

SafeCare

Strengthening Families in Shelter through Parenting Education

by Anita Bushell

“How was school?” asks Adebukola Adeniyi, as three-year-old December enters her family’s transitional apartment (a one-bedroom unit with a kitchen, bathroom, and beds for each family member) at Flagstone Family Center, a family shelter in the Brownsville section of Brooklyn that houses more than 150 families. December’s mother, Crystal, is participating in SafeCare, a parent training program offered by the center. Adeniyi is the SafeCare-trained parenting specialist working with Crystal and her family.

The goal of SafeCare is to teach effective parenting skills to families who are at risk for, or have histories of, maltreating young children (from birth through age five). At-risk families include young parents; parents with a history of depression or other mental health problems, substance abuse, or intellectual disabilities; foster parents; parents recently released from incarceration; parents with a history of domestic violence or intimate partner violence; and—as in the case of Crystal and December’s family—families experiencing homelessness.

SafeCare operates in 22 states and six countries and is typically implemented on an individual basis in a family’s home. CAMBA, the nonprofit agency that operates Flagstone Family Center and other emergency, transitional, and permanent housing, as well as offers service-oriented programming to New Yorkers in need, is among the first to adapt the program to a shelter setting. CAMBA has used the SafeCare model for about two years with more than 170 families enrolled in its foster care

prevention services, only some of which were living in shelter. In September 2015, with support from New York City Council member Stephen Levin’s office, the agency began offering SafeCare to every family living at Flagstone.

By working within the shelter system, SafeCare trainers provide assistance where it is needed most. Parents in shelters can often feel like they are “isolated, alone, and have no one to talk to,” says Gabrielle McCollins, program supervisor for SafeCare Family Services at CAMBA. McCollins is committed to providing more than just accommodations to homeless families. “It is important to embed services into the shelter system,” she says, “due to families facing many stressors, including histories of trauma, homelessness, domestic violence, and abuse. The SafeCare program ... assists families through crisis situations and links families to community-based services and organizations. Embedding services into the shelter system decreases stressors and improves children’s behaviors.”

Adeniyi and her colleagues provide parental support as well as create a sense of community. “I hear that you are frustrated,” Adeniyi will tell parents after they report having a bad day. She counsels them to take “one problem at a time” and asks, “What two things can we do to minimize the stress?”

SafeCare training typically lasts between four and six months and is implemented on a weekly basis. When a SafeCare trainer visits a family, the trainer begins with an assessment to investi-

gate if the home is safe, to make sure the children are healthy, and to determine the strength of the bond between the parents and children.

The next step is to improve the parent's skills in four areas, or modules: health (i.e., training parents to prevent and/or identify a child's illness and seek treatment); home safety (i.e., eliminating health and safety hazards in the home); parent-infant/child interactions (i.e., teaching parents to provide engaging and stimulating activities, increase positive interactions with their children, and prevent troublesome child behavior); and problem solving and communication (i.e., helping parents learn how to work through the stress they may face in a healthy manner).

SafeCare builds upon the skills parents already have while giving them additional resources and practice. "The main benefit[s] of SafeCare," says Janee Harvey, a licensed social worker who implemented SafeCare in CAMBA's foster care prevention services in 2013, are that "it is a behavior-based training curriculum that uses parents' strengths while encouraging them to use different and more effective approaches to keeping their kids safe, healthy, and responding to their instructions."

Adeniyi is currently working on the parent-child interaction module with Crystal and comes armed with activities, as well as rewards, to engage December, who is the focus of today's training. "For two minutes we are going to do an activity; you can choose." "Color!" December responds. Setting a kitchen timer for two minutes, Adeniyi colors with December, interacting and reminding her that she will get a reward if she colors until the timer goes off. When it does, December gets a high five and the choice of one piece of candy from Adeniyi's jar.

To ensure the successful learning of each module, trainers utilize what is known as SafeCare 4 (Explain, Model, Practice, Feedback). In this process, the trainer describes a behavior and its rationale, models the behavior, has the parent practice the behavior, and, finally, gives constructive criticism. When all the

training modules have been completed, the parent fills out a questionnaire to provide feedback on the process. This format is grounded in evidence-based research and established social learning theory, which posits that behavior can be learned by observing others.

Following this model, it is now Crystal's turn to practice the behavior. December chooses to work on a puzzle. "Should we do it together?" Crystal asks. The timer is reset. Sitting down on the floor, December and her one-year-old brother, Logan, decide to work the puzzle with their mother. "Purple goes with purple," Crystal tells December. "Match the orange. ... Good job!" she tells her when she matches a piece. "You see any other colors that go together?" she asks.

After the timer rings everyone sings the "clean up" song, and Adeniyi reflects on what she observed, praising Crystal for giving December a choice, sitting on the floor with both children, and encouraging them to clean up. "You guys did a good job! The more practice we do, the more comfortable it will be, like wearing a shirt."

Adebukola Adeniyi, a SafeCare parenting specialist, works with three-year-old December and her mother Crystal on SafeCare's parent-child interaction module, which teaches parents to provide engaging and stimulating activities, increases positive interactions between parents and children, and prevents troublesome child behavior.



SafeCare trainers report a marked improvement in parent interactions with children and they feel pride in seeing the effect the curriculum has on the families they coach. “We are a team,” Adeniyi says about her bond with Crystal.

Crystal has noticed how beneficial SafeCare has been to her family. “I’m interacting better, talking more, and everything. It is a good program. It can help a lot of parents,” she says.

Studies show that this is true. One ten-year study found that maltreatment of children age five and under was reduced by 26 percent among families who received SafeCare training in Oklahoma. “As the longest-term evaluation to date of a home visiting program in a child welfare system, these findings demonstrate the impact of SafeCare when implemented broadly,” says John R. Lutzker, director of the Mark Chaffin Center for Healthy Development, professor of public health, and associate dean for faculty development at Georgia State University in Atlanta. In another study, the number of home hazards was reduced by 78 percent, and there was an 84 percent increase in the use of the parenting skills taught.

In 2007, the National SafeCare Training and Research Center (NSTRC) was founded with funds from, among others, the Doris Duke Charitable Foundation, to assist in the implementation of SafeCare across the country. The center’s goal is to expand SafeCare nationally and internationally, while continuing to refine the

Adebukola Adeniyi, pictured with Crystal, her daughter December, son Logan, and husband Miguel, works to provide support and a sense of community for Crystal and her family.



training program and raise awareness of the need for evidence-based practice. Furthering this goal, Jenelle Shanley, associate director of training at NSTRC, and Janee Harvey presented the SafeCare program and information about its use in the shelter setting at the Institute for Children, Poverty, and Homelessness 2016 Beyond Housing conference in New York in January.

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***— Janee Harvey,
a licensed social worker at CAMBA***

The timing for providing parents in shelter with these tools could not be better. *Child Welfare Watch*, a publication from the New School’s Center for New York City Affairs, recently noted in its Winter 2015 report that in New York City alone, a staggering 10,700 children in shelter were found to be under the age of five. This figure is up 60 percent since 2006.

These numbers are deeply troubling when considering that young children need a healthy, stable environment to develop and that homelessness is both destabilizing and traumatic; being separated from loved ones and uprooted from their communities during relocation can result in developmental delays.

The *Child Welfare Watch* report notes, however, that “researchers have discovered a powerful antidote to the toxic effects of chronic stress: When children are raised by particularly responsive or nurturing parents, their cortisol patterns and brain function are far more likely to be healthy, even if they live in the midst of upheaval and chaos.”

SafeCare provides parents with the concrete skills to give their kids this nurturing care and relieve the effects of homelessness on their families. “SafeCare impresses upon parents that you are the baby’s first teacher, and we are promoting touch, which we know facilitates bonding,” says Harvey. By bringing programs such as SafeCare into the shelter, organizations like CAMBA are recognizing that children’s time in shelter can be an opportunity to positively influence their lives. ■