



HEALTH TECHNOLOGY WALES (HTW) GUIDANCE 046 (March 2023)

Intensive family preservation programmes for families in crisis

HTW Guidance:

The evidence supports the adoption of intensive family preservation programmes for families in crisis.

The use of intensive family preservation programmes reduces the risk of out of home child placement. Parent and children's perspectives support the view that intensive family preservation programmes are beneficial and can address crises that may risk a child needing to enter care. While the evidence leaves some uncertainty about the impact of this on children's emotional and behavioural wellbeing, there appears to be no evidence of harm.

The economic analysis is associated with uncertainty but indicates the potential for cost savings of up to £12,171 per child through the use of intensive family preservation programmes due to the avoidance of out-of-home placements.

Why did Health Technology Wales (HTW) appraise this topic?

Children and young people in Wales have a right in law to be safe, play, have an education and be healthy and happy. For most children, the family environment is a place where they can thrive. Some children, however, are at risk of suffering harm within their families due to abuse and maltreatment. Where there are concerns about a child's welfare, children's services may need to intervene, and whilst they will aim to keep children in the family environment, they may need to remove them for their safety. Targeted interventions may help to resolve crises and allow children to stay within their family environment rather than enter care.

Intensive family preservations programmes (IFPP) are short-term, intensive interventions which are utilised during a period of crisis when there is an imminent risk of a child entering care. They aim to resolve crises by providing direct support to a family by improving skills and resilience and indirect support through linking families to additional services.

This topic was proposed by Jonathan Scourfield, Professor of Social Work at Cardiff University, also based at Children's Social Care Research and Development Centre.

Evidence Summary

Refer to Evidence Appraisal Report 046 (EAR046) for a full report of the evidence supporting this Guidance.

EAR046 aimed to identify and summarise evidence that addresses the following question: what is the effectiveness and cost-effectiveness of IFPP for families in crisis when there is an imminent risk of children entering care?

A recent systematic review and meta-analysis that reported on rates of out-of-home placement was considered the highest priority evidence. We also included five primary studies conducted in the UK setting that provided additional outcomes on out-of-home placement or other outcomes relating to children, parents, or family functioning.

Findings from these studies suggest that IFPP are associated with reductions in out-of-home placement and can keep children within the family unit. When available, outcomes relating to child well-being and family functioning did not appear to improve on receiving IFPP, but results trended towards benefit and there was no suggestion that IFPP delivered within the family unit was detrimental to children. Outcomes relating to parents were mixed across studies, but some suggested that IFPP are associated with a reduction in distress and substance misuse. It should be noted, however, that most available evidence comes from non-randomised studies with varying risk of bias which adds uncertainty.

HTW developed a cost-consequence analysis to evaluate the costs and outcomes associated with IFPP compared to not using the intervention, from a Wales perspective. IFPP was found to be associated with fewer children being in out-of-home care at the end of the two-year modelled time horizon. This translated into a reduction in costs, due to fewer children accumulating high care costs. Results of the analysis were found to be robust to changes in sensitivity analysis.

At the advice of the HTW Public and Patient Involvement Standing Group, children's and parent's perspectives on IFPP and wider involvement with children's social services were also captured through literature searches.

Appraisal Panel considerations

- Experts highlighted that IFPP is a diversionary intensive intervention, which is consistent with the Children and Families Act of 2014, the ethos of which is to keep children within their families.
- The Appraisal Panel heard that the current social care situation in Wales is strained, with a shortage of foster carers and difficulties in placing children in out-of-home placements. This situation is acknowledged to have a negative impact on child welfare and the avoidance of care, where possible, is considered to be paramount.
- The Appraisal Panel heard from an expert that IFPP works by building relationships. Through spending time with a family, IFPP practitioners are able to build effective relationships, which lowers barriers and enables them to identify potential risks. Importantly, the process also encourages families to focus on their strengths and self-identify their own areas of concern.
- The Appraisal Panel considered the evidence identified by HTW and noted the potential for a reduction in out-of-home placement with the use of IFPP. Contributors from Social Care Wales highlighted the potential benefits of avoiding out-of-home placement since research suggests that looked after children tend to have worse mental health, educational and employment outcomes. Experts highlighted that placing children in care is often associated

with harm since it can be mentally challenging for children and can influence their sense of identity. Thus, staying at home should be encouraged whenever possible.

- The Appraisal Panel considered the applicability of the evidence to Wales since most studies in the meta-analysis were from non-UK settings. The use of IFPP has been a recommended service for some time in Wales, but with a lot of variation in use and low fidelity to the programme. The panel heard from Social Care Wales that social workers will have many families on their caseloads at a time and so would not have time to provide this service themselves. The use of IFPP therefore requires social workers with speciality training in the intervention, and a small case load to allow them to work intensively with families to enable relationship building.
- Experts highlighted that the evidence included in the meta-analysis may be outdated since practice may have changed since their publication. In particular, the Covid-19 pandemic has impacted service delivery and added strain on social care practice. The panel discussed that, while further updated evidence would be ideal, it can be difficult to conduct high quality studies in social care due to lower investment in social care research than in health care research. Overall, the panel concluded that while there are limitations in the evidence base, it does demonstrate the potential impact of this intervention.
- The Appraisal Panel considered the results of the economic analysis developed by HTW. It was noted that, while there was uncertainty in the modelling, the results indicate the potential for cost savings of up to £12,171 per child through the use of IFPP. The panel were informed that the key driver of this result was the cost savings associated with the avoidance of out-of-home placements.
- Experts highlighted that the perspective considered in the economic analysis means that not all costs were captured. Experts suggested that there may be additional cost savings with IFPP, such as the avoidance of court proceedings and applications. Experts also noted that the two-year time horizon considered in the economic model will not capture longer term potential cost savings associated with the intervention.
- The Appraisal Panel discussed the fact that there are limited options available for children at point of crisis, and that the current intervention has clear potential for benefits due to a reduction in out-of-home placements. This should translate not only into economic benefits but also into improvements in long-term outcomes for children. The Appraisal Panel concluded that, although there are some limitations in the evidence base, the potential benefits are compelling and that the adoption of IFPP should be supported.

Appraisal Panel considerations: March 2023

Publication of guidance: March 2024

Responsibilities for consideration of this Guidance

Health Technology Wales (HTW) was established by Ministerial recommendation^{1,2} to support a strategic, national approach to the identification, appraisal and adoption of non-medicine health technologies into health and care settings. The remit of HTW also includes social care. The Appraisal Panel is the decision-making body of HTW that generates evidence-based guidance on health and social care technologies and models of care and support. Current membership of the Appraisal Panel, along with terms of reference, is published on the [HTW website](#). Although the Appraisal Panel seeks the views of organisations representing health and social care professionals, patients, users of social care, informal carers, industry, and government, its guidance is independent. Social care topics are issued with a status of “recommended Guidance for Consideration”.

The guidance in this document is intended to assist decision makers to make evidence-informed decisions when determining the place of health and social care technologies and models of care and support and thereby to improve the quality of care services in Wales.

The content of this HTW guidance was based upon the evidence and factors available at the time of consideration by the Appraisal Panel. An international evidence base was reviewed and external topic experts and HTW committee members consulted to contextualise available evidence to Wales. Readers are asked to consider the generalisability of the evidence reviewed and that new trials and technologies may have emerged since first publication and the evidence presented may no longer be current. It is acknowledged that evidence constitutes only one of the sources needed for decision making and planning. An overview of HTW’s process and methods are described in our [Appraisal Process Guide](#).

This guidance does not override the individual responsibility of health and social care professionals to make decisions in the exercise of their professional judgment which consider the circumstances of the individual, in consultation with the individual and/or guardian or carer.

No part of this guidance may be used without the whole of the guidance being quoted in full. This guidance represents the view of HTW at the date noted. HTW guidance is not routinely updated. It may, however, be considered for review if requested by stakeholders, based upon the availability of new published evidence which is likely to materially change the guidance given.

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Declarations of interest were sought from all reviewers. All contributions from reviewers were considered by HTW’s Assessment Group. However, reviewers had no role in authorship or editorial control and the views expressed are those of Health Technology Wales.

Chair, Health Technology Wales Appraisal Panel

1. National Assembly for Wales, Health and Social Care Committee. Access to medical technologies in Wales. December 2014.
2. Response to Recommendations from the Health & Social Care Committee: Inquiry into Access to Medical Technologies in Wales. February 2015.



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