

Parents as First Teachers

Reviews: [Foundations for Life](#), July 2016; January 2021

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.

Parents as First Teachers (PAFT – also referred to as Parents as Teachers) is for parents with a child aged three or under, typically living in a disadvantaged community.

The aim is to develop family resilience and promote positive parenting behaviours that will persist after the family's engagement in the programme has ended.

The frequency and duration of PAFT visits is determined by each family's needs. During the visits, practitioners encourage parents to enhance their role as their child's first teacher. Practitioners partner with families to share age-appropriate child development and neuroscience information, helping parents to observe their child's developmental milestones.

Practitioners also facilitate parent-child interaction through age-appropriate talk, play and reading activities. They help parents reflect on their parenting, and jointly develop strategies for addressing developmental and behavioural concerns. Family wellbeing is also addressed during the visits.

Evidence
rating: **3+**

Cost rating: **4**

EIF Programme Assessment

Parents as First Teachers 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.

What does the plus mean?

The plus rating indicates that this programme has evidence from at least one level 3 study, along with evidence from other studies rated 2 or better.

Cost rating

A rating of 4 indicates that a programme has a medium-high cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of £1,000–£2,000.

Cost rating: **4**

Child outcomes

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

Preventing obesity and promoting healthy physical development

Improved child self-help skills (e.g., sleeping, toileting, scissor use etc.)

Based on study 1

5.76-point improvement using an observational measure of Adaptive Behaviour (Self-Help Skills)

Improvement index: **+10**

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 60% and worse outcomes than 40% of their peers, if they had received the intervention.

Immediately after the intervention

Improved developmental milestones (e.g., motor, language, communication skills etc.)

Based on study 1

3.86-point improvement using an observational measure of Adaptive Behaviour (Development Milestones)

Improvement index: **+11**

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 61% and worse outcomes than 39% of their peers, if they had received the intervention.

Immediately after the intervention

Improved mastery motivation (task competence)

Based on study 2

Preventing child maltreatment

Reduced child maltreatment and neglect

Based on study 3

Enhancing school achievement & employment

Improved receptive language

Based on study 1

1.20-point improvement on the Bayley Scales of Infant and Toddler Development III

Improvement index: **+12**

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 62% and worse outcomes than 38% of their peers, if they had received the intervention.

2 years before the end of the intervention (interim measure)

Improved expressive language

Based on study 1

0.65-point improvement on the Bayley Scales of Infant and Toddler Development III

Improvement index: **+11**

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 61% and worse outcomes than 39% of their peers, if they had received the intervention.

Immediately after the intervention

Improved vocabulary

Based on study 1

8.15-point improvement on the Language Assessment-Brief (SBE-2-KT and SBE-3-KT)

Improvement index: **+15**

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 65% and worse outcomes than 35% of their peers, if they had received the intervention.

Immediately after the intervention

Preventing crime, violence and antisocial behaviour

Improved problem behaviour

Based on study 1

1.27-point improvement on the Child Behaviour Checklist

Improvement index: **+12**

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 62% and worse outcomes than 38% of their peers, if they had received the intervention.

Immediately after the intervention

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 selective
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Where has it been implemented?

Germany, Italy, Switzerland, United Kingdom, United States

UK provision

This programme has been implemented in the UK.

UK evaluation

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

Spotlight sets

EIF includes this programme in the following Spotlight sets:

- parenting programmes with violence reduction outcomes
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About the programme

What happens during delivery?

How is it delivered?

- PAFT is delivered to parents in their home on a weekly, fortnightly, or monthly basis depending on the family's level of need.
- The visits begin at the time of enrolment and then continue until the child's third birthday.
- The typical length of a visit is one hour, although it can last up to an hour-and-a-half if the parent has more than one child.

What happens during the intervention?

- During the home visits, practitioners guide parents in being their child's 'first teacher' by demonstrating strategies that promote children's development (including language development, social-emotional development, sensory-motor development and intellectual development).
- These strategies include shared reading activities and play sessions that encourage children's intellectual development. Practitioners share the activity with parents, modelling as appropriate, and then provide feedback to parents as they practise it with their child.
- Parents also learn strategies for discouraging unwanted child behaviour and promoting their children's self regulation.

What are the implementation requirements?

Who can deliver it?

- Parents as First Teachers is delivered by one practitioner, qualified to QCF-4/5 level.

What are the training requirements?

- The practitioner receives 35 hours of programme training. Booster training of practitioners is recommended.

How are the practitioners supervised?

- It is recommended that practitioners are supervised by one host-agency supervisor qualified to QCF-6 level, also with 35 hours of programme training.

What are the systems for maintaining fidelity?

- Newly trained practitioners and their supervisors are invited to a follow-up training day after they have implemented the programme for six months.
- Agencies delivering PAFT are also required to complete an annual report demonstrating that practitioners are delivering the programme with fidelity.

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?

- PAFT assumes that a warm and trusting relationship with a supportive practitioner will help parents feel less isolated and increase their sense of confidence.
- Within this relationship, parents are more able to understand and accept relevant child development knowledge.
- More confident parents will, in turn, be more likely to access community resources and take an active role in their children's education.
- Confident parents will also be more willing to attend parenting groups where they will make friends with other parents and share effective parenting strategies.
- In the short term, parents will have increased access to community resources and feel less isolated.
- In the longer term, parents will be better able to support their children's development.
- Ultimately, children will have improved physical, emotional and intellectual development.

Intended outcomes

Supporting children's mental health and wellbeing
Preventing child maltreatment
Enhancing school achievement & employment
Preventing crime, violence and antisocial behaviour
Preventing obesity and promoting healthy physical development

Contact details

Pam Holtom Implementations contact
pamholtom@parentsasfirstteachers.org.uk

PAFT UK (General Enquiries)info@parentsasfirstteachers.org.uk

About the evidence

Parents as First Teachers most rigorous evidence comes from an RCT which was conducted in Switzerland.

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

This programme has evidence from at least one rigorously conducted RCT along with evidence from two additional comparison group studies. Consequently, the programme receives a 3+ rating overall.

Several previous impact studies (Wagner et al., 1999; Wagner et al., 2002) have found mixed effects for the efficacy of this programme. We have excluded these studies as they evaluated an older version of PAFT that differed in terms of having a smaller dosage of home visits and targeting a lower-risk population. Subsequent changes to the dosage and target audience of the programme mean these studies no longer reflect an accurate evaluation of the programme's efficacy.

Study 1

Citation: Schaub et al. (2019)

Design: RCT

Country: Switzerland

Sample: 252 families with an infant child living in disadvantaged communities in Switzerland

Timing: Interim measurement (2-year before end of intervention); Interim measurement (1-year before end of intervention); Post-test

Child outcomes:

- Improved child self-help skills (e.g., sleeping, toileting, scissor use etc.)
 - Improved developmental milestones (e.g., motor, language, communication skills etc.)
 - Improved receptive language
 - Improved expressive language
 - Improved vocabulary
 - Improved problem behaviour
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Other outcomes:

- None measured
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Study rating: 3

Schaub, S., Ramseier, E., Neuhauser, A., Burkhardt, S. C., & Lanfranchi, A. (2019). "Effects of home-based early intervention on child outcomes: A randomized controlled trial of Parents as Teachers in Switzerland". *Early Childhood Research Quarterly*, 48, 173-185. Available at

<https://www.sciencedirect.com/science/article/abs/pii/S0885200619300432>

Study design and sample

The first study is a rigorously conducted RCT.

This study involved random assignment of families to a PAFT home visiting group and a usual care group. This study was conducted in Switzerland, with a sample of 252 families with children around 2 months old. The sample included families at an elevated level of psychosocial risk (i.e. mental illness, single parent family, lower socio economic status etc). 78.3% of children in the sample were non-native speakers.

Measures

Expressive and receptive language was measured using the Bayley scales of Infant and Toddler Development III (expert observation of behaviour)

Vocabulary was measured using the Language Assessment-Brief (SBE-2-KT and SBE-3-KT) (parent report)

Behaviour was measured using the Child Behaviour Checklist (CBCL) (parent report)

Findings

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

This includes:

- Improved expressive language
 - Improved receptive language
 - Improved child behaviour
 - Improved vocabulary
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Study 2

Citation: Drotar et al., 2008

Design: RCT

Country: United States

Sample: 464 families with a child under the age of 9 months living in the USA.

Timing: Interim measurement (2-years before end of intervention); Interim measurement (18-months before end of intervention); Interim measurement (1-year before end of intervention); Post-test

Child outcomes:

- Improved mastery motivation (task competence)
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Other outcomes:

- None measured
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Study rating: 2+

Drotar, D., Robinson, J., Jeavons, L., & Lester Kirchner, H. (2009). A randomized, controlled evaluation of early intervention: the Born to Learn curriculum. *Child: care, health and development*, 35(5), 643–649. **Available at:** <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2214.2008.00915.x>

Study design and sample

The second study is an RCT.

This study involved random assignment of children to a PAFT treatment group and a usual care control group. This study was conducted in the USA, with a sample of families with children under the age of 9 months.

Measures

Mastery motivation (Task Competence) was measured using coded observation (expert observation of behaviour)

Findings

This study identified a statistically significant positive impact on one child outcome:

- Improved mastery motivation (Task Competence)

Study 3

Citation: Chaiyachati et al., 2018

Design: QED

Country: United States

Sample: 4560 at-risk first-time mothers with a new born infant living in the USA.

Timing: Post-test

Child outcomes:

- Reduced child maltreatment and neglect
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Other outcomes:

- None measured
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Study rating: 2

Chaiyachati, B. H., Gaither, J. R., Hughes, M., Foley-Schain, K., & Leventhal, J. M. (2018). Preventing child maltreatment: Examination of an established statewide home-visiting program. *Child abuse & neglect*, 79, 476-484. **Available at:**

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5894115/>

Study design and sample

The third study is a QED using propensity score matching.

This study involved matching participants of a PAFT home visiting intervention to a no-treatment control group eligible for the programme but who did not participate.

This study was conducted in the USA, with a sample of first-time mothers screened by the Child Protection Service and found to be at elevated risk of poor outcomes based on a series of risk factors including economic, social, and psychological risks.

Measures

Child maltreatment was measured using Child Protection Service administrative records (expert observation of behaviour)

Findings

This study identified a statistically significant positive impact on one child outcome:

- Reduction in substantiated child maltreatment and neglect

The conclusions that can be drawn from this study are limited by methodological issues pertaining to the treatment and comparison groups not being generated by sufficiently robust methods, hence why a higher rating is not achieved.

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.

Lanfranchi, A., Neuhauser, A., Schaub, S., & Burkhardt, A. (2015). Preliminary findings from the SNSF study using the "PAT – Parents as Teachers" programme. Findings presented at the Interkantonale Hochschule für Heilpädagogik, Zurich Switzerland, 5 June, 2015.

Wagner, M.M. & Clayton, S.L. (1999). The parents as teachers program: Results from two demonstrations. *The Future of Children (Home Visiting Program Evaluation)*, 9, 91-115 - **This reference refers to a randomised control trial, conducted in the USA.**

Wagner, M. M., Spiker, D., & Linn, M.I. (2002). The effectiveness of the parents as teachers program with low-income parents and children. *Topics in Early Childhood Special Education*, 22, 67-81 - **This reference refers to a randomised control trial, conducted in the USA.**

Jonson-Reid, M., Drake, B., Constantino, J. N., Tandon, M., Pons, L., Kohl, P., ... & Auslander, W. (2018). A randomized trial of home visitation for CPS-involved families: The moderating impact of maternal depression and CPS history. *Child maltreatment*, 23(3), 281-293 - **This reference refers to a randomised control trial, conducted in the USA.**

Lahti, M., Evans, C. B., Goodman, G., Schmidt, M. C., & LeCroy, C. W. (2019). Parents as Teachers (PAT) home-visiting intervention: A path to improved academic outcomes, school behavior, and parenting skills. *Children and Youth Services Review*, 99, 451-460 - **This reference refers to a quasi-experimental design, conducted in the USA.**

Cahill, A. G., Haire-Joshu, D., Cade, W. T., Stein, R. I., Woolfolk, C. L., Moley, K., ... & Klein, S. (2018). Weight control program and gestational weight gain in disadvantaged women with overweight or obesity: a randomized clinical trial. *Obesity*, 26(3), 485-491 - **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.

www.EIF.org.uk | [@TheEIFoundation](https://twitter.com/TheEIFoundation)

10 Salamanca Place, London SE1 7HB | +44 (0)20 3542 2481

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