



What Works for
**Children's
Social Care**

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INTENSIVE FAMILY PRESERVATION SERVICES





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This evidence summary is based on the following systematic review

Bezeczy, Z., El-Banna, A., Kemp, A., Scourfield, J., Forrester, D., Nurmatov B.U. 2019. Intensive Family Preservation Services to prevent out-of-home placement of children: A systematic review and meta-analysis.

About What Works for Children's Social Care

What Works for Children's Social Care seeks better outcomes for children, young people and families by bringing the best available evidence to practitioners and other decision makers across the children's social

care sector. We generate, collate and make accessible the best evidence for practitioners, policy makers and practice leaders to improve children's social care and the outcomes it generates for children and families.

About CASCADE

The Children's Social Care Research and Development Centre (CASCADE) at Cardiff University is concerned with all aspects of community responses to social need in children and

families, including family support services, children in need services, child protection, looked after children and adoption. It is the only centre of its kind in Wales and has strong links with policy and practice.

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INTENSIVE FAMILY PRESERVATION SERVICES

What is the intervention?

Intensive Family Preservation Services (IFPS) are short term, intensive interventions for children who are at an imminent risk of entering care. The aim of IFPS is to keep children safely living at home with their birth parents and avoid the need for an out-of-home placement. There are a range of different names for IFPS models, including Families First and Home-based Family Preservation, but most are based on the Homebuilders model which was developed in the United States in 1974 (see Kinney et al, 1991). The Homebuilders model is an intensive (4-6 week) programme for families in crisis. Families are assigned a caseworker within 24 hours of a referral, who remains 'on call' (available 24 hours a day, 7 days a week) for the duration of the intervention. The caseworker provides a range of services tailored to the family's needs. Typically, IFPS involve skills development, therapeutic support and practical help. By intervening in times of crisis, IFPS aim to reduce family crisis, improve family functioning, reduce the risk of harm and keep children safely in their homes.

There is a relatively large body of research on IFPS but studies have varied in the quality of study design and the type of intervention reviewed. This summary is based on the systematic review and meta-analysis carried out by Bezczyk and colleagues (2019), which examined the overall effectiveness and cost-effectiveness of IFPS to prevent out-of-home placements for children. Bezczyk and colleagues have updated previous reviews and addressed their limitations by using standardised tools to examine the quality, bias and certainty of the evidence, improving confidence in the findings reported.

Which outcomes were studied?

The review examined the following outcomes:

- Prevention of out-of-home placements of children at individual child level
- Prevention of out-of-home placements of children at family level

Effectiveness: how effective are the interventions examined?

Outcome 1: Prevention of out-of-home placements of children at an individual child level (a known child of concern)

Effect rating	2
Strength of Evidence rating	3

The reviewers found an overall reduction in relative risk of out-of-home placements for children receiving IFPS as compared with children in control groups when they pooled data comprising 30,283 children (2,938 children in intervention groups and 27,345 children in control or comparison groups).

Analysis of IFPS effectiveness at five time points (i.e. after 3 months, 6 months, 12 months, 24 months and more than two years) found support for previous findings, that IFPS is effective in reducing

the child's risk of entering care by 43% when all five timepoints were combined. Further exploration into the lasting impact of IFPS showed a reduced risk of a child entering care by 43% at three months, 49% at six months, 40% at 12 months and 49% at 24 months. The intervention was not effective in reducing the risk of a child entering care more than 24 months later.

Outcome 2: Prevention of out-of-home placements of children at family level (any child within the family)

Effect rating	0
Strength of Evidence rating	3

Fourteen studies reported out-of-home placements at a family level for a total of 4,362 families (2,540 families in the intervention group and 1,822 families in the control group). One study reported placement rates at both family and child level. Thirteen of the studies were RCTs and one a controlled study. Outcome time points of between three months and 18 months were only reported for 12 studies. Overall, a combined meta-analysis for all follow-up time points showed that IFPS significantly reduce the risk of care entry for any child in a family by 15%. However, the effect of IFPS at individual time points was not statistically significant so we have to conclude the effect is mixed.

Mechanisms: When, where and how does it work?

The reviewers discuss crisis intervention theory (Caplan, 1964 and Lindemann, 1944) as the partial base of the IFPS model. Crisis intervention theory is based on the notion that during crisis, families are more motivated to change and therefore, more open to learning new behaviours. The reviewers do not discuss any other theoretical base for IFPS but they do state that IFPS are aimed at cognitive and behavioural change together with the development of new skills within the family. The reviewers do not identify or explore the causal pathways that lead to behaviour change.

The review suggests that certain key elements of the model are important in the success of the model. These include working with children who are imminent risk of entering care and being given support within 24 hours of the referral.

Moderators: who does it work for?

The majority of studies were conducted in the USA (n = 29) with one study taking place in Canada (Translated from French). Four studies were conducted in the UK, with one being a follow-up to an earlier study (Forrester et al., 2008s; Forrester et al., 2014). There were too few studies for a sub-group meta-analysis on just the UK studies to be possible.

The review highlighted the heterogeneity of research samples in regard to the reason for referral and child age. Referrals to IFPS were due to a range of concerns including: family substance misuse, sexual, physical and emotional abuse, maltreatment, neglect, threat of harm to a child/children. IFPS were targeted at families where at least one child was at risk of entering care. The children's ages ranged from 3 to 13 years with studies including a mix of male and female children and male children only. In the 19 studies that reported ethnicity, 12 indicated that over half of the sample was white. However, one programme (Ciliberti, 1998) was specifically targeted towards African-American or mixed-race families and another programme presented findings from Tennessee and Philadelphia where around 80% of the population were African-American (US Department of Health and Human Services, 2002d, US Department of Health and Human Services, 2002c).

IFPS have also been implemented in Australia, Belgium, The Netherlands, the UK and the US. In the UK, six English local authorities have provided IFPS through specialist support teams for children and young people aged between 11 and 16 years and a number of local authority edge of care services have adopted aspects of IFPS into their services. In Wales, IFPS was implemented in a project called Option 2, a service established to support families with substance misuse problems to

remain together (Forrester et al., 2008a; Forrester et al., 2014). The Option 2 model informed the set-up of the Integrated Family Support Services, a pan-Wales model (Welsh Assembly Government, 2010). The review does not include a comparison of models nor does it provide UK-only findings due to the relative lack of UK studies. More evidence from the UK would increase understanding of IFPS in a local context.

Implementation: How do you do it?

The review explored fidelity to the Homebuilders model and found that studies were divided in the extent to which they adhered to the model. The review suggests that IFPS are most effective when the intervention is delivered to children at imminent risk of entering care and where caseworkers make contact with the family within 24 hours of the referral. The review suggests that caseworkers needed small caseloads so they could deliver flexible, intensive support. There was evidence from only a few studies (Berquist et al., 1993, Blythe and Jayaratne, 2002, Brandon and Connolly, 2006) that caseworkers were available to families outside of normal office hours. Two studies suggested that caseworkers deliver intensive support with one study (Feldman, 1991a) reporting an average of 54.85 hours of contact time per case. With so few studies reporting this level of detail, more evidence is needed to explore the intensity of service provision and the contact time required from caseworkers.

Typically, IFPS include counselling and therapeutic support as well as the development of parenting skills, education, problem solving, and decision-making skills and practical support. There was some evidence that practical support may not be delivered early in the intervention but no further evidence is presented on the types of services delivered to families in crisis. Further exploration would be useful in determining the effectiveness of the services delivered within the IFPS.

Economics: What are the costs and benefits?

The reviewers highlight the limited data on IFPS cost effectiveness. Of the seven studies that reported cost-effectiveness, none included full economic evaluations. The reviewers report that of the four studies that were able to draw conclusions on cost-effectiveness - all found that IFPS was cost effective (Berquist et al., 1993; Forrester et al., 2008a; Halper & Jones, 1981; Jones, 1976).

All four studies adopted a cost-cost offset analysis where the estimated cost of IFPS is weighed against the cost savings, such as reductions in placement costs. Two studies (Halper & Jones, 1981; Jones, 1976) adopted a flawed approach to analysis, by for example, failing to include additional funding subsidies into calculations. Hence, while the results from these two studies suggest that IFPS were cost-effective, these results need to be considered in light of the low quality economic evaluation on which they are based. A further study of IFPS, entitled Families First (Berquist et al., 1993), adopted a cost-cost offset analysis but went on to estimate the cost reductions in avoiding future placement costs for children in the IFPS group. The reviewers conclude that a lack of detail presented in the study make it difficult to follow and they are cautious about accepting the cost-effectiveness of Families First based on these data. A lack of detail regarding costs was also found in the final study of Option 2 (Forrester et al., 2008a). While this study reports that Option 2 provides a cost saving for each child who would otherwise have entered care, detail of both direct and indirect costs is needed for a better understanding of the costs involved in delivering Option 2.

Overall the review shows mixed results for IFPS as a cost-saving intervention. Methodological limitations prevent any robust conclusions from being drawn. Further economic research is needed to identify, measure and value all relevant costs.

What are the strengths and limitations of the review?

This review and meta-analysis provide a comprehensive attempt to assess the effectiveness of IFPS in reducing the risk of children entering an out-of-home placement. This is also the first review to include an economic evaluation of the cost effectiveness of IFPS.

The reviewers employed a structured, transparent search strategy including non-English language studies and a broad geographical area. The Cochrane eight domain-based evaluation for randomised controlled trials and quasi-randomised controlled trials was adopted to assess the quality of included studies. Additionally, the transparent international framework, the Grading of Recommendations, Assessment, Development and Evaluations (GRADE) was used to judge the confidence and certainty of evidence (GRADE, Working Group, 2004). Model fidelity was also assessed. Two authors conducted critical appraisals of the included papers, with the addition of a separate author who assessed the quality of the economic evaluation. Publication that included full economic evaluations were further assessed for quality against the Consolidated Health Economic Evaluation Reporting Standards (CHEERS)

guidance (Husereau et al., 2013). The inclusion of both published and unpublished literature (grey literature) is another strength of this review.

A limitation of this review stems from methodological weaknesses of some included studies. Nine studies demonstrated a high risk of bias, six a serious risk of bias and one a critical overall risk of bias. Six studies showed a moderate risk of bias, whilst the risk of bias was unclear for three of the included studies. A number of these studies also included high levels of clinical and methodological heterogeneity. Methodological differences included diversity of populations, social care systems and duration of trials. To reduce bias, data from secondary sources were included for eight studies published in the 1970s and 1980s due to difficulties obtaining the primary papers.

Another limitation stems from studies reporting placement outcomes at either child or family level. This restricted the pooling of data from all studies and instead separate meta-analyses were conducted. This limited the ability to conduct subgroup analyses because of small numbers of studies in some subgroups.

Methodological limitations of the included studies prevented an accurate economic analysis being conducted.

Summary of key points

- Evidence from this review supports the effectiveness of IFPS in reducing the risk of care entry to children known to local authorities' social care departments up to 24 months after delivery of the interventions.
- IFPS appear to be effective at reducing the risk of out-of-home care for identified children at risk within a family. However, when the outcomes of IFPS were measured at family level, in other studies, there was no statistically significant effect.
- A moderate to substantial risk of bias is evident in the overall body of knowledge.
- IFPS appear to be most effective when the intervention is delivered to children at imminent risk of entering care and where caseworkers make contact with the family within 24 hours of the referral and deliver intensive support for the 4-6 week duration of the intervention. Intensive support is, however, reliant on caseworkers having a light caseload.
- IFPS have been adopted in several countries. However, much of the evidence derives from the USA. More evidence is therefore needed to support the effectiveness of the intervention in different contexts within different policy and social care systems.
- Methodological limitations did not permit a full economic evaluation to be conducted. More evidence of the cost effectiveness of IFPS is needed.

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