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**CHILDREN'S
SOCIAL
CARE**

EMMIE SUMMARY

**Intensive Family
Preservation
Programmes**

November 2018

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EMMIE summary: Intensive Family Preservation Programmes

This evidence summary is based on the following systematic review

Channa M.W. Al, Geert Jan J.M. Stams, Miranda S. Bek, Esther M. Damen, Jessica J. Asscher, Peter H. van der Laan (2012). A meta-analysis of intensive family preservation programs: Placement prevention and improvement of family functioning, Children and Youth Services Review

What is the intervention?

Intensive Family Preservation Programmes (IFPPs) have been applied since the 1970s with the aim of keeping children safely living at home with their birth families and avoiding the need for them to enter care. A range of IFPPs with different names have been developed, but most are based on the Homebuilders model that was established in the USA in 1974 (see Kinney et al, 1991).

This is an intensive (4-6 week) programme that provides a range of services to families in crisis, tailored to the family's needs. Typically, the programme might include parenting training, therapeutic input for adults and or children, and practical or financial support. By intervening at times of crisis, IFPPs seek to stabilise families and help them to provide good enough parenting, as well as helping build resilience for future crises.

There is a relatively large body of research on IFPPs, but the quality and designs of studies have varied considerably. This narrative is based on a review by Al and colleagues (2012). Al and colleagues conducted a meta-analysis in 2012 to assess how effective IFPPs are in a) reducing the need for children to enter care, and b) increasing family functioning.

Which outcomes were studied?

The review looked at two outcomes: entry to care and family functioning. It is hypothesised that IFPPs lead to improved family functioning, which in turn leads to reduced need for children to enter care.

Effectiveness: how effective are IFPPs?

Regarding the primary aim of IFPPS, overall there was no indication that the intervention was effective in reducing the need for children to enter care. The reviewers found no statistically significant evidence of an overall effect on care entry when they pooled data from 19 studies involving a total of 31,214 participants.

However, the authors found evidence that IFPPs had a moderate positive effect on improving family functioning, with a statistically significant impact ($d= 0.486$ ($z= 10.541$, $p= .000$)). This finding was based on 3 studies involving 479 families.

Moderators: who does it work for?

The review analysed data from studies that included data on moderators. The analysis here focused on the primary outcome variable of care entry, and not on family functioning (because too few studies that reported on family functioning examined moderator effects). Although no overall impact was found on care entry, the authors looked at the variance between sub-groups of participants to establish whether IFPPs were more or less effective for certain groups.

They found a statistically significant benefit of IFPPs for families with multiple problems ($d=.154$), no effects for families experiencing abuse and neglect ($d=-0.011$), and negative effects – i.e. increased children entering care – for families who had been deemed by professionals as *not* at risk of this outcome (though this finding was based on only 2 studies). In families that had been identified as at risk of children being placed out of home no effect was found.

IFPPs were also found to be less effective for girls than for boys, and less effective for older children. The authors discuss the possibility that older children experience problems that are more longstanding and more difficult to resolve, and cite the literature showing the value of early intervention.

Notably, more robust studies seemed to produce results that are less favourable to IFPPs. Higher quality studies, such as randomised controlled trials ($d=-.085$), tended to produce more negative effects, while lower quality studies that used quasi-experimental designs or non-matched control groups, or published in lower ranked journals, found more positive effects. There was also evidence of publication bias within the literature, with unpublished studies showing more negative effects ($d=-0.56$).

Mechanisms: when, where and how does it work?

The authors discuss potential causal mechanisms that could explain their findings. They hypothesise that the greater impact on multi-problem families than on families experiencing abuse or neglect is due to out of home placements being more unavoidable in the latter group. However, they also highlight the limited detail on what is meant by the term 'multi-problem families', whether this is defined consistently across studies, or whether it applies to the UK context (as all but one study reviewed was based in the USA).

With regards to the finding that IFPPs had a negative effect on families who were not deemed at immediate risk of children entering care is interesting, though the fact this finding is based on only two studies should be borne in mind. The authors suggest this may be a result of inaccurate risk assessments in both the studies and the intervention (and cite research on the challenges of accurate risk assessment). They also suggest that the intensive input of IFPPs may uncover risks that were not previously known about in these families.

The finding that IFPPs are less effective in preventing placements for older children is explained using research on the benefits of early intervention – to prevent problems becoming so entrenched and serious by older childhood that care entry is unavoidable.

Implementation: how do you do it?

The review looked at some key aspects of implementation, and found that social workers delivering the programmes were better able to do so with smaller caseloads. The authors suggest that this increases the intensity of the intervention, allowing them to spend more direct time with families taking part. This intensity seems more important than overall duration (for which no effect was found), although detailed data on the nature of the interventions (eg, amount of contact time) was not reported so this hypothesis needs further testing.

Adherence to the Homebuilders model was not found to be significantly related to the outcome, but again the limited detail on how each programme was delivered within the studies reviewed is problematic. The extent to which integrity or fidelity of the programmes was explored in individual studies is unclear, and the role of key elements of the intervention remains uncertain.

Although there is sparse detail on the nature of programme delivery, the review notes that IFPPs have been used with a wider range of families than originally intended. Rather than being used in crisis intervention only with families with immediate high risk of placement, there is evidence that families are referred for more general reasons and risk factors. This is an important finding, given the subgroup analysis discussed above which shows more negative outcomes for families who were not deemed to be at risk of immediate care placement.

Finally, with regard to implementation, a key question that remains unanswered is whether the findings of this meta-analysis are generalisable to the UK. All but one of the studies included were from the USA, and often interventions that have been shown to be effective in the USA are not effective in the UK. A variety of reasons have been proposed for this, including

Economics: what are the costs and benefits?

No economic analysis is included in the study and cost-effectiveness is not mentioned.

What are the strengths and limitations of the review by Al et al (2012)?

The review is a comprehensive attempt to assess the effects of IFPPs and explore the causes of those effects. It clearly articulates some of the complexities in understanding IFPPs and gives a useful overview of the key issues of implementation. The review also has a number of limitations. The search strategy could be more extensive and more transparent – for example including Cochrane databases. The Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines are not followed, which makes it more difficult to ascertain the details of the review.

There are also no forest plots produced in the paper, which is unusual for a rigorous meta-analysis. While it is good that the authors assessed and combined different types of studies, including papers that published in academic journals and 'grey' or unpublished literature, their methodology for doing this is unclear.

It is difficult to assess how these limitations impact on the knowledge base this paper provides, but it seems to be the best evidence for the effectiveness of IFPPs currently available.

Summary of key points

- IFPPs appear to have a positive effect on family functioning, but overall, this review found no evidence of a statistically significant effect on reducing numbers of children entering care
- They seem to work better for some groups than for others, and IFPPs have been used across a wider range of family types than originally intended
- IFPPs seem to have a negative effect on care entry when used with families not thought to be at risk of care, so agencies should be cautious about which families this intervention is delivered to
- Most of the studies included are from the USA and we do not know how the findings relate to the UK context. Many other interventions that have been shown to be effective in the USA have been less effective in the UK
- We do not know about the costs and benefits of IFPPs so future studies should examine these

Implementation information

The systematic review on which this summary is based (Channa et al. 2012) includes 20 studies. Of these, 10 used the Homebuilders model of intensive family preservation, and 10 used different models.

The information on the website on implementation for studies using the Homebuilders model has been taken from the [Institute for Family Development Homebuilders webpages](#).

In particular:

- [Homebuilders QUEST overview](#)
- [Homebuilders standards document](#)
- [Homebuilders fidelity measures](#)
- [Homebuilders sample site development plan](#)

For studies not using the Homebuilders model, seven original studies were consulted for implementation information. Full texts for three papers (AuClaire and Schwartz 1986, Jones 1985, Willems and Rubeis 1981) were not possible to locate.

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