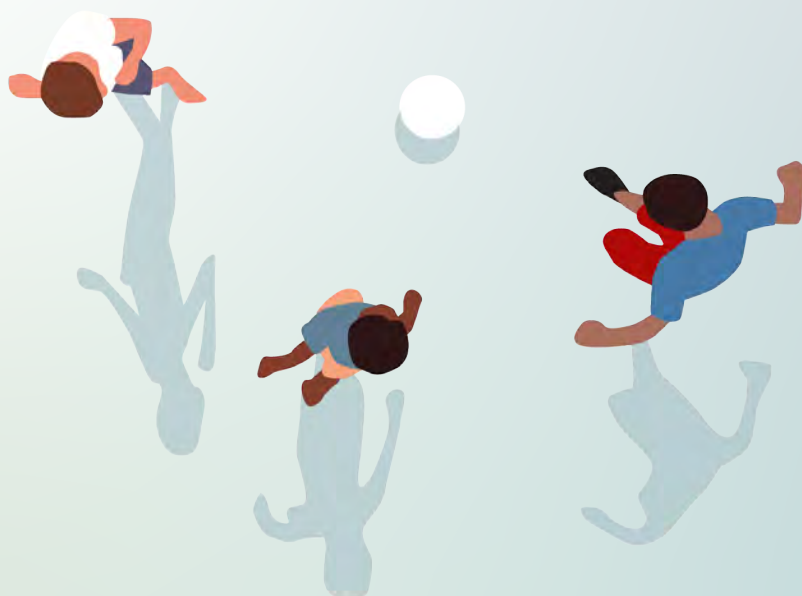


HOW FAMILY BUDGET CHANGE INTERVENTIONS AFFECT CHILDREN BEING IN CARE

A rapid evidence assessment





What Works for Children's Social Care

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How family budget change interventions affect children being in care: A rapid evidence assessment

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Executive Summary

- This executive summary is in the style of an abstract for an academic paper. A summary overview report is also provided separately which is written in a more digestible format and includes some additional information.

Overview

- This mixed-methods rapid evidence assessment provides an overview of whether and how family budget change interventions affect the number of children entering care or being reunified with their family. The report uses the EMMIE framework to organise the evidence (Effect, Mechanisms and Moderators, Implementation issues, and Economic considerations).

Intervention

- Family budget change interventions in the review include any interventions that directly (e.g. cash assistance) or indirectly (e.g. change in welfare benefits) change the amount of money that a family have. This change could be in either direction. Some involved an increase: e.g. housing subsidies, cash assistance as part of a wider programme of wrap-around support, the provision of goods that increase a family's material wealth. Others involved a decrease through reduction of benefits or charging for foster care. The only interventions included in this review are those where evaluations were identified in an earlier scoping review on reducing the need for children to be in out-of-home care.

Aims

- This rapid evidence assessment aims to concisely summarise recent research for social care practitioners, managers, commissioners and policy-makers, as well as researchers in the field. The mixed-methods rapid evidence assessment uses a rapid adapted form of an EMMIE systematic review, i.e. it covers effect, mechanisms, moderators, implementation and economics. The evidence assessment does not intend to provide an exhaustive summary of available

evidence, but rather to meaningfully summarise evidence from evaluations identified in an earlier scoping review.

- The rapid EMMIE review method will be used to 1) build understanding about whether, for whom and under what circumstances family budget change interventions affect the number of children entering care and/or the number of children re-unified with their family, and 2) explain the implementation and economic issues related to family budget change interventions that are important for social care decision-makers to know.

Methods

- The What Works for Children's Social Care scoping review identified interventions that aimed to safely reduce care numbers. In this scoping review, 15 papers evaluated the effect of interventions that change a family's financial or material wealth based on either the number of children entering care ($n = 8$) or the success of reunification of a child with their family ($n = 9$). Two studies related to both care entry and reunification.
- This rapid evidence assessment considers mixed-methods evidence for Effect; Mechanisms and Moderators; Implementation issues; and Economic considerations.
- The evidence from the fifteen papers is summarised as an initial 'programme theory' about how family budget change interventions work, for whom and under which circumstances, including implementation and economic considerations.
- This rapid evidence assessment concludes with some suggestions about how to deliver family budget change interventions:
 - Key ingredients to deliver to make sure that family budget change interventions are most likely to safely reduce the number of children in care.

- Signs for practitioners delivering family budget change interventions should look out for whether they are delivering these interventions in the way most likely to be effective for their population.

Findings

- Effect – No attempt has been made to evaluate the quality of the effect data as this is beyond the scope of this concise and rapid practice-focused evidence assessment. However, evidence from the 15 studies offers some suggestion that welfare or child support reforms that *decrease* a family's budget have either no effect or a negative effect on care entry and reunification and that multicomponent interventions that *increase* a family's budget have either no effect or a positive effect on care entry and reunification.
- Mechanisms and Moderators – The studies summarised suggest that family budget change can change the likelihood of abuse and neglect, and through this the numbers of child placements. Theories of how this process works are not well developed and there are gaps in our understanding. However, on the basis of the studies reviewed, we make an initial suggestion of four pathways through which a change in family budget can alter the risk of child abuse and neglect.
 - Pathway A is where a parent needs to seek employment in response to a reduction in or perceived threat of reduction in the family budget. In the studies reviewed, this parent was always a mother.
 - Pathway B involves changes to the home environment itself. Both of these pathways involve changes to a parent's (again this was always related to a mother's) stress, mental health problems and substance misuse. This can change depending on whether the parent is able to care for her child, which can lead to neglect and abuse and ultimately the need for child placement.
 - Pathway C concerns the prevention of homelessness, thus avoiding increased risk of child harm.

- Pathway D involves practical assistance that helps to build a trusting relationship which in turn helps a family to engage with and access other services and other types of support from the worker. Perceived change or predicted change in a family's budget could be just as potent as an actual change in budget, for example, with increased stress or a parent pre-emptively seeking employment before a predicted change in budget occurs.
- Implementation – Some of the interventions related specifically to a USA policy context. The lessons learned need to be translated to a UK context (noting that social care is devolved and the policy climate differs between the four nations).
- Economics – Evidence relating to economic issues was limited, and no formal economic evaluations were carried out in the fifteen included studies. Of the three studies that looked at costs, all claimed a cost saving but we could not draw strong conclusions due to methodological limitations.

Implications

- A direct increase to family finances should be explored. Although it would be ideal to do this for all families in poverty – e.g. via welfare benefits or free child care – in the absence of such structural changes there is also a role for children's services to provide budgets for families who are struggling, as a preventative measure. Given the cost of foster care and residential care, this could be money well spent if it reduces the need for children to be in care (although there is no robust evidence to date on cost savings). Reducing the amount of money available to a family is not recommended.
- Social workers have an important role in helping at-risk families in poverty to maximise the material help available to them. Since some evidence suggests that responding to poverty is not central to the culture of contemporary front-line practice, a renewed emphasis is needed on poverty-aware practice.

- More work is needed to further develop theories of how financial and material help can prevent child abuse and neglect and therefore prevent children coming into care.

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1. Background

This rapid evidence assessment is one of a series of reviews that will be conducted by What Works for Children's Social Care. These reviews will have the same outcome focus: what works to safely reduce the number of children entering statutory care, and to safely increase the number of children and young people re-unified with their family following a period in out of home care. They will also consider how these interventions work, for whom and under what conditions in order to produce meaningful and useable evidence for social work practice and policy. When we say 'interventions' we mean any disruption to a system. All these reviews have emerged from an initial What Works Centre scoping review of evaluated interventions to reduce the need for children to come into care and increase reunification from care (<https://whatworks-csc.org.uk/research/reports/reducing-the-need-for-children-to-enter-care/>).

1.1 The relationship between poverty and child protection

The chance of a family being subject to a child protection investigation is significantly increased if they live in a deprived neighbourhood. Intervention rates in the most deprived ten per cent of neighbourhoods in England are nearly 12 times as high as those in the least deprived ten per cent. Each step increase in deprivation is also accompanied by an increase in a child's chances of being removed into care (Bywaters et al, 2018). These recent findings have highlighted the relationship between poverty and child maltreatment, at least insofar as official recognition of child abuse and neglect are considered. In reviewing the international literature, Bywaters et al (2016) argue there is evidence of a causal link between poverty and child maltreatment. They identify two causes. Firstly, there are direct effects of poverty, whereby lack of money and associated material hardship impede child health and development. Secondly, there are indirect effects, whereby living in poverty

causes parental stress and poor neighbourhood conditions and these put child well-being at risk. Both direct and indirect effects interact with personal and social problems such as parental mental illness, domestic violence and substance misuse which are also associated with harm to children.

1.2 Family Budget Change

The connection between poverty and child maltreatment has led to a growing interest in how interventions that directly impact on family budgets may influence the rate at which children enter care (Sanders, Cann and Markie-Dodds, 2003). Various countries including Canada, Finland and Spain have trialled variations of universal or basic incomes, whereby citizens receive guaranteed and regular sums of money, irrespective of personal circumstances. In contrast to this, welfare reforms that reduce benefit entitlement will reduce the budgets of some families in poverty, which could have an impact on the likelihood of children being in care.

Social workers in England have for many years attempted to meet the material and practical needs of families often using section 17 of the 1989 Children Act to provide, if not cash-in-hand, then certainly payments to meet short-term emergency needs for housing, food and other necessities. Yet it remains the case that many of the practice models developed in England and elsewhere over recent years have focused more on the importance of building relationships and of therapeutic forms of support than they have on increasing family budgets. Given the emerging and ever-solidifying evidence that levels of deprivation have an important influence on rates of child protection plans and care entry, this rapid evidence assessment reviews 15 papers that describe the effect of interventions which impact on family budgets. We bring evidence together from these 15 papers to help to understand the ways in which direct and indirect effects of a change in family budget will interact with personal and social factors to change the need for child placement.

We are defining family budget change interventions as any policy or practice which intentionally increases or decreases the amount of money available to a family. Fifteen interventions were identified in the earlier scoping review as having an effect on care numbers through changing a family's budget (Appendix 2). These included approaches which increased family budgets through housing subsidies, cash assistance (as part of a wider programme of wrap-around support) or the provision of goods that increased a family's material wealth. There were also examples of welfare benefit reductions which resulted in less money being available to families.

2. Objectives

- To build understanding about whether, for whom and under what circumstances family budget change interventions affect the number of children entering care and/or the number of children re-unified with their family
- To begin to articulate the most important components of family budget change interventions, what are the key ways that these components work (mechanisms), and for which families and children in which circumstances (moderators)
- To explain the implementation and economic issues related to family budget change interventions that are important for social care decision-makers to know

3. EMMIE

What Works for Children's Social Care (WWCSC), commissioned by the Department for Education, aims to improve the quality and use of evidence in children's social care in order to achieve "better outcomes for children, young people and families" and to "safely reduce the need for children to enter care" (<https://whatworks-csc.org.uk/>). To achieve this aim, we closely follow the approach to reviews of published evidence taken by the What Works Centre for Crime Reduction (Sidebottom et al., 2017; 2018). In doing so, we set out our position that providing reliable evidence on the statistical association

between intervention and outcome (what works) can be made more meaningful if combined with an understanding of the causal mechanisms underpinning those relationships and the contexts which influence whether those mechanisms may operate. In this mixed-methods rapid evidence assessment, we use the method of rapid EMMIE review, a methodology adapted from EMMIE systematic reviews. This method helps us to ask not only what works, but also for which children and families and in which circumstances. EMMIE provides a pragmatic framework to capture, analyse and disseminate the type of evidence that is essential to decision makers under the following dimensions (Johnson et al., 2015):

- E** The overall effect direction and size of the effect of family budget change interventions on children being in care;
- M** The mechanisms through which family budget change interventions affect care numbers;
- M** The moderators/contexts that change whether those mechanisms will 'fire' or don't fire;
- I** The key sources of success and failure in implementing family budget change interventions;
- E** The economic costs (and benefits) associated with family budget change interventions.

EMMIE systematic reviews were developed as part of the What Works Centre for Crime Reduction. EMMIE provides a pragmatic framework to optimise the quality and breadth of analysis within a systematic review concerned with the contextually contingent effects of interventions. In line with other EMMIE informed reviews, our motivation for using EMMIE is the understanding that decision makers require evidence of whether interventions work to produce their intended effects as well as how and under what conditions they work.

4. Methods

4.1 Rapid Evidence Assessment (EMMIE)

A rapid evidence assessment method was used (Thomas, Newman and Oliver, 2013)

based on the EMMIE framework to synthesise evidence from fifteen studies identified in a scoping review of relevant electronic databases and journals. (The full details of the scoping review searches can be seen in the scoping review report on this website <https://whatworks-csc.org.uk/research/reports/reducing-the-need-for-children-to-enter-care/>).

The fifteen studies, listed in Appendix 1, all evaluate the effect of interventions that change family budgets (increase or decrease) on either the numbers of children entering care or the number of children being reunified with their families. Evidence in these fifteen studies for E, MM, I and E is brought together in a concise summary of whether and how interventions that change family budgets work, for which families, and in which circumstances.

4.2 Evidence Summaries for E, MM, I and E

4.2.1 Effect and Economic Considerations

Any studies making claims about the effect or economic considerations of family budget change interventions on care entry or reunification were descriptively summarised. No attempt has been made to evaluate the quality of the effect data as this is beyond the scope of this concise and rapid practice-focused evidence assessment.

4.2.2 Mechanisms, Moderators and Implementation: How do family budget change interventions affect the likelihood of children being in care?

Evidence relating to mechanisms, moderators and implementation (MMI) were brought together using a process of realist synthesis. In the prior scoping review, included studies were read and relevant sections coded to E, MM, I and E using QSR International's NVivo 12 qualitative data analysis software (QSR, 2018). Each piece of coded MM information from each of the fifteen¹ included studies was compiled in an

¹ five of the studies did not include MM information

Excel worksheet. Implementation information was summarised due to the lack of data (n= 2 studies). Each coded section was then re-formulated into if-then statements (e.g. see Pearson, Brand et al., 2015; Brand et al., 2018) to capture theories about how interventions to change family budgets have an impact on care numbers (see Appendix 3 & 4). Particular attention was paid to nuance in relation to which parents, families, and children budget-change interventions are most likely to affect and why, and in which circumstances budget-change interventions are most likely to affect children being in care and why. Mechanisms, moderators and implementation are considered for all interventions reviewed, regardless of their effect on the likelihood of children being in care.

These if-then statements were then grouped into themes. These themes related to either key components of the intervention, key mechanisms through which key components worked, or key moderators that affected whether the intervention worked for certain families. Themes and type of theme were chosen by the two reviewers most familiar with the data extracted and coded and with the resulting if-thens. The two reviewers identified themes through separate coding and then discussion of coding. Final themes were those groupings subjectively considered to best capture what was most important in the evidence in relation to how the intervention works, for which families, and under which circumstances.

Each group of if-then statements was then brought together in a process of consolidation (Figure 1; see also Pearson, Brand et al., 2015; Appendix 5) into a smaller number of richer and more nuanced larger consolidated explanatory accounts clarifying more about how the intervention works, for whom, and in which circumstances.

Figure 1



Figure 1: Example of process of consolidation of if-then statements to a consolidated explanatory account of how interventions that change a family's budget affect the numbers in care. Colours show where sections of the explanatory accounts have been consolidated into the consolidated explanatory account (top left)

Consolidated explanatory accounts were then expressed in diagrams and narratives (see Findings section) and presents the programme theory of how family budget change interventions work. The consolidated accounts were shared with people experienced in social work practice to identify gaps, add nuance, and support understanding of the most important 'pieces' of this theory for practice and policy.

The developed theory was then re-formulated into tables for practice and policy that explain how to implement and deliver family budget change interventions in a way that is most likely to support families to safely keep their children at home (see Findings).

4.3 Consultation with Practitioners

To consider the relevance of the programme theory of how family budget change interventions work to practice in England, we visited two English local authorities to discuss our theory with practitioners and managers. Both authorities were running What Works Centre 'Change projects' involving budgets devolved to social workers for flexible use in supporting families. In one authority we spoke to a senior manager and in another we spoke to three social work practitioners.

5. Findings

This section presents the results of our rapid mixed-methods EMMIE rapid evidence assessment for the two outcome measures: the number of children entering care (Outcome 1) and the successful reunification of families (Outcome 2). First, we present the study characteristics of the identified papers for family budget change. Second, we present findings of the effect of family budget change interventions on care entry and reunification. Third, we present our programme theory in diagrams and narratives about how family budget change interventions work, for which families and children, and in which circumstances. Fourth, we report on what the literature says about the key barriers and enablers to implementing family budget change interventions. Lastly, we present the cost-effectiveness evidence for family budget change interventions.

5.1 Study Characteristics

In total, fifteen studies that evaluated interventions were included (see Appendix 6-9 for study characteristics tables).

Of the included studies, eight related to care entry (Appendix 6 & 7). Six of the care entry studies were multi-component or housing subsidy interventions that increased a

family's budget (Appendix 6; Thlemand and Dail, 1992; Walker, 2008; Shinn et al., 2017; Huebner et al., 2012; Ryan and Schueman, 2004; Pergamit et al., 2017) and two evaluated the effect of decreased welfare benefits (Appendix 7; Fein and Lee, 2003; Wildeman and Fallesen, 2017).

Nine studies related to reunification (Appendix 8 & 9). Six of these evaluated multi-component interventions or housing subsidy interventions that increased a family's budget (Appendix 8; Lewandowski and Pierce, 2002; Lewis et al., 1995; Fraser et al., 1996; Huebner et al., 2012; Madden et al., 2012; Pergamit et al., 2017). Three evaluated interventions that reduced a family's budget (Appendix 9). Two of these measured the effect of decreased welfare benefits on families (Wells and Guo, 2003; Wells and Guo 2006) and one the impact of child support payments for children in foster care (Cancian et al., 2017). Two studies related to both care entry and reunification (Huebner et al., 2012; Pergamit et al., 2017).

Thirteen of the fifteen studies were conducted in the USA (Cancian et al., 2017; Fein and Lee 2003; Fraser et al., 1996; Huebner et al., 2012; Lewandowski and Pierce, 2002; Lewis et al., 1995; Madden et al., 2012; Pergamit et al., 2017; Ryan and Schuerman, 2004; Shinn et al., 2017; Thelman and Dail, 1992; Wells and Guo, 2003; Wells and Guo, 2006), one in Denmark (Wildeman and Fallesen, 2017), and one in Canada (Walker 2008). Fourteen of the papers were published in peer-reviewed journals and one was grey literature (Walker, 2008).

5.2 Intervention Characteristics

5.2.1 Increase to family budgets

Two studies evaluated housing subsidies (see Appendix 2 for intervention details). One examined the multi-component Family Options Study (Shinn et al., 2017) in which families in shelters were offered one of three interventions; permanent housing

subsidies; temporary rapid rehousing subsidies with some services directed at housing or employment; or transitional housing in supervised facilities with extensive psychosocial services. A second study examined the Family Unification Programme (FUP; Pergamit et al., 2017), a housing subsidy targeted to families who are receiving services from the child welfare system.

Five studies evaluated a short-term multi-component intervention called The Family Preservation Programme (FPP) which includes a component that has an effect on family budget. This component could include financial assistance; help with food, household goods, housework, transport or child care; and access to emergency funds (see Huebner et al., 2012; Ryan and Schuerman, 2004; Thleman and Dail, 1992; Walker 2008; Lewis et al., 1995). The Family Reunification Project (Lewis et al., 1995) is not called a Family Preservation Programme but because the project was developed from an intensive family preservation programme, based on Homebuilders' principles and adapted for reunification, it is included in this group.

Three studies evaluated other multi-component interventions which included a component that has an impact on family budgets (see Appendix 2; Fraser et al., 1996; Madden et al., 2012; Lewandowski & Pierce, 2002). Interventions evaluated were: a programme to reunify foster children with their biological parents, which included help with food, housing and employment (Fraser et al., 1996); an innovative pilot programme designed to reunify and reintegrate foster youth with complex mental and behavioural needs in residential treatment centres or therapeutic foster care with their families in the community (Madden et al., 2012) – this programme included cash assistance; and, the Missouri Family-Centred Out of Home Care Model (FCOHC) pilot project (USA; Lewandowski & Pierce, 2002), which included financial assistance and help with housing and employment.

5.2.2 Decrease to family budgets

Five studies evaluated the effect of welfare benefit reductions and child support enforcement on numbers in care (Wells & Guo, 2006; 2003; Fein & Lee, 2003; Wildeman & Fallesen, 2017; Cancian et al., 2017). Interventions included: the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 in the USA, commonly referred to as welfare reform (Wells & Guo, 2006; 2003); A Better Chance Welfare Reform Program (ABC; Delaware, USA; Fein & Lee, 2003); welfare benefit reduction introduced in Denmark in 2004 (Wildeman & Fallesen, 2017); and, the impact of federal and state policies in the USA which call for parents whose children are placed in foster care to be referred to child support enforcement so that parents may be ordered to offset some of the costs of that care (Cancian et al., 2017).

5.3 Effects of Interventions

5.3.1 Effect of Interventions that Change Family Budget

Of the fifteen included studies, two were randomised controlled trials (RCT), eleven used a non-randomised comparative design (quasi-experimental, or longitudinal studies using administrative data), one was a single-arm quantitative study and one a qualitative study (see Appendix 6-9). Appraising the studies was outside of the scope of this rapid evidence assessment so we cannot speak to the quality of the study design and effect found for either outcome.

5.3.2 Care Entry Effect Summary

Of the six multi-component interventions (Appendix 6), which all included elements that increased a family's budget such as cash assistance, practical assistance or housing subsidies (see Appendix 2 for more details), five were quasi-experimental. Three based in America showed a decrease in care entry (Ryan & Schuerman 2004; Huebner et al. 2012; Shinn et al. 2017) and two studies found no significant effect on

care entry (Pergamit et al., 2017; USA; Walker, 2008; Canada). One was a pre-post-test study which showed no significant effect on care entry (Thleman & Dail 1992; USA). Although studies measured the overall effect of the intervention on care entry, it should be noted that budget change can't be distinguished from the other elements of the multi-component intervention.

Of the two studies of welfare reform that reduced family budgets (Appendix 7), one was an RCT (Fein and Lee, 2003; USA) and one a longitudinal comparative study using administrative data (Wildeman and Fallesen, 2017; Denmark). The RCT showed no significant effect of welfare benefit reductions on care entry numbers. The longitudinal comparative study observed that reducing welfare payments increased care entry. Although America and Denmark have different child protection service structures, the risk factors to out of home placement are similar (Wildeman and Fallesen, 2017). Differences found between these two studies could be due to a difference in the amount of budget reduction, however it is unclear from the studies what proportion of income was lost.

5.3.3 Reunification Effect Summary

The six studies that evaluated multicomponent interventions (all USA) were composed of an RCT, four quasi-experimental studies and a qualitative study (Appendix 8). Similar to the studies assessing care entry, the interventions all included elements that increased a family's budget such as cash assistance, practical assistance or housing subsidies (see Appendix 2 for more details). Two quasi-experimental studies (Huebner et al. 2012; Lewis et al. 1995) and the qualitative study (Madden et al. 2012) all suggested a positive effect on reunification. The third quasi-experimental study (Pergamit et al., 2017) which was a housing subsidy intervention, found no significant effect on reunification. The RCT and the final quasi-experimental study both had mixed findings. In the RCT intervention group (Fraser et al. 1996) time to reunification decreased and initial reunification rates were much higher, but the number of children subsequently returning to care after the intervention had ended was higher in the intervention group.

In the quasi-experimental study (Lewandowski & Pierce 2002) there was no significant effect on reunification, however the study had a negative effect on care re-entry, i.e. for children who had been reunified, care re-entry levels were higher for families receiving the intervention than for usual care.

All of the three studies of welfare benefit reduction and child support enforcement (Appendix 9, all USA), were longitudinal comparative studies using administrative data. Two of the studies (Wells & Guo 2006; 2003) assessed the effect of welfare reform on reunification and suggested a negative effect of the intervention on reunification, i.e. delayed reunification. The third study (Cancian et al. 2017) which analysed the effect of making parents pay for the cost of foster care (thus, reducing the family's budget) found the intervention had the unintended effect of prolonging foster care and therefore also had a negative effect on reunification.

5.4 Mechanisms and Moderators of Family Budget Change Interventions

In social care interventions which involve people (e.g. parents), behaviour change (e.g. changes in child abuse and neglect) is achieved through change in the *internal worlds* of the people involved: thoughts, feelings, attitudes, beliefs, perceptions. For example, a change in parents' non-prescription drug-taking behaviour can result from increased anxiety about money, which can change their behaviour towards or in relation to caring for their child. The term moderator refers to the contextual factors that enable or inhibit these internal mechanisms to work. For example, a parent's previous negative experience of social services or their perception of an individual worker will moderate whether they ask for or engage with support around substance misuse. We focus on prioritising and elaborating only the most important mechanisms (and their moderators) through which family budget change interventions affect children being in care.

Unlike previous reviews using EMMIE, we present evidence of mechanisms and moderators together, as the activation of mechanisms is contextually contingent.

5.4.1 Family Budget Change Programme Theory

The initial programme theory about how family budget change interventions have an effect on care entry and reunification relates to two steps: The first describes (from limited evidence) how the interventions summarised change the budget of families. The second step (from more but still limited evidence) describes how this change in budget then affects child abuse and neglect and thus care entry and reunification.

How family budget change interventions have an impact on family budget

Interventions identified that had a positive impact on a family's financial or material wealth were cash assistance, practical assistance (including clothing, sundries, material goods such as furniture), housing subsidies, and access to other resources (see Appendix 2 for more detail about the interventions). Interventions that reduced wealth were child support enforcement, where parents are ordered to pay child support payments when a child is in foster care and a benefit reduction through a policy change.

How change in family budget can have an impact on care entry and reunification

Four key pathways were identified from the included evidence through which interventions that change a family's budget impact on the numbers of children in care. Three of these impact numbers in care directly through changing family budgets. The fourth pathway describes changes that providing practical assistance can have in addition that do not operate through a change in budget.

The first three of these pathways (A, B, C in Figure 2) change the number of children in care mainly through the impact of a change in family budget on a child's risk of neglect, maltreatment, or physical or emotional abuse. The first is through impact on maternal employment, the second is through family home environment, including level of living

and perceived economic stability, and ability to sustain housing, with the third pathway being through homelessness.

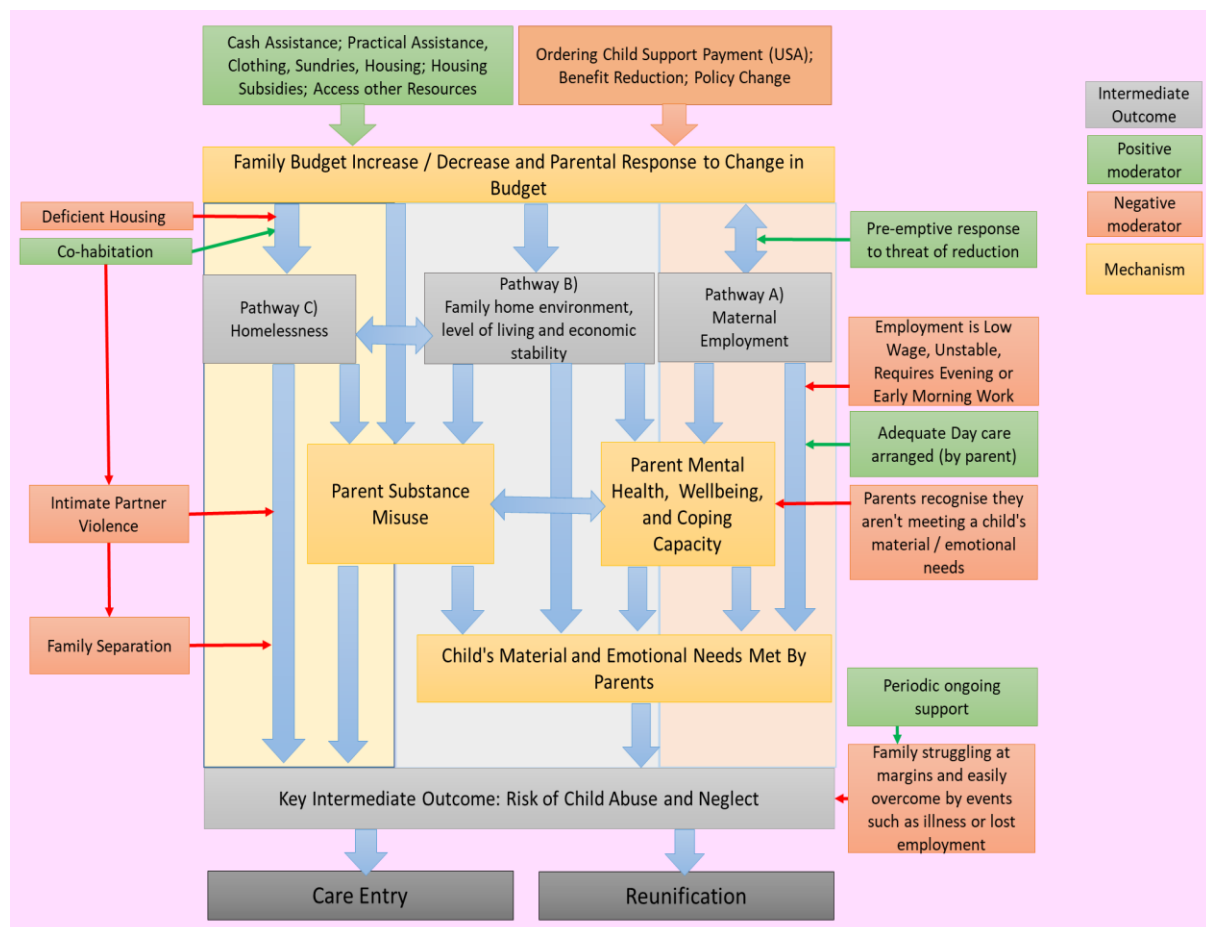


Figure 2: Programme theory elaborating and emphasising three key pathways' evidence from the identified studies suggests interventions that change family budgets can impact whether children enter care or return home to their family

Key intermediate outcome: Child's risk of neglect, maltreatment, or abuse

The pathways from intervention to number of children in care mainly operate through their effect on a child's risk of neglect or abuse (key intermediate outcome; Figure 2). The way in which these pathways have their impact is described in detail below. Neglect and/or abuse or the perceived risk of this will significantly affect whether a child needs to be/is taken into care/returned home. In addition to the pathways described below, the evidence suggests that a child's risk of neglect, maltreatment or abuse is mediated by whether a family is struggling at the margins and easily overcome

by illness or lost employment. Periodic ongoing provision can help to support these struggling families and reduce this risk. Whether or not welfare exit is voluntary is also suggested by our evidence to impact child risk of neglect, maltreatment, or abuse.

Pathway A: Impact of a decrease in family budget on maternal employment (especially for families struggling on the margins)

In the identified studies, only maternal employment was discussed in relation to children on the edge of care, rather than employment for any parent, regardless of gender. Whilst this context (lone mother household 'struggling on the margins') does not represent the reality for many families in the UK and internationally, the evidence we summarise refers only to the specific challenges facing these households, and the knock-on effect of a mother's financial need to seek employment on whether she is able to care for her child safely.

For families who are in economic hardship, especially single mothers, reduction in family budget makes it more likely for a mother to seek employment. Whether a mother struggling on the margins needs or wants to seek or maintain employment can have both positive and negative effects on whether she is able to meet her child's needs and avoid the need for care (Figure 2).

A positive effect of maternal employment can be improvement in the psychological wellbeing of mothers, resulting in feelings of self-esteem, autonomy, or success, all of which can positively affect their ability to meet their child's emotional needs and improve chances of reunification or reduce risk of care entry.

However, maternal employment can also have a negative impact on whether a mother is able to supervise and/or take care of her child adequately, because of needing to be at work. This negative impact is more likely where a single mother secures employment that is low wage, unstable, and/or requires evening or early morning work. This impact is mediated if a mother is in a situation in which she is able to arrange alternative adequate care to cover the times the parent needs to work. This will depend on her

individual circumstances, such as relationship with and proximity of family and friends. Being in circumstances in which she is able to safely supervise children or not will directly affect their risk of neglect and need for care.

Maternal employment can also have a negative impact on a mother's level of stress, depression, and coping capacity, which in turn will impact whether she is able to supervise and care for her child, and the child's risk of neglect, maltreatment, or abuse. Both of these will affect the need for the child to be in care.

The summarised evidence suggests that it is not only an actual change in 'budget' (material and financial) but also the perceived threat of a change in budget that will impact whether a single mother will seek employment.

Pathway B: Impact of an increase or decrease in family budget on family home environment

The identified evidence suggests that increase or decrease in a family's budget can change the family home environment, including living standard and economic stability (Figure 2). The home environment and economic stability of a family can affect child safety and whether a child's material needs are met. Both of these can then increase the need to enter out-of-home care.

A family home environment is complex, and involves many potential mechanisms and moderators that will have an impact on the need for a child to enter care. The papers summarised here offer limited detail as to what the home environment influences are, beyond general descriptions of how the environment is affected by a budget change, and how this in turn can change the risk of child abuse or neglect.

The evaluations suggest that an intervention which increases a family's budget can then improve parent mental health. Improved mental health supports a parent to care for their child and meet their needs, and may reduce their substance misuse. These changes will improve the chance that a parent or parents can safely care for their child at home.

The evidence suggests that negative influences to the family home environment, such as a decrease in the family's budget, can affect the mental health of a parent, which can change whether they are able to meet their child's material and emotional needs. Recognition of a child's unmet needs can further increase stress and depression in a parent, and the resulting reduced coping capacity may lead to substance misuse. Substance use is a factor which can further reduce whether a parent can meet their child's emotional and basic needs and/or whether they can safely supervise their children.

Pathway C: How a decrease in family budget can lead to family losing their home and an increased risk of abuse or neglect

A more substantial impact of interventions on family material and financial wealth is on homelessness (Figure 2). If an intervention reduces a family's budget to the extent that they lose their home, then this can lead to family separation, parental substance misuse, and the need for a child to go into care. To avoid homelessness, a parent might co-habit. This can ease financial difficulties and increase the ability of the household to provide adequate supervision of a child. However, evidence suggests that this can also increase the risk of intimate partner violence (where co-habitation is with an intimate partner) or potentially introduce new sources of maltreatment or abuse by another adult sharing the child's home.

Pathway D: The indirect effects of practical assistance

If an intervention meets a family's basic needs through providing practical assistance, families can focus on other aspects of life (Figure 3). This can be particularly useful in multi-component interventions as it allows families to engage and benefit from other aspects of the intervention, such as training. Discussing these basic needs with families also shows a human side to social workers and other professionals, and it demonstrates that such tasks are not beneath them. Both of these mechanisms build trust between the worker and family member allowing the worker to help the family

improve their home environment, living situation, and economic stability. These changes will improve their ability to care for their child safely at home.

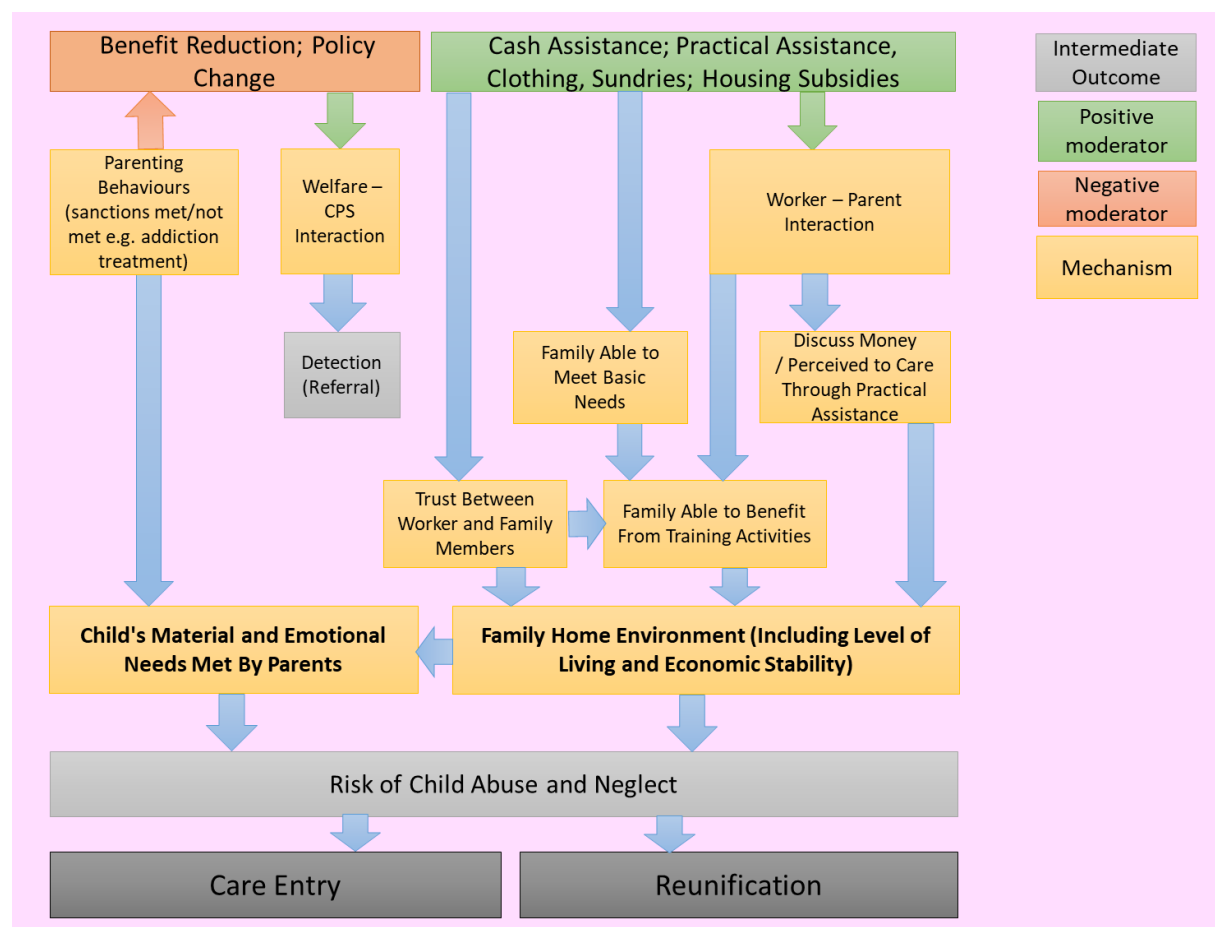


Figure 3: Additional mechanisms and moderators in pathways of change from budget change intervention to intermediate outcomes related to practical assistance but that do not operate through a change in a family's financial and material wealth

Providing practical assistance *increases* the time parents spend with workers which enables two things: increased trust between the worker and the family, and discussions about money management. Both can improve the home environment, living situation, and economic stability of the family. These changes can improve their ability to care for their child safely at home.

Parenting behaviour itself can also impact a family's wealth, e.g. through sanctions placed on welfare due to parents not meeting agreed targets set in court. These

financial measures can also result, through encouraging parent behaviour change, in parents being more likely to meet a child's needs and reduce their need for care.

It is important to acknowledge that the pathways theorised here do not explain every step of the process. In Appendix 10, another version of figure 2 has been produced, which acknowledges gaps in the theory for pathways A, B and C.

5.5 Implementation

The two studies which included analysis of factors that impacted on the implementation of family budget change interventions showed how state policies can act as a barrier to interventions which try to improve reunification outcomes. One study was referring to child support enforcement in the USA (Cancian et al. 2017) and how service availability within an area can have an impact on interventions which aim to individualise services for families. The other study involved services which accept Medicaid in the USA (Madden et al. 2012). The studies that did include discussions of implementation did so as recommendations for the future, rather than conducting any analysis to confirm the validity of their observations. Because of the heterogeneity of the interventions these factors relate to, each factor is described in the context of the intervention to which it relates, and comparisons are not drawn between these two studies.

A study by Cancian and colleagues (2017) examined whether requiring parents to pay support to offset the costs of foster care delays children's reunification with a parent or other permanent placement. This is not an approach which has been used in the UK. There is evidence of the unintended consequence of delay to reunification or other permanent placement which has implications, not only because longer stays in foster care are expensive for taxpayers, but also because extended foster care placement may have consequences for a child's well-being. As a result, policies requiring that parents pay to offset the costs of foster care are not recommended because of their negative consequences for reunification.

A formative evaluation of a pilot programme in the US designed to reunify foster youth with complex mental and behavioural needs in residential treatment centres or therapeutic foster care with their families in the community (Madden et al., 2012) reports a concern by programme staff, child protection caseworkers, and some caregivers related to the difficulty in locating psychiatrists and therapists who accepted Medicaid and were also familiar with the complex needs of these youth. Programme staff and child protection caseworkers expressed that the lack of available service providers in the community greatly limited their ability to individualize services for the youth and their families. This situation is distinctive to the US health funding context.

5.6 Economic Analysis

Of the fifteen studies included, only three referred to any form of cost information in their analysis (Wildeman and Fallesen, 2017; Huebner et al., 2012; Fraser et al., 1996). All three studies claimed a cost saving but none carried out a full economic evaluation and the limited detail available did not allow for an evaluation to be completed. Nonetheless, we describe the findings from the three studies that offer some information about the economic considerations in implementing interventions that impact family budget.

5.6.1 Care Entry

One study from Denmark (Wildeman and Fallesen, 2017) looked at the impact of welfare reform where unemployed mothers had their welfare payments cut by \$400 per month. As a result, for every \$250 decrease in monthly income, the risk that their children would be placed in an out-of-home placement increased by one percentage point. In Denmark, the cost of out of home care is \$12,500 per month per child. If 1000 unemployed women had their welfare payments cut by \$400 a month, the government would save \$400,000 with the consequence that an additional 15 children would be

placed in out of home care, costing the government a total of \$187,500 per month. As a result, the Government would make a saving of \$212.50 per family (53%) by decreasing welfare payments.

5.6.2 Care Entry and Reunification

A study based in the USA (Huebner et al., 2012) undertook an evaluation of the Family Preservation Programme (FPP) which provided financial assistance for families as one element of a wider suite of programmes. The findings indicate that for every \$1 spent on FPP services, there is a cost saving of \$3.01 in terms of out of home care. However, it is not possible to isolate the impact of the budget change element of the programme. To engage a substantial economic analysis it would be necessary to cost the individual elements of the intervention.

5.6.3 Reunification

One study (Fraser and colleagues, 1996) explored the impact of financial assistance as part of a wider family reunification service (FRS). The family reunification service notes that children spent more time at home in comparison with the control group (175 days). As a result, the daily cost of foster care (\$60 per child per day) was saved, which in total resulted in a saving of \$10,500 per child. However, this did not consider the cost of providing services to the family. In addition, the paper does not consider the potentially higher cost of providing foster care after reunification breakdown (re-entry into foster care).

6. Discussion

This rapid evidence assessment concisely summarises mixed-methods evidence from fifteen studies that evaluate family budget change interventions in terms of their effect on care entry and reunification. The studies were identified in the WWCS scoping review that looked for evaluations of interventions that aimed to safely reduce the number of children in care.

Family budget change interventions identified included those which increased family budgets – e.g. housing subsidies, cash assistance and provision of goods (as part of a wider programme of wrap-around support); and policies which reduced family budgets - welfare benefit reduction and child support enforcement. We summarise evidence in relation to Effect, Mechanisms and Moderators, Implementation issues, and Economic considerations (EMMIE).

The discussion focuses on summarising our findings in a form most meaningful and useful for social workers and their managers who deliver or will deliver family budget change, for decision-makers about where, when and how family budget change should be delivered, and for evaluators of family budget change in social care. First (6.1) we summarise EMMIE evidence from the fifteen studies, then (6.2) we produce tables to support practice and policy to deliver family budget change interventions, and finally (6.3) we discuss implications for policy and practice.

6.1 Does family budget change work to safely reduce the number of children in care and what is the mechanism of this process?

6.1.1 Do family budget change interventions work to safely reduce the number of children entering care and/or to increase the number of children re-unified with their family

Our findings show that welfare reforms and child support enforcement that decrease a family's budget have either no effect or a negative effect on care entry and reunification. However, the multicomponent or housing subsidy interventions which all increased a family's financial situation also had either no effect or a positive effect on care entry and reunification. In other words, the evidence descriptively summarised offers some suggestion that interventions that include an element which directly or indirectly improves a family's financial situation may, in some cases, reduce the number of children in care.

We did not conduct quality appraisal of the included studies and the studies included are limited to those 15 that were identified in an earlier scoping review of interventions evaluated in terms of their effect on the number of children in care. In addition, many of these interventions are multi-component and thus it is challenging to infer causality to budget change separately from the other intervention components. It is in theory possible that the budget component might be having no active effect at all and any positive impact could be from other elements. As such, we cannot make strong conclusions about overall effect of the interventions reviewed on numbers in care.

6.1.2 Key Components of Family Budget Change Interventions Suggested to Work for Different Family Circumstances: Programme theory summary

The studies summarised here suggest that family budget change can change the likelihood of abuse and neglect and through this the numbers of child placements. There are three main pathways through which a change in family budget can alter the risk of child abuse and neglect. One is through the need for a mother to seek employment in response to a reduction in or perceived threat of reduction in her family budget. The second is through changes to the home environment itself. Both of these pathways involve changes to a parent's (in the fifteen included studies, this was always related to mothers) stress, mental health problems and substance misuse. This can change whether a mother is able to care for her child and can lead to neglect and abuse and ultimately the need for child placement. The third pathway is budget reduction leading to homelessness, which increases risk of child harm. The fourth pathway is practical assistance, which can enable a range of positive benefits, including familiarity and perception of helpful caring by the social worker or other professional, building trusting relationships between parents and workers. A trusting relationship can form the basis for a family to engage with and access other services and other types of support from the worker providing practical assistance.

The first pathway relates to maternal employment and how it changes the risk of abuse and neglect in a range of ways. There can be both positive and negative effects of a single maternal parent taking employment in response to actual or perceived threat of a reduced family budget, especially when that employment is low paid or includes long or anti-social hours. Self-esteem and autonomy can be gained from employment, resulting in a mother feeling able to better care for her children. If adequate childcare is not arranged while a mother is working and a child is at home, a mother working out of the home can lead to neglect and abuse.

The family home environment is the second pathway suggested in the identified studies between change in a family budget to increased risk of abuse and neglect and need to be in care. A family home environment is complex, and involves many potential mechanisms and moderators that will have an impact on the need for a child to enter care. The papers summarised here offer limited detail as to what the home environment influences are, beyond general descriptions of how the environment is affected by a budget change, and how this in turn can change the risk of child abuse or neglect.

A change in family budget can change the family home environment, including level of living and economic stability and parent mental health. Both of these can change parental substance misuse, which can in turn effect child safety and effect whether a child's material needs are met. Recognition of a child's unmet needs can further increase stress and depression in a parent, and the resulting reduced coping capacity may lead to substance misuse. Substance use is a factor which can further reduce whether a parent can meet their child's emotional and basic needs and/or to safely supervise their children.

A substantial impact of some interventions on family material and financial wealth is on homelessness. This is the third pathway described. Losing the family home can lead to family separation (e.g. a male partner has to live separately if a refuge accepts only women and children) and parental substance misuse. The evaluations

summarised suggest that to avoid homelessness, a parent might co-habit, easing financial difficulties and increasing available people to supervise a child but introducing the risk of intimate partner violence (where co-habitation is with an intimate partner) or potential new sources of maltreatment or abuse by another adult sharing the child's home.

A fourth pathway is the indirect effects of practical assistance. Practical assistance seems to be particularly useful in multi-component interventions as it allows families to engage and benefit from other aspects of the intervention, such as training. It builds trust between the worker and family. Trust enables a relationship through which a worker is able to help the family improve their home environment, living situation and economic stability. Trust is supported by providing practical assistance in two ways: it requires workers to discuss a family's basic needs with them, demonstrating to the family that they care, and it creates face-to-face contact between workers and families.

In the multi-component interventions evaluated in the fifteen included studies, evidence suggests that if a family's basic needs are met, families are likely to be more engaged in other components of the wider multi-component intervention. This can have a range of positive childcare outcomes.

6.1.3 Implementation and Economic Issues Related to Family Budget Change Interventions

Evidence related to implementation was limited. Issues reported in the studies were related to child support enforcement policies in the USA which force parents to help pay towards foster care costs and health services which do not accept Medicaid in the USA, thereby limiting the ability to tailor services towards families. Both of these issues are very specific to the context in the USA. Similar to child support enforcement in the USA, in the UK there are also some policies that inadvertently reduce the financial resource of a household when a child goes into care, such as the

under-occupancy penalty, popularly known as the 'bedroom tax', where because a room is now not occupied, there is a loss of child tax credits/child benefit. There are also direct costs involved for the parent of a child going into care, such as paying to travel to contact centres (although this is often reimbursed, it is usually after the fact and stigmatising), loss of work earnings due to having to attend reviews and court hearings, often held during the work day. To prevent barriers to reunification, policies should consider addressing these issues. Additionally, although the UK does not have a system like Medicaid, UK health service provision can be something of a postcode lottery, therefore interventions aiming to individualise services to families may be limited by service provision in that area.

The economic aspects of reviewed studies were also very limited and no full economic evaluations were carried out. Three studies claimed a cost saving from interventions, although one of these did not in fact measure spend on services, so whether or not there was an overall saving could not be confirmed. This study and one other claimed a cost saving from a multi-component intervention that included financial assistance to families, therefore it was not clear how much the financial assistance alone contributed to any cost savings. The other study was of a welfare reform which reduced income for families. Although overall this saved money, longer term cost implications were not considered.

6.2 Implications for Policy and Practice

There are two broad themes when we consider policy and practice implications that arise from this report and in the context of contemporary children's social care in England: Firstly, the potential for direct increases to family finances; and, secondly, the role of social workers in helping families to maximise the material help available to them.

To address the first of these themes, there are ways of increasing family finances which are outside of the control of children's services. The tax and benefits systems are the principle means for adjusting incomes across populations. More generous benefits or tax credits to the poorest families – both those with unemployed parents and those where parents are working – could have a significant impact on reducing child maltreatment as well as the risk of children coming into care. Policies on free childcare are also very relevant to family finances, as well as to child development.

As noted above, interventions from other (i.e. non-UK) countries that involve budget reductions are not recommended because in the reviewed studies they had no effect or a negative effect on care entry and reunification. In the UK, the under-occupancy penalty ('bedroom tax') and the two-child benefit limit are examples of current policies which reduce the budgets of some families in poverty and which could well have the negative consequence of tipping some families into a situation where children have to come into care. Part of the solution to turning the tide of ever-increasing rates of children looked after in the UK nations could be to reverse benefits rules such as the two-child limit.

It is also the case that children's social care departments could instigate policy decisions to give direct financial assistance to families. They are explicitly empowered to do this under s.17 of the Children Act 1989 but the use of 'section 17 money' seems to have fallen out of favour within a practice culture which is largely focused on parental behaviour. Given the very great cost to local authorities of placing children in foster care or residential care, and the possible benefit of increasing family budget identified in this review, there is a logic to funding directly at-risk families to prevent crises from developing.

The findings of this rapid evidence assessment have informed a primary research study currently underway via What Works for Children's Social Care, looking at the

impact of providing families with financial assistance through devolution of budgets given to individual social workers.

The second theme is social workers' role in helping families maximise the material support they are entitled to access. Although this was not mentioned as a specific mechanism in any of the included studies, it could be another available route for social workers to take to trigger the same mechanisms caused by increasing a family's budget. As noted above, practice culture in children's social care has drifted away from material help because emphasis tends to be placed on changing parents' behaviour. As part of a mixed-methods study, Morris et al. (2018) observed practice and interviewed social workers in local authorities in England and Scotland. The authors describe poverty as having become taken for granted as the 'wallpaper' of practice, with social workers being aware of it but most often not directly responding to it in the form of material help or advice on income maximisation.

Social workers, as the key front-line professionals working with families where children are at risk of coming into care, have a very important role in ensuring that the maximum available benefits are accessible to families, as well as quality housing and support with finding employment where appropriate. In a practice culture where poverty has slid from view, this needs re-emphasising and workers' awareness needs raising. There are some recent attempts to do this in the UK. The Northern Ireland Office of Social Services have an anti-poverty practice framework (<https://www.health-ni.gov.uk/publications/doh-anti-poverty-framework>) and the British Association of Social Workers is developing one (<https://www.basw.co.uk/what-we-do/policy-and-research/anti-poverty-practice>).

Internationally, an impressive example is the poverty-aware paradigm for social work practice developed by Krumer-Nevo (2016). This is a holistic approach which includes training for social work staff, direct material help for families, advocacy about families' rights and work on policy change in local services. In line with the programme theory

presented in this report, Saar-Heiman et al. (2016), writing about service-user feedback on this approach, describe how non-judgmental material help alongside a positive response to emotional needs can help to build a strong alliance between workers and families. To put material help at the centre of social work practice is part of the social model of child protection recently outlined by Featherstone et al. (2018).

Although some of the pathways outlined in the programme theory in this report are focused on mothers, because the studies reviewed referred only to mothers, it is important to consider the effect of budget change on all relevant family members. Social work with children and families has a history of being heavily focused on work with mothers, with women in families often being expected to take primary responsibility for protecting children, regardless of whether or not a male partner is also present, and practice can have the effect of connecting father absence and mother blame (Strega et al., 2008). Practice which reinforces this tendency should be avoided.

6.2.1 Practitioner Feedback

Consultation with practitioners in two English local authorities that are piloting the devolution of budgets to social workers provides some insight into the relevance of budget change interventions to practice. Not all the use of devolved budgets was for material help to families, but we focus here on examples that were. Although one of our contributors was a senior manager, we use the term 'social workers' as a shorthand for our four contributors from local authorities. The other three were current practitioners.

We were told that having devolved budgets allow practitioners to work with families' own priorities, with one local authority opting for the use of family group conferences to decide how money would be spent. A focus on material help was said to be 'going back to basics'. In keeping with pathway B, it was thought that families could come to

see the benefits of having a nice house, taking pride in this and gaining better self-esteem.

Social workers also spoke about how having devolved budgets frees up practitioners to do relationship-based work. They would be freed up because in one of the local authorities someone else other than the case-holder would take responsibility for equipping the house. This is in some ways the reverse of pathway D. Rather than the family being freed up to focus on other issues, the social worker would be freed up to focus on 'traditional social work'. It is perhaps revealing that material help was not seen here as at the core of traditional social work (see Morris et al., 2018). One contributor spoke of their local authority engaging an employment specialist to help with CVs and job search. This approach fits with pathway A – helping parents find employment.

One social worker felt the programme theory was especially relevant to large families. Other issues with an important economic dimension mentioned by social workers were domestic violence and gambling. Sustainability of help was said to be an important consideration, with one social worker saying 'we wouldn't want the children to feel that life is wonderful for 12 months and then it will stop'.

Social workers involved in devolved budget pilots mentioned several helpful examples of how material help could benefit families. They spoke of families who were given badly needed new carpets and beds, allowing the house to be improved to a level where other issues to do with neglect could be tackled. Two examples were given of lack of space for a teenage child which was creating considerable tension in the household. One was sleeping in a garage and another on the kitchen floor. Financial help allowed for practical solutions to be found, easing tensions. In another family, a sensory room was provided for a disabled child. All of these could be seen to fit with pathway D – practical assistance that allows families to focus on other issues – as well as potentially pathway C – avoiding homelessness.

Other examples mentioned were: paying for weekend activities to help parents build relationships with children in a relaxed environment, rather than in a contact centre; and funding a nursery place where a child was too young for free child care, which provided respite for both child and the parent so that their time spent together could be more positive. These could be seen as broadly in keeping with pathway D, inasmuch as they are indirect effects of financial help.

6.3 Limitations

This concise and rapid evidence assessment is intended both to provide timely support for social care deliverers and decision-makers, and inform future systematic reviews and primary evaluations of practice by providing a description of how support around family budgets can help services to reduce care, and the different families it is likely to work well for. This report does not constitute a full systematic review of the literature about family budget change interventions. As such it does not provide an exhaustive review of the literature. Also, the review has not included quality appraisal of effect results and there are several multi-component interventions where the particular impact of help with family budgets cannot be isolated from other elements.

The report is specifically looking at family budget change interventions that are evaluated in terms of their effect on care numbers. Wider literature describing budget change interventions more generally, and papers evaluating budget change interventions in terms of a different outcome, are not included in the review. Including wider literature would enrich the findings, in particular the programme theory about how these budget change interventions can have an impact on care numbers. Further in-depth longer-term research can address these limitations.

This concise mixed-methods evidence assessment will feed into a primary research study by WWCS examining financial support to families via social workers. It provides

the primary evaluation study with the beginnings of an underlying theory of how the intervention works that will support intervention theory development, process evaluation, delivery fidelity testing, and interpretation of outcomes, especially where they vary for different families.

7. To conclude

A direct increase to family finances should be explored. Although it would be ideal to do this for all families in poverty through changes to welfare benefits, in the absence of such structural changes there is also a role for children's services to provide budgets for families who are struggling, as a preventative measure. Given the cost of foster care and residential care, this could be money well spent if it reduces the need for children to be in care.

Social workers have an important role in helping at-risk families in poverty to maximise the material help available to them. Since some evidence suggests that responding to poverty is not central to the culture of contemporary front-line practice, a renewed emphasis is needed on poverty-aware practice.

To date, the process of how to use material resources to help families has been under-theorised. In this report, which is based only on specific studies which emerged from our scoping review on reducing the need for children to come into care, we have an initial theory. The current What Works Centre pilots focused on devolving budgets to social workers aim to help develop greater clarity and encourage creativity in advancing this work.

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Appendix 2: Table of interventions included in the studies identified by the scoping review (n. = 15)

Outcome	Type of Intervention	Authors	Year	Intervention
Care entry	Housing	Shinn, Brown & Gubits	2017	Family Options Study: Families in shelters were offered one of three interventions; permanent housing subsidies that reduce expenditures for rent to 30% of family's income; temporary rapid rehousing subsidies with some services directed at housing and employment; transitional housing in supervised facilities with extensive psychosocial services.
Care entry & Reunification/re-entry		Pergamit, Cunningham & Hanson	2017	
Care entry & Reunification/re-entry	Family Preservation Programme (FPP): a multi-component intervention	Huebner, Robertson, Roberts, Brock & Geremia	2012	FPP refers collectively to an array of short-term crisis interventions and support services including Intensive Family Preservation Services (IFPS), Family Reunification Services (FRS) and the Family Reunification Project (FRP) which are delivered for families with children already in care or at imminent risk of care placement. Family Preservations Services (FPS) and Families and Children Together Safely (FACTS) are designed for families with moderate risks. All FPP interventions conform to the tenets of the Homebuilder s Model and implement strategies toward the common goals of family preservation. The treatment model of FPP is designed to improve family functioning, teach and reinforce parental skills in the home and monitor and promote child safety. Of interest to this review is that providers may use concrete services (such as financial assistance, food, household goods or helping with housework, child-care or transportation) or they administer emergency assistance funds to pay for family necessities.
Care entry		Ryan & Schuerman	2004	
Care entry		Thleman & Dail	1992	
Care entry		Walker	2008	
Reunification/re-entry		Lewis, Walton & Fraser	1995	
Reunification/re-entry		Wells & Guo	2003; 2006	
Care entry	Benefit Reduction	Fein & Lee	2003	Explored the impact of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 in the USA, commonly referred to as welfare reform. The Act was designed to promote paid employment among those who historically had relied on cash assistance, to make work pay by encouraging the use of all of the government benefits for which recipients of welfare were eligible and to promote the formation of two-parent families. Two primary features of this legislation were the elimination of the entitlement to cash assistance that had been available under the prior welfare policy and the restriction of cash assistance up to 60 months. Focused on welfare reform in Delaware, USA. A Better Chance Welfare Reform Program (ABC) represents an early state reform which incorporates policies similar to the Personal Responsibility and Work Opportunity Reconciliation Act described above. In Delaware, the work and parenting requirements were strictly enforced in ABC, leading to high sanction rates.

Care entry		Wildeman & Fallesen	2017	Considered the impact of welfare benefit reform introduced in Denmark in 2004. In January 2004, the Danish Government introduced time-dependent welfare payment ceilings for individuals who had received social assistance for an unbroken spell of six months. The ceiling imposed severe budget constraints on families, for example a family with both adult members receiving social assistance would experience a decrease in income of around USD £350-470 per month while a single adult would experience a decrease of around £160 per month. For couples with children this amounted to a 30% decline in disposable income.
Reunification/re-entry		Cancian, Cook, Seki & Wimer	2017	Explored the impact of federal and state policies in the USA which call for parents whose children are placed in foster care to be referred to child support enforcement so that parents may be ordered to offset some of the costs of that care. Federal policy also calls for child support previously directed from non-resident to resident parents to be redirected to the state. One of the goals of the child support enforcement system is to support and enforce non-resident parents' contributions to their children's financial well-being however, in the case of foster care, when children are placed out of home, policies generally call for child support orders to offset government costs rather than directly benefit the children.
Reunification/re-entry	Other multi-component interventions (not FPP)	Fraser, Walton, Lewis, Pecora & Walton	1996	Explored a programme to reunify foster children with their biological parents. The experimental service was developed in Utah, USA and consisted of building strong and motivating alliances with family members, the provision of skills training and assistance with meeting family members concrete needs. Workers developed reunification plans with parents that involved skills training and referral to supportive services such as drug treatment and counselling. The service involved: building collaborative relationships with parents that were supportive and motivational; strengthening family members' skills in communication, problem solving and parenting as well as addressing concrete needs for food, housing, employment, health and mental health care.
Reunification/re-entry		Madden, Maher, McRoy, Ward, Peveto & Stanley	2012	Formative evaluation of an innovative pilot programme designed to reunify and reintegrate foster youth with complex mental and behavioural needs in residential treatment centres or therapeutic foster care with their families in the community. The programme utilised a wraparound service model which included the case manager working with the family to develop a plan of care for the child based on the family's needs and strengths; assisting the family in problem solving; providing ongoing support (including cash assistance) to families.
Reunification/re-entry		Lewandowski & Pierce	2002	Evaluated the Missouri Family-Centred Out of Home Care Model (FCOHC) pilot project which was developed in Missouri, USA. The intervention design involves families in assessment and treatment, planning reunification as soon as the child enters alternative care. The key elements of the model are that diversion from foster care is emphasised and that services are strengths based, timely and intense. The FCOHC intended to provide families with an increased amount of services (including financial assistance and help with finding a house and a job).

Appendix 3: Table of Explanatory Accounts (Reunification)

EA #	Data citation	Expressed as an EA
1.	Cancian et al. (2017)	IF resources are reduced by ordering child support payments THEN This may increase barriers to reunification and permanency.
2.	Cancian et al. (2017)	IF mothers have more difficulty correcting deficient housing situations THEN the stress associated with increased financial pressure may worsen any psychological or behavioural barriers to reunification
3.	Cancian et al. (2017)	IF parents are required to provide child support from preplacement resident parents, or to redirect existing child support orders THEN economic resources available to families are reduced THEN this may lengthen the time their children spend in foster care
4.	Fraser et al. (1996)	IF concrete services are provided THEN this will build trust between the worker and family members THEN this will enable the family members to benefit from learning centred interventions
5.	Fraser et al. (1996)	IF issues such as hunger, drug dependency, medical attention and physical safety were addressed THEN families were able to benefit from training activities which made up family reunification programs.
6.	Huebner et al. (2012)	IF families struggle at the margin THEN they are easily overwhelmed by events such as lost employment, automobile breakdowns, or illness in the family THEN periodic ongoing supports will sustain minimally acceptable levels of functioning.
7.	Huebner et al. (2012)	IF FPP providers are present THEN DCBS workers might be stimulated to be more diligent with families, hold more family team meetings or approach the family differently.
8.	Huebner et al. (2012)	IF FPP providers are present THEN Courts may be more willing to retain children at home when service providers are frequently in the home.

9.	Wells and Guo (2003)	IF mothers experienced a decrease in income from welfare THEN this could cause psychological distress THEN this distress could undermine the mother's ability to care for their children
10.	Wells and Guo (2003)	IF a mother had emotional problems THEN the relationship between loss of income from welfare and speed of reunification was magnified
11.	Wells and Guo (2003)	IF mothers lost significant income but gained income from wages THEN the speed of reunification was relatively small compared to those mothers who lacked income from wages due to the inadequacy of wage income related to need
12.	Wells and Guo (2003)	IF mothers have a higher amount of total income from welfare and work THEN this is related to a faster speed of reunification
13.	Wells and Guo (2003)	IF the higher proportion of total income is derived from work THEN this will lead to difficulties in managing the conflicts inherent in providing for their children's material needs and supervision, educating and nurturing children on their own THEN this is related to slower rates of reunification
14.	Wells and Guo (2003)	IF jobs are low wage, they tend to be unstable, lack adequate benefits and require evening or early morning work THEN these factors may provide obstacles to reunification to mothers who are involved in both the child welfare and welfare systems
15.	Wells and Guo (2006)	IF mothers are not able to work at a paying job which recoups the income lost after their children's placements in foster care THEN they will not ameliorate the problems that led to their children's placement in sufficient time THEN they will not regain custody of their children
16.	Wells and Guo (2006)	IF mothers lost a significant amount of cash assistance after their children's placement THEN they were reunified more slowly than children whose mothers did not
17.	Wells and Guo (2006)	IF mothers had a lower total income THEN they were reunified more slowly than children whose mothers had a higher total income
18.	Wells and Guo (2006)	IF mothers worked a lower percentage of the 18 months prior to placement THEN they were reunified more slowly than children whose mothers worked a higher percentage of the 18 months prior to placement.
19.	Wells and Guo (2006)	IF mothers had a consistent source of income THEN they were reunified more quickly

20.	Wells and Guo (2006)	IF mothers lacked cash assistance after placements and abused substances THEN they were reunited more slowly than children whose mothers had cash assistance and abused substances
21.	Wells and Guo (2006)	IF mothers are provided with adequate treatment for addiction THEN this may be crucial to reunification with their children
22.	Wells and Guo (2006)	IF mothers had a substance abuse problem and did not receive cash assistance after their children's placement THEN they were reunified more slowly
23.	Wells and Guo (2006)	IF mothers lost a significant amount of cash assistance after their children's placement THEN they were reunified more slowly (86% slower) than children whose mothers did not lose a significant amount of cash assistance
24.	Wells and Guo (2006)	IF mothers did not receive cash assistance THEN they were reunified more slowly (64% slower) than children of mothers who received (or did not lose) a significant amount of cash assistance

Appendix 4: Table of Explanatory Accounts (Care Entry)

EA #	Data Citation	Expressed as an EA
1.	Fein and Lee (2013)	IF policy change influences parents' psychological well-being – including aspects such as self-esteem, person efficacy, life satisfaction, stress depression and substance abuse THEN this can affect the incidence of abuse and neglect.
2.	Fein and Lee (2013)	IF parents have mental health problems THEN this can lead to physical, sexual and emotional abuse THEN this can lead to a compromised ability for parents to supervise their children adequately.
3.	Fein and Lee (2013)	IF welfare reform results in increased employment THEN this might impact on parenting
4.	Fein and Lee (2013)	IF maternal employment leads to an increase in income and self esteem THEN this will help parents meet their children's material and emotional needs and reduce stresses leading to abusive behaviour
5.	Fein and Lee (2013)	IF employment leads to an increase in stress THEN children might be left without adequate supervision THEN children may be at increased risk of abuse and neglect.
6.	Fein and Lee (2013)	IF benefit reductions result in reduced income THEN parents may become depressed THEN increased tensions and stress may possibly lead to increase substance abuse
7.	Fein and Lee (2013)	IF income reduction has a negative effect on the home environment THEN it is more difficult for parents to ensure that their children are safe
8.	Fein and Lee (2013)	IF parents opt for marriage or cohabitation as strategies to boost family income THEN spouses and partners can provide new sources of potentially positive or negative treatment of children
9.	Fein and Lee (2013)	IF there is a threat that benefits will be reduced THEN some recipients may respond to the threat of reduction, even before experiencing the income change
10.	Fein and Lee (2013)	IF policies focus on improved parenting behaviours such as meeting immunization and school attendance standards THEN this could lead to improvements in the quality of supervision children receive and reductions in incidents of harmful physical punishment

11.	Fein and Lee (2013)	IF women have difficulty arranging adequate care for their children when they work THEN this will increase neglect
12.	Fein and Lee (2013)	IF women experience increased self-esteem and other positive psychological benefits when they go to work THEN this will result in a reduce in abuse
13.	Fein and Lee (2013)	IF welfare changes result in welfare agencies strengthening their links with child protection services THEN this may affect the likelihood of discovery as distinct from the actual occurrence of child maltreatment.
14.	Fein and Lee (2013)	IF the 'work first' approach narrows the scope of interactions between recipients and welfare case managers THEN it might decrease the likelihood of referrals from welfare to child protective service agencies due to reduced opportunities to interact with clients.
15.	Fein and Lee (2013)	IF clients were leaving welfare more rapidly THEN welfare agency and contractor staff were expected to have fewer opportunities to detect child maltreatment than prior to the programme
16.	Fein and Lee (2013)	IF parents experienced involuntary welfare exit THEN there was a substantial increase in the risk of neglect in the months preceding that.
17.	Fein and Lee (2013)	IF parents experienced voluntary welfare exits THEN the increase in in the risk of neglect in the months before was smaller than for involuntary exit suggesting that some parents have trouble meeting their basic responsibilities for their children as they adjust to life without welfare.
18.	Huebber et al. (2012)	IF families are struggling at the margins and are easily overwhelmed by events such as lost employment or illness THEN they may require periodic ongoing support to sustain minimally acceptable levels of functioning
19.	Huebber et al. (2012)	IF FPP providers are working with a family THEN courts may be more willing to retain children at home when service providers are frequent.
20.	Ryan and Schuerman (2004)	IF concrete services are provided THEN this may impact on the decision to use substitute care since this is often contingent upon the physical environment of the home and its economic stability
21.	Ryan and Schuerman (2004)	IF workers provide concrete services THEN this is correlated with family improvement because it demonstrates that such tasks are not beneath workers
22.	Ryan and Schuerman (2004)	IF workers and families met face-to-face more often THEN families were more likely to receive cash, food, clothing, housing assistance and discussions of money management.

23.	Ryan and Schuerman (2004)	IF clothing/furniture/supplies and housing assistance was provided THEN this was associated with a reduced risk of subsequent maltreatment for those families with economic problems
24.	Ryan and Schuerman (2004)	IF families reporting difficulty paying bills received cash assistance and the provision of clothing/furniture/supplies THEN this decreased the likelihood of substitute care placement
25.	Shinn et al. (2017)	IF homelessness was reduced due to housing subsidies THEN this also led to a reduction in alcohol dependence, intimate partner violence and economic stressors
26.	Shinn et al. (2017)	IF parents were assigned to priority offers of housing subsidies THEN then rates of homelessness were halved, resulting in reduced separation of parents from children
27.	Shinn et al. (2017)	IF parents were assigned to temporary subsidies in the form of rapid re-housing or project based transitional housing with intensive services THEN this did not have significant direct effects or significant indirect effects on child separations or foster care placements, possibly because these interventions had little effect on homelessness however there was a model total indirect effect on separation for rapid rehousing
28.	Shinn et al. (2017)	IF poverty reduction strategies and housing programs that reduce homelessness are in place THEN this may reduce family separations
29.	Shinn et al. (2017)	IF housing support is long term and stable such as permanent subsidies rather than temporary rapid re-housing subsidies THEN this is far more effective at reducing both homelessness and separations
30.	Shinn et al. (2017)	IF subsidies address issues of poverty and housing affordability THEN this will address homelessness and to some extent separation among families
31.	Shinn et al. (2017)	IF drug abuse was reduced THEN separations would be reduced
32.	Shinn et al. (2017)	IF housing programs were unable to accommodate men or prohibit resident with criminal convictions THEN partners were forced to choose between staying together and a home, contributing to family break up
33.	Shinn et al. (2017)	IF a family received permanent subsidies in comparison to usual care which resulted in reductions in returns to homelessness THEN this had an impact on both child separation and foster care placement.

34.	Shinn et al. (2017)	IF a family received rapid rehousing in comparison to usual care THEN this had an impact on child separation only
35.	Thleman and Dail (1992)	IF families were in Group 1 (significantly more economically disadvantaged) THEN they were more likely to have a history of out-of-home placements of children and to have used psychiatric services in the past.
36.	Thleman and Dail (1992)	IF families were in Group 1 THEN they were most likely to have been referred for abuse/neglect
37.	Thleman and Dail (1992)	IF families were in Group 2 THEN they were most likely to have been referred for the child's home behaviour
38.	Thleman and Dail (1992)	IF families were significantly more economically stressed with an income of below \$20,000 per year (Group 1) THEN duration of the service was significantly greater than for families of who 55% had this income level (Group 2)
39.	Wildeman and Fallesen (2017)	IF income drops affecting families' level of living THEN there is a higher child maltreatment risk resulting from stress and overtaxed coping capacity
40.	Wildeman and Fallesen (2017)	IF the introduction of a welfare ceiling could increase children's risk of experiencing maltreatment THEN there is an increased risk of entering out of home placement
41.	Wildeman and Fallesen (2017)	IF mothers have unemployment insurance and on average significant more resources THEN they have a substantially lower risk of having their children placed in out-of-home care than mothers who do not have unemployment insurance
42.	Wildeman and Fallesen (2017)	IF benefits are lowered THEN there will be a 1.5 percentage point increase in the risk of out-of-home placement
43.	Wildeman and Fallesen (2017)	IF benefits are lowered, THEN this will cause an increase in out of home placement risk of 0.4 percentage points for children age 0-5; 0.8 percentage points for children age 6-12 and 1.3 percentage points for teenagers.

Appendix 5: Tables of Consolidated Explanatory Accounts (Care Entry)

#	Consolidated Explanatory Account
1	<p>IF family income is increased THEN this will help parents meet their children's material and emotional needs AND THEN reduce stresses leading to abusive behaviour</p>
2	<p>IF parents opt for marriage or cohabitation as strategies to boost family income THEN spouses and partners can provide new sources of potentially positive or negative treatment of children</p>
3	<p>IF income reduction has a negative effect on the home environment and the family's level of living THEN parents become stressed and their coping capacity becomes overtaxed AND THEN it is more difficult for parents to ensure that their children are safe AND THEN there is a higher child maltreatment risk</p>
4	<p>IF benefit reductions result in reduced income THEN parents may become depressed THEN increased tensions and stress may possibly lead to increase substance abuse THEN some parents have trouble meeting their basic responsibilities for their children as they adjust to life without welfare AND THEN (if any of the three above) children's risk of neglect (maybe higher if welfare exit is involuntary) or maltreatment might increase AND THEN there is an increased risk of entering out of home placement</p>
5	<p>IF there is a threat that benefits will be reduced THEN some recipients may respond to the threat of reduction, even before experiencing the income change</p>
6	<p>IF mothers have unemployment insurance and on average significant more resources THEN they have a substantially lower risk of having their children placed in out-of-home care than mothers who do not have unemployment insurance</p>
7	<p>IF welfare reform results in increased maternal employment THEN this may lead to an increase in income, self-esteem and other psychological benefits AND THEN this will help parents meet their children's material and</p>

	<p>emotional needs</p> <p>AND THEN reduce stresses leading to abusive behaviour</p>
8	<p>IF welfare reform results in increased employment</p> <p>THEN this employment may lead to an increase in stress</p> <p>THEN children might be left without adequate supervision</p> <p>AND THEN children may be at increased risk of abuse and neglect.</p>
9	<p>IF housing programs were unable to accommodate men or prohibit resident with criminal convictions</p> <p>THEN partners were forced to choose between staying together and a home, contributing to family break up</p>
10	<p>IF subsidies address issues of poverty and housing affordability</p> <p>THEN this will address homelessness</p> <p>AND THEN this will reduce separation among families</p>
11	<p>IF concrete services are provided such as clothing/furniture/supplies and housing assistance</p> <p>AND families had economic problems such as difficulty paying bills</p> <p>AND families received cash assistance</p> <p>THEN physical environment of the home and its economic stability will improve</p> <p>THEN the risk of subsequent maltreatment will reduce</p> <p>AND THEN (contingent on either above) the likelihood of substitute care placement will reduce</p>
12	<p>IF families are struggling at the margins</p> <p>THEN they are easily overwhelmed by events such as lost employment or illness</p> <p>THEN they may require periodic ongoing support to sustain minimally acceptable levels of functioning</p>
13	<p>IF a family received housing subsidies which resulted in reductions in returns to homelessness</p> <p>THEN this also led to a reduction in alcohol dependence, intimate partner violence and economic stressors</p> <p>THEN this had an impact on both child separation and foster care placement (reduction).</p>
14	<p>IF the decision to use substitute care is contingent on economic stability and the physical environment of the home</p> <p>THEN income reduction has a negative effect on the home environment</p>

	<p>THEN it is more difficult for parents to ensure that their children are safe</p> <p>THEN the provision of concrete services may reduce the decision to use substitute care</p>
15	<p>IF housing subsidies or housing programmes are provided to families</p> <p>AND they accommodate men or allow residents with criminal convictions</p> <p>THEN partners are not forced to choose between staying together and a home</p> <p>THEN this will reduce homelessness</p> <p>AND THEN this will lead to a reduction in alcohol dependence, intimate partner violence and economic stressors</p> <p>AND THEN the risk of family breakup is reduced</p>
16	<p>If policy change influences parent's psychological wellbeing, including self-esteem, stress depression and substance abuse</p> <p>THEN this can lead to a compromised ability for parents to supervise their children adequately</p> <p>THEN this can lead to physical, sexual and emotional abuse and neglect.</p>
17	<p>IF policy change influences psychological well being</p> <p>THEN increased tensions and stress may possibly lead to increase substance abuse</p> <p>THEN this can lead to physical, sexual and emotional abuse</p> <p>THEN this can lead to a compromised ability for parents to supervise their children adequately.</p> <p>AND THEN this can affect the incidence of abuse and neglect.</p>
18	<p>IF homelessness was reduced due to housing subsidies</p> <p>THEN this also led to a reduction in alcohol dependence, intimate partner violence and economic stressors</p>
19	<p>IF policies focus on improved parenting behaviours such as meeting immunization and school attendance standards</p> <p>THEN this could lead to improvements in the quality of supervision children receive AND THEN this could lead to a reduction in incidents of harmful physical punishment</p>
20	<p>IF parents experienced welfare exits</p> <p>THEN they might have trouble meeting their basic responsibilities for their children as they adjust to life without welfare</p> <p>AND THEN the risk of neglect is increased</p> <p>HOWEVER this increased risk is smaller for parents who exited welfare</p>

	voluntarily rather than involuntarily
21	IF employment leads to an increase in stress THEN children might be left without adequate supervision THEN children may be at increased risk of abuse and neglect.
22	IF policies focus on improved parenting behaviours or maternal employment leads to an increase in income and self esteem THEN this will help parents meet their children's material and emotional needs THEN this could lead to improvements in the quality of supervision children receive AND THEN this can lead to a reduction in abuse
23	IF policy change influences parents' psychological wellbeing – including aspects such as self-esteem, person efficacy, life satisfaction, stress, depression and substance abuse THEN this can affect the incidence of abuse and neglect.
24	IF employment leads to an increase in stress and women have difficulty arranging adequate care for their children while they work THEN children might be left without adequate supervision THEN children may be at increased risk of abuse and neglect.
25	IF parents experienced involuntary welfare exit THEN some parents may have trouble meeting their basic responsibility for their children as they adjust to life without welfare THEN there will be a substantial increase in the risk of neglect in the months preceding involuntary welfare exit.
26	IF welfare changes result in welfare agencies strengthening their links with child protection services THEN this may affect the likelihood of discovery as distinct from the actual occurrence of child maltreatment.
27	IF welfare workers had less interaction time with their clients AND clients were leaving welfare more rapidly THEN welfare agency and contractor staff were expected to have fewer opportunities to detect child maltreatment than prior to the intervention (ABC)
28	IF income is reduced

	<p>THEN there is a higher child maltreatment risk resulting from stress and overtaxed coping capacity</p> <p>THEN there is an increased risk of entering out of home placement</p>
29	<p>IF welfare changes result in welfare agencies strengthening their links with child protection services</p> <p>THEN this may affect the likelihood of discovery as distinct from the actual occurrence of child maltreatment.</p>
30	<p>IF welfare workers have less interaction time with clients</p> <p>THEN this might decrease the likelihood of detection of child maltreatment and referrals to protective services</p>
31	<p>If FPP (family preservation programmes) providers are present</p> <p>THEN this may stimulate DCBS (Department for Community Based Services) workers to be more diligent, hold more family team meetings or approach the family differently.</p> <p>THEN courts may be more willing to retain children at home when service providers are frequent.</p>
32	<p>IF workers and families met face-to-face more often</p> <p>THEN families were more likely to receive concrete services (cash, food, clothing, housing assistance and discussions of money management.)</p> <p>THEN this is correlated with family improvement because it demonstrates that such tasks are not beneath workers</p> <p>THEN this helps to establish a positive rapport with families</p>
33	<p>IF concrete services were provided in the form of clothing/furniture/supplies</p> <p>THEN this helps to establish a positive rapport with families and demonstrates that such tasks are not beneath workers</p> <p>THEN this was associated with a reduced risk of subsequent maltreatment for those families with economic problems</p> <p>THEN this may reduce the decision to use substitute care since this is often contingent upon the physical environment of the home and its economic stability</p>

Table of Consolidated Explanatory Accounts (Reunification)

#	Consolidated Explanatory Account
1	<p>IF income is reduced (by ordering child support payment or a decrease in income from welfare)</p> <p>THEN economic resources available to families are reduced</p> <p>THEN this could cause psychological distress</p> <p>AND THEN this distress could undermine the mother's ability to care for their children</p> <p>AND THEN this may lengthen the time their children spend in foster care</p>
2	<p>IF mothers lost a significant amount of cash assistance after their children's placement</p> <p>THEN they were reunified more slowly (86% slower) than children whose mothers did not lose a significant amount of cash assistance</p>
3	<p>IF mothers are not able to work at a paying job which recoups the income lost after their children's placements in foster care</p> <p>THEN they will not ameliorate the problems that led to their children's placement in sufficient time</p> <p>AND THEN they will not regain custody of their children</p>
4	<p>IF mothers lacked cash assistance or did not receive case assistance after their children's placements AND they had a substance abuse problem</p> <p>THEN they were reunited more slowly than children whose mothers had cash assistance and abused substances</p>
5	<p>IF mothers are provided with adequate treatment for addiction AND cash assistance</p> <p>THEN this may be crucial to reunification with their children</p>
6	<p>IF mothers experienced a decrease in income from welfare</p> <p>THEN this could cause psychological distress</p> <p>THEN this distress could undermine the mother's ability to care for their children</p>
7	<p>IF mothers lose income but gain income from wages and have a higher total income from welfare and work</p> <p>THEN reunification will be faster compared to mothers who lacked income from wages, but the speed of reunification is relatively small due to the inadequacy of wage income related to need</p>
8	<p>IF mothers are not able to work at a paying job which recoups the income lost after their children's placements in foster care</p>

	<p>THEN they will not ameliorate the problems that led to their children's placement in sufficient time</p> <p>THEN they will not regain custody of their children</p>
9	<p>IF mothers worked a lower percentage of the 18 months prior to placement</p> <p>THEN they were reunified more slowly than children whose mothers worked a higher percentage of the 18 months prior to placement.</p>
10	<p>IF mothers have more difficulty correcting deficient housing situations</p> <p>THEN the stress associated with increased financial pressure may worsen any psychological or behavioural barriers to reunification</p>
11	<p>IF families struggle at the margin</p> <p>THEN they are easily overwhelmed by events such as lost employment, automobile breakdowns, or illness in the family</p> <p>THEN periodic ongoing supports will sustain minimally acceptable levels of functioning.</p>
12	<p>IF issues such as hunger, drug dependency, medical attention and physical safety were addressed</p> <p>THEN families were able to benefit from training activities which made up family reunification programs.</p>
13	<p>IF mothers experienced a decrease in income from welfare</p> <p>THEN this could cause psychological distress and emotional problems</p> <p>THEN this distress could undermine the mother's ability to care for their children</p> <p>THEN the relationship between loss of income from welfare and speed of reunification was magnified</p>
14	<p>IF the higher proportion of total income is derived from work which is low wage, unstable, lacks adequate benefits and requires evening or early morning work</p> <p>THEN this will lead to difficulties in managing the conflicts inherent in providing for their children's material needs and supervision, educating and nurturing children on their own</p> <p>THEN this is related to slower rates of reunification for mothers who are involved in both the child welfare and welfare systems</p>
15	<p>IF FPP (family preservation programmes providers) are present</p> <p>THEN DCBS (Department for Community Based Services) workers may be more diligent with families</p> <p>AND courts may be more willing to retain children at home</p>

- | | |
|-----------|---|
| 16 | IF concrete services are provided and issues such as hunger, drug dependency, medical attention and physical safety were addressed
THEN this will build trust between the worker and family members
AND THEN this will enable families to benefit from training activities and learning interventions |
|-----------|---|

Appendix 6: Study characteristics table for studies evaluating the effect of multi-component interventions on care entry

Outcome - safely reduce the need for care entry									
Authors	Year	Name of intervention	Country	Study aims	Study design	Study population - child or young person (whole/intervention/comparison) Age (mean/range), Gender (% female), Care type, Other	Study population - family (whole/intervention/comparison) Relationship to child, Age (mean/range), Gender (% female), other relevant	Study population - professional Age (range/mean), Gender (% female, Organisation type, Professional role, other relevant	Sample size (whole; intervention; control/
Intervention type - Multi component or housing interventions									
Thleman & Dail	1992	Generic - Family Preservation Services	USA	Mediators	Pre-post test	Other relevant: info on gender, mental health history, age included in paper but difficult to extract due to grouping.	Relationship: Mother Other relevant: info on gender, mental health history, age included in paper but difficult to extract due to grouping.		n=995 total Group 1 n=348 Group 2 n=460
Ryan & Schuerman	2004	Family Preservation Services (Homebuilders)	USA	Mechanisms /Moderators	Quasi-experimental	Age: 8.67 years Gender: 47% female Care type: Home Other relevant: Information included on history of maltreatment and abuse and out of home care	Age: Average age was 36 years Gender: 89% Other relevant: Information included on ethnicity, employment status, education, income	Professional role: Family preservation caseworkers	n=292 families n=886 children
Walker	2008	Family Wellbeing Program	Canada	Effectiveness	Quasi-experimental	Unknown	Relationship: primary care giver Age: 18-61 years Gender: 94.2% Other relevant: 24% single	Professional role: child and youth workers; social workers Other relevant: 28.6% very little training in FPS, 50% moderate and 21.4% a lot	Intervention n=171 families Comparison n=342 families

Huebner, Robertson, Roberts, Brock & Geremia	2012	Family Preservation Services	USA	Effectiveness /Moderators	Quasi-experimental	Age: 7.2 years (int group 1), 8.1 years (comparison). Unknown for group 2, 3 and 4 Care type: Family home Other relevant: 32.1% were identified as having an out of home care placement- some more figures were included re OOHC	Unknown	Organisation type: Family Preservation Program provider agencies	n=1,510 families n=3,229 children (sample sized varied for each research question based on the match or completeness of the data)
Shinn, Brown, & Gubits	2016	Generic - housing	USA	Effectiveness /Mechanisms	Quasi-experimental	Unknown	Relationship: Parent Age: 29 Gender: 92% Other relevant: info included on ethnicity, household income, number of children with them in shelter, history of abuse, substance abuse	Unknown	n=2282 families n=12 sites
Pergamit, Cunningham & Hanson	2017	Generic - housing vouchers	USA	Effectiveness	Quasi-experimental	Age: 6.82 years Gender: 50.5% female Ethnicity: Majority ethnic minority Care type: some at home, some in care	Age: 31.77 years Gender: 83.5% female Ethnicity: Majority ethnic minority	Unknown	Intervention n= 570 children Comparison n= 258 children

Appendix 7: Study characteristics table for studies evaluating the effect of welfare reform / housing voucher interventions on care entry

Outcome - Safely reduce the need for care entry									
Authors	Year	Name of intervention	Country	Study aims	Study design	Study population - child or young person (whole/intervention/ comparison) Age (mean/range), Gender (% female), Care type, Other relevant characteristic	Study population - family (whole/intervention/ comparison) Relationship to child, Age (mean/range), Gender (% female), other relevant characteristic	Study population - professional Age (range/mean), Gender (% female), Organisation type, Professional role, other relevant characteristic	Sample size (whole; intervention; control/ comparison)
Intervention type – Welfare benefit reduction									
Fein & Lee	2003	A Better Chance Welfare Reform Program (ABC)	USA	Effectiveness	RCT	Care type: Home	Unknown	Organisation type: Delawares Division of Social Services (DSS) Professional role: DSS staff	Intervention n=2,138 parents Control n=1,821 parents
Wildeman & Fallesen	2016	Generic - welfare reform	Denmark	Effectiveness	Longitudinal	Age: 0-17 years	Relationship: Mother Age: 36.70 years (Unemployment uninsured), 37.7 years (Unemployment insured) Other relevant: info included on mother's educational history, number of children, and single parent status	Unknown	n=134,144 (final sample of mothers who were eligible for unemployment insurance)

Appendix 8: Study characteristics table for studies evaluating the effect of multi-component interventions on reunification

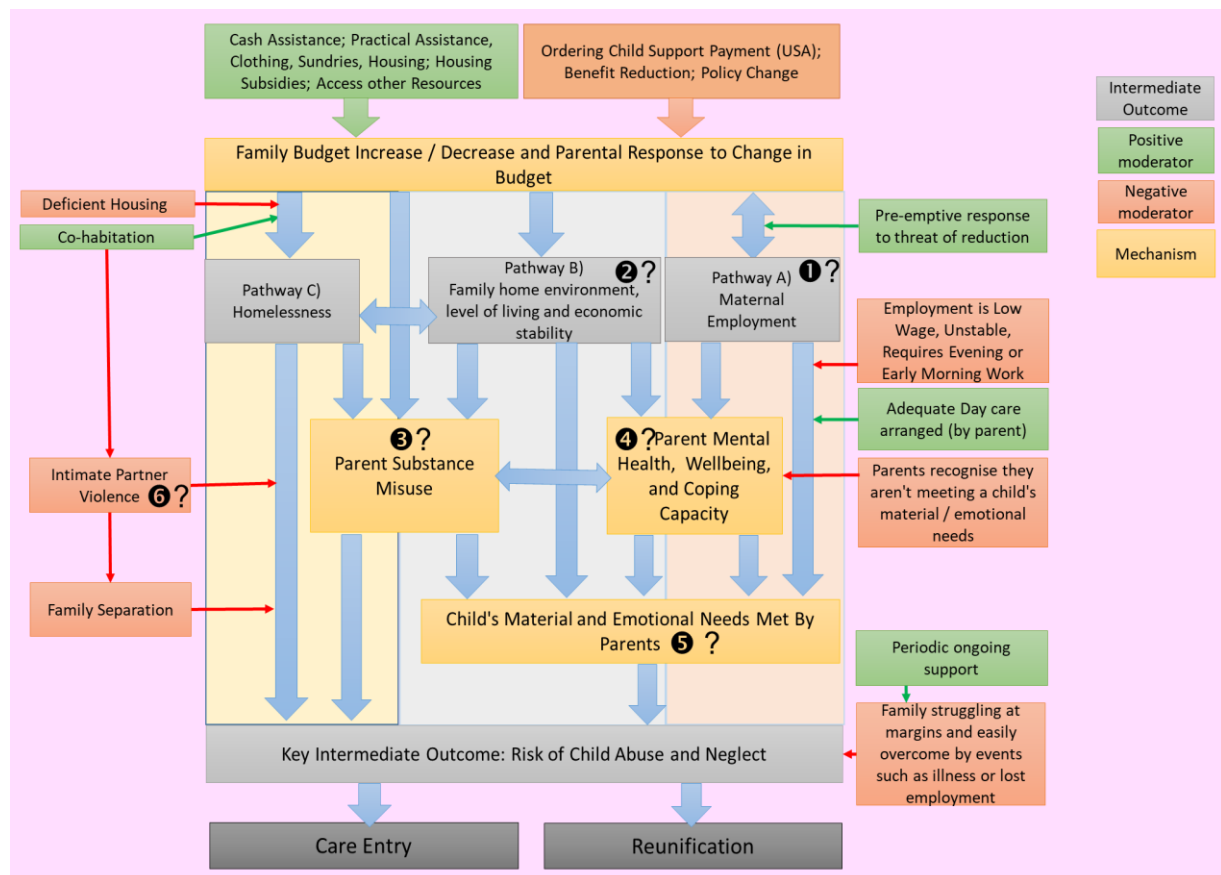
Outcome - safely reduce the need for reunification									
Authors	Year	Name of intervention	Country	Study aims	Study design	Study population - child or young person (whole/intervention/ comparison) Age (mean/range), Gender (% female), Care type, Other	Study population - family (whole/intervention/ comparison) Relationship to child, Age (mean/range), Gender (% female), other relevant	Study population - professional Age (range/mean), Gender (% female), Organisation type, Professional role, other	Sample size (whole; intervention; control/ comparison)
Intervention type - multi component or housing interventions									
Lewis, Fraser & Walton	1995	In-home Family Focused Reunification	US A	Effectiveness	Quasi-experimental	Age: 1-17 years Ethnicity: 82.7% White Other relevant: 32.7% neglect Care type: Out-of-Home (not specified)	Relationship: Primary caregiver Age: 34.6 years Gender: 86.4% Other relevant: 48.2% divorced or separated	Age: mean 49 years Gender: 0% Organisation: Child welfare Professional role: FRS Treatment Workers Other relevant: 14 years of experience in child welfare; 19 years of formal education	Intervention n= 57 families Comparison n=53 families
Fraser, Walton, Lewis, Pecora and Walton	1996	Generic - reunification services	US A	Effectiveness/description of program theory	RCT	Age: 11/1-17 years (int) Gender: 57.9% (int) Care type: Foster care Other relevant: Information included on ethnicity, most frequent reason for placement, number and length of placements for intervention group	Relationship: Primary caretaker. 12.3% of intervention group contained both birth parents Age: Mean age for primary caretakers of intervention group was 33.7 years Gender: All but 5 primary caretakers of intervention group were female Other relevant: Information included on education, employment, income, religion	Professional role: Child welfare practitioners Other relevant: Skilled in building relationships with parents and in providing support	Intervention n=57 children Comparison n=53 children
Lewandowski & Pierce	2002	Family Centred out-of-home care	US A	Effectiveness	Quasi-experimental	Age: 10.7 years (int) , 7.7 (comp) Gender: 52% Other relevant: prior	Other relevant: Single parent families 53.8% (int) , 46.2% (comparison)		Intervention n=220 Comparison n=154

						placements 1.3 (int) , 0.81 (comparison).			
Huebner, Robertson, Roberts, Brock & Geremia	2012	Family Preservation Services	USA	Effectiveness/moderators	Quasi-experimental	Age: 7.2 years (int group 1) , 8.1 years (comparison). Unknown for groups 2, 3 and 4. Care type: Family home Other relevant: 32.1% were identified as having an out of home care placement- some more figures were included re OOHC	Unknown	Organisation type: Family Preservation Program provider agencies	n=1,510 families n=3,229 children (sample sized varied for each research question based on the match or completeness of the data)
Madden, Maher, McRoy, Ward, Peveto & Stanley	2012	Generic - Family reunification	USA	Pilot	Qualitative	Age: 10-17 years Gender: 33% Other relevant: All of the youth had at least one Axis I mental health diagnosis Care type: Foster care	Relationship: Primary caregiver (33% birth parent, 33% grandparent) Age: 33-67 years Gender: 100% Ethnicity: 50% African American; 33% Latino	Age: 22-49 years Gender: 82% Professional role: Child Protective Services caseworkers & program staff Ethnicity: 73% white	n=6 children n=6 caregivers n=11 CPS caseworkers and pilot program staff
Pergamit, Cunningham & Hanson	2017	Generic - housing vouchers	USA	Effectiveness	Quasi-experimental	Age: 6.82 years Gender: 50.5% female Ethnicity: Majority ethnic minority Care type: some at home, some in care	Age: 31.77 years Gender: 83.5% female Ethnicity: Majority ethnic minority	Unknown	Intervention n= 570 children Comparison n= 258 children

Appendix 9: Study characteristics table for studies evaluating the effect of welfare reform / housing voucher interventions on reunification

Outcome – safely reduce the need for reunification									
Authors	Year of publication	Name of intervention	Country	Study aims	Study design	Study population - child or young person (whole/intervention n/ comparison) Age (mean/range), Gender (% female), Care type, Other relevant characteristic	Study population - family (whole /intervention/ comparison) Relationship to child, Age (mean/range), Gender (% female), other relevant characteristic	Study population - professional Age (range/mean), Gender (% female), Organisation type, Professional role, other relevant characteristic	Sample size (whole; intervention; control/ comparison)
Intervention type – welfare benefit reduction and child support enforcement interventions									
Wells & Guo	2003	Generic - welfare reform	USA	Effectiveness	Longitudinal	Age: 0-16 years: 27% less than 1, 23.3% 1-3, 19% 4-7, 16.4% 8-11, 13.8% 12-16 Gender: 49.5% female Care type: Foster home 34.4%, Kinship 54.8%, group home or hospital 10.8%	Relationship: Mother Gender: 100% female	Unknown	n= 378 children; n=277 families
Wells & Guo	2006	Generic - welfare reform	USA	Moderators	Longitudinal	Age: 0-16 years Gender: Pre-reform: 49.5% female, post-reform 1: 51.6% female, post-reform 2: 48.4% female Care type: With kin, unrelated parents (foster home), group home or hospital Other relevant: Information included on ethnicity, child health status, reason for placement, type of placement, reason for leaving foster care	Relationship: Mothers Gender: 100% Other relevant: Information included on employment, income, history of substance abuse, family violence, poor mental health and economic difficulty	Unknown	n=1560 in total. Pre-reform n=378, Post-reform 1 n=525, Post-reform 2 n=657
Cancian, Cook, Seki & Wimer	2017	Generic – child support	USA	Mechanisms	Longitudinal	Care type: Home and in care	Relationship: Mothers Gender: 100% Other relevant: Mothers did not live with the children identified father. Information also included on ethnicity and income	Organisation type: Child Protective Services Professional role: CPS Case Workers	n=2,804 mothers; n=10,476 children

Appendix 10: Gaps in the initial programme theory for pathways A, B and C



- ❶ A key aspect missing from the identified literature is the effect of employment due to a change in budget from other primary caregivers such as the father, older siblings or for LGBT families. In particular, whether there are modifications to subsequent mechanisms in these different scenarios.
- ❷ The literature describes how the home environment is affected by budget change, but is less clear about what the home environment influences are and what it is about them that can cause disruption to the internal world of the family.
- ❸ The literature lacks depth regarding what it is about the home environment that can lead to substance misuse and why substance misuse can reduce parenting capacity. For instance, are there moderators that make this dynamic better or worse for some people than others?
- ❹ The studies failed to delve further into why changes in parent mental health, wellbeing, and coping capacity could reduce the parent's ability to meet their child's material and emotional needs. They explain little about the internal processes that could contribute to this outcome and whether the effect of parent mental health is better or worse for some people or in different situations.
- ❺ The literature suggests that if a child's emotional and material needs are not met this can increase the child's risk of abuse and neglect. However, the studies lack detail as to why and whether this risk is modified in different circumstances. For abuse in particular, it is likely that there are multiple factors at play (e.g. guilt, stress etc.).
- ❻ There was a considerable gap regarding the risk of intimate partner violence as it is only addressed under pathway C. It could be argued that the risk of intimate partner violence may

also fall under pathways A and B due to the risk of increased stress, mental health problems and substance misuse.

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