%	5%	4%	10%	5%	6%	8%
Environmental Neglect	17%	7%	5%	16%	11%	6%	5%	6%	8%	6%	8%
Exception With Unlisted Allegation	6%	6%	1%	0%	2%	3%	6%	3%	0%	4%	4%
Medical Neglect	1%	6%	2%	4%	4%	3%	4%	1%	0%	4%	3%
Inadequate Food	3%	2%	1%	1%	6%	1%	5%	2%	2%	2%	2%
Inadequate Shelter	2%	2%	1%	0%	6%	1%	5%	1%	1%	2%	2%
Substance Misuse	3%	0%	2%	0%	1%	2%	1%	2%	7%	0%	2%
Failure To Thrive	2%	3%	1%	0%	1%	1%	0%	1%	1%	1%	1%
Inadequate Clothing	1%	0%	2%	1%	0%	3%	2%	1%	0%	1%	1%
Failure To Provide Essential Needs	2%	1%	1%	0%	6%	0%	4%	1%	2%	2%	1%
Threat Of Harm	0%	2%	0%	0%	0%	2%	0%	2%	0%	0%	1%
Educational Neglect	1%	1%	0%	0%	1%	0%	0%	0%	0%	0%	0%
Malnutrition	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Medical Neglect Of a Disabled Infant	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Exception Without Allegation	1%	0%	0%	1%	0%	0%	0%	0%	1%	0%	0%
Extreme Or Repeated Cruelty	0%	0%	0%	0%	1%	0%	0%	0%	0%	0%	0%
Lock Out	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Munchausen Syndrome	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%





Note: Data from children served and exited. Figures above are numbers of children associated with each allegation type, not numbers of allegations overall. Regional column data may be duplicated. For this table, "duplicated" is defined as the following: If a referral included multiple allegations, all of those reasons will be included in the numbers above, up to once per-child per-reason within a region. If a child was part of multiple allegations over time across multiple regions, each allegation is counted for every region the child was associated with and are displayed in the final region of service. Final region of service is decided by: 1) The region of their last program completion OR 2) If the participant never completed a program, their final region is the last region they were dismissed from.

Table A5. Enrolled participants completed SafeCare 57% of the time. Those who did not complete the program most often exited before completing their first module.

Completion Status	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup . Total
Completed program	235	226	126	76	76	457	53	189	45	87	1570
Completion rate	56%	52%	53%	47%	52%	64%	60%	56%	46%	62%	57%
Incomplete; Exit Point											
Intake only	43	65	31	23	22	48	12	32	17	10	303
No complete modules	69	74	60	27	26	105	11	61	13	31	477
Completed 1 module	51	52	15	27	19	74	10	35	16	10	309
Completed 2 modules	23	16	8	8	4	25	3	20	6	2	115

Note: Data from assessment scoring. Adult is defined as the primary caregiver.

Table A6. Participants completed the health module most often.

Module		R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	State Totals
	Health	287	259	141	102	86	539	60	225	61	94	1854
		68%	60%	59%	63%	59%	76%	67%	67%	63%	67%	67%
	Safety	244	225	105	75	82	409	57	197	52	92	1538
		58%	52%	44%	47%	56%	58%	64%	58%	54%	66%	55%
	Parent-infant interaction	167	174	86	58	65	374	48	139	40	80	1231
		40%	40%	36%	36%	44%	53%	54%	41%	41%	57%	44%
	Parent-child interaction	85	81	47	19	20	96	8	58	8	8	430
		20%	19%	20%	12%	14%	14%	9%	17%	8%	6%	16%
	Total	421	433	240	161	147	709	89	337	97	140	2774

Note: Data from adults served and exited. Adult is defined as the primary caregiver.

Table B1. SafeCare AR has served over 900 families last fiscal year. (Referrals & clients served, by region)

Geography	Families Referred	Families Served	Families Served & Exited	Adults Referred	Adults Served	Adults Served & Exited	Children Served	Children Served & Exited
Region 1	173	151	111	238	209	150	173	130
Region 2	138	123	73	173	155	90	133	77
Region 3	120	111	69	142	129	81	112	67
Region 4	75	68	46	82	75	52	68	44
Region 5	114	95	68	120	101	73	94	66
Region 6	188	151	100	202	164	105	176	117
Region 7	64	52	29	73	59	31	55	30
Region 8	36	25	12	38	28	15	31	18
Region 9	45	40	33	45	40	33	40	33
Region 10	108	99	67	112	103	70	100	67
Unduplicated Total	1049	907	602	1213	1055	694	976	645
Duplicated Total	1061	915	608	1225	1063	700	982	649

Note: Data for 7.1.21 - 6.30.22 only. This excludes those who started or finished the program before/after these dates. Served is defined as a client who was in the program at any point in that time. Regional data is duplicated unless otherwise stated. For this table, unduplicated is defined as the following: Only data from the most recent region of referral/service/dismissal is counted. For this table, duplicated is defined as the following: If an individual is referred/served/dissmissed multiple times and/or across multiple regions, they will count once within each region they were referred/served/dissmissed from.

Table B2. Garrett’s Law is by far the primary reason potential clients were referred to SafeCare this past fiscal year. (Children associated with allegation type, by frequency)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Garretts Law	60	39	44	34	37	68	23	14	24	54	397
Inadequate Supervision	27	25	9	2	16	26	0	3	3	7	118
Failure To Protect	37	8	5	4	11	10	3	0	5	4	87
Environmental Neglect	13	8	3	3	6	14	0	0	0	1	48
Exception With Unlisted Allegation	9	6	3	0	0	7	2	0	0	2	29
Medical Neglect	1	10	2	1	3	4	0	0	0	2	23
Inadequate Shelter	4	2	0	0	5	7	0	1	1	0	20
Inadequate Food	4	3	0	0	6	4	0	0	1	0	18
Failure To Provide Essential Needs	5	4	3	0	1	0	0	0	1	1	15
Substance Misuse	6	1	0	0	2	2	0	0	1	0	12
Inadequate Clothing	3	2	0	0	4	0	0	0	1	0	10
Failure To Thrive	4	0	1	0	0	1	0	0	0	1	7
Educational Neglect	2	1	0	0	1	0	0	0	0	0	4
Exception Without Allegation	0	0	1	0	0	0	2	0	0	0	3
Malnutrition	1	0	0	0	0	0	0	0	1	0	2
Lock Out	0	1	0	0	0	0	0	0	0	0	1
Medical Neglect Of a Disabled Infant	0	0	0	0	1	0	0	0	0	0	1
Unduplicated Total	129	77	67	43	65	117	30	18	32	67	645

Note: Data for 7.1.21 - 6.30.22 only. This excludes those who started or finished the program before/after these dates. Data from children served and exited. Figures above are numbers of children associated with each allegation type, not numbers of allegations overall. Regional column data may be duplicated. For this table, "duplicated" is defined as the following: If a referral included multiple allegations, all of those reasons will be included in the numbers above, up to once per-child per-reason within a region. If a child was part of multiple allegations over time across multiple regions, each allegation is counted for every region the child was associated with and are displayed in the final region of service. Final region of service is decided by: 1) The region of their last program completion OR 2) If the participant never completed a program, their final region is the last region they were dismissed from.

Table B3. Participants completed SafeCare 51% of the time in the last fiscal year. Those who did not complete the program most often exited before completing their first module.

Completion Status	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup. Total
Completed program	77	39	43	32	33	53	21	1	10	43	352
Completion rate	52%	43%	53%	63%	47%	50%	68%	7%	31%	61%	51%
Incomplete; Exit Point											
Intake only	16	20	14	3	12	13	5	5	4	4	96
No complete modules	36	22	19	8	13	21	4	7	10	17	157
Completed 1 module	14	7	4	5	11	14	1	2	6	6	70
Completed 2 modules	6	2	1	3	1	4	0	0	2	0	19

Note: Data for 7.1.21 - 6.30.22 only. This excludes those who started or finished the program before/after these dates. Data from assessment scoring. Adult is defined as the primary caregiver.

Table B4. Parent Dropping Out and Lost Contact are the most common reasons for participants in the last fiscal year to not finish the program. (Reason for participant dismissal from the program, by region)

Reason	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Undup Total
Completed Program WITH Certificate	77	39	43	31	33	53	21	1	10	43	351
Completed Modules WITHOUT Cert.	0	0	0	1	0	0	0	0	0	0	1
Parent Dropped Out	17	8	15	1	15	22	0	0	2	6	86
Lost Contact	17	3	7	10	6	10	9	4	10	9	85
Child(ren) Removed From Home	10	13	8	1	4	3	0	0	5	2	46
DCFS Closed Case	11	5	0	0	2	9	1	9	4	1	42
Moved Out of State	8	6	2	3	6	4	0	0	0	4	33
Imprisonment	1	7	1	2	0	1	0	0	0	0	12
Local In-Patient Transfer Where SafeCare Not Allowed	3	1	2	0	0	1	0	0	0	2	9
Region Transfer	2	0	2	0	2	1	0	1	0	0	8
Transitioned to Another Home Visit Model	1	4	0	0	1	0	0	0	0	2	8
Death of Child	0	3	1	1	0	1	0	0	0	1	7
Unsubstantiated Referral	2	0	0	0	0	0	0	0	1	0	3
Moved Out of State for In-Patient Admission	0	1	0	0	1	0	0	0	0	0	2
Completed Modules WITHOUT Certificate	0	0	0	1	0	0	0	0	0	0	1
Region Transfer for In-Patient Admission Where SC Not Available	0	0	0	1	0	0	0	0	0	0	1
Unduplicated Total	149	90	81	51	70	105	31	15	32	70	694
Completion Rate (Unduplicated %)	52%	43%	53%	63%	47%	50%	68%	7%	31%	61%	51%

Note: Data for 7.1.21 - 6.30.22 only. This excludes those who started or finished the program before/after these dates. Data from adults served and exited. Data is unduplicated unless otherwise stated. For this table, "unduplicated" is defined as the following: If there are multiple dismissals across time, only data from the most recent dismissal is counted, unless the reason for a previous exit is program completion. If a client completes the program, all previous reasons for program exit are disregarded. If a client completes the program multiple times, they are only counted above one time. SafeCare AR services are provided only when there is an open investigation/protective services case. In some of these cases, DCFS closed the case before SafeCare was completed, thus ending services (ex. child removed from home, DCFS case closed, unsubstantiated referral, etc).

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