

# PAFT EVALUATION

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## Background

Parents as First Teachers (PAFT) is a low-intensity home visitation programme for parents with children pre-birth through to three years of age. In New Zealand, it is targeted to families facing particular challenges to their parenting.

In March 2009 CSRE undertook a rapid review of the PAFT programme. We noted that New Zealand evidence for the effectiveness of PAFT was dated and recommended a robust process and outcomes evaluation to fill this information gap. CSRE has completed this evaluation. We reported on Phase One of the evaluation in October 2010. Phase Two was completed in October 2011. This research snapshot provides key findings across both phases of the evaluation.

## The need for PAFT

**Our analysis shows that there is a need for home-based intervention to support families who may otherwise have difficulties with parenting, such as young or un-partnered parents, and parents with low levels of education.**

Quality of parenting is linked with a range of child outcomes. National data on parenting practice indicates parents in single-parent households and parents with low levels of education were less likely to look for parenting information and advice, or attend parenting classes, than other parents. Taking support to families in their homes or to a place convenient to them, overcomes many of the barriers to accessing support. Home visitation also provides opportunities to monitor the child in their home environment and provides privacy for families to discuss their concerns.

### **Expectations for changing children's outcomes should be modest**

Our review of the literature indicates that expectations for changing children's outcomes with parent education and support should be very modest, where structural determinants of child outcomes (poverty) and other stressors (family violence, drug and alcohol abuse and parental mental health) are not addressed. In addition, the literature on home visitation programmes and PAFT shows a mixed picture of effectiveness, with impacts being modest, and inconsistent across outcome domains from study to study.

## PAFT's effectiveness

### **PAFT reached its target population**

The current PAFT programme targets single parents, families on low incomes, families parenting in isolation, young parents and parents who lack parenting information. These criteria align with evidence on who might benefit most from parenting support.

Compared to national averages, babies enrolled in PAFT in 2006 were more likely to live with:

- families from low income brackets
- families living in single-parent households

- families with young mothers.

PAFT also reached a higher-than-average proportion of mothers who included Maori among their ethnicities.

### **PAFT retention rates were similar to other home visiting programmes**

Over three-quarters of families remained on PAFT after a year, dropping to just over half after two years. Overall, PAFT retention rates were similar to other home visiting programmes.

Families on higher incomes, nuclear families, families with New Zealand European mothers and families with older mothers were better engaged with PAFT on average than other families. Differences in family engagement were explained by age of mother at the birth of her child, ethnicity, household income and provider. Household structure did not explain differences in engagement once these factors were taken into account. Programme engagement for the most vulnerable families was consistent with the experience of other home visitation programmes (Watson and Tully, 2008).

### **PAFT was associated with better child outcomes particularly for nuclear families. PAFT may be most effective where families have the resources to engage with the programme.**

Analysis of outcomes for PAFT children at age 4 sourced from national screening of child health and development (B4School Checks) indicated increased amounts of PAFT are associated with:

- higher participation in B4School checks overall
- less need for referral or further assessment for hearing and conduct issues overall.

Sub-group analysis of PAFT families indicated increased amounts of PAFT are associated with:

- better vision and conduct results for nuclear families with mothers who identify as Māori
- better conduct and developmental results for nuclear families with mothers identifying with 'other ethnicities' (that is, not European and not Māori)
- better hearing results for nuclear families with European mothers.

Nuclear families tended to have higher incomes and older mothers than other family structures. We did not find an association between amount of PAFT and results for single parents living alone or with extended families.

We found differences among providers in whether their families participated in a B4School Check, but not in the results of the checks once family characteristics were controlled for.

We have reasonable confidence in the hearing and vision screening results from B4School Checks. However, the behavioural and development screening tools are still 'bedding in' nationally. Given a year, we could be more confident of these results as indicators of programme effectiveness.

### **PAFT children were just as safe as children in the general population**

Children associated with PAFT were more likely to be referred to Child Youth and Family than children in the general population. However they were no more likely to have a finding of maltreatment than children in the general population.

## **Families reported a range of benefits of participating in PAFT**

Families reported that PAFT improved their knowledge, ability and confidence in parenting. This was true for all types of families, with little variation between sub-groups.

## **Conditions for successful implementation**

### **PAFT was generally implemented well**

Overall PAFT providers met expectations on performance indicators linked to successful home visitation at least 70% of the time between 2006 and 2009. Most of the time, providers met targets for completing home visits and ensuring educators had reasonable caseloads. PAFT providers were fairly strong in providing culturally responsive services and in retaining staff. Performance varied a great deal between providers.

### **PAFT's effectiveness could be enhanced through promoting stronger expectations of parenting change at personal visits and trialing alternatives to group meetings**

From our analysis of the design and implementation of the programme, assessed through site visits with six providers, we recommend:

- ensuring educators are equipped to challenge concerning parenting practice when it occurs
- clarifying with families about how PAFT is intended to support child outcomes, including an expectation of family participation and change where parenting is sub-optimal
- trialing alternatives to group meetings that help families connect with each other and support their efforts in using positive parenting skills learnt on the programme.

### **Staff retention and quality are fundamental to strong child outcomes**

A combination of educator quality and staff retention emerged as important organisational factors for maximising PAFT benefits. Retention is important for continuity of relationships with families. Educator knowledge and skills (quality) are critical both for engaging families and ensuring families are receiving accurate information about their child's development and their parenting practices. Maintenance of high-quality educators and staff retention relies on strong organisational policies and practices that support staff and provide a working environment where high quality staff are encouraged to stay.

### **PAFT addresses some of the risk factors associated with child maltreatment**

PAFT addresses some of the risk factors associated with child maltreatment such as poor understanding of child development, poor attachment and poor disciplinary practices. PAFT would need to be more intensively and flexibly delivered, and perhaps augmented by a case-management approach for dealing with more serious family concerns, to better meet criteria associated with reducing child maltreatment.

## **The value of PAFT**

We consider the current evidence strong enough to support continuing to fund PAFT until evidence to the contrary emerges. Taking the association between lower reported conduct concerns and increased PAFT as an example, we can not rule out the possibility that PAFT could be contributing to significant cost savings in the longer term.