

Last reviewed: January 2021

Intervention website: thefamilycheckup.com

GUIDEBOOK INTERVENTION INFORMATION SHEET

Family Check-Up for Children

Please note that in the ‘Intervention summary’ table below, ‘child age’, ‘level of need’, and ‘race and ethnicities’ information is **as evaluated in studies**. Information in other fields describes the intervention as **offered/supported by the intervention provider**.

Intervention summary	
Description	Family Check-Up for Children (also known as Family Check-Up or FCU) is a parenting intervention for families with a preschool child. It is delivered by a therapist or social worker to individual families for between 3 and 15 weekly sessions, depending on the family’s needs. Parents learn strategies for encouraging positive parent–child interaction and managing challenging child behaviour.
Evidence rating	3+
Cost rating	2
Child outcomes	<ul style="list-style-type: none"> • Preventing crime, violence and antisocial behaviour <ul style="list-style-type: none"> - Improved behaviour. • Supporting children’s mental health and wellbeing <ul style="list-style-type: none"> - Improved emotional wellbeing.
Child age (population characteristic)	2 to 6 years old
Level of need (population characteristic)	Targeted Selected

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Intervention summary	
Race and ethnicities (population characteristic)	<ul style="list-style-type: none">• Asian• Black/African American• Hispanic/Latino• Mixed racial background• Native American• Native Hawaiian• Pacific islander• White.
Type (model characteristic)	Individual
Setting (model characteristic)	<ul style="list-style-type: none">• Home• Community centre• Out-patient settings.
Workforce (model characteristic)	Practitioners with experience and qualifications in a helping profession
UK available?	Yes
UK tested?	No

Model description

Family Check-Up for Children (also known as Family Check-Up and FCU) is a strengths-based, family-centered intervention aimed at providing parents with strategies for improving the parent–child relationship and supporting positive child development. It can be delivered in various settings, such as schools, primary care, and community clinics.

FCU is typically implemented by therapists or social workers, but can also be delivered by bachelor-level or paraprofessional providers with appropriate supervision. 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 settings, and community clinics.

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FCU consists of three main components:

1. An initial interview that involves rapport building and motivational interviewing to explore parental strengths and challenges related to parenting and the family context
2. A family assessment that includes parent and child questionnaires, a teacher questionnaire for children that are in school, and a videotaped observation of family interactions
3. Tailored feedback that involves reviewing assessment results and discussing follow-up service options for the family.

Follow-up services include the Everyday Parenting intervention, which can be delivered in three to five weeks, depending upon the family's needs. Everyday Parenting's content includes strategies for encouraging positive child behaviour, setting limits, and relationship-building. Everyday Parenting may be delivered in three sessions for prevention or up to 15 sessions to manage specific child behavioural difficulties. Additional community services may follow as needed.

Family Check-Up typically begins when the child is aged two years old at an assessment that can be integrated into a routine health visit at the GP surgery or the 2.5-year health visiting check. Check-ups and booster sessions may then continue until the child enters primary school.

Target population

Age of child	2 to 6 years old
Target population	All parents with a 2.5-year-old child, with an offer of additional support for families with identified concerns about their child's behaviour.

Please note that the information in this section on target population is as **offered/supported by the intervention provider**.



Theory of change

Why		Who	How	What		
Science-based assumption	Science-based assumption	Science-based assumption	Intervention	Short-term outcomes	Medium-term outcomes	Long-term outcomes
<ul style="list-style-type: none"> • Young children naturally behave in challenging and non-compliant ways • Challenging child behaviours during preschool increase the risk of behavioural problems becoming entrenched in primary school. 	<ul style="list-style-type: none"> • Effective parenting behaviours help child to regulate their own behaviour and reduce the risk of child behavioural problems persisting • Ineffective parenting strategies can increase the risk of child behavioural problems persisting. 	<p>Parents experiencing difficulties with the behaviour of a young child.</p>	<p>Parents learn how to:</p> <ul style="list-style-type: none"> • Promote positive parent-child interaction • Reinforce positive child behaviour through praise and rewards • Discourage challenging child behaviour through age-appropriate discipline. 	<ul style="list-style-type: none"> • Parents implement effective parenting strategies in the home • Parents' confidence increases • Parental stress reduces • Parent-child interaction improves. 	<p>Children's self-regulatory capabilities and behaviour improves.</p>	<ul style="list-style-type: none"> • Children are at less risk of antisocial behaviour in adolescence • Children are more compliant and better able to engage positively with others.



Implementation requirements

Who is eligible?	All parents with a preschool child, with additional support provided to families with concerns about their child’s behaviour.
How is it delivered?	FCU is delivered by on Family Check-Up practitioner to individual families in 3 to 15 sessions lasting 50 to 60 minutes each.
What happens during the intervention?	<p>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.</p> <ul style="list-style-type: none"> • 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 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 3 to 15 Everyday Parenting sessions. The first phase may be followed by additional community referral services as indicated.
Who can deliver it?	FCU practitioners are typically therapists, psychologists, or social workers with a master’s qualification. With the appropriate consultation and supervisory support, a paraprofessional/non-bachelor-level practitioner also may implement the intervention.
What are the training requirements?	Practitioners received 35 hours of intervention training. Booster training of practitioners is recommended.



Implementation requirements (Cont.)

How are practitioners supervised?	It is recommended that practitioners are supervised by one host-agency supervisor trained in the FCU model, with additional 28 to 45 hours of additional training support.
What are the systems for maintaining fidelity?	Intervention fidelity is maintained through the following processes: <ul style="list-style-type: none"> • 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?	No
*Contact details	Organisation: Northwest Prevention Science Email address: fcu@nwpreventionscience.org Websites: thefamilycheckup.com *Please note that this information may not be up to date. In this case, please visit the listed intervention website for up to date contact details.

Evidence summary

FCU qualifies for a Level 3+ rating, as it has evidence from at least one Level 3 study, along with evidence from other studies rated 2 or better.

The first study was conducted in the United States and is consistent with Foundations’ Level 3 evidence strength criteria. This study observed statistically significant improvements in FCU parents’ reports of their children’s behaviour and emotional symptoms up to three years following the start of the intervention in comparison to the reports of parents not exposed to the intervention. These reports were further corroborated by teacher assessments of children’s behaviour when they were 7.5 years old at a five-year follow-up assessment. Specifically, teachers’ ratings of FCU children’s classroom behaviour were significantly better than those of children not receiving the intervention.

The second study was conducted in the United States and is consistent with Foundations’ Level 2+ evidence strength criteria. This study observed statistically significant improvements in FCU parents’ reports of their children’s behaviour at 12-month and 24-month follow-up assessment in comparison to parents not receiving the intervention.



The third study was also conducted in the United States and is consistent with Foundations' Level 2+ evidence strength criteria. FCU children were offered the intervention at age 6 years old (in comparison to age 2 in Studies 1 and 2) and teacher assessments were taken immediately post-intervention and then one year after. The study observed statistically significant improvements in teacher reports of FCU children's behaviour at immediately post-intervention (age 6 years old) and again at a 12-month follow-up (age 7 years old) in comparison to children who did not receive the intervention.

FCU 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.



Child outcomes			
Outcome	Improvement index	Interpretation	Study
Reduced disruptive behaviour	N/A	N/A	2
Reduced internalising behaviour	+8	0.58-point improvement on the Child Behaviour Checklist (Internalising Scale) Long-term – Between post-test and 2-year follow-up	1
Reduced externalising behaviour	+9	0.82-point improvement on the Child Behaviour Checklist (Externalising Scale) Long-term – Between post-test and 2-year follow-up	1
Reduced problem behaviour	+9	0.71-point improvement on the Eyberg Child Behaviour Inventory Long-term – Between post-test and 2-year follow-up	1
Reduced defiant behaviour	+12	0.15-point improvement on the Child Behaviour Checklist (Problem Behaviour Scale) Long-term – Between post-test and 5-year follow-up	1
Decreased emotional and behaviour problems	N/A	N/A	3



Search and review

	Number of studies
Identified in search	5
Studies reviewed	3
Meeting the L2 threshold	2
Meeting the L3 threshold	1
Contributing to the L4 threshold	0
Ineligible	2

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	United States
Sample characteristics	731 mother child dyads with children aged 2 to 3 years old who had socioeconomic, family, and/or child risk factors for future behaviour problems.
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 50% European American • 28% African American • 13% Biracial • 9% Other groups (American Indian, Native Hawaiian).
Population risk factors	More than two-thirds of the families had an annual income of less than \$20,000.
Timing	<ul style="list-style-type: none"> • Baseline • One-year follow-up • Two-year follow-up • Three-year follow-up • Five-and-a-half-year follow-up.



Study 1	
Child outcomes	<ul style="list-style-type: none"> Reduced internalising behaviours (12- and 24-month follow-up, parent report) Reduced externalising behaviours (12- and 24-month follow-up, parent report) Reduced problem behaviour (12- and 24-month follow-up, parent report) Reduced defiant behaviour (three-year follow-up, parent report and 5.5-year follow-up, teacher report)
Other outcomes	<ul style="list-style-type: none"> Improved parent–child interaction (12-month follow-up, researcher observation) Reduced maternal depression (12-month follow-up, parent report) Increased positive behaviour support (12-month follow-up, researcher observation).
Study Rating	3
Citations	<p>Study 1a: 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. <i>Child Development</i>. 7, 1395–1414.</p> <p>Study 1b: 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. <i>Developmental Psychopathology</i>. 21, 417–439.</p> <p>Study 1c: Lukenheimer, E. S. (2008) Collateral benefits for the Family Check-Up on early childhood school readiness: Indirect effects of parents’ positive behaviour support. <i>Developmental Psychopathology</i>. 44, 1737–1752.</p> <p>Study 1d: Dishion, T. J., Brennan, L. M., Shaw, D. S., McEachern, A. D., Wilson, M. N. & Booil, J. (2014) Prevention of problem behaviour through annual Family Check-Up in early childhood: Intervention effects from home to early elementary school. <i>Journal of Abnormal Child Psychology</i>. 42, 343–354.</p>

Brief summary

Population characteristics

This study was conducted in the United States, 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.



Study design

This study was an RCT. Using a computer-generated randomisation sequence, and balancing for gender to ensure an equal number of males and females, 367 participants were assigned to the Family Check-Up condition and 364 to the control condition.

Measurement

Assessments took place at baseline and at one-, two-, three-, and five-and-a-half-year follow-up.

Baseline

- **Parent report measures** included the Eyberg Child Behaviour Inventory (ECBI) Problem factor, the Child Behaviour Checklist (CBCL), the Center for Epidemiological Studies on Depression Scale (CES-D), the Inhibitory Control subscale of the Children's Behaviour Questionnaire (CBQ).
- **Researcher-led assessments** included items from the Home Observation for Measurement of the Environment inventory (HOME), videotape coding of positive behaviour support and engaged parent-child interaction time using the Relationship Process Code (RPC), and the proactive parenting index from the Coder Impressions Inventory (CII). Assessments were conducted by researchers blind to condition.

One-year follow-up

- **Parent report measures** included the Eyberg Child Behaviour Inventory (ECBI) Problem factor, the Child Behaviour Checklist (CBCL), the Center for Epidemiological Studies on Depression Scale (CES-D), the Inhibitory Control subscale of the Children's Behaviour Questionnaire (CBQ).
- **Researcher-led assessments** included items from the Home Observation for Measurement of the Environment inventory (HOME), and videotape coding of positive behaviour support and engaged parent-child interaction time using the Relationship Process Code (RPC), and the proactive parenting index from the Coder Impressions Inventory (CII). Assessments were conducted by researchers blind to condition.
- **Child report measures** included the Fluharty-2 Preschool Speech and Language Screening Test (Fluharty-2).

Two-year follow-up

- **Parent report measures** included the Eyberg Child Behaviour Inventory (ECBI) Problem factor, the Child Behaviour Checklist (CBCL), the Inhibitory Control subscale of the Children's Behaviour Questionnaire (CBQ).
- **Researcher-led assessments** included items from the Home Observation for Measurement of the Environment inventory (HOME), and videotape coding of positive behaviour support and engaged parent-child interaction time using the Relationship Process Code (RPC), and the proactive parenting index from the Coder Impressions Inventory (CII). Assessments were conducted by researchers blind to condition.

Three-year follow-up

- **Parent report measures** included the Child Behaviour Checklist (CBCL).



Five-and-a-half-year follow-up

- **Teacher report measures** included the DSM-oriented Oppositional Defiant Problems scale from the Teacher Report Form version of the CBCL (TRF-CBCL).

Study retention

- 90.6% (662) of mother–child dyads participated in the one-year follow-up assessment, representing 90.5% (332) of intervention dyads and 90.7% (330) of control.
- 85.8% (627) of mother–child dyads participated in the two-year follow-up assessment, representing 86.4% (317) of intervention dyads and 85.2% (310) of control.
- 85% (621) of mother–child dyads participated in the three-year follow-up assessment, representing 83% (305) of intervention dyads and 87% (316) of control.
- 77% (566) of mother–child dyads participated in the five-and-a-half-year follow-up assessment, representing 75% (276) of intervention dyads and 80% (290) of control.

Results

Study 1a: Dishion et al. (2008)

Data-analytic strategy

The study used Latent Growth Mixture Modelling (LGMM) to assess the effect of the intervention in comparison to a control group. Mediator analyses were also conducted. The approach to missing data was not reported.

Findings

Child outcomes: The intervention significantly reduced externalising behaviour from baseline to 24 months post-baseline compared to control, with this effect being greatest in children with higher levels of problem behaviour at baseline. There was also a significant difference in the extent to which behaviours were considered a problem to parents between conditions, with a greater increase in problem behaviour in the control group than the intervention group from baseline to 24 months post-baseline.

Parent outcomes: The intervention significantly increased positive behaviour support practices at 12 months, including parent involvement, positive parenting, proactive parenting, and parent–child interaction time.

Study 1b: Shaw et al. (2009)

Data-analytic strategy

Latent growth models (LGMs) were used to evaluate the intervention's effects on child externalising and internalising behaviours over time (baseline to 24 months) compared to the control. For maternal depressive symptoms, a two-wave autoregressive model was used to examine changes between baseline and 12 months. An intention-to-treat design was implemented, and missing data were handled using full information maximum likelihood (FIML).



Findings

Child outcomes: The intervention significantly reduced externalising and internalising behaviour, with improvements observed from baseline to 24 months compared to the control group.

Maternal outcomes: The intervention significantly reduced maternal depressive symptoms at 12 months post-baseline, with mothers in the intervention group reporting fewer symptoms compared to the control group.

Study 1c: Lunkenheimer et al. (2008)

Data-analytic strategy

Repeated measures analysis of variance was used to assess whether there were direct effects of the intervention on child outcomes over time. Longitudinal structural equation modelling was also used to test whether improvements in positive behaviour support from child age 2 to age 3 would be related to increases in children’s language skills and inhibitory control from age 3 to age 4. An intention-to-treat design was implemented, and missing data were handled using full information maximum likelihood (FIML).

Findings

Child outcomes: The intervention did not have a direct significant effect on either language skills or inhibitory control at age 4 compared to the control group.

Parent outcomes: The intervention significantly increased parents’ positive behaviour support (PBS) at 12-month follow-up. The study also identified significant relationships between positive behaviour support at age 3 and both child language and inhibitory control at age 4.

Study 1d: Dishion et al. (2014)

Data-analytic strategy

Repeated measures analysis of variance was used to assess whether there were direct effects of the intervention on parent-reported child problem behaviours over time (ages 2 to 5 years old). Longitudinal structural equation modelling (SEM) was used to test whether reductions in parent-reported problem behaviours from ages 2 to 5 years old would be associated with lower teacher-reported oppositional behaviours at age 7.5 years old. An intention-to-treat design was implemented to evaluate overall intervention effects, and Complier Average Causal Effect (CACE) modelling was used to assess the impact of varying levels of engagement with the Family Check-Up (FCU). Missing data were handled using full information maximum likelihood (FIML).

Findings

Child outcomes: This study found that the intervention significantly reduced child problem behaviours as reported by parents and teachers. From ages 2 to 5 years old, children in the intervention group showed a significant reduction in the parent-reported oppositional and defiant behaviours. Also at age 7.5 years old, teacher reports indicated that children in the intervention



group exhibited significantly lower levels of oppositional behaviour in school compared to the control group.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Externalising behaviour (elevated problem class)	ECBI (parent report)	Not reported	Yes	616	Rate of change to 24 months post-baseline (1a)
Externalising behaviour (lower problem class)	ECBI (parent report)	Not reported	No	616	Rate of change to 24-months post-baseline (1a)
Problem behaviours	CBCL (parent report)	Not reported	Yes	619	Rate of change to 24 months post-baseline (1a)
Externalising behaviour	CBCL (parent report)	d=0.23	Yes	619	Baseline to 24 months (1b)
Internalising behaviour	CBCL (parent report)	d=0.21	Yes	619	Baseline to 24 months (1b)
Perceptions of problem behaviour	ECBI (parent report)	d=0.23	Yes	616	Baseline to 24 months (1b)



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Oppositional and defiant behaviours	CBCL (parent report)	d=0.30	Yes	621	3 years (1d)
Oppositional and defiant behaviours	TRF (teacher report)	d=0.26	Yes	314	5.5 years (1d)
Language skills	Fluharty-2 Preschool Speech and Language Screening Test (administrative data)	Not reported	No	552	24 months (1c)
Inhibitory control	CBQ (parent report)	Not reported	No	614	24 months (1c)
Parent outcomes					
Positive behaviour support	PBS construct, including HOME, RPC, CII (researcher led)	Not reported	Yes	659	12 months (1a)
Positive Behaviour Support	PBS construct, including HOME, RPC, CII (researcher led)	d=0.24	Yes	570	12 months (1c)
Depression symptoms	CES-D (parent report)	d=0.18	Yes	651	12 months (1b)



Individual study summary: Study 2

Study 2	
Study design	RCT
Country	United States
Sample characteristics	The study involved 120 mother–son dyads recruited from the Women, Infants, and Children (WIC) programme in the Pittsburgh, Pennsylvania metropolitan area, with boys identified as being at-risk for future behaviour problems
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 48.3% African American • 40.0% Caucasian • 11.7% Biracial.
Population risk factors	Participants were predominantly from low-income backgrounds. Families had a mean annual income of \$15,374.
Timing	<ul style="list-style-type: none"> • Baseline • 12-month follow-up • 24-month follow-up.
Child outcomes	Reduced disruptive behaviour (12-month follow-up, parent report)
Other outcomes	Increased maternal involvement (24-month follow-up, researcher-led observation)
Study Rating	2+
Citation	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. <i>Journal of Consulting and Clinical Psychology</i> . 74 (1), 1–9.



Brief summary

Population characteristics

The study involved 120 mother–son dyads recruited from the Women, Infants, and Children (WIC) programme in the Pittsburgh, Pennsylvania metropolitan area. Participants included boys at risk for future behaviour problems aged 17 to 27 months (1.4 to 2.25 years). Screening questionnaires were used to identify families meeting inclusion based on socioeconomic status and family and/or child risk. If risk criteria were obtained for only socioeconomic and family risk, children needed to be above the normative mean either the Intensity or Problem scales of the Eyberg Behavior Inventory.

Mothers had a mean age of 27.2 years with 66.6% having a high school education or less, and families had a mean annual income of \$15,374. 48.3% were African American, 40.0% were Caucasian, and 11.7% were biracial.

Study design

60 participants were allocated to the Family Check-Up for children intervention group, and 60 were allocated to the control condition. Randomisation was informed by a computer-generated sequence. The control group had access to WIC services but did not receive visits or intervention from parent consultants. There was baseline equivalence on assessment measures and socio-demographic factors between the intervention and control groups.

Measurement

Assessments took place at baseline, 12-month follow-up, and 24-month follow-up. The following measures were completed at all timepoints.

- **Parent report** measures included the Child Behaviour Check List (CBCL)
- **Researcher-led** assessments included the Involvement subscale of the Home Observation for Measurement of the Environment (HOME) with examiners blind to treatment group.

Study retention

- 93.3% (112) families participated in the 12-month follow-up assessment, representing 95% (55) of FCU participants and 91.7% (57) of control group participants.
- 90.8% (109) families participated in the 24-month follow-up assessment, representing 88.3% (56) of FCU participants and 93.3% (53) of control group participants.
- At 24-month follow-up assessment, there were no significant differences between the number of participants retained in each group.

Results

Data-analytic strategy

Repeated measures analysis of variance was used to assess treatment effects, and hierarchical regression analyses were used to examine potential moderating effects. One-tailed tests were also used to establish significance. An intent-to-treat design was also used. Missing data was not



imputed; the analytic sample consisted of data from 76.7% (92) families, representing 76.7% (46) of FCU participants and 76.7% (46) of control group participants.

Findings

The intervention led to a statistically significant reduction in children’s destructive behaviour, with the difference between intervention and control group being significant at the 12-month follow-up, and still present but no longer significant at the 24-month follow-up. There were no significant differences in children’s aggressive behaviour.

The study also tested the effectiveness of the intervention based on differential levels of risk, interactions of treatment, child inhibition, and maternal depression. The intervention group showed significantly increased improvements in the destructive behavior of children with initially high levels of inhibition and maternal depressed mood. However, post hoc analyses also identified a potentially negative outcome; when maternal depressive symptoms were low, destructive behavior symptoms were greater for treatment than for control children.

No effect of the intervention was found on maternal involvement at the 12-month follow-up when children were aged 3 years old. However, a significant difference in maternal involvement was observed at the 24-month follow-up when children were aged 4 years old, with mothers in the intervention group demonstrating higher involvement compared to those in the control group.

Limitations

The intervention identified a potential negative finding and null findings, a lack of sustained effect on the child outcome, and used one-tailed tests for significance.

Study 2: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Aggression	CBCL (parent report)	Not reported	No	91	12 months
Aggression	CBCL (parent report)	Not reported	No	91	24 months
Destructive behaviour	CBCL (parent report)	d=.64	Yes	91	12 months



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Destructive behaviour	CBCL (parent report)	d=.45	No	91	24 months
Parent outcomes					
Maternal involvement	HOME (researcher led)	Not reported	No	86	12 months
Maternal involvement	HOME (researcher led)	d=.48	Yes	94	24 months



Individual study summary: Study 3

Study 3	
Study design	RCT
Country	United States
Sample characteristics	365 children and their caregivers, from five early elementary schools in an urban city and surrounding suburban areas in the Pacific Northwest region of the United States
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 58.6% White • 22.1% Multiple races/ethnicities • 13.4% Hispanic/Latino • 2.2% Asian • 1.9% Black/African American • 0.3% Pacific Islander.
Population risk factors	Approximately 65% of students across the five schools were eligible for a free or reduced-price lunch
Timing	<ul style="list-style-type: none"> • Baseline (kindergarten) • One-year follow-up (first term of first grade) • Two-year follow-up (first term of second grade).
Child outcomes	Reduced emotional and behavioural problems (teacher report)
Other outcomes	None
Study Rating	2+
Citation	Garbacz, S. A., McIntyre, L. L., Stormshak, E. A. & Kosty, D. B. (2018) The efficacy of the Family Check-Up on children’s emotional and behavior problems in early elementary school. <i>Journal of Emotional and Behavioral Disorders</i> . 48 (2), 67–79.



Brief summary

Population characteristics

This study included 365 children in early elementary school aged 5 to 6 years old, with an average age of 5.45 years. 59% of children were White, and the socioeconomic background was predominantly lower income. Caregivers were predominantly female (89%) with a mean age of 33.89 and varied educational backgrounds.

Study design

This study was an RCT. 190 participants were randomly allocated the Family Check-Up intervention group, and 175 were assigned to a service-as-usual control condition.

Measurement

Assessments took place at baseline (kindergarten year), in the first term of first-grade year (one-year follow-up), and in the first term of second-grade year (two-year follow-up).

- **Teacher report** measures included an elementary version of the Strengths and Needs Survey (SANA).

Study retention

- 79.2% (289) of children participated in the one-year follow-up (first-grade) assessment, representing 78.4% (149) of intervention participants and 80% (140) of control.
- 71.5% (261) of children participated in the two-year follow-up (second-grade) assessment, representing 70.5% (134) of intervention participants and 72.5% (127) of control.

Results

Data-analytic strategy

Mixed effects regression models and an intent to treat design, using restricted maximum likelihood estimation to account for missing data, were used to assess the effect of the intervention. Children missing data from both baseline and the assessment point of interest were excluded from analysis.

Findings

FCU significantly reduced teacher-reported emotional and behavioural problems in children in their first and second years of school compared to control. These reductions were particularly significant for children with higher baseline difficulties.



Study 3: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Emotional and behaviour problems	SANA (teacher report)	$g = -0.276$	Yes	340	One-year follow-up
Emotional and behaviour problems	SANA (teacher report)	$g = -0.221$	Yes	340	Two-year follow-up

Other studies

The following studies were identified for this intervention but did not count towards the intervention’s overall evidence rating. An intervention 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.

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.

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Note on provider involvement: This provider has agreed to Foundations’ terms of reference (or the Early Intervention Foundation's terms of reference), and the assessment has been conducted and published with the full cooperation of the intervention provider.