



## EXECUTIVE SUMMARY

# Evaluation of South Carolina First Steps Parents as Teachers FY 2020-2024

*An evaluation led by Child Trends*

**Project Leads:** Van-Kim Lin ([vlin@childtrends.org](mailto:vlin@childtrends.org))  
and Sarah Crowne ([scrowne@childtrends.org](mailto:scrowne@childtrends.org))

**Authors:** Sarah Crowne, Tracy Gebhart, Elizabeth Villegas,  
and Van-Kim Lin

January 2026

Child Trends®

# Executive Summary

---

## Introduction to First Steps and Parents as Teachers

Through First Steps' statewide infrastructure, county-level local partnerships receive funding and program support to offer tailored services aimed at strengthening families, improving children's health and development, expanding access to high-quality early care and education, and transitioning rising kindergartners into school through selected programming.<sup>i</sup> Offered across 46 counties, First Steps local partnerships are the vehicle by which families with young children are connected to services they need.<sup>ii</sup> Programs and services offered through First Steps are categorized by four broad areas<sup>1</sup>—health, parenting, early care and education, and school transition<sup>iii</sup>—which are further designated as evidence-based or evidence-informed and categorized as high-intensity or low-intensity.

First Steps offers a suite of parenting programs, including Parents as Teachers (PAT), a prevalent program<sup>2</sup> that is the focus of this evaluation. PAT is a home visiting model used in nearly every state across the United States and in six countries, reaching more than 220,000 children in 2024.<sup>iv</sup> It is a voluntary program that aims to improve key outcomes for children around early development, early learning, and health by engaging with their families to strengthen and support parenting practices. PAT typically enrolls families with multiple risk factors but allows specific needs to be identified at the local level. The program serves families from pregnancy through the child's entry to kindergarten and aims to serve families for at least two years.

## Overview of the evaluation

The focus of this evaluation was to understand the reach and impact of PAT, funded by South Carolina First Steps during fiscal years (FY) 2020 through 2024 (July 1, 2019–June 30, 2024). We answered the following questions through a process and implementation study and an outcomes study:

### Process and implementation study

1. What is the reach of PAT funded with First Steps funding?
  - a. Who participated in PAT funded with First Steps funding during the evaluation period?
  - b. What services did families receive?
  - c. How long were families engaged with PAT funded with First Steps funding?
2. How was PAT funded by First Steps implemented in South Carolina?
  - a. What state and local supports were offered and used by PAT funded with First Steps funding affiliates?

### Outcomes study

3. What was the impact of participating in PAT funded with First Steps funding on child and family outcomes?
  - a. Parenting and home environment
  - b. Child maltreatment
  - c. School readiness and enrollment

Within the context of our evaluation, we acknowledge that the COVID-19 pandemic greatly altered home visiting programs across the nation, particularly as home visiting pivoted to provide visits virtually. During

---

<sup>1</sup> An additional area focused on literacy will be included in 2026.

<sup>2</sup> Prevalent programs represent >10% of the total expenditure of local partnership formula funding, and First Steps is legislatively required to conduct an external evaluation on prevalent programs every five years (SC State Code § 59-152-50).

FY 2020 and FY 2021, PAT (and other parenting programs) funded by First Steps made adjustments to continue to serve families, which is important context when interpreting findings. The effect of the pandemic had limited impact on analysis decisions, and we note when analysis was adjusted due to the pandemic.

## Chapter 1: Process and implementation study summary

---

The goal of the process and implementation evaluation was to examine participation and engagement in PAT, as well as implementation supports provided by First Steps. For this evaluation, we conducted focus groups and interviews with executive directors (EDs) of local partnerships implementing PAT and interviews with participating families. In addition, we relied on administrative data from the First Steps Data Collection (FSDC) system. Below, we summarize findings and key takeaways.

### Findings

#### Program participants

- About **80 percent of local partnerships offered PAT** for at least one year during the evaluation period; nearly half offered the program every year.
- A total of **3,912 individual children** and **3,099 individual families** received at least one PAT visit during the evaluation period. FY 2024 had the highest number of participating children and families.
- More than half of children identified as Black or African American.
- More than 90 percent of children experienced two or more eligibility risk factors (e.g., eligibility or enrollment in SNAP) at the time of entry; most children had two or three risk factors identified.
- Statewide, the average age at first visit was just under two years. More than 75 percent of children were enrolled by their 3rd birthday.

#### Services received

- Local programs provided **more than 6,400 home visits** during the evaluation period, averaging nearly 1,300 per year.
- Almost all children received at least 1.5 visits per month and at least **75 percent received two or more visits per month**, the recommended target for PAT.
- On average, visits lasted for one hour, consistent with PAT standards.
- Home visitors provided more than **3,300 referrals each year** to connect families with additional programs and services in their community.

#### Program engagement

- Children were enrolled in PAT for an **average of 16.4 months**.
- **About half of all families are still enrolled after 12 months**, which is generally consistent with national estimates.<sup>v</sup>
- About half of children received a “medium dosage” of PAT, meaning they either enrolled for 12+ months or averaged 2+ visits per month, but not both.
- About one-third of children received a “high dosage” of PAT, meaning they were enrolled for 12+ months and averaged 2+ visits per month.



## Implementation supports and challenges

- EDs reported that technical assistance provided by the state PAT office is highly valued for its clarity and responsiveness, especially the tailored support from state staff.
- EDs highlighted workforce challenges around maintaining fidelity, staff quality, and retention as key barriers to implementing PAT.
- EDs shared ongoing challenges with outreach and family engagement, wanting greater flexibility in fidelity measures, stronger community relationships, and more support for communications and visibility efforts.

## Takeaways

Enrollment and participation dipped during the COVID-19 pandemic but, in the years since, most counties have seen an increase in the number of families participating and the number of home visits provided.

For the most part, PAT affiliates are serving the families they are intended to reach; most children are less than 3 years old and experience two or more risk factors associated with school readiness.

During their enrollment in PAT, most children are receiving the required number of home visits (2 or more per month), but many are not staying enrolled long enough to experience the potential benefits. This type of limited dosage has implications for the impact of PAT on child and family outcomes. These findings were echoed by EDs who shared persistent challenges with family engagement.

## Chapter 2: Outcomes study summary

---

The goal of the outcomes evaluation was to assess the impact of participation in PAT on children and families. In particular, we focused on six key outcomes related to parenting and home environment, child maltreatment, and school readiness. For this outcomes evaluation, we analyzed administrative data from First Steps and from other state agencies. We used a series of t-tests to compare for change over time within PAT participants and multinomial logistical regression of propensity score matched comparisons between PAT participants and non-PAT participants (when available). Below, we summarize findings, takeaways, and recommendations.

## Findings

### Parenting and home environment

- Results showed that caregivers who completed at least two parenting assessments during the evaluation period generally demonstrated significant and meaningful improvements in parenting attitudes, behaviors, and family environments.
- These significant improvements in parenting skills were observed across all time intervals, but some of the largest differences occurred in intervals after 16 months of enrollment, suggesting longer participation in PAT may yield greater benefits.

### Child maltreatment

- Overall, very few children who enrolled in PAT had a founded maltreatment report after enrollment.
- Among children enrolled in PAT, 2.5 percent had a founded report at some point after their first home visit, compared with 7.1 percent of children in the non-PAT comparison group.

## School readiness and enrollment

- Results showed that both children and adults who completed at least two reading inventories during the evaluation period generally demonstrated significant improvements in interactive literacy behaviors associated with effective reading practices.
- Overall, children who participated in PAT did not necessarily have higher kindergarten readiness scores than a matched comparison of non-PAT children. However, when PAT children had a higher dose of services (in this case, enrolled for 12+ months and averaged 2+ visits per month), they were significantly more likely to have higher kindergarten readiness scores compared to non-PAT children.
- Children who participated in PAT were less likely to be chronically absent in kindergarten compared to a matched comparison of non-PAT children. This impact was strongest when children received a high (enrolled for 12+ months and averaged 2+ visits per month) or medium (enrolled for 12+ months or averaged 2+ visits per month) dose of PAT.

## Takeaways

Overall, PAT is generally improving child and family outcomes related to parenting and home environment, child maltreatment, and school readiness.

PAT dosage matters: For children receiving a higher amount of services (e.g., 2 or more visits per month for at least 12 months), the impact on most outcomes is higher.

## Recommendations

---

- Provide additional support to local partnerships through increased training and professional development opportunities, support on outreach strategies, and identification of best practices to improve staff retention.
- Continue to test and refine family engagement strategies by building on input from families, home visitors, and local partnership staff.
- Examine the mechanisms through which engagement and dosage promote positive outcomes for families and children.
- Continue to improve data quality and reduce administrative data burden for staff through enhanced data systems.

**Suggested Citation:** Crowne, S., Gebhart, T., Villegas, E., & Lin, V. (2026). Evaluation of South Carolina First Steps Parents as Teachers (FY 2020-2024). Child Trends.

---

<sup>i</sup> South Carolina First Steps. (n.d.). *Early Steps to School Success*. <https://www.scfirststeps.org/what-we-do/programs/early-steps-to-school-success/>

<sup>ii</sup> South Carolina First Steps. (n.d.). *Local partnerships*. <https://www.scfirststeps.org/about-us/local-partnerships/>

<sup>iii</sup> South Carolina First Steps. (n.d.). *First Steps legislation*. <https://www.scfirststeps.org/news-resources/first-steps-legislation/>

<sup>iv</sup> Parents as Teachers (n.d.). *Making an impact worldwide*. <https://parentsasteachers.org/footprint/>

<sup>v</sup> Duggan, A., Portilla, X. A., Filene, J. H., Crowne, S. S., Hill, C. J., Lee, H., & Knox, V. (2018). *Implementation of evidence-based early childhood home visiting: Results from the Mother and Infant Home Visiting Program Evaluation*, OPRE Report #2018-76A, Washington, DC: Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.