Published January 2023

Child First

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.

Child First is a home-based, therapeutic intervention targeting young children at risk of emotional problems, developmental delay, and abuse and neglect.

The Child First model aims to bridge universal, targeted and specialist/intensive services to provide a tailored package of support to meet the unique needs of each family. Child First is delivered by two practitioners: one who connects families to community-based services as part of their family-driven plan and a qualified psychologist who provides home-visiting support.

Child First begins with a comprehensive needs assessment of each family's specific strengths and weaknesses. Motivational interviewing is used during these first visits to actively engage and recruit parents to the programme. Practitioners also learn strategies for recruiting parents who initially refuse programme participation. Once the family and practitioners have agreed a plan, weekly home visits begin for a period of six to 12 months. Each visit lasts between 45 and 90 minutes, depending on the family's needs and the number of family members present. During these sessions, family members typically receive Child-Parent Psychotherapy (CPP).

Evidence rating: **3**

Cost rating: **5**

EIF Programme Assessment

Child First 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.

Cost rating

A rating of 5 indicates that a programme has a high cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of more than £2,000.

Cost rating: **5**

Child outcomes

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

Enhancing school achievement & employment

Improved language

Based on study 1

22.80-percentage point decrease in proportion of participants with clinically concerning language problems on the Infant-Toddler Developmental Assessment

Improvement index: **+31**

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 81% and worse outcomes than 19% of their peers, if they had received the intervention.

Immediately after the intervention

Preventing crime, violence and antisocial behaviour

Reduced behavioural problems

Based on study 1

4.6-point improvement on the Infant-Toddler Social and Emotional Assessment (Externalising Scale)

Improvement index: **+20**

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 70% and worse outcomes than 30% of their peers, if they had received the intervention.

Immediately after the intervention

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:

- Infants
- Toddlers

How is it delivered?

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

- Home visiting

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
- Children's centre or early-years setting

How is it targeted?

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

- Targeted indicated

Where has it been implemented?

United States

UK provision

This programme has not been implemented in the UK.

UK evaluation

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

Spotlight sets

EIF does not currently include this programme within any Spotlight set.

About the programme

What happens during delivery?

How is it delivered?

- Child First is delivered to individual families in 55 sessions of 60 to 90 minutes' duration each by one clinician with QCF-7/8 qualifications, and one care co-ordinator with QCF-6 level qualifications. Each receives a minimum of 12 days of programme training. Booster training of practitioners is recommended.

What happens during the intervention?

- Child First is delivered by a team of two practitioners: one who connects families to community-based services as part of their family-driven plan and a qualified, licensed mental health professional (often a masters' level social worker) who provides a two-generation, psychotherapeutic intervention.
- Practitioners are supported through supervision and training to recruit vulnerable parents to the programme and establish a positive working relationship. This training includes strategies for engaging parents who may be initially wary of programme participation.
- Child First begins with a comprehensive needs assessment of each family's specific strengths and vulnerabilities that takes place through twice-weekly home visits involving both practitioners. During these visits, the practitioners work in partnership with the parents to determine a child and family plan of care, which identifies specific therapeutic goals and connections with community services. The plan is developed during twice-weekly home visits by both practitioners.
- Once the plan is determined, weekly home visits begin for a period of six to 18 months. Each visit lasts between 60 to 90 minutes, depending on the family's needs and the number of family members present. During these sessions, family members typically receive trauma-informed infant/child/toddler psychotherapy (depending on the age of the child) from the mental health professional. Additional hands-on support is provided by the other practitioner who helps families connect with community services and offers general mentoring advice.

What are the implementation requirements?

Who can deliver it?

- The first practitioner that delivers the programme is a mental health/developmental clinician or mental health/child development clinician with QCF-7/8 level qualifications. The second practitioner is a care coordinator with QCF-6 level qualifications.

What are the training requirements?

- Both practitioners receive a minimum of 12 days in-person training as part of a year-long Learning Collaborative (LC): two to three days' training on the Child First electronic client record, distance learning modules between the four LC sessions, and eight days of Child-Parent Psychotherapy (CPP) training. Booster training of practitioners is recommended.

How are the practitioners supervised?

- It is recommended that practitioners are supervised by one host agency supervisor and a programme developer supervisor (both qualified to QCF-7/8 level).

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
- Chart review

Is there a licensing requirement?

Yes, there is a licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- Positive and sensitive parent/child interactions during the first years of life lays the foundation for young children's cognitive and social/emotional development.
- Parents experiencing multiple hardships and psycho-social stress are more likely to have difficulty responding positively and appropriately to their children.
- Child First provides parents with a system care to reduce the psychosocial stress they may be experiencing.
- Parents also receive therapeutic support that improves their ability to form positive representations of their child and provide an appropriately nurturing and sensitive caregiving environment.
- In the short term, parents experience less stress and learn parenting strategies to support their children's early attachment security, social/emotional development and language acquisition.
- In the longer term, children will demonstrate increased school readiness and reduced risk of negative outcomes, including child maltreatment.

Intended outcomes

Contact details

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http://homvee.acf.hhs.gov/
http://www.blueprintsprograms.com/factsheet/child-first

About the evidence

Child FIRST's (Child and Family Interagency, Resource, Support, and Training) most rigorous evidence comes from an RCT which was conducted in the USA.

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

This programme is underpinned by one study with a Level 3 rating, hence the programme receives a Level 3rating overall.

Study 1

Citation: Lowell et al (2011)

Design: RCT

Country: United States

Sample: 157 multi-risk urban mothers and children (between 6 and 36 months old)

Timing: Post-test

Child outcomes:

- Improved language
- Reduced behavioural problems

Other outcomes:

- Reduced psychiatric symptoms Reduced maternal depression Reduced parental stress

Study rating: 3

Crusto, C., Lowell, L., Paulicin, B., Reynolds, J., Feinn, R., Friedman, S., & Kaufman, J. (2008). Evaluation of a wraparound process for children exposed to family violence. *Best Practices in Mental Health*, 4, 1-16.

Available athttp://www.ingentaconnect.com/content/lyceum/bpmh/2008/00000004/ 00000001/art00002?crawler=true

Study design and sample

The first study is a rigorously conducted RCT.
This study involved random assignment of families to a Child FIRST treatment group and families to standard care as control group.
This study was conducted in the USA, with a sample of 157 multi-risk families with a child between the ages of 6 to 36 months. The mother's age ranged from 17 to 47 years and the household size ranged from 2 to 11 people.

Measures

Child language status was measured using the Infant-Toddler Developmental Assessment (IDA) (direct assessment). Child social-emotional/behavioural problems were measured using the Infant-Toddler Social and Emotional Assessment (ITSEA) (direct assessment).
Parental global psychiatric symptoms were measured using the Brief Symptom Inventory (BSI) (parent report). Parental depressive symptoms were assessed using the Centre for Epidemiological Studies Depression Scale (CES-D) (parent report). Parental distress, difficult child, and parent-child dysfunctional interaction were measured using the Parent Stress Inventory (PSI) Short Form (parent report).

Findings

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

- Improved language
- Reduced behavioural problems

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.

Lowell, D., Carter, A., Godoy, L., Paulicin, B., & Briggs-Gowan, M. (2011). A RCT of Child First: A comprehensive home-based intervention translating research into early childhood practice. Child Development, 82, 193-208 - **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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