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Early education pilot for two year old children: the National Evaluation

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Background

Background to the topic

Previous research has shown that access to early years education can have benefits for children's outcomes (e.g. social and cognitive development)[1]. The government (DCSF) funded Early Education Pilot provided free early years education to over 13,500 disadvantaged two year olds between 2006 and 2008. The funding offered these children 7.5 hours, or in a small number of local authorities 12.5 hours, of early years education per week for 38 weeks of the year. The main purpose of the pilot was to improve children's social and cognitive outcomes (e.g. their social confidence and independence). The additional aims were to have a positive impact on children's parents and on the wider family (e.g. on the relationship between parents and their children). The government-funded National Evaluation of the pilot initiative was conducted by the National Centre for Social Research and the Universities of Oxford and London, and the findings published in 2009.

[1] Melhuish (2004).

Research Questions

Research questions/focus of the enquiry

The evaluation of the pilot aimed to assess the pilot's impact by exploring:

- how well the pilot was targeted;
- parents' experiences of taking up a pilot place;
- the quality of the pilot settings;
- the impact on the children's cognitive and socio-behaviour; and
- parents' views and experiences of using a pilot place.

This paper focuses on the quality strand of the evaluation, i.e. on the quality of the pilot settings, and the role of quality in relation to the potential impacts of the pilot on children's outcomes.

Methods

Research methods and analytical frame

The evaluation included a number of different 'strands' or elements:

- a mapping study to establish how the pilot was implemented on the ground;
- qualitative interviews exploring parent's experiences and views of the pilot;
- an outreach study involving in-depth exploration of a small number of local authorities' approach to outreach;
- quality assessments of a sub-sample of 75 pilot settings (this covered 38% of the pilot children in the evaluation);
- an impact study to measure the impact of the pilot on children and their families.

As part of the quality and impact study, the University of Oxford conducted quality assessments in 75 settings. A number of standardised observational rating scales were used to assess quality of provision:

- The Infant-Toddler Environment Rating Scale-Revised (ITERS-R)[1]: the revised version of the ITERS scale consists of 39 items organised into seven subscales, each measuring a different dimension of quality. It is designed to assess centre-based childcare provision for infants and toddlers up to 30 months of age.
- The Arnett Caregiver Interaction Scale (CIS)[2] (results not presented here).
- Nine items taken from the Early Childhood Environmental Rating Scale- Revised (ECERS-R)[3] (results not presented here).

A comparison group design was adopted: the pilot group in which change was observed for the pilot children and families was compared to a matched comparison group with normal change over the period of the evaluation. The following child outcomes were considered:

- Children's vocabulary as measured by the British Ability Scales (BAS-II)[4] and the Sure Start Language Measure (SSLM)[5]
- Children's non-verbal reasoning, as measured by the BAS-II
- Children's socio-behavioural development as measured by the Adaptive Social Behaviour Inventory (ASBI)[6]

[1] Harms, Cryer and Clifford (2003).

[2] Arnett (1989).

[3] Harms, Clifford and Cryer (2005).

[4] Elliot, Smith, and McCulloch (1996).

[5] Roy et al. (2005).

[6] Hogan, Scott and Bauer (1992).

Research findings

Research findings

Findings showed that the quality varied widely across the sample. On a scale from 1 (inadequate) to 7 (excellent), the mean total 'childcare quality' rating was 4.29 (SD= .78), i.e. above 'minimal' but below 'good'. The majority of settings (77%) offered 'adequate' quality of provision to pilot children but only 21% were rated as 'good quality'. Quality of 'interactions' (e.g. staff-child and peer interactions) was highest overall (M = 5.26 i.e. good quality) followed by 'listening and talking' (M= 4.66). Lower means were found for the quality of 'personal care routines' (e.g. health and safety practices, meal times; M= 3.57) and 'activities' (e.g. fine motor activities, active physical and messy play; M= 3.97).

The pilot did not find significant differences in cognitive development and social behaviour between children in the pilot group and the matched comparison group. However, results showed a significant and positive linear association between quality score and child development outcomes. The average BAS-II Naming Vocabulary increased from M = 46 for children in a setting with ITERS-R score ≤ 3 (i.e. minimal), to M = 54.9 for children attending settings with an ITERS-R score ≥ 5 (i.e. good). The SSLM showed that children going to a setting with ITERS-R ≥ 5 could be expected to understand 8 more words than a child going to a setting with ITERS-R score ≤ 3 .

Summary and contribution to knowledge

The quality of provision offered to pilot children was adequate overall. However, a significant proportion of the pilot settings assessed were offering provision rated as less than 'good quality'. The broad range of quality of provision is a cause for concern, particularly since - for children in disadvantaged areas - equality of access to good quality early years provision is of paramount importance[1].

The pilot did not significantly improve the cognitive and social development of the children receiving the free childcare relative to the matched comparison group. However, an impact on children's vocabulary was found for children who were placed in relatively high quality settings (ITERS mean \geq 5). This has important policy implications, i.e. that a considerable larger overall impact could have been found had the pilot local authorities been able to secure more places in relatively high quality settings.

[1] Sylva et al, 2004.