

Family Check-up for Children

Reviews: [Foundations for Life](#), July 2016; January 2021

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

The Family Check-up (FCU) for Children is a strengths-based, family-centred intervention that motivates parents to use parenting practices to support child competence, mental health and risk reduction.

The intervention has two phases. The first is a brief, three-session programme that involves three one-hour sessions: interview, assessment and feedback.

The second phase is 'Everyday Parenting', a family-management training programme that builds parents' skills in positive behaviour support, healthy limit-setting and relationship-building. As a health-promotion and prevention strategy, phase two of the FCU can be limited to one to three Everyday Parenting sessions. As a treatment approach, phase two can range from three to 15 Everyday Parenting sessions. The first phase may be followed by additional community referral services as indicated.

The intervention model is tailored to address the specific needs of each family and can be integrated into a variety of service settings, including schools, primary care and community clinics. Although providers implementing the intervention are typically Masters-level therapists or social workers, bachelor and paraprofessional/non-bachelor-level providers, with the appropriate consultation and supervisory support, may also implement the FCU.

A component of Family Check-up for Children seeks to improve children's outcomes by improving the quality of interparental relationships (IPR).

Evidence
rating: **3+**

Cost rating: **2**

EIF Programme Assessment

Family Check-up for Children has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

Evidence
rating: **3+**

What does the evidence rating mean?

Level 3 indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

What does the plus mean?

The plus rating indicates that this programme has evidence from at least one level 3 study, along with evidence from other studies rated 2 or better.

Cost rating

A rating of 2 indicates that a programme has a medium-low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of £100–£499.

Cost rating: **2**

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Supporting children's mental health and wellbeing

Reduced internalising behaviours

Based on study 2

0.58-point improvement on the Child Behaviour Checklist (Internalising Scale)

Improvement index: **+8**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 58% and worse outcomes than 42% of their peers, if they had received the intervention.

Long-term Between post-test and 2-year follow-up

Decreased emotional and behaviour problems

Based on study 3

Preventing crime, violence and antisocial behaviour

Reduced disruptive behaviour (boys only)

Based on study 1

Improved behaviour

Based on study 1

Reduced externalising behaviours

Based on study 2

0.82-point improvement on the Child Behaviour Checklist (Externalising Scale)

Improvement index: **+9**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 59% and worse outcomes than 41% of their peers, if they had received the intervention.

Long-term Between post-test and 2-year follow-up

Reduced problem behaviour

Based on study 2

0.71-point improvement on the Eyberg Child Behaviour Inventory

Improvement index: **+9**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 59% and worse outcomes than 41% of their peers, if they had received the intervention.

Long-term Between post-test and 2-year follow-up

Reduced defiant behaviour

Based on study 2

0.15-point improvement on the Child Behaviour Checklist (Problem Behaviour Scale)

Improvement index: **+12**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 62% and worse outcomes than 38% of their peers, if they had received the intervention.

Long-term Between post-test and 5-year follow-up

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the 'About the evidence' section for more detail.

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Toddlers

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Individual

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Home

The programme may also be delivered in these settings:

- Home
 - Secondary school
 - Community centre
 - In-patient health setting
 - Out-patient health setting
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How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted selective
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Where has it been implemented?

Canada, Netherlands, Spain, Sweden, United Kingdom, United States

UK provision

This programme has been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

Spotlight sets

EIF includes this programme in the following Spotlight sets:

- improving interparental relationships parenting programmes with violence reduction outcomes
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About the programme

What happens during delivery?

How is it delivered?

- FCU is delivered over nine sessions of 50-60 minutes' duration each by one FCU provider (often a therapist or social worker).

What happens during the intervention?

The FCU is delivered in two phases. The first is a brief, three session intervention based on motivational interviewing. The three meetings are conducted by a professional therapist in the home. The sessions consist of a one-hour assessment session, an interview session, and a feedback session.

- The first session involves a practitioner who reviews and discusses concerns with the caregiver, focusing on family issues that are most critical to the child's wellbeing. Specifically, the interview covers the parent's goals and concerns within the family.
- The assessment engages family in a variety of in-home videotaped tasks of parent-child interactions, while caregivers complete questionnaires about their own, their child's and their family's functioning. During this session, the practitioner completes ratings of parent involvement and supervision.
- The third meeting is a feedback session where the parent consultant can summarise results of the assessment and work with the parent to assess his/her motivation and willingness to change problematic behaviour. This final session also includes an overview of the behaviours and/or practices that need additional attention. At that time, parents are offered a maximum of six follow-up sessions to continue improving their parenting practices and family management skills. Two annual follow-ups are conducted to assess progress over the long-term.
- The second phase involves the delivery of Everyday Parenting, a family management training program that builds parents' skills in positive behaviour support, healthy limit-setting and relationship-building. As a health-promotion and prevention strategy, phase two of the FCU can be limited to one to three Everyday Parenting sessions. As a treatment approach, phase two can range from 3 to 15 Everyday Parenting sessions. The first phase may be followed by additional community referral services as indicated.

What are the implementation requirements?

Who can deliver it?

- It is delivered by one therapist or social worker who is qualified to QCF-7/8 level and has received 35 hours of programme training. With the appropriate consultation and supervisory support, a paraprofessional/non-bachelor-level practitioner also may implement the programme.

What are the training requirements?

- The practitioners have 35 hours of training. Booster training of practitioners is recommended.

How are the practitioners supervised?

- It is recommended that programme practitioners are supervised by one host-agency supervisor with QCF-7/8 level qualifications (who receives standard practitioner programme training, with an additional 28 to 45 hours of additional training support) and one programme developer supervisor also qualified to QCF.

What are the systems for maintaining fidelity?

- Training manual
- Other printed material
- Other online material
- Video or DVD training
- Face-to-face training
- Supervision
- Accreditation or certification process
- Booster training
- Fidelity monitoring

Is there a licensing requirement?

There is no licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- Family Check-up is based on social learning principles that assume that some parenting behaviours inadvertently encourage non-compliant behaviours in toddlerhood.
- Parents learn positive behaviour support strategies to help parents proactively structure family situations to promote children's self-regulatory development and minimise problem behaviour.
- In the short term, parents learn positive strategies for engaging with their child.
- In the longer term, children are less likely to engage in antisocial and risky behaviour.

Intended outcomes

Contact details

For training-related inquiries, contact chris@nwpreventionscience.org or visit <https://www.nwpreventionscience.org>

For the main Family Check-up website, visit <https://fcu.uoregon.edu/>

About the evidence

Family Check-up Children's most rigorous evidence comes from an RCT which was conducted in the United States.

This study identified statistically significant positive impact on a number of child and parent outcomes.

This programme has evidence from at least one rigorously conducted RCT along with evidence from two additional comparison group studies. Consequently, the programme receives a 3+ rating overall.

Study 1

Citation: Shaw et al (2006)

Design: RCT

Country: United States

Sample: 120 mother-son dyads in Pittsburgh, Pennsylvania

Timing: 12-month follow-up; 24-month follow-up

Child outcomes:

- Reduced disruptive behaviour (boys only)
 - Improved behaviour
-

Other outcomes:

- Increased maternal involvement
-

Study rating: 2+

Shaw, D.S., Dishion, T.J., Supplee, L., Gardner, F. & Arnds, K. (2006). Randomized trial of a family-centered approach to the prevention of early conduct problems: 2-year effects of the Family Check-up in Early Childhood, *Journal of Consulting and Clinical Psychology*, 74, 1-9.

Available at <http://www.pitt.edu/~ppcl/Publication/early%20steps/JCCP%20paper%20feb%202006%20ES%202%20to%20>

Study design and sample

The first study is an RCT.

This study involved random assignment of children to an FCU treatment group and a standard care control group.

This study was conducted in the US, with a sample of 120 mothers and their two-year old sons. Almost half (48.3%) of the mothers identified as African American. The average family income was \$15,374 per year.

Measures

Maternal involvement was measured using the Involvement subscale of the Home Observation for Measurement of the Environment (HOME) (direct assessment).

Child aggression and destructive behaviour were measured using the Destructive and Aggression scales of the Child Behavior Check List (CBCL) (parent report)

Findings

This study identified statistically significant positive impact on one child and parent outcome, respectively.

Child outcome includes reductions in disruptive behaviour (boys only)

Study 2

Citation: Dishion et al (2008), Shaw et al (2009), Lunkenheimer et al (2008), Dishion et al (2014)

Design: RCT

Country: United States

Sample: 731 mother-child dyads

Timing: One-year follow-up; two-year follow-up; three-year follow-up; five and a half-year follow-up

Child outcomes:

- Reduced internalising behaviours
 - Reduced externalising behaviours
 - Reduced problem behaviour
 - Reduced defiant behaviour
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Other outcomes:

- Improved parent-child interaction Reduced maternal depression Improved parent-child interaction
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Study rating: 3

Dishion, T.J., Shaw, D., Connell, A., Gardner, F., Weaver, C., & Wilson, M. (2008). The Family Check-up with high-risk indigent families: Preventing problem behaviour by increasing parents' positive behaviour support in early childhood. *Child Development*, 7, 1395-1414.

Shaw, D.S., Connell, A., Dishion, T.J., Wilson, M.N. & Gardner, F. (2009). Improvements in maternal depression as a mediator of intervention effects on early childhood problem behaviour. *Developmental Psychopathology*, 21, 417-439.

Lukenheimer, E.S. (2008). Collateral benefits for the family check-up on early childhood school readiness: Indirect effects of parents' positive behaviour support. *Developmental Psychopathology*, 44, 1737-1752.

Dishion, T.J, Brennan, L.M., Shaw, D.S., McEachern, A.D., Wilson, MN., & Booil, J. (2014). Prevention of problem behaviour through annual family check-up in early childhood: Intervention effects from home to early elementary school. *Journal of Abnormal Child Psychology*, 42, 343-354.

Available at<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2683384/>
<https://www.ncbi.nlm.nih.gov/pubmed/19338691><https://www.ncbi.nlm.nih.gov/pubmed/18999335>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3952033/>

Study design and sample

The second study is a rigorously conducted RCT.

This study involved random assignment of children to an FCU treatment group and a treatment-as-usual control group.

This study was conducted in the US, with a sample of 731 disadvantaged families with a two-year old child (mean age 29.9 months). Half (50.1%) of the children were of European American ethnic background. More than two-thirds of the families had an annual income of less than \$20,000.

Measures

Child problem behaviour was measured using the Eyberg problem behaviour scale (parent report). Child internalising and externalising behaviour were measured using the Child Behavior Check List (CBCL) (parent report). Child oppositional defiant behaviour was measured using the CBCL (parent report) and the DSM-oriented Oppositional Defiant Problems scale from the Teacher Report Form (teacher report). Child behavioural self-regulation was measured using the Inhibitory Control subscale of the Children's Behavior Questionnaire (CBQ) (parent report).

Maternal depression was measured using the Center for Epidemiological Studies on Depression Scale (CES-D) (parent report). Parent-child interaction was measured using family assessment videotapes (expert observation of behaviour).

Findings

This study identified statistically significant positive impact on a number of child and parent outcomes.

Child outcomes include:

- Reduced externalising behaviours
- Reduced internalising behaviours
- Reduced problem behaviour
- Reduced defiant behaviour

Study 3

Citation: Garbacz et al., 2018

Design: Cluster RCT

Country: United States

Sample: 365 families, with children between 4 and 6 years old with a mean age of 5.45 years, where families have children enrolled in schools receiving federal funds for having a higher-than-average percentage of low-income students.

Timing: Interim measurement (1 year before end of intervention); Post-test

Child outcomes:

- Decreased emotional and behaviour problems
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Other outcomes:

- None measured
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Study rating: 2+

Garbacz, S. A., McIntyre, L. L., Stormshak, E. A., & Kosty, D. B. (2020). The Efficacy of the Family Check-Up on Children's Emotional and Behavior Problems in Early Elementary School. *Journal of Emotional and Behavioral Disorders*, 28(2), 67-79.

Available at: <https://journals.sagepub.com/doi/abs/10.1177/1063426618806258>

Study design and sample

The third study is an RCT.

This study involved random assignment of children to an FCU treatment group and a business-as-usual group.

The study was conducted in the USA, with a sample of children between the age of 4 and 6. 65% of children were eligible for free or reduced-price school lunches.

Measures

Emotional and behavioural problems was measured using the Strengths and Needs Survey (teacher report)

Findings

This study identified statistically significant positive impact on a number of child outcomes:

- This includes reduced emotional and behavioural problems.

The conclusions that can be drawn from this study are limited by methodological issues pertaining to non-blind data collection and a lack of clarity in terms of attrition, hence why a higher rating is not achieved.

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Garbacz, S. A., Stormshak, E. A., McIntyre, L. L., & Kosty, D. (2019). Examining family-school engagement in a randomized controlled trial of the family check-up. *School Psychology, 34*(4), 433–443 - **This reference refers to a randomised control trial, conducted in the USA.**

Stormshak, E. A., McIntyre, L. L., Garbacz, S. A., & Kosty, D. B. (2020). Family-centered prevention to enhance parenting skills during the transition to elementary school: A randomized trial. *Journal of family psychology, 34*(1), 122–127. <https://doi.org/10.1037/fam0000570> - **This reference refers to a randomised control trial, conducted in the USA.**

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

[How to read the Guidebook](#)

[EIF evidence standards](#)

[About the EIF Guidebook](#)

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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