

Last reviewed: January 2021

Intervention website: www.famfound.net

GUIDEBOOK INTERVENTION INFORMATION SHEET

e-Family Foundations

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	e-Family Foundations (FF) is a universal parenting intervention for couples expecting their first child. It is a self-paced, online self-study course involving eight modules of one hours' duration (five pre-birth and three post-birth) that couples can complete at their own pace. The sessions are designed to begin at any point during the mother's pregnancy.
Evidence rating	3
Cost rating	1
Child outcomes	<ul style="list-style-type: none">• Supporting children's mental health and wellbeing<ul style="list-style-type: none">- Reduced infant sadness.
Child age (population characteristic)	Antenatal, Perinatal, Infants.
Level of need (population characteristic)	Universal

Foundations Guidebook – Intervention information sheet

Visit the Foundations Guidebook | www.foundations.org.uk/guidebook

Intervention summary	
Race and ethnicities (population characteristic)	<ul style="list-style-type: none">• African American• Hispanic• White American.
Type (model characteristic)	Individual
Setting (model characteristic)	Online
Workforce (model characteristic)	N/A
UK available?	Yes
UK tested?	No

Model description

e-Family Foundations is a universal coparenting intervention for all couples expecting their first child. It aims to support couples at the transition to parenthood, by helping them to build supportive and cohesive co-parenting relationships, and in so doing, improving both parent and child outcomes.

e-Family Foundations is an online self-study intervention, originally designed to appeal to families where one or both parents are serving in the US military. It is based on the Family Foundations model, but the content has been modified to apply to military families' specific circumstances. This includes cosmetic alterations (e.g. using images of military families in visuals throughout the intervention), and limited modifications to FF intervention content to provide skills and resources to help families cope with challenges specific to military families (e.g. extended periods of deployment and training).

It is delivered to individual families in eight sessions of one hours' duration each. It is intended for parents to access five sessions prior to the baby's birth and then reconvene for four additional sessions when the baby is between four and six months old.

Foundations Guidebook – Intervention information sheet

Visit the Foundations Guidebook | www.foundations.org.uk/guidebook

The first five sessions acquaint parents with the stresses that are typical after the birth of a child and the ways these stresses can negatively the quality of the couple and co-parenting relationship. Parents receive strategies for improving communication and are also encouraged to develop plans for sharing the childcare duties after the baby is born.

The last three sessions take place after the baby is born providing parents with strategies for understanding and responding to their child's temperament, helping their child sleep and self-sooth, and promoting attachment security in their child.

Target population

Age of child	Perinatal
Target population	All parents expecting the birth of their first child.

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
The birth of child frequently introduces high levels of stress into the inter-parental relationship.	High levels of interparental stress can increase the risk of ongoing couple conflict and diminish parents' ability to respond appropriately to their child's needs.	All parents expecting their first child.	<p>Parents learn:</p> <ul style="list-style-type: none"> • Plans for managing the stress associated with new parenthood • Techniques for improving couple communication and resolving conflict • Strategies for supporting each other as parents • How to understand and respond to their child's temperament • How to support their child's sleep and ability to self-sooth • How to implement positive family routines. 	<ul style="list-style-type: none"> • Better parent communication • Parents are better able to support each other as parents • Parents are better able to manage common stressful situations after the child is born • Parents are more likely to implement positive family routines • Reduced reports of couple conflict • Improved parent mood. 	<ul style="list-style-type: none"> • Improved quality of the co-parenting relationship • Improved child sleep and self-soothing • Reduced child maltreatment risk. 	<ul style="list-style-type: none"> • Improved child self-regulation • Improved child prosocial behaviour • Reduced child behavioural problems.



Implementation requirements

Who is eligible?	Family Foundations is for couples expecting their first child.
How is it delivered?	e-Family Foundations is an online self-study programme, delivered to individual families in eight sessions of 1 hours' duration each, over a period of 4-8 weeks.
What happens during the intervention?	<p>Parents learn skills, tools and perspectives to better cope with the transition to parenthood, specifically around adjusting expectations, adopting a realistic vision and preparing for the strains of parenthood. Parents develop skills to reduce conflict, enhance problem solving and increase supportive and cohesive coparenting communication.</p> <p>Parents access five sessions online prior to the birth of their child, providing them with information about what to expect after the baby is born and providing them with strategies for coping with potentially stressful situations.</p> <p>Three additional modules are designed to be accessed after the baby's birth. Topics covered include parenting behaviours that foster infant attachment and improve parents' ability to support each other as a team.</p> <p>Parents use the online material to read, listen to narration, and watch videos to take in information, practice skills through partner exercises, engage in online and written exercises, and watch vignettes of other families.</p>
Who can deliver it?	Not applicable
What are the training requirements?	Not applicable
How are practitioners supervised?	Not applicable
What are the systems for maintaining fidelity?	Not applicable
Is there a licensing requirement?	Yes



Implementation requirements (cont.)

*Contact details	Email address: info@FamFound.net Website: www.famfound.net *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

e-Family Foundations' most rigorous evidence comes from a single RCT conducted in the United States, consistent with Foundations' L3 evidence strength criteria.

This study observed statistically significant improvements in parent reports of infant sadness.

This means that e-Family Foundations 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 infant sadness	+24	0.69-point improvement on the Infant Behavior Questionnaire (sadness subscale) immediately after the intervention.	1



Search and review

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

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	United States
Sample characteristics	56 heterosexual couples expecting their first child where at least one partner was serving in the US military. At least one member of all 56 couples was in the military, with some couples (20%) having both members in the military.
Race, ethnicities, and nationalities	<ul style="list-style-type: none"> • 71% White American • 10% African American • 7% Hispanic • 12% other.
Population risk factors	<ul style="list-style-type: none"> • 93% of the sample were married • Median annual household income was \$72,500.
Timing	<ul style="list-style-type: none"> • Baseline • Post-intervention.
Child outcomes	Reduced infant sadness (parent report)



Study 1	
Other outcomes	None
Study Rating	3
Citation	Feinberg, M. E., Boring, J., Le, Y., Hostetler, M. L., Karre, J., Irvin, J. & Jones, D. E. (2020). Supporting military family resilience at the transition to parenthood: A randomized pilot trial of an online version of Family Foundation. <i>Family Relations</i> . 69 (1), 109–124.

Brief summary

Population characteristics

This study involved 56 heterosexual couples, representing 112 adults, expecting their first child. All families had one or both partners serving in the US military.

92% of the sample were married. 71% were White American, 10% African American, 7% Hispanic and 12% other. The mean age for mothers and fathers was 29.7 years. Median annual household income was \$72,500.

Mothers were on average 24.4 months gestation at the start of the study.

Study design

29 couples were randomly assigned to e-Family Foundations and 27 to a no-treatment control condition. Random assignment was conducted by a study coordinator using a sequential enrolment list linked to a random number sequence.

This resulted in 58 fathers and mothers receiving access to the e-Family Foundations web portal and 54 mothers and fathers receiving no e-Family Foundations content.

The couples were equivalent on key demographic characteristics at the time they completed baseline measures.

Measurement

Assessments occurred at baseline (pre-intervention) and at six months after the child's birth, when the interventions were expected to be completed. Both the father and mother were requested to complete all questionnaires.

- **Parent report** measures included the Coparenting Scale, the Center for Epidemiological Studies Depression Scale (CES-D), the Parenting Sense of Competence Scale, the



Relationship Questionnaire, the Ineffective Arguing Index and the Infant Behavior Questionnaire.

Study retention

71% of the couples (representing 80 parents) completed assessment measures six months after their baby's birth. This included 59% (34; including 19 mothers, 15 fathers) of the Family Foundations parents and 85% (46; representing 25 mothers and 21 fathers) from the wait-list control group.

The post-test completers and dropouts did not differ on all pretest demographics and measures, with the exception that fathers who dropped out reported earning more than the fathers who were retained.

The between group attrition rates also differed by condition: 7.4% and 22.2% of control mothers and fathers, respectively, did not complete post-test measures versus 34.5% and 48.3% of intervention mothers and fathers. However, there was no evidence of differential attrition across conditions due to pre-test variables.

Results

Data-analytic plan

Multilevel regression models were used to analyse the interventions effect on the intended outcomes. Couple-level variance was modelled by specifying a random intercept. All baseline measures and key family demographics were controlled for in the model. All models were conducted as intent-to-treat analyses meaning that all parents who provided data at the post-test were included regardless of their level of intervention participation.

Findings

The study observed statistically significant improvements in Family Foundations parents' reports of infant sadness and distress due to limitations in comparison to parents not exposed to the intervention. Family Foundations parents were also more likely to report lower levels of depression.



Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Infant soothability	The infant behaviour questionnaire	$d = .39$	No	80	Post-intervention
Infant distress to limitations	The infant behaviour questionnaire	$d = .46$	No	80	Post-intervention
Infant sadness	The infant behaviour questionnaire	$d = .65$	Yes	80	Post-intervention
Parent outcomes					
Depressive symptoms	The Center for Epidemiological Studies Depression Scale (CES-D)	$d = .51$	Yes	80	Post-intervention
Parenting efficacy	Parenting Sense of Competency Scale	Not reported	No	80	Post-intervention
Coparenting agreement	The Coparenting Scale	$d = .34$	No	80	Post-intervention
Coparenting closeness	The Coparenting Scale	Not reported	No	80	Post-intervention
Coparenting support	The Coparenting Scale	Not reported	No	80	Post-intervention



Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Coparenting undermining	The Coparenting Scale	$d = .22$	No	80	Post-intervention
Relationship Conflict	The Relationship Questionnaire	$d = .12$	No	80	Post-intervention
Conflict resolution style	Ineffective arguing inventory	$d = .26$	No	80	Post-intervention

Other studies

No other studies were identified for this evidence assessment.

—

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.