

Impact of Safe@Home

ON PLACEMENT AND PERMANENCY OUTCOMES: RESULTS OF A QUASI-EXPERIMENTAL STUDY

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This summary presents results of a rigorous quasi-experimental study examining the effectiveness of Safe@Home, implemented by Clark County Department of Family Services (CCDFS) as part of their comprehensive SAFE practice model. Children served by Safe@Home were matched to a comparison group of children served before Safe@Home was available in their community. Children were matched based on age, race/ethnicity, previous history with child welfare, and safety threats. All children in the study were determined to be unsafe by CCDFS.

Outcomes for Unsafe Kids At-Risk of Placement

180 children whose families received Safe@Home to prevent their placement in foster care ↑ were matched with 344 children in the comparison group ↑



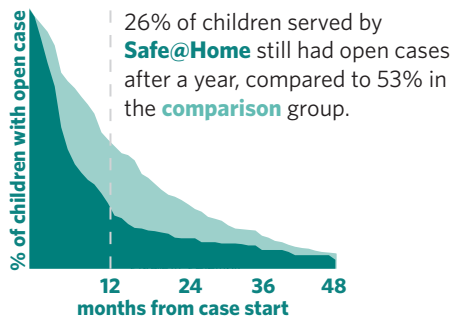
87% of children served by **Safe@Home** achieved permanency with a parent, compared to 53% in the **comparison** group.

Days in Out-of-Home Care

55 days

221 days

On average, one year from case opening, children served by **Safe@Home** spent 55 days in out-of-home care, compared to 221 days in the **comparison** group.



Findings

Children who received Safe@Home experienced:



Higher rates of permanency with parent



Fewer days in foster care



Shorter time to case closure



Key Finding

Lower rates of out-of-home placement



21% of **Safe@Home** cases were placed out-of-home, compared to 84% in the **comparison** group. **Placement prevention effects were sustained for over 12 months after the end of Safe@Home.**

Outcomes for Unsafe Kids in Foster Care

330 children whose families received Safe@Home after being placed out-of-home to facilitate reunification ↑ were matched with 507 children in the comparison group ↑



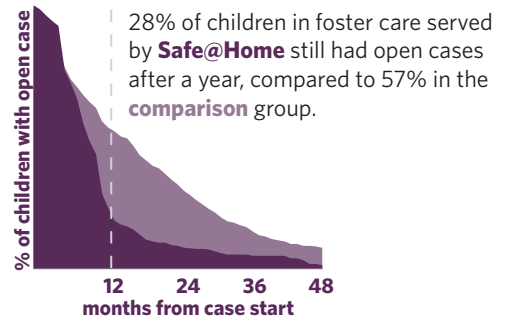
88% of children served by **Safe@Home** achieved reunification with a parent, compared to 50% in the **comparison** group.

Days in Out-of-Home Care

153 days

228 days

On average, one year from case opening, children served by **Safe@Home** spent 153 days in out-of-home care, compared to 228 days in the **comparison** group.



Safe@Home Intervention

About Safe@Home

Safe@Home is an in-home parent skill-based intervention designed to keep children together with their families. Its goal is to minimize time in foster care or prevent out-of-home placement altogether for children that have been determined to be unsafe with their family. Safe@Home offers safety services in the categories of:

- behavior management (supervision and monitoring, stress reduction, behavior modification),
- social connection (parenting assistance, home management, social networking),
- crisis management (suicide prevention, relapse prevention, problem solving),
- separation (respite, day care, activities), and
- resource support (employment assistance, housing assistance, food, clothing, furnishings).

Safe@Home is tailored to address the unique safety threats identified by CCDFS for each family, and its service objectives, frequency, and duration can vary from family to family. Safe@Home is delivered by trained, professional, community-based Safety Managers who work with children's caseworkers to manage safety plans and make adjustments as needed. Service intensity is customized to ensure that threats are sufficiently managed, needs are met, and children are safe while at home.

Service Populations

Safe@Home serves children of all ages who are determined by CCDFS to be unsafe with their families and who have cases opened for ongoing service



(1) Placement Prevention: Children and their families receive Safe@Home as part of in-home safety plans that are intended to prevent out-of-home placement.



(2) Reunification: Children and their families receive Safe@Home in order to reunify children and parents/caregivers following out-of-home placement.

Action Child Protection

Safe@Home is the community-based safety management component of a comprehensive child welfare practice model, the Safety Assessment and Family Evaluation (SAFE) developed by Action for Child Protection. SAFE provides structured assessments and decision-making criteria that guide case activities within the public child welfare agency.¹ The practice model was implemented by CCDFS during the Safe@Home study period.

Detailed information about Safe@Home is available in its intervention manual.² Implementation supports for Safe@Home include:

- multiple family assessments,
- training for caseworkers and community-based safety managers,
- training for supervisors,
- case consultation,
- fidelity review tools, and
- implementation planning and technical assistance that is tailored to the needs and goals of the implementing agency.

For more information, visit action4cp.org/our-services/practice-model or contact Todd Holder at todd.holder@actionchildprotection.org.

¹Holder, T. (2021) Safety Assessment and Family Evaluation model: A systematic change based approach to public child welfare intervention. *Child Welfare*, 99(2).

²Holder, T., Holder, W. & Kleindler, J. (2016). Safety Assessment Family Evaluation. *Safe@Home: A community based approach to safety management [Manual]*. ACTION for Child Protection.

Research Methods



Sample Selection



The intervention study sample was drawn from children whose families received Safe@Home in Clark County, Nevada, between August 2015 and April 2019. Using population-level administrative data, children that received the intervention were matched to children from a historical comparison group who were also determined to be unsafe and served by CCDFS prior to Safe@Home implementation in their community.



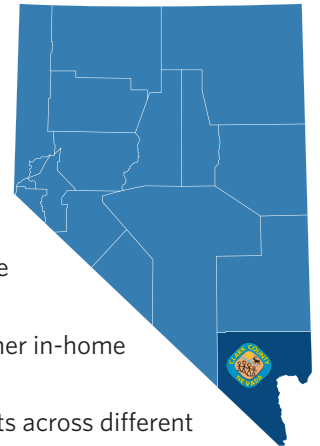
Children in both service populations were matched to comparison children at the completion of the initial assessment. Children were matched based on child age, child race/ethnicity, previous in-home or out-of-home (OOH) child welfare case, and impending danger threats (i.e., specific safety threats identified by CCDFS during the initial assessment). Matching was conducted using coarsened exact matching (CEM).³⁻⁴ A focal child for each family was randomly selected after matching to account for non-independence.



Analysis

The evaluation team utilized several strategies to ensure a rigorous quasi experimental study, consistent with standards and procedures outlined by the Title IV-E Prevention Services Clearinghouse.⁵

- Analysts developed and used data quality assurance standards to ensure valid and reliable measurement.
- Statistical analyses included logistic regressions, Tobit regressions, and Cox proportional hazard models.
- Final statistical models controlled for child age, child race, and impending danger threats
- Analysts accounted for differences in observation periods between the intervention and historical comparison group, as well as “censored” permanency outcomes for cases that were still open at the end of the observation period.⁶⁻⁷
- Strategies used to analyze sustained effects were informed by analysis strategies used by other in-home parent skill-based programs rated by the Clearinghouse as supported and well-supported.⁸⁻⁹
- Analysts calculated effect sizes following guidance from the Clearinghouse to compare results across different statistical models.¹⁰⁻¹¹



Limitations

This study was limited by a retrospective design that relied entirely on administrative data, which restricted the outcomes that could be examined. Contemporaneous comparison groups are typically preferred over historical comparison groups when it is feasible. To minimize potential confounding factors due to historic comparison periods, analysts (1) carefully matched comparison cases to increase internal validity, and (2) sampled from discrete periods of time to accommodate other potential influences identified by CCDFS leadership -- most notably SAFE implementation timeframes.

³Blackwell, M., Iacus, S., King, G., & Porro, G. (2009). cem: Coarsened exact matching in Stata. *The Stata Journal*, 9(4), 524-546. <https://doi.org/10.1177/1536867X0900900402>

⁴King, G., & Nielsen, R. (2019). Why propensity scores should not be used for matching. *Political Analysis*, 24(4). <https://doi.org/10.1017/pan.2019.11>

⁵Wilson, S. J., Price, C. S., Kerns, S. E. U., Dastrup, S. D., & Brown, S. R. (2019). Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures, version 1.0, OPRE Report # 2019-56, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved from: https://tacfs.org/docs/psc_handbook_v1_final_508_compliant.pdf

⁶Cox, D. R. (1972). Regression models and life tables. *Journal of the Royal Statistical Society*, 34, 187-220.

⁷Sashegyi, A., & Ferry, D. (2017). On the interpretation of the hazard ratio and communication of survival benefit. *The Oncologist*, 22(4), 484-486. <https://doi.org/10.1634/theoncologist.2016-0198>

⁸Beachy-Quick, K., Lee, C., McConnell, L., Orsi, R., Timpe, Z., & Winokur, M. (2018). SafeCare Colorado program evaluation report 2014-2017. Colorado Office of Early Childhood.

⁹Huhr, S., & Wulczyn, F. (2020a). Do intensive in-home services prevent placement?: A case study of Youth Villages' Intercept® program. The Center for State Child Welfare Data. <https://fcda.chapinhall.org/wp-content/uploads/2019/10/YV-Intercept-Results-1-8-2020-final.pdf>

¹⁰Sánchez-Meca, J., Marín-Martínez, F., & Chacón-Moscoso, S. (2003). Effect-size indices for dichotomized outcomes in meta-analysis. *Psychological Methods*, 8(4), 448.

¹¹Grant, R. L. (2014). Converting an odds ratio to a range of plausible relative risks for better communication of research findings. *BMJ*, 348, f7450.

Results

This rigorous quasi-experimental study offers strong initial support for average population-level treatment effects of Safe@Home in key outcome areas that are important to child welfare systems' goals of keeping children safe and families together.

Child Characteristics

Both of the study populations demonstrated strong "baseline equivalence" with their matched comparison groups. Meaning, at the beginning of their cases, the intervention groups and comparison groups were similar to one another. Any minor differences between groups were statistically controlled during analysis.

Table 1. Characteristics of the intervention samples and their matched comparison groups

	Placement Prevention		Reunification	
	Safe@Home n = 180	Matched Comparison n = 344	Safe@Home n = 330	Matched Comparison n = 507
Child age, years, M	6.2	6.2	5.1	5.4
Black	23.9%	27.9%	24.6%	30.6%
White	33.3%	32.9%	36.4%	34.5%
Hispanic	28.3%	28.8%	25.5%	25.3%
Other/unknown	14.4%	10.5%	13.6%	9.7%
Previous In-home or OOH program	22.2%	23.0%	26.4%	24.5%
ID: Maltreatment	2.2%	2.0%	4.6%	3.9%
ID: Child Functioning	3.3%	3.5%	5.5%	5.1%
ID: Parenting	71.7%	74.4%	69.7%	72.6%
ID: Adult Functioning	75.6%	79.1%	88.2%	87.2%

ID= impending danger threat

*None of the differences between the intervention and comparison group were statistically significant

Outcomes

Results revealed that children who received Safe@Home experienced:



Lower rates of out-of-home placement



Fewer days in foster care



Higher rates of permanency with parent



Shorter time to case closure

The prevention of out-of-home placement effect for children in the placement prevention population was sustained for 12 months after the end of Safe@Home services.

Effect sizes describe the magnitude of the difference between the intervention and comparison groups. Conventional cutoffs describe effects as small ($d = 0.20$ to $.49$), medium ($d = .50$ -. 79), and large ($d \geq .80$).

Table 2. Summary of outcomes and effect sizes

Outcome	Placement Prevention		Reunification	
	d	Effect Size	d	Effect Size
OOH placement prevention (during case episode)	1.95	Large favorable	-	-
OOH placement prevention (sustained for 12 months after end of services)	1.07	Large favorable	-	-
Length of time in OOH	2.51	Large favorable	.55	Medium favorable
Case closure within a year	.76	Medium favorable	.75	Medium favorable
Permanency with a parent	.29	Small favorable	.29	Small favorable

Study found no significant differences in maltreatment after case closure or re-entry into OOH at 6 months or 12 months.