Last reviewed: July 2016

Intervention website: www.childfirst.org

GUIDEBOOK INTERVENTION INFORMATION SHEET

Child First

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	Child First is a home-visiting intervention for young children aged 0 to 5 who are at risk of emotional problems, developmental delay, and abuse and neglect. It is delivered jointly by a therapist and care coordinator/key worker for approximately 55 weeks.
Evidence rating	3
Cost rating	5
Child outcomes	• Preventing child maltreatment - Reduced child maltreatment • Enhancing school achievement & employment - Improved child speech, language & communication. • Preventing crime, violence and antisocial behaviour - Improved behaviour.
Child age (population characteristic)	6 months to 3 years old
Level of need (population characteristic)	Targeted Indicated

Intervention summary	
Race and ethnicities (population characteristic)	• African American • Hispanic/Latino • White.
Type (model characteristic)	Individual
Setting (model characteristic)	• Home • Children's centre or early-years setting.
Workforce (model characteristic)	• Psychologist • Social worker • Key worker.
UK available?	No
UK tested?	No

Model description

Child First is a home-based, therapeutic intervention targeting families with a child aged between 0 and 5 years old where there are serious concerns about the child's safety and developmental wellbeing.

Child First bridges 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: a care-coordinator (who could be a key worker) who connects families to community-based services as part of their family-driven plan; and a mental health professional – typically a qualified psychologist or social worker – who provides therapeutic support during weekly home visits.

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 intervention. Practitioners also learn strategies for recruiting parents who initially refuse intervention participation.

The results of the needs assessment are used to inform a plan that is jointly agreed by the family and practitioners. Weekly home visits then commence 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 Child Parent Psychotherapy 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.

Target population

Age of child	Prenatal through to five years old at the onset of services
Target population	Young children at risk of emotional problems, developmental delay, and abuse and neglect.

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**
Experiences of maltreatment, trauma, and ongoing family stress during the early years increases the risk of poor outcomes in childhood and adolescence.	Sensitive parenting reduces the risk of child maltreatment and increases children's resilience to family stress and traumatic events in early childhood.	Parents experiencing high levels of stress are more likely to have difficulty responding sensitively to their child's needs and are at greater risk of child maltreatment.	• Parents are supported to manage their stress • Parents are supported to respond sensitively to their child's needs.	• Reduced parental stress • Improved parental mental health • Increased parental sensitivity • Improved parent–child relationship.	• Improved child language • Improved child behaviour • Reduced child maltreatment risk.	• Child remains safely with the family • Improved child wellbeing at home and at school.

Implementation requirements

Who is eligible?	Families with a child five years old or younger, where there are concerns about child maltreatment or the child's developmental wellbeing.
How is it delivered?	Child First is delivered by a care coordinator and mental health professional via weekly home visits that last for six to 18 months, depending on the family's needs.
What happens during the intervention?	The mental health professional provides therapeutic support to the family consistent with the Child Parent Psychotherapy model. The Care Coordinator provides the parent with 'reflective care' coordination. This includes helping the parent implement the agreed plan and providing hands-on assistance for: • Obtaining information and partnering with the community providers • Researching intervention appropriateness and availability making and facilitating referrals to provider agencies.
Who can deliver it?	A mental health/developmental clinician or mental health/child development clinician with a master's qualification or higher in psychology or social work. The second practitioner is a care coordinator with qualifications comparable to a key worker.
What are the training requirements?	Both practitioners receive a minimum of 12 days of 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 • Eight days of Child-Parent Psychotherapy (CPP) training • Booster training of practitioners is recommended.
How are practitioners supervised?	It is recommended that practitioners are supervised by one host agency supervisor and an intervention developer supervisor.
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.

Implementation requirements (cont.)

Is there a licensing requirement?	Yes
***Contact details**	Contact person: Serena Curry Organisation: Child First Email address: info@childfirst.org Website/s: www.childfirst.org https://homvee.acf.hhs.gov/models/child-first#Evidenceofmodeleffectiven-E *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

Child First's most rigorous evidence comes from an RCT conducted in the United States consistent with Foundations' Level 3 evidence strength criteria. The study identified statistically significant reductions in child maltreatment and improvements in children's early language and behaviour.

Child First 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**
Improved child language	+31	22.80-percentage point decrease in proportion of participants with clinically concerning language problems on the Infant-Toddler Developmental Assessment (immediately after treatment)	1
Improved child behaviour	+20	4.6-point improvement on the Infant-Toddler Social and Emotional Assessment (Externalising Scale) (immediately after treatment)	1
Reduced child maltreatment	N/A	Child First children were statistically significantly less likely to be the subject of a child protection plan (24 months after completing the intervention)	1

Search and review

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

Individual study summary: Study 1

Study 1	
Study design	RCT
Country	United States
Sample characteristics	157 multi-risk families with a child between the ages of 6 and 36 months living in the Bridgeport, Connecticut community.
Race, ethnicities, and nationalities	• 59% Latino/Hispanic • 30% African American • 7.6% White • 3.8% Other Minoritised Ethnic Groups.
Population risk factors	• 93% were receiving financial benefits • 43% had a parent with a substance misuse history • 34% had a history of child protection involvement.
Timing	• Six months post-baseline (mid-treatment) • 12 months post-baseline (immediately post-treatment) • 24 months post-baseline (one-year follow-up) • 36 months post-baseline (two-year follow-up).

Study 1	
Child outcomes	*12 months post-baseline* • Improved child externalising behaviours (researcher assessment) • Improved child language (researcher assessment). *36 months post-baseline* • Reduced likelihood of being the subject of a child protection plan (administrative records).
Other outcomes	• Improved parental mental health (Parent report) • Reduced parental stress (Parent report).
Study Rating	3
Citation	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.

Brief summary

Population characteristics

This study involved a sample of 157 multi-risk families with a child between the ages of 6 and 36 months living in the Bridgeport, Connecticut community. 44% of the children were boys.

The mother's age ranged from 17 to 47 years and the household size ranged from 2 to 11 people. 64% of the mothers were unemployed, 93% were receiving public benefits, 24% had a history of being homeless, 43% had a history of substance misuse and 34% had a history of child protection involvement.

Families were eligible if their child screened positive for social-emotional/behavioural problems on the Brief Infant-Toddler Social and Emotional Assessment and/or parental risk was identified via the Parent Risk Questionnaire (PRQ).

59% of the population was Latino/Hispanic and 30% were African American.

Study design

78 families were randomly assigned to Child First and 79 to standard care via a coin toss.

Measurement

Research assistants blind to group assignment conducted child assessments at baseline, six months (mid intervention), and 12 months (intervention completion). Parents completed self-report measures at these same time points.

Information about the parents' involvement with child protection services was collected at 6-, 12-, 24-, and 36-month post-baseline follow-ups.

- **Parent report** measures included the Brief Symptom Inventory (BSI), the Center for Epidemiological Depression Scale (CES-D), and the Parenting Stress Index (PSI).
- **Researcher assessment** considered behaviour and emotional wellbeing were measured with the Infant-Toddler Social and Emotional Assessment (ITSEA) and children's language was assessed with the Infant-Toddler Developmental Assessment (IDA).
- **Administrative records:** Child protection records.

Study retention

Six-month assessment

83% (131) of the families participated in the 6-month, mid-intervention assessment, representing 82% (64) Child First families and 85% (67) Usual Care families. Information about child protection services involvement was collected for all families.

12-month assessment

117 (75%) of the families participated in the 12-month, post-intervention assessment, representing 74% (58) of the Child First families and 75% (59) of the Usual Care families. Analyses focus on this latter group (n = 117). Dropouts from the two groups (n = 40) were similar on all baseline characteristics to those retained in the study. Information about child protection services involvement was collected for all families.

24-month assessment

Information about child protection services involvement was collected for all families.

36-month assessment

Information about child protection services involvement was collected for all families.

Results

Data analytic strategy

A repeated measures design, controlling for key variables and involving intent-to-treat was used to analyse the findings. Intent-to-treat involving the retained sample regardless of participation was used for all analyses.

Findings

The study observed broadly positive effects for Child First families. Child First parents were significantly less likely to report parenting stress at the six months assessment and fewer symptoms of psychopathology at the 12-month assessment. Child First parents were also significantly more likely to make use of early education and child health services as part of their family plans.

Child First children demonstrated improved language and behaviour at the 6- and 12-month assessments. The authors attribute this to Child First families' increased use of community early education services. Child First participants had fewer externalising problems at the 12-month assessment and were also less likely to be the subject of a child protection plan at 36 months.

92% of the families receiving Child First reported high levels of satisfaction.

Study 1: Outcomes table

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Child outcomes					
Externalising behaviours	Infant-Toddler Social & Emotional Assessment (ITSEA) (researcher assessment)	OR=2.7	No	117	Six months (mid-intervention)
Externalising behaviours	Infant-Toddler Social & Emotional Assessment (ITSEA) (researcher assessment)	OR=4.7	Yes	117	12 months (immediately post-intervention)
Internalising behaviours	Infant-Toddler Social & Emotional Assessment (ITSEA) (researcher assessment)	–	No	117	Six months (mid-intervention)

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Internalising behaviours	Infant-Toddler Social & Emotional Assessment (researcher assessment)	–	No	117	12 months (immediately post-intervention)
Child negative mood, sleep disturbance	Infant-Toddler Social & Emotional Assessment (researcher assessment)	–	No	117	Six months (mid-intervention)
Child negative mood, sleep disturbance	Infant-Toddler Social & Emotional Assessment (researcher assessment)	–	No	117	12 months (immediately post-intervention)
Child language development	Infant-Toddler Developmental Assessment: Child Language Status (researcher assessment)	OR=3.0	Yes	117	Six months (mid-intervention)
Child language development	Infant-Toddler Developmental Assessment: Child Language Status (researcher assessment)	OR=4.4	Yes	117	12 months (immediately post-intervention)

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parent outcomes					
Parental mental health	Brief symptom Inventory (Parent report)	–	No	117	Six months (mid-intervention)
Parental mental health	Brief symptom Inventory (Parent report)	OR=4.0	Yes	117	12 months (immediately post-intervention)
Maternal depression	Center for Epidemiological Studies: Depression Scale (Parent report)	–	No	117	Six months (mid-intervention)
Maternal depression	Center for Epidemiological Studies: Depression Scale (Parent report)	OR=1.9	Yes*	117	12 months (immediately post-intervention)
Parental stress (Total score)	Parenting stress index (Parent report)	OR=3.0	Yes	117	Six months (mid-intervention)
Parental stress (Total score)	Parenting stress index (Parent report)	–	No	117	12 months (immediately post-intervention)
Parental stress (Difficult child)	Parenting Stress Index (Parent report)	OR=7.4	Yes	117	Six months (mid-intervention)

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Parental stress (Difficult child)	Parenting Stress Index (PSI (Parent report)	–	No	117	12 months (immediately post-intervention)
Parental stress (Parent-child dysfunction)	Parenting Stress Index (PSI (Parent report)	–	No	117	Six months (mid-intervention)
Parental stress (Parent-child dysfunction)	Parenting Stress Index ((Parent report)	–	No	117	12 months (immediately post-intervention)
Parental stress (Parent distress)	Parenting Stress Index (Parent report)	OR=2.4	Yes	117	Six months (mid-intervention)
Parental stress (Parent distress)	Parenting Stress Index (Parent report)	–	No	117	12 months (immediately post-intervention)
Administrative records					
Involvement with child protective services	Child protection records & parent report	OR=1.7	No	157	Six months (mid-intervention)
Involvement with child protective services	Child protection records & parent report	OR=1.7	No	157	12 months (immediately post-intervention)

Outcome	Measure	Effect size	Statistical significance	Number of participants	Measurement time point
Involvement with child protective services	Child protection records & parent report	OR=1.9	No	157	24 months (one-year post-intervention)
Involvement with child protective services	Child protection records & parent report	OR=2.1	Yes	157	36 months (two-years post-intervention)
* Follow up logistic regression modelling was non-significant					

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:

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.

–

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.