



Stronger Families | Brighter Futures

# **Useful Information for DHS Workers Referring Families to Services**

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# SafeCare

Short. Targeted. Effective.

## Goals:

- Provide an overview of SafeCare
- Discuss eligibility for SafeCare services
- Consider readiness for SafeCare services
- Review referral process

# SafeCare

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- Behaviorally based curriculum
- For parents with children 0-5 years
  - Involved in child welfare and/or served in prevention settings
- 18 session program, delivered in the home setting
- 60 minute sessions
- Highly structured but flexible in its delivery
  - Depends on parent's initial skills and skill acquisition

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  - **Child Health.** *Goal:* To support parent in promoting health through prevention, and making systematic health decisions when their child is ill or injured



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- Numerous randomized and quasi-experimental studies support SafeCare's efficacy and effectiveness
- Improved SafeCare Outcomes supported in research:
  - Mastery of parenting skills related to parent-child interaction, home safety, child health
  - Reduction in future CPS re-reports
  - Reduction in maternal depression
  - Improvements in child behavior



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- Who is eligible for SafeCare services?
  - SafeCare is designed for all parents and caregivers of children ages five and under.
  - Expansiveness of SafeCare: diverse racial/ethnic groups, grandparents, foster parents, fathers, teen parents, adults with intellectual disabilities, kin/fictive kin
    - Curriculum is available in English and Spanish
      - Sessions can be completed with assistance of interpreter



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Questions to consider before making a referral for SafeCare:

Am I concerned about the parent/caregiver's ability to:

- Engage/bond with their infant?
- Structure daily activities that stimulate their child?
- Manage their toddler's behavior?
- Maintain a safe home?
- Make good health decisions for their child?

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Is the parent/caregiver ready for SafeCare sessions?

- A parent/caregiver is ready for SafeCare when they can actively participate in weekly or bi-weekly sessions.



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Once a referral is made to a contractor, the SafeCare Provider will consider the following:

- Is the parent's mental health stable?
- Is the parent actively using?
  - Are they receiving and cooperative with substance abuse services?
- Is it difficult to maintain contact with the parent?
- Is the parent experiencing a crisis which needs attention before engaging in SafeCare?

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## Possible reasons for excusing families from SafeCare:

- Incarceration, treatment, geographical or facility restrictions
- If case is projected to close within two months
- In rare cases of No Contact Order between parent and child, begin with Health and Safety, complete PCI after NCO is lifted
- Significant impairment due to drugs or alcohol
- If more than two weeks pass without a SafeCare session, the SafeCare Provider will decide whether to re-engage or discharge based on agency/Coach guidance—always keep re-engagement in SafeCare as an option throughout life of the case

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What module should a family begin with?

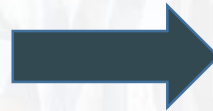
- The SafeCare Provider will consider reason for referral and family history when selecting first module
- When possible, the Provider will use parent input to help set priorities and order of modules

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## Referral Process:

DHS makes a referral to the Contractor to provide SafeCare services (and additional general services) to family.



The Contractor makes initial contact with family.

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Click here to view a portion of a SafeCare session: [SafeCare Safety Session 2 Example](#)



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## Testimonial from Iowa:

“A former client told me that her SafeCare binder had been lost when the family’s home flooded. She said she had missed having the health manual as she used it all the time. She said that her husband (who had poo-poo'd the idea of learning about health) was using it one day when one of the girls was sneezing! She was so excited to get the binder!

She asked me to review the PCI module, saying that she is trying to get her girls back into a routine. One girl has been diagnosed on the autism spectrum now. She said the material was invaluable as the girls both need so much structure after the trauma of their DHS case and then having 10 minutes to get out of their home when the town flooded.

They have now turned their lives around as they have a house and are getting the help they need through therapy, etc. Family relationships have improved greatly.”

