EARLY
INTERVENTION
FOUNDATION

GUIDEBOOK

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Family Foundations

Review: Foundations for Life, July 2016

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.

Family Foundations (FF) is a group-based programme for couples expecting their first child, delivered any time during the mother's pregnancy.

The programme is delivered by male and female co-facilitators with a QCF-level 6 in a helping profession. Parents attend five weekly sessions where they learn strategies for enhancing their communication, conflict resolution and the sharing of childcare duties. Couples return for four more weekly sessions, two to six months after the baby is born, to learn strategies about how to communicate effectively as parents and support their child's development.

Family Foundations seeks to improve children's outcomes by improving the quality of interparental relationships (IPR).

Evidence rating: **4**

Cost rating: **1**

EIF Programme Assessment

Family Foundations has **evidence of a long-term positive impact** on child outcomes through multiple rigorous evaluations.

Evidence rating: **4**

What does the evidence rating mean?

Level 4 indicates **evidence of effectiveness**. This means the programme can be described as evidence-based: it has evidence from at least two rigorously conducted evaluations (RCT/QED) demonstrating positive impacts across populations and environments lasting a year or longer.

Cost rating

A rating of 1 indicates that a programme has a low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of less than£100.

Cost rating: **1**

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

Improved infant soothability

Based on study 1

0.31-point improvement on infant soothability subscales of the Infant Behaviour Questionnaire (father report)

Improvement index: **+14**

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 64% and worse outcomes than 36% of their peers, if they had received the intervention.

Immediately after the intervention

Improved duration of orienting

Based on study 1

Improvement on the duration of orienting subscales of the Infant Behaviour Questionnaire

Improvement index: **+13**

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 63% and worse outcomes than 37% of their peers, if they had received the intervention.

Immediately after the intervention

Improved self-soothing

Based on study 1

0.30-point improvement on an observational measure of child behaviour developed for this project

Improvement index: **+18**

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 68% and worse outcomes than 32% of their peers, if they had received the intervention.

6 months later

Reduced internalising problems

Based on study 1

1.93-point improvement on the Child Behaviour Checklist Internalizing Behaviour Scale (teacher report)

Improvement index: **+21**

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 71% and worse outcomes than 29% of their peers, if they had received the intervention.

Long-term 6 and a half years later

Improved soothability

Based on study 2

0.19-point improvement on an observational measure of child behaviour developed for this project

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.

4 to 8 months later

Improved orienting

Based on study 2

0.22-point improvement on an observational measure of child behaviour developed for this project

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.

4 to 8 months later

Improved sleep

Based on study 2

0.24-point improvement on the Child Sleep Questionnaire (parent report)

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.

Preventing crime, violence and antisocial behaviour

Improved prosocial behaviour

Based on study 1

0.20-point improvement on the Head Start Competence Scale

Improvement index: **+17**

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 67% and worse outcomes than 33% of their peers, if they had received the intervention.

Long-term 3 years later

Reduced externalising problems

Based on study 1

5.28-point improvement on the Child Behaviour Checklist Externalizing Behaviour Scale (intervention effect for boys)

Improvement index: **+27**

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 77% and worse outcomes than 23% of their peers, if they had received the intervention.

Long-term 6 and a half years later

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:

- Perinatal

How is it delivered?

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

- Group

Where is it delivered?

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

- Out-patient health setting

The programme may also be delivered in these settings:

- Sixth-form or FE college
- Community centre
- Out-patient health setting

How is it targeted?

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

- Universal

Where has it been implemented?

United Kingdom, United States

UK provision

This programme has been implemented in the UK.

UK evaluation

This programme's best evidence includes 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

About the programme

What happens during delivery?

How is it delivered?

- Family Foundations is delivered in eight sessions of two hours' duration each by two facilitators.

What happens during the intervention?

- Parents learn skills to better cope with the transition to parenthood, improved communication skills and better conflict resolution.
- Parents also learn strategies for responding to their child in a sensitive way. Parents learn through a variety of group exercises, role play and group discussion.
- Parents also receive programme packs that contain a homework element. Once the baby is three months old parents attend for more sessions to discuss parenting experiences and explore areas for improvement.

What are the implementation requirements?

Who can deliver it?

- The practitioners that deliver this programme are two facilitators with NFQ-7/8 qualifications.

What are the training requirements?

- The practitioners have 24 hours of programme training. Booster training of practitioners is not required.

How are the practitioners supervised?

- Practitioners are supervised by one highly qualified host-agency supervisor (NFQ-9/10).

What are the systems for maintaining fidelity?

- Fidelity self-report forms are completed by practitioners at the end of each session
- Independent observation
- Supervision and accreditation (by videotape)
- Booster training session from programme developer

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 Foundations assumes that improved parental self regulation will help parents better manage environmental stresses and improve the co-parenting relationship.
- Family Foundations therefore helps couples improve their co-parenting relationship through improved communication and conflict resolution strategies.
- Parents also learn strategies for responding sensitively to their child and developing appropriate sleep routines.
- In the short term, couples will experience an improved co-parenting relationship and reduced family stress.
- In the longer term, children will experience greater attachment security, improved self-regulation, decreased emotional and behavioural problems, and increased academic adjustment.

Intended outcomes

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Programme overviewRAND Programme Overview

About the evidence

Family Foundations' (FF) most rigorous evidence comes from two RCTs which were conducted in the US.

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

This programme has evidence from two rigorously conducted RCTs, with at least one study demonstrating long-term impact, as well as demonstrating impact on assessment measures independent of study participants (not self-reports). Consequently, the programme receives a 4 rating overall.

Study 1

Citation:	Feinberg, M. E. (2008); Feinberg et al (2009); Feinberg et al (2010); Feinberg et al (2014)
Design:	RCT
Country:	United States
Sample:	169 couples expecting their first child; 160 from the original study; 142 families from the original study; 98 families from the original study
Timing:	Post-intervention; 6-month follow-up; 3-year follow-up; 6.5-year follow-up

Child outcomes:

- Improved infant soothability
- Improved duration of orienting
- Improved self-soothing
- Reduced internalising problems
- Improved prosocial behaviour
- Reduced externalising problems

Other outcomes:

- Improved co-parental support (parent report) Improved depressive symptoms (mother report) Improved anxiety (mother report) Improved parenting-based closeness (father report) Improved parent-child dysfunctional interaction (father report)

Study rating: 3

Feinberg, M.E. (2008). Establishing family foundations: Intervention effects on coparenting, parent/infant well-being and parent-child relations. *Journal of family Psychology, 22*, 1-19.
Feinberg, M.E., Kan, M.L., & Goslin, M.C. (2009). Enhancing coparenting, parenting and child self-regulation: Effects of Family Foundation 1 year after birth. *Prevention Science, 10*, 276-285.
Feinberg, M. E., Jones, D. E., Kan, M. L., & Goslin, M. (2010). Effects of a transition to parenthood program on parents, Parenting, and children: 3.5 years after baseline. *Journal of Family Psychology*, *24*(5), 532-542.
Feinberg, M.E., Jones, D.E., Roettger, M.E., Hostettler, M. & Solmeyer, A. (2014). Long-Term Follow-up of a Randomized Trial of Family Foundations: Effects on Children's Emotional, Behavioral, and School Adjustment. *Journal of Family Psychology, 28*, 821- 831.
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Study design and sample

The first study is a rigorously conducted RCT.
This study involved random assignment of adult couples to an FF treatment group and no-treatment control condition group.
This study was conducted in the US, with a sample of 169 heterosexual, adult couples. The mean ages were 28.33 for mothers and 29.76 for fathers. The majority of participants (91% of mothers and 90% of fathers) were non-Hispanic White and the median annual family income was $65,000.

Measures

At six months, parent-child dysfunctional interaction was measured using the Parental Stress Index (parent report). Infant regulation (soothability and duration of orienting) was measured using the Infant Behavior Questionnaire (parent report).
At 12 months, child behaviour (self-soothing and sustained attention) was measured using coded observation of video recordings (expert observation of behaviour).
At 3.5 years, child behaviour (externalising/internalising problems, attention/hyperactivity, aggression) was measured using the Child Behaviour Checklist (CBCL) (parent report). Child social competence was measured using the Head Start Competence Scale (parent report).
At 7 years, child conduct problems and emotion problems were measured using the Strengths and Difficulties Questionnaire (SDQ) (parent report). Child internalising and externalising problems were measured using the CBCL (teacher report). Child academic achievement was measured using the Learning Engagement scale (teacher report) and Academic Competence Evaluation Scales (teacher report).
At six months, Coparenting (coparental undermining, coparental support and parenting-based closeness) was measured using a Coparenting scale developed for this study (parent report). Parental depressive and anxiety symptoms were measured using the Centre for Epidemiological Studies Depression Scale-R (parent report).
At 12 months, coparenting (competition, triangulation, warmth, inclusion, active cooperation) was measured using coded observation of video recordings (expert observation of behaviour). Dyadic couple interaction (negative communication and warmth towards partner) was measured using coded observation of video recordings (expert observation of behaviour). Parenting behaviour (positivity and negativity) was measuredusing coded observation of video recordings (expert observation of behaviour).
At 3.5 years, parental stress was measured using the Parental Stress Index (parent report). Parental efficacy was measured using the Parenting Sense of Competency scale (parent report). Parental depressive symptoms was measured using the Centre for Epidemiological Studies Depression Scale-R (parent report). Coparenting was measured using a Coparenting scale developed for this study (parent report). Quality of couple relationship was measured using the Quality of Marriage Index (parent report). Parenting behaviour and dysfunctional discipline practices (Overeactivity, laxness, physical punishment) were measured using the O'Leary Parenting scale (parent report).

Findings

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

- Improved infant soothability
- Improved duration of orienting
- Improved self-soothing
- Improved prosocial behaviour
- Reduced internalising problems
- Reduced externalising problems

Study 2

Citation: Feinberg et al (2015)

Design: RCT

Country: United States

Sample: 399 couples expecting their first child

Timing: 4 to 8 month follow-up

Child outcomes:

- Improved soothability
- Improved orienting
- Improved sleep

Other outcomes:

- Improved positivity in co-parenting (coded observation) Reduced competition with partner in co-parenting (coded observation) Improved overall triadic relationship quality (coded observation) Improved positive endorsement of parenting (coded observation) Improved positive communication in couple interaction (coded observation) Improved quality of marriage (parent report) Reduced depressive symptoms (parent report) Reduced anxiety (parent report) Reduced inter-parent physical violence (parent report) Reduced parent-child psychological violence (parent report) Reduced parent-child physical violence (parent report)

Study rating: 3

Feinberg, M., Jones, D.E., Hostetler, M.L., Roettger, M.E., Paul, I. & Ehrenthal, D. (In press). *Couple-focused prevention at the transition to parenthood: Effects on coparenting, parenting, family violence, and parent and child adjustment*.
Kan, M., & Feinberg, M. (2014). Can a Family-Focused, Transition-to-Parenthood Program Prevent Parent and Partner Aggression Among Couples With Young Children? *Violence And Victims*, *29*(6), 967-980.
Kan, M., & Feinberg, M. (2015). Impacts of a coparenting-focused intervention on links between pre-birth intimate partner violence and observed parenting. *J Fam Viol*, *30*(3), 363-372.
Available athttps://www.ncbi.nlm.nih.gov/pubmed/27334116https://www.ncbi.nlm.nih.gov/pubmed/25905139 https://link.springer.com/article/10.1007/s10896-015-9678-x

Study design and sample

This study involved couples expecting their first child living in four US states. 399 couples were randomly allocated to Family Foundations (n=221) or a no-treatment control group (n=178).

Measures

Validated self-report measures and a coded free-play observation were used to assess outcomes when the child was 10-months old.

Findings

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

- Improved soothability
- Improved orienting
- Improved sleep

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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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