

EARLY YEARS  
RESEARCH REVIEW 2

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# Improving children's attainment through a better quality of family-based support for early learning

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# Centre for Excellence and Outcomes in Children and Young People's Services

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- Parents, Carers and Families
- Youth
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# 1 Summary

## Introduction

The aim of this review is to identify the best available evidence on the potential and practical possibilities for improving children's early learning outcomes through family-based support. The review seeks to provide a comprehensive overview of the forms of family support that research has identified as significant and the specific learning outcomes they affect. The review also provides a common language and framework for the ongoing C4EO engagement with systems change and practice improvement.

## Key findings

The key findings are here summarised under the three headings of: overall messages, implications for local service improvement and implications for national and regional government.

### **(i) Overall messages**

The processes that are involved in the provision of family-based support for early learning are best described by applying an ecological perspective. This emphasises the multiplicity of positive and negative factors that combine in complex ways to determine each child's unique developmental history. It suggests the need to focus attention directly on the progress being made by individual children and to respond with whatever tools and strategies that we find to be effective to secure their future success and wellbeing.

Some early childhood disadvantages (or risk factors) have the potential to lead either directly or indirectly to underachievement, whereas other resilience factors provide a child with the resources to overcome these risks. Parents can pass on risks and resilience to their children, thus emphasising the need to support families, not just children, and for the integration of adult and child interventions.

### **(ii) Implications for local service improvement**

The research reviewed indicates that children's risk of underachievement can be improved directly by services working with families in:

- reducing foetal and post-natal injury
- reducing child neglect and abuse
- reducing disease and infection
- lowering the incidence of poor bonding and poor attachment, improving parent-child relationships and relationships with siblings and other children
- improving children's self-regulation and self-esteem, and instilling in them positive behaviours

- improving the incidence of children experiencing a high-quality early home learning environment (HLE) (factors include frequency of being read to; going to the library; painting and drawing; playing with letters and numbers; singing songs, and reciting poems and rhymes).

Indirect means of reducing the risk of underachievement include:

- improving maternal (or primary care-giver) education and qualifications, especially to degree level
- reducing maternal anxiety and depression, and providing support focused on the relationship between care-giver and child
- improving parental employment opportunities and reducing poverty
- increasing SES mixing for example of children and parents in early years settings).

Children may be supported in overcoming risks through:

- improving the quality of stimulation and early home learning environment, especially for boys
- promoting parents' involvement and interest in education
- children attending higher quality pre-schools
- supporting and educating the parents of children with behaviour problems
- programmes that target two or more child/family outcomes (such as behaviour and literacy), as these may be particularly cost-effective
- home visiting, when well-focused, of appropriate intensity and quality, provides a useful tool to improve child outcomes – especially for younger children, or where parents do not seek support from centre-based provision.

The evidence base is weaker for specific approaches taken to engage family members and to support the needs of different groups. But it suggests that:

- the role of pre-school provision should be extended to parent partnerships that support the development of the early HLE
- the practice of auditing local needs, and the targeting of socioeconomically disadvantaged groups should be adopted more routinely

- there is a need for further training of staff in all services to work with families in supporting their children's learning. This could be built into existing training for teachers, health visitors, social workers and other early years staff.
- attention should be focused on the early identification and targeting of children at risk, and the provision of additional training for multi-agency teamwork, and for managers and leaders in budget and project management
- practical measures should be used to encourage fathers' involvement in early child care and education, including developing targeted provision that appeals to fathers' interests (such as computer materials and customised reading lists)
- greater provision should be made to support low-income and/or minority ethnic parents affected by barriers such as lack of time, above-average distance and costs of travel, and to provide access to high-quality, respectful, and non-stigmatising early childhood support services
- there is a need for more accredited training and support for childminders, eg, through quality assured networks, and a case may be made for introducing requirements for accredited training.
- childminders could help make a real difference to children's outcomes; there is a need for more accredited training and support for childminders (e.g. through quality assured networks), and a case may be made for introducing requirements for accredited training.

Many of the findings have significant implications for the ongoing management and auditing of existing programmes, and for the development of new programmes providing family support. A specific need has been identified for the further extension and development of the Common Assessment Framework to cover the full range of risk factors identified above.

### **(iii) Implications for regional and national government**

The review supports many of the current government initiatives, especially continuous assessment in the Early Years Foundation Stage (EYFS) guidance, and the extension of practitioners' roles in family outreach and the early home learning environment. There may also be a need to extend and develop the Common Assessment Framework to cover the full range of risk factors identified in the review.

There is a need for local authorities to carry out monitoring of childcare service users (to help understand who takes up child care and education places and who does not, and so improve uptake, especially amongst BME families). Local authorities should also monitor the childcare workforce within their area, to establish the ethnic profile of those providing early childhood services.

The review supports Moran *et al's* (2004) view on what works in terms of parenting support. They highlight the key challenges for policy as being:

- addressing the varied needs of parents in poverty in an effective, inter-agency way
- dealing with the poor image of services amongst some families – especially those described as the most hard to reach
- learning lessons on how to work in real partnership with parents
- supporting services to implement evidence-based work with families within the context of local and individual needs
- accepting that to make a difference takes time and not to seek 'quick-fixes' to complicated problems and circumstances. This requires sustainable services and ongoing, reliable funding.
- training staff in all services to work with families in supporting their children's learning. Building this into existing courses such as teacher training, health visitors, Early Years Professionals, social workers and other early years practitioners.

## What works?

A range of established programmes were shown to have been employed effectively in the literature. Particularly notable amongst these were:

- Webster-Stratton's Incredible Years' parenting programme
- Nutbrown *et al's* (2005) ORIM literacy framework
- early literacy programmes aimed at disadvantaged families, such as Peers Early Education Partnership (PEEP) and SPOKES
- Enhanced 'Triple P'—Positive Parenting Programme
- well-designed, culturally sensitive outreach and home visiting
- a range of multidisciplinary strategies focused on the prevention of early mental health problems.

A number of general factors have been identified that contribute to these positive effects. It is also important to recognise that the success of any intervention depends upon a range of factors that include the level of training and professional expertise of those involved, and the duration and intensity of the interventions. A major challenge for the knowledge review will be to identify and present these complexities within local authorities' reported experiences, so that others may learn from the successes and particular challenges of effective implementation in 'real world' contexts.

## Gaps in the evidence base

The review identified both strengths and limitations in the studies currently available:

- The research is strong in terms of the evidence of effects on children's learning and development.
- It is weaker in its identification of the key levers and variables associated with particular approaches, and with the various family groups and needs that were targeted. There is a need for more studies that investigate these aspects further. C4EO may support this process by providing a platform for sharing data collected locally and for more collective analysis and meta-analysis nationally.
- There is also a need to provide more intergenerational research on socio-economic status (SES), maternal education and other family characteristics for different regional and minority ethnic groups.
- Local and national studies are required to identify the current thresholds applied in the implementation of the Common Assessment Framework. The review has identified the most significant factors predicting children's under-attainment. These should now be applied to review the extent to which children at risk of disadvantage are being recognised as having 'additional needs'.
- More rigorously designed studies are also required to identify the specific informal educational practices that are applied in more effective early home learning and childminding environments.

## 2 Purpose and scope of the review

This section describes the review's purpose, focus and remit.

The evidence base for each priority is provided by a research review, which involves a sequence of activity, rather than being a one-off event. Each research review will bring together a unique, quality-assured blend of:

- the best research evidence from the UK – and where relevant from abroad – on what works in improving services and outcomes for children and young people
- the best quantitative data on a thematic priority with which to establish baselines and assess progress in improving outcomes
- the best validated local experience and practice on the strategies and interventions that have already proved to be the most powerful in helping services improve outcomes, and why this is so.

This main review builds on a scoping study (Waldman *et al* 2008) which assessed the nature and strength of the evidence base and provided an initial overview of trends in the literature. It will be followed by a knowledge review, which will include examples of local validated practice and be informed by a range of stakeholder views. It is one of three reviews about the early years. The other two focus on effective practices to narrow the gap in outcomes for young children, and the impact of integrated early years services.<sup>1</sup>

The remit was set by the C4EO Theme Advisory Group (a group of experts in early childhood policy, research and practice). They posed three questions for the main review:

1. what evidence is there for the effectiveness of family-based support of early learning in improving children's outcomes?
2. what evidence is there on approaches that support the engagement of family members (especially parents and carers) in young children's learning?
3. how might support needs differ for different groups of parents/carers, such as:
  - low-income families
  - fathers, mothers, and other family members or carers
  - parents and carers from black or other minority ethnic groups?

The review team found a lack of consensus in the literature concerning the approaches taken to family-based learning. The third question is more concerned with engaging parents and families than with child outcomes. Previous reviews had addressed different combinations of family behaviours, attitudes and characteristics, and offered differing accounts of the processes by which these factors have operated to limit or extend children's learning opportunities. This led the team to ask two more specific questions:

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<sup>1</sup> Readers may be interested to read a companion review (Springate *et al* 2008) which is also focused on outcomes for children in the early years. It was completed as part of the Narrowing the Gap programme and has informed all three reviews for C4EO.

4. What are the features of parenting that have a significant effect upon children's learning outcomes?
5. How can we best understand the processes that are involved in the inter-generational transmission of educational success?

The review brief was broad; it included studies of health, social and economic welfare, and education initiatives that provide support for families wherever there was evidence of a link to children's learning outcomes. The following definitions and parameters were adopted:

- For the purposes of this review, 'family-based support' has been defined as support provided by the family and/or in a home environment. This includes childminders, but we wish to acknowledge that childminding service providers also have a wider role to play alongside more formal institutional settings.
- Children between birth and five years of age are considered, with a particular focus on children under three years of age (including some evidence on pre-natal influences). Some longitudinal studies extending beyond the age of five were included by the review team.
- The geographical areas covered in the review are: England, Scotland, Wales, Northern Ireland, Republic of Ireland, Australia, New Zealand, USA and Canada. The main focus, however, was on studies carried out in the UK, especially England.
- Where possible the cross-cutting issues of child poverty, equality and diversity and leadership are considered.
- Literature published from 2000 was included in the searches, although the review team also included some additional texts dating back to 1997 where they were of particular significance to current policy and provided a strong evidential base.

One of the key objectives of the review is to provide a common language and a framework for engaging research with practice.

### 3 Main review methods

This section outlines the methods used in the study. The study began by establishing key questions to be addressed and determining the parameters for identifying material relevant to the study topic. Parameters were used to identify exclusion and inclusion criteria, for example, associated with publication date and country of publication.

The study used a broad range of sources to identify relevant material:

- searches of bibliographic databases (containing literature on education, social sciences, psychology and health)
- web searches
- current research
- recommendations from the Theme Advisory Group
- 'reference harvesting' (following up items cited in other documents identified in the review).

Searches were carried out using the above sources of information. The search results were screened to remove duplicates and material that did not fit within the parameters. (Details of the search strategy can be found in Appendix 1.)

The review team used a 'best evidence' approach to select literature of the greatest relevance and quality for the review. This entailed identifying:

1. The items of greatest relevance to the review questions.
2. The items that came closest to providing an ideal design to answer the review questions.
3. The quality of the research methods, execution and reporting.

The team reviewed all priority items and summarised their findings in relation to the review questions. The reviewer also assessed the quality of the evidence in each case. In judging the quality of studies, the team was guided by principles established to assess quantitative research (Farrington *et al* 2002) and qualitative studies (Spencer *et al* 2003).

On 20 per cent of the summaries, quality assurance checks were carried out by a member of the team who had not been involved in the original assessment.

## 4 Assessment of the evidence base

This section provides an overview of the evidential basis of the review.

The initial searches generated 129 titles, and the scoping team considered that 80 titles were relevant to the research questions (see Waldman *et al* 2008). In response to feedback from the Theme Advisory Group, the scoping team undertook further searches of three health and psychology databases, which yielded a further 11 relevant items. Further reference harvesting from these sources by the main review team identified a total of 159 additional items, bringing the total relevant titles to 288.

Well over half of the items identified in the searches were research reports and conference papers and these included large-scale longitudinal, mixed method, and quasi-experimental studies as well as randomised control trials (RCTs).

The studies that were identified as providing evidence related to each of the research questions required, and demonstrated a range of different methodological approaches. In conducting the review we have taken care to distinguish between those research findings that have a stronger or weaker evidential basis. A major consideration has been the logical and persuasive links that have been provided by studies to link their evidence with their conclusions, and where there are alternative explanations we have attempted to identify these.

**Strengths** of the review include:

- identifying the best available evidence from research and national datasets to inform specific questions
- comprehensive and documented searching for relevant information
- an analysis of the quality and strength of evidence
- guidance from an advisory group on the issues of greatest importance in early childhood research, policy and practice.

**Limitations** of the review include:

- the very short time in which this review was carried out, which limited the ability of the team to extend and develop the evidence base. It was not possible to adopt all of the processes expected of an extended systematic review.
- time was limited for reference 'harvesting' and hand searching. A small number of studies did not arrive in time to be included in this review.
- the review was limited to English-speaking countries only.

## 5 How families influence children's learning

Previous reviewers have pointed out the difference between what happens naturally in families to support young children's learning, and interventions to promote family involvement to improve children's outcomes (see for example Gerwitz 2001, Reynolds 2005). However, while providing a good home learning environment may appear to be a 'natural' part of parenting among middle-class parents, it is a mistake to assume that all children are ready to make the most of our education system by the age of five. The link between family background and children's outcomes has been researched in longitudinal studies of twins. These have suggested that both nature (genetic inheritance) and nurture (a child's emotional and physical environment) play a part in children's intellectual development (NICHD 2004; O'Connor and Scott 2007).

A study by Turkheimer *et al* (2003) included 320 pairs of US twins followed as part of a cohort of 59,397 children in the US National Collaborative Perinatal Project from birth until age seven. By studying both fraternal and identical twins, it was possible to distinguish the influence of genes from the influence of being brought up in the same family environment. The study found that genes account for a high proportion of the variation in IQ scores among children born to affluent families; however among poor children, the shared family environment accounted for 60 per cent of the variance in IQ, whereas the contribution of genes was close to zero. The environmental damage, both foetal and postnatal, overwhelmed any other variables. This research is important because it is the first major study of twins to include a significant proportion of twins that were brought up in families living near or below poverty level.

Another significant study by Feinstein (2003) drew upon 2,457 children in the 1970 Birth Cohort Survey (BCS), and is largely supported by the EPPE (Sylva *et al* 2008a) evidence as well. It shows that the effects of socio-economic status (SES) on children's long-term educational achievement are apparent before they reach the nursery school. Feinstein shows that at the age of 22 months, children in the lowest quartile of cognitive development in the higher SES groups caught up with and went on to overtake children who were performing much higher at 22 months in the lowest SES groups (See Figure 1). The analysis showed that having a low test score at 22 months did not determine a child's future underachievement unless the child had low SES parents as well:

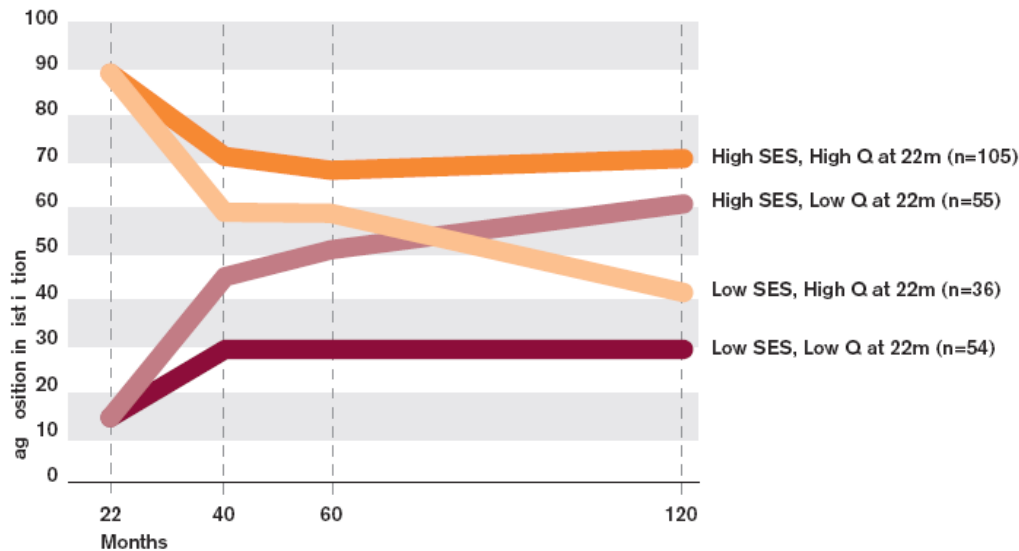
*Furthermore a low SES child with a top quartile score at 22 months is predicted to fall behind high SES peers who had low quartile scores at 22 months. Thus, early scores matter and low SES children are less likely to have a high early score, **but even if they do they are very likely to lose this early advantage** (p 30).*

Family background had been shown to play a major role in determining the continued development of children's ability in many other studies. But Feinstein has shown that for low SES children who show promising early signs of cognitive development, social inequalities may dominate to significantly limit their continued development. Social justice clearly demands that there should be intervention.

Every child's learning life course is determined by a unique combination of experiences and events. Some disadvantages (or risk factors) have the potential of leading to

underachievement, while others (resilience factors) provide an individual child with the resources to overcome them.

**Figure 1: Average rank of test scores at 22,42,60 & 120 months by SES of parents and early rank position**



Parents can pass risks and resilience on to their children, thereby creating social and economic mobility, immobility or inertia across generations. But the various risk and resilience factors interact in complex ways so that very different life courses may lead to similar outcomes, yet life courses that appear very similar may lead to quite different learning outcomes (Cicchetti and Rogosch 1996).

## Risk factors

Some children are particularly vulnerable to underachievement due to their family and social characteristics. The strongest factor of this kind identified in the research is socio-economic status (SES). The EPPE research (Sylva *et al* 2008a) found that 'skilled manual' and 'semi-skilled' categories of family employment are associated with significantly lower attainment. Relative to 'professional non-manual', all other SES groups show poorer outcomes at age 11 when controlling for other influences (Sylva *et al* 2008a).

One way of measuring the relative importance of a statistical finding is to use an effect size, which represents the difference found by dividing the observed difference between two groups by the standard deviation of the scores in the relevant population. An effect size of 1.0 is equivalent to a difference of one standard deviation in the outcome. A useful rule of thumb in considering the importance of a given value is that an effect size of 0.25 or more is likely to represent a finding which is of educational, as well as statistical significance (Gray *et al* 1990; Slavin and Fashola 1998). The US What Works Clearinghouse,<sup>2</sup> which provides a resource of evidence of 'what works' in education, has

<sup>2</sup> See <http://ies.ed.gov/ncee/wwc/>

adopted an effect size of at least 0.25 as the minimum level indicating that an educational intervention has an impact and that is worth consideration for wider adoption.

The Effective Provision of Pre-School Education (EPPE) project studied the influence of SES, among other factors, on children's academic achievement. Effect sizes found in the EPPE study for SES were in the range  $-0.03$  to  $-0.34$  for English, for the different SES groups, and  $-0.15$  to  $-0.36$  for Mathematics (Sylva *et al* 2008a). But despite this, there are recent signs that social mobility may be improving. The GCSE results of children born in 1990/91 show a statistically significant decline in the importance of family background on educational attainment compared to children born in 1970 (Gregg and MacMillan 2008).

Financial insecurity, poor housing and employment, instability and poor social networking are all significant predictors of risk (Sidebotham *et al* 2002). Children may be at risk of poor outcomes due to poor early experiences of physical and psychological care. Children who experience inconsistent socialisation, over-control, maltreatment or abuse may exhibit behavioural, physical and psychological problems. Children who lack stimulation in the early years may experience language and other significant developmental delays (Bradley *et al* 2001).

Children's learning is also affected by social factors such as their relationships with siblings and peers and health issues such as illness and disability. They are also influenced by their family's aspirations and attitudes towards education (Harvard Family Research Project 2006; Siraj-Blatchford *et al* 2007). Research identifies disability, lack of parental bonding and attachment (Heinicke *et al* 2001), and social deprivation (Sidebotham *et al* 2002) as particularly significant predictors of children's learning outcomes. (Disability will be the theme of a separate C4EO review.)

## Resilience factors

A recent theoretical paper by Edwards (2007) argues that the idea of resilience should be expanded beyond an engagement with adversity to include the more general development of capacities to act on and reshape the social conditions of one's development. While reducing the pressures placed on families may reduce the risks that they pass on to their children, there are also family behaviours that may be encouraged to *promote* resilient development, or that be seen as more *protective*, in directly countering the risks to children. Research has identified two such areas of resilience in particular:

- parental interest and involvement in education, having expectations and promoting *self-efficacy* – a belief that one's desires are achievable (Harvard Family Research Project 2006; Siraj-Blatchford *et al* 2007)
- providing additional educational support through an enhanced home learning environment, supplementary schooling and early forms of what Lareau refers to as 'concerted cultivation' of children by their parents (Siraj-Blatchford *et al* 2007, Sylva *et al* 2008b).

Family support or 'involvement' should be distinguished from family 'characteristics' but there are clearly overlaps between the two. As the authors of the US NICHD study (2004) argue:

*environmental and child factors combine in complex ways to shape cognitive and social skills in preschool children. In essence, parenting and child-care environments appear to operate in parallel on children's developing skills, and social skills contribute simultaneously to language abilities that directly connect to first-grade achievement.*

The EPPE study shows that the mother's education, as measured by highest level of qualification, has a strong and positive effect on children's learning up to age 11 (Sylva *et al* 2008a). At age 11 the effect size for English was found to be 0.76 for a mother having a degree, compared to a mother with no qualification (the effect size for mathematics was 0.71). Mother's education was also a strong predictor for social and behavioural outcomes at age 11.

A key finding from the EPPE study is the importance of the early home learning environment (HLE). The HLE is a measure of the extent to which parents take part in learning activities with their children. These include:

- reading to children
- playing with letters and numbers
- taking children to the library
- painting and drawing
- teaching children nursery rhymes and songs
- taking children on visits
- arranging for children to play with their friends at home.

Children with a positive HLE at an age of 3 or 4 years have been found to achieve better in the early years and throughout primary school. While the effect of background characteristics on reading and maths achievement diminishes as children grow older, the impact of the quality of the HLE still has very strong effects on academic outcomes at the ages of seven (Sammons *et al* 2004) and it is still influential at age eleven (Sylva *et al* 2009). On the other hand, children who have a poor early HLE are already disadvantaged at age three on cognitive scores at entry to pre-school (Sylva *et al* 2008a).

Although there is an association between the quality of the early HLE and SES, the EPPE study shows that regardless of social class, families can improve their child's outcomes by what they *do* with their child through an enhanced early home learning environment, which has an independent effect from who they *are* in terms of their SES. As the authors explain:

*What parents do is therefore vitally important and can counteract other disadvantaging influences, particularly during the pre-school period. For this reason pre-school and school settings that do not promote parent support and positive HLEs are considered to be missing an important element in raising achievement and enhancing social/behavioural development over the longer term. (Sylva *et al* 2008a, p vii)*

The EPPE project identified a significant number of children who are doing better than expected given their socio-economic status (SES), income or levels of education of their parents, which provides strong evidence that the learning trajectories that children follow are not prescribed at birth. EPPE has also shown that the early HLE provided by parents in early childhood has more impact than the pre-school, and it is also only moderately associated with social class or qualification levels.

In fact the weight of evidence suggests that parenting is a stronger influence on children's learning outcomes than pre-school provision, with reported effect sizes up to 50 per cent greater (NICHD 2004; Sylva *et al* 2008a). There is also evidence that a good HLE enables children to benefit from the additional experiences offered by pre-school. Children who experience medium- and high-quality HLEs benefit even more in terms of reading and mathematics if they attend a pre-school, regardless of its quality.<sup>3</sup>

Nevertheless, the EPPE study (Sylva *et al* 2008a) has demonstrated the importance of quality<sup>4</sup> in pre-school provision. While children with a poor early HLE benefit in terms of literacy development from attending a medium quality pre-school, they gain significantly more from a *high-quality* pre-school (effect size of 0.44 at age 11). The benefits of pre-schooling for children with poor HLEs are even stronger for mathematics at age 11, with an effect size of 0.38 achieved in even medium-quality pre-schools, and an effect of 0.51 if they attend a high-quality pre-school setting.

## The relationship between gender and the home learning environment

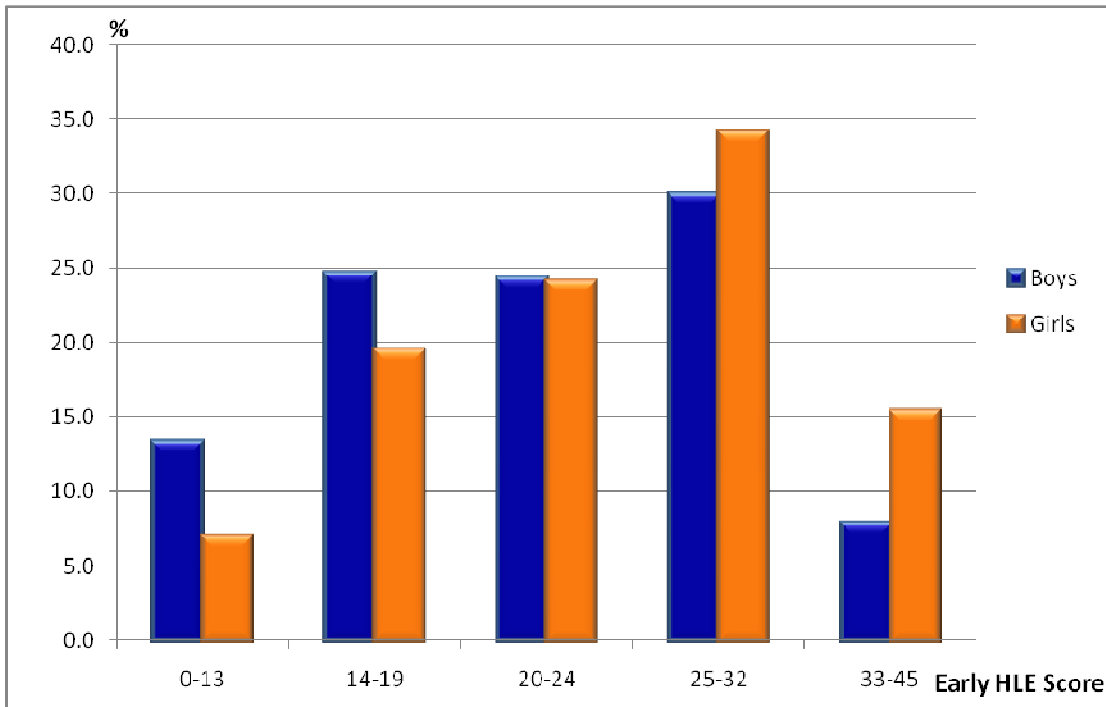
While it has often been assumed that many disadvantaged parents do not have the material capacity to provide educational support, the (EPPE) study (Siraj-Blatchford and Sammons 2004) has shown that parents offer different parenting styles to boys and girls. This suggests that parental attitudes, together with responses to children's developmental stage and interests, are more influential than material disadvantage. Figure 2 shows the extent to which the majority of parents can be seen to provide quite different trends in early HLEs for boys and girls.

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<sup>3</sup> With all other influences controlled, 'home' children and those who attend a low-quality/less effective pre-school were also found to do better in reading (and much better in maths) if they went on to an *effective* primary school.

<sup>4</sup> The EPPE project used standardised environmental rating scales in all pre-schools to measure quality.

**Figure 2: Gender differences in the quality of early home learning environment provided in early childhood**



The quality of the HLE was scored from 0 to a possible maximum of 45 points. As Figure 2 shows, while 37.9 per cent of boys experienced an early HLE that scored below 20 (less than half of the possible maximum score), only 26.5 per cent of the girls were found to be disadvantaged in this way. Even more importantly, the number of boys experiencing an HLE scoring under 13 was nearly twice that experienced by girls.

Further evidence is reported in the Millennium Cohort Study (MCS) (Dex and Joshi 2004) where baby girls at nine months were found to be particularly advanced in their communicative gestures: 45.3 per cent of girls were found to wave goodbye on their own when someone left, in comparison to only 29.9 per cent of the boys. Functions of this kind develop in response to the degree of stimulus and challenge that the child encounters (David *et al* 2003). The resultant gender gap in language and literacy skills is apparent in national assessments results from the early years through to GCSE.

## Summary of findings on how families influence children's learning

Parents can pass risks and resilience on to their children. Key risk factors for young children are:

- poverty (low socio-economic status), financial insecurity and poor housing
- poor early care – inconsistency, over control, abuse or neglect
- lack of bonding and attachment to parents
- poor relationships with siblings and other children
- health issues, such as illness and disability.

Key resilience factors are:

- having an educated mother, especially to degree level
- the quality of the early home learning environment
- attending a high-quality pre-school
- parental interest and involvement in early education

Parents tend to provide a higher-quality early home learning environment for girls than for boys.

## 6. Forms of family support that are associated with positive outcomes for young children

But what is it that parents do to support children and what are the learning and associated outcomes? A recent review of research evidence (O'Connor and Scott 2007) demonstrates that the quality of relationships between parents and their child is fundamental to their longer term development. A poor quality of parent–child relationship is associated with:

- aggressive behaviour and delinquency (the more extreme the parenting environment, the worse the child outcome and/or the likelihood of clinical disturbance)
- depression, anxiety and other internalising problems (such as somatic complaints, social withdrawal)
- high-risk health behaviours such as smoking, illicit drug use, alcohol use and sexually risky behaviours
- a child having a negative view of him/herself
- a lack of social competence
- poor cognitive or academic outcomes
- a low quality of parenting is strongly linked with the likelihood of physical injury or accident of a child.

(O'Connor and Scott, pp 28–9)

In contrast, O'Connor and Scott's (2007) account of positive relationships between parents and children emphasises the importance of warmth and support, and the avoidance of family conflict and hostility. A number of other reviews have been carried out on the subject of family intervention that cover much of the same literature, but most provide reviews of reviews, and include studies that we have excluded here on the basis of their date of publication (prior to 2000) and questionable relevance to current practice. The research literature also crosses a number of professional and academic disciplinary boundaries and there is no consensus regarding the most appropriate child outcome categories (see Moran *et al* 2004; Springate *et al* 2008 and Desforges with Abouchaar 2003). Little is also known regarding the current thresholds or definitions of need that are applied in the implementation of the Common Assessment Framework.

In the interests of clarity in the following pages we have adapted O'Connor and Scott's (2007) more broad-ranging typology and related it to four of the five Every Child Matters (ECM) outcomes (excluding economic wellbeing), as follows:

- making a positive contribution (positive social outcomes; behaviour; avoiding depression and anxiety; self-esteem and identity)
- enjoy and achieve (cognitive and academic outcomes)
- being healthy

- staying safe (avoiding physical injury and accidents).

## Making a positive contribution: social outcomes

There is strong evidence that the gap in social development between disadvantaged children and other children can be narrowed through early years interventions, both in the home and through pre-school provision.

There is a substantial literature emphasising the active role that young children take in their own learning process. This ability to manage their own learning is often referred to as a metacognitive knowledge (Wells 2000). Another key concept is 'self-regulation': children are considered to be good self-regulators if they demonstrate independent control over their actions and behaviours. A good deal of research has been conducted to identify the complex psychological mechanisms that are involved in developing these abilities, with the most convincing suggesting that as children engage in a wide range of problem-solving interactions with their parents, they acquire a range of important attitudes and understandings about the learning process, including the need for academic self-regulation (Neitzel and Stright 2003).

The English National Sure Start Evaluation (NESS) (Melhuish *et al* 2008) compared 5,883 three-year-olds and their families from 93 disadvantaged SSLP areas with 1,879 three-year-old children and their families from 72 similar areas participating in the Millennium Cohort Study. The study identified two positive childhood effects associated with the Sure Start Local Programmes (SSLPs). According to parents, the SSLP children:

- exhibited more positive social behaviour
- showed greater independence/self-regulation.

For the NESS 'positive social behaviour' included the child:

- being obedient
- thinking before acting
- seeing games or jobs through to the end
- having a good attention span
- thinking about other people's feelings
- sharing readily.

Independence and self-regulation were characterised by children liking to work things out for themselves, choosing games on their own, and persevering even when something was difficult.

In the USA, a recent study examining the role of self-regulation in 141 three- to five-year-old children from low-income families showed that various aspects of child self-regulation accounted for academic outcomes in terms of maths and literacy, independently of general intelligence (Blair and Razza 2007). The authors argue that the self-regulation of some children from low-income or disadvantaged families may be slow in developing, leading to problems in the transition to school and increased risk of

academic failure. Both the quantity and quality of parents' interactions with children have been shown to support the development of self-regulation as well as children's cognitive development in the Early Headstart programme (Love *et al* 2005).

In the UK, the EPPE study found that higher qualification levels among mothers are associated with increased self-regulation (effect score = 0.55) and pro-social behaviour (= 0.36) in children (Sylva *et al* 2008a). The EPPE findings on pre-school and primary effectiveness have also suggested there may be a strong link between self-regulation and academic attainment.

## Making a positive contribution: behaviour outcomes

In terms of young children's behaviour, the case for early intervention is also clear. Longitudinal studies have shown that three-year-olds who display serious temper tantrums have an increased risk of becoming violent offenders in their adult life (Caspi *et al* 1996; Stevenson and Goodman 2001). Similarly, Sylva *et al* (2008a) found that children whose parents reported an early behavioural problem had a number of later problems, including lower levels of self-regulation (effect score = -0.25) and pro-social behaviour (= -0.24), and higher levels of hyperactivity (=0.31) and anti-social behaviour (0.24) at age 11. A study involving the Avon Longitudinal Study of Pregnancy and Childhood (ALSPAC) identified greater problems and lower pro-social scores in single-parent families. Step-parent families were also shown to be susceptible to problems, particularly with boys (Dunn *et al* 1998).

Supportive parenting, including giving children clear instructions and setting consistent limits on their behaviour, predicts fewer behaviour problems over time, while parental anger and inconsistency has been found especially detrimental to young children (Denham *et al* 2000). Some parent training programmes have been shown to be effective in reducing behaviour problems (Sutton *et al* 2004). The Webster-Stratton Incredible Years parenting programme has been shown to be particularly cost-effective in reducing antisocial and hyperactive behaviour and increasing self-control (Sampers *et al* 2001; Richardson and Joughin 2002). This approach involves group-based discussion and 'video-modelling'. An evaluation by Hutchings *et al* (2007) involved 153 parents from socially disadvantaged areas, with children aged from three to five years in a 12-week Incredible Years programme. Most of the measures of parenting and children's problem behaviour showed significant improvement in comparison to the non-intervention group.

An adapted version of the Incredible Years programme was used in the successful US Head Start intervention that showed long-term improvements in anti-social behaviour (Hayden 2007). Sylva *et al*'s (2008b) evaluation demonstrated that when the basic 'Incredible Years' videotape package was backed up by home visits, this maximised its effectiveness. The programme was delivered over three school terms. The first term comprised a basic

12-week parenting course addressing parent-child relationships and explaining how to handle difficult child behaviour. The second term comprised a 10-week reading workshop for parents which included two home visits, and the final term comprised a six-week course on child behaviour and reading. The effect sizes for social behaviour and reading were relatively large, at 0.5 and 0.4 respectively.

Another effective programme showing improvements in children's behaviour is the *Peers Early Education Partnership* (PEEP) programme. PEEP provided support for children and their families from birth to school, offering educational materials and the opportunity to attend groups or receive home visits. The programme was adopted by a number of pre- and primary schools in the area. An evaluation involved 604 children (Evangelou *et al* 2005). The study compared the effects of the intervention on families that attended weekly PEEP sessions with matched comparison groups and found the intervention to have a significant impact on children's social behaviour at age four in terms of three key areas: compliance and conformity; pro-social behaviour; and confidence and independence.

Interventions addressing multiple family issues such as marital conflict and parental depression in addition to children's behaviour problems have also been shown effective in evaluations of the Enhanced Triple P–Positive Parenting programme (Sanders *et al* 2000; Bor *et al* 2002). The Triple P programme may be applied at a series of levels, ranging from the use of the media and brief messages, to intensive family interventions for more extreme parenting problems and family difficulties (Sanders *et al* 2003).

Home visits have also been found successful in targeting high-risk families. Again, most have applied a multi-dimensional approach. In the Elmira Prenatal/Early Infancy Project, nurses provided two years of regular parent education and family support. The outcomes included reduced neglect and abuse, and fewer arrests of children up to the age of 15 years (Olds *et al* 1997).

## Making a positive contribution: avoiding depression and anxiety

The physical and mental health of infants is strongly associated with the quality of care they receive (Barnes 2003). Parental acceptance, over-control, and anxious behaviours are known to be associated with childhood anxiety, but further research is required before reliable causal links can be made (Wood *et al* 2003). In a longitudinal study following 4,434 families from infancy to adolescence Spence *et al* (2002) found that, after controlling for poverty and factors affecting the marital relationship, maternal anxiety and depression during early childhood predicted high anxiety and depression symptoms in children at age 14. Poverty, marital break-up and distressed marital relationships during the child's first five years also increase the risk of anxiety and depression in children (p 465). Parental care may be modified by interventions addressing infant mental health problems (Barnes 2003), but the results and quality of interventions in this area are mixed and many report quite modest outcomes.

Early childhood mental health interventions usually treat the relationship between care-giver and child, rather than focusing specifically on either the child or care-giver. Research by Egeland and Bosquet (2002) suggests that adolescent antisocial behavior may be prevented through intervention at an early age with relationship-based programmes. Zeanah *et al* (2005) report on several approaches that appear to lead to significant improvements in children's social-emotional development and/or parent-infant relationships. Child–parent psychotherapy programmes involve trained professionals providing emotional support, developmental guidance, and insight-oriented psychotherapy, along with concrete assistance to enhance attachment over a 12-month period (Zeanah *et*

*al* 2005, p 11). The research showed enhanced attachment and reduced symptoms in mothers and babies (Lieberman 2004).

Cicchetti *et al*'s (1999) randomised control trial (RCT) studied a programme providing child/parent psychotherapy for promoting secure attachment. Twenty-seven mothers with major depressive disorder were compared with a similar group of 36 mothers and an additional control group of 45 women with no history of mental problems. The control group containing children of depressed mothers had high rates of attachment insecurity. In the group which received psychotherapy, the children had rates of secure attachment comparable with those in the group with non-depressed mothers.

Similarly, a study of the Family Development Project (Heinicke *et al* 2001) found some evidence of effectiveness. The project involved weekly home visits by trained professionals, and an infant group for at-risk mothers of children aged 12 months. The programme showed increased partner and family support for mothers, and increased maternal responsiveness and secure attachment when the children were aged 24 months.

## Making a positive contribution: promoting self-esteem and identity

The development of favourable self-concepts related to perceived competence and peer acceptance in children has also been found to depend on secure emotional attachments with care-givers (Toth *et al* 2000). The evidence suggests that when parents are encouraged to engage in activities to enhance attachment, such as baby massage, and using front-pack carriers, there can be benefits for both children and parents (Sutton *et al* 2004).

The Peers Early Education Partnership (PEEP) programme promoted self-esteem and dispositions to learn as well as promoting literacy. The evaluation (Evangelou *et al* 2007) found that PEEP had a significant impact on the quality of parents' interactions with their children when the children were one and two years of age. At age five, the PEEP children showed a significant advantage in five out of the seven measures related to self-esteem: peer acceptance, cognitive competence, physical competence, general competence, and overall self-esteem.

Efforts to improve aspirations have been central to recent government efforts to combat social exclusion. The Department for Children, Schools and Families (DCSF) has commissioned a series of large-scale surveys of parents' involvement in the education of their children up to the age of 16 (Peters *et al* 2007). This has shown an increase in parents saying they feel involved in and responsible for their children's education. In 2001, 29 per cent of parents felt 'very involved' in their children's school life, but in 2004 this had risen to 38 per cent and in 2007 to 51 per cent. Parents are also more likely to see a child's education as mainly or wholly their own responsibility than they did in previous years (20 per cent in 2001 compared with 28 per cent in 2007). But despite these improvements, 26 per cent of parents still see education as wholly or mainly the responsibility of the school.

Certain identities, for instance, white, working-class male, can lead to lower outcomes because of expectations held by the children and adults. In asserting their masculinity, white working class boys might choose gross-motor construction activities over reading or pre-reading activities. Similarly, some girls may identify more strongly with home-corner play and favour nurturing activities over construction choices. Class, gender and ethnicity are all complicit here and although the permutations are not simple they do exist and do lead to underachievement. The answer is to avoid stereotyping children's identities and for educators to take an active role in planning for, supporting and developing individual children's identities as masterful learners of a broad and balanced curriculum (Siraj-Blatchford and Clarke 2000). Boys need to disassociate literacy from " 'girls' stuff", and be presented with strong male role models that value literacy, work with fathers is particularly relevant in this respect (see Section 7 below).

## Enjoying and achieving: cognitive and academic outcomes

There is substantial evidence of an association between the quality of the early home learning environment (HLE) and medium or long-term proficiency in reading and in mathematics (Molfese *et al* 2001, Connell and Prinz 2002, Fantuzzo *et al* 2004; Sylva *et al* 2008a).

Molfese *et al's* (2001) study was developed to find out how foundation skills such as speech perception, language, and short-term memory influenced children's reading abilities around age seven. Ninety-six children were followed from birth to age eight. At age three the study measured family socio-economic status, family learning environment, verbal reasoning, short-term memory, and verbal language abilities. Children's reading abilities were also measured when they were eight years old. The correlations found between the HLE measures and pre-school language abilities and reading abilities in second grade ranged in effect sizes from 0.22 to 0.31. In line with other studies, the home learning environment was found to mediate the effect of family background on children's reading scores.

Fantuzzo *et al* (2004) studied 144 pre-school children enrolled in Head Start centres, primarily from low-income African-American families. Medium effect sizes were found for parent reported home-based activities including relation to motivation to learn (0.30), attention (0.31), task persistence (0.24), receptive vocabulary (0.33).

Connell and Prinz (2002) report on their study investigating the roles of child care involvement and the quality of parent-child interaction on the development of children's school readiness (as defined by standardised tests) and social skills. Forty-seven children from low-income African-American families participated in the study. During a home visit at the beginning of the school year parents completed surveys on family characteristics and parent-child interactions were videotaped. The study found that the parent-child interactions characterised as structured and responsive to the child's needs and emotions were positively related to social skills and school readiness.

It is only through experiencing consistency in the relationship between actions and outcomes that children develop generalised expectations about their control over the

world. The research evidence has identified a close relationship between academic achievement and child's belief in their own capability in the learning process. Dweck (1999), refers to the development of a resilient 'masterful' disposition to learning and has contrasted it with feeling 'helpless'. A considerable body of research has been carried out in this area related to older children, but there is a need for studies to be developed to replicate this work with younger childhood.

The evaluation of the PEEP programme (Evangelou *et al* 2007) provided evidence of significant gains in children's learning in terms of: their vocabulary, phonological awareness of rhyme and alliteration, letter identification, understanding of books and print, and writing. The project adapted a model developed by Hannon (1995) to structure shared literacy activities between adults and children. The framework (known as ORIM) was developed to provide a structured approach to deliver a family-based early literacy approach comprising:

- opportunities to learn
- recognition and valuing of children's early achievements
- interaction with adults in learning situations
- models of literacy and numeracy behaviours, learning strategies and dispositions.

The *Supporting Parents On Kids Education* (SPOKES) intervention (Sylva *et al* 2008b) was found to be successful in enhancing children's reading achievement (with an effect size of 0.4). SPOKES covered more than just letter-sound relationships. It included parents enjoying environmental print with their child, using rhyme and songs, orienting the child to the story in a book, relating to the pictures, and drawing on the child's own experience of the situation described in a story. The instructions given to the parents on how to read with their children were detailed in terms of the need for pausing, prompting and praising. The parents had to rehearse this live in groups and receive feedback until they had it right. They also recorded themselves reading with their child and brought the tape to the group for sharing and discussion. The research team identified two general reasons why each aspect of the intervention might have been successful. First was the skill of the delivery team – group leaders had many years of experience in either behavioural parenting programmes and/or literacy programmes. Secondly, they were supervised for one and a half hours every week, whereby they had to show video clips of the groups that they were running, and practise how they might do it better, in a supportive atmosphere with skilled tutors.

Unfortunately, where studies have included family-based support alongside centre-based provision, very few of them have been designed in such a way as to permit an analysis of the specific contributions made by either the pre-school pedagogy or the family support components. While the EPPE project was not developed to trial any particular programme, studies of its kind are able provide valuable data on the comparative contribution of different factors influencing child development. One of the key EPPE findings in this respect is that the impact of the early HLE is greater than that of pre-school quality (Sylva *et al* 2008a).

Other studies have found positive links between a secure attachment to care-givers and academic achievement more generally (Feldman *et al* 1998, Opie *et al* 2004).

## The impact of parent partnership in pre-school on children's academic achievement

The DCFS Children's Plan Progress Report (DCSF 2008a) recognises the need to work with schools '*to help more parents get involved in their child's learning, for example by ensuring that all new teachers are trained to work with parents*' (p10).

An established body of research shows that parental involvement with the child's school is positively associated with the child's achievement (see Booth and Dunn 1996). Much of this research has implications for the early years and suggests the need for the replication studies. There is also a need to define the terms very carefully as the existing literature often confounds parent partnership in schools, with parent involvement in supporting children in the HLE (Nye *et al* 2006).

The EPPE project (Sylva *et al* 2008a) found that sound learning took place in pre-school settings that shared (or developed) their educational aims with parents, and shared child-related information between parents and staff. An associated finding is that children from disadvantaged families attending centres serving the needs of highly educated parents make better progress. It is possible that opportunities for mixing with other parents who are better educated and more involved may take place through peer-group learning amongst parents (Sylva *et al* 2008a). Alternatively these findings may indicate strong peer influences among children. The influence appears somewhat stronger for girls than boys and there is a need for more research to be conducted to identify how mixing with children from more advantaged backgrounds helps disadvantaged children.

## Being healthy and safe: preventing illness, physical injury and accidents in young children

The impact of health and safety on children is cumulative, affecting children from before birth and throughout their lives. Poor health in early childhood often results in poor educational outcomes, poor adult health, unemployment, and poverty. It also has intergenerational implications (Feinstein *et al* 2004). According to Webb *et al* (2007), the risk factors that make child health inequities more likely and more severe include:

- child poverty
- the low status of parenting as an occupation
- the low status of women
- unhealthy physical environments
- a lack of child impact analysis in policy development and legislation
- discrimination, racism and stigmatisation.

Webb *et al* (2007) argue that dramatic reductions in childhood problems would be achieved if all children had the same risks of adverse outcomes as the most privileged (See Table 1).

**Table 1: Child health outcomes: If all children had the same risks as the most privileged**

<b>Child health outcomes</b>	<b>% reduction in childhood problem</b>
Birth weight*	
<2,500g	<b>30</b>
<1,500g	<b>32</b>
Disability**	
Cerebral palsy	<b>30</b>
Intellectual disability	<b>39</b>
Psychological problems***	
Emotional disorders	<b>34</b>
Conduct disorders	<b>59</b>
Hyperkinetic disorders	<b>54</b>
Registration for child abuse**	<b>53</b>

\* Based on 210,000 births in the West Midlands region of the UK, 1991–93

\*\* Based on data on 150,000 births in the West Sussex region of the UK, 1983–2001

\*\*\* Based on the UK survey of mental health among five- to 15-year-olds (Meltzer *et al* 2000)

Source: Webb *et al* 2007, p 5

As the table shows, if all children had the same risk as the most privileged, there would be a reduction of over half in conduct disorders, hyperkinetic disorders and registrations for child abuse.

Children born to teenage mothers and those from disadvantaged backgrounds are at greater risk of higher rates of infant mortality, low birthweight, smoking during pregnancy and mothers with post-natal depression. Research suggests that most of these risks are the result of a low uptake of support at both an ante-natal and post-natal stage.

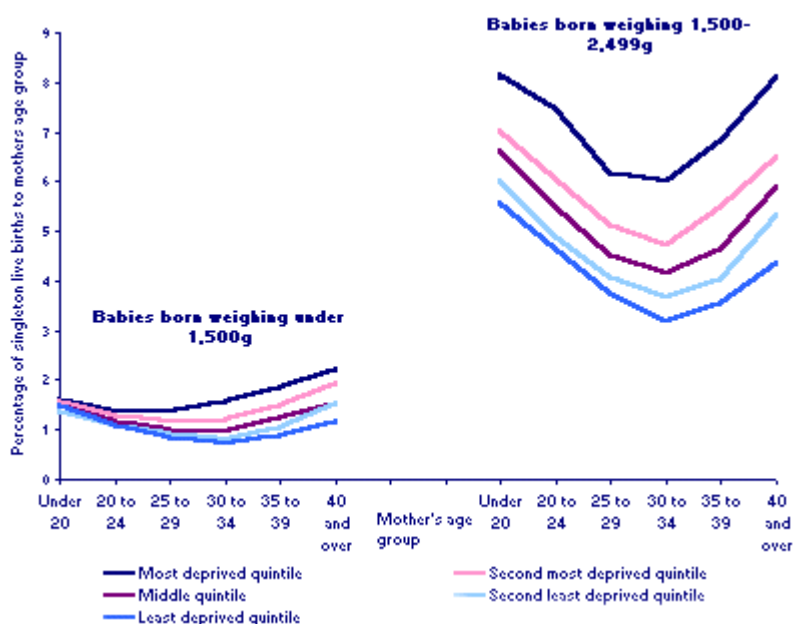
In terms of infant mortality and SES, statistics for 2005–7 show a rate of 5.4 deaths per 1,000 live births in the group with routine and manual occupations, compared to 4.7 deaths per 1,000 in the wider population. Many babies born to disadvantaged parents are left with long-term health conditions (HIU, 2008). In 2008 an infant mortality National Support Team (NST) was established to help local areas reduce infant mortality in this group and other disadvantaged populations, such as teenage mothers, single parents, black and minority ethnic groups, the homeless and the unemployed. Wider action is also being taken including work on service delivery through the Department of Health Maternity Matters initiative.

The EPPE study found (Sylva *et al* 2008a) that at age 11 children with very low birth weight had significantly lower attainment in English (effect size = –0.47) and mathematics (0.48) than children with normal birth weights.<sup>5</sup> This was in line

<sup>5</sup> Babies born weighing 2,500 grams or less are defined as below normal birth weight: very low birth weight is classified as 1,001–1,500 grams and low birth weight is classified as 1,501–2,500 grams (Scott and Carran 1989).

with findings at earlier time points. Children whose parents reported early developmental problems at the beginning of the study also showed lower attainment in English at age 11 than children for whom no early developmental problems were reported (the effect size for one developmental problem was 0.24). Positive effects were found for mathematics at age 11 (effect size = -0.15) and for self-regulation (-0.47). National statistics (ONS 2004) show the significant effect of maternal age on birth weight (See Figure 3). The percentage of low birth weights is also higher for babies with mothers living in more deprived areas.

**Figure 3: Percentage of low birth weight among singleton live births by mother's age and population quintile, England and Wales, 1996–2000 combined**



Source: ONS 2004

Maternal and neonatal outcomes are generally worse for women from disadvantaged groups. Teenage parents and their babies suffer significantly higher rates of infant mortality, low birth weight, smoking during pregnancy and post-natal depression. The research currently seems to suggest that these poor outcomes reflect young women's low uptake of ante-natal and post-natal support (DH 2004).

Intervention in the form of an infant health and development programme can directly benefit low birth weight- and premature infants (Lee 2005). In relation to child health more generally, a systematic review of the social determinants of child health carried out in Wales (Weightman *et al* 2008) found a significant link between living in a deprived area and unintentional injury and sudden infant death. The evidence suggests sudden infant death may be associated with overcrowded housing and bed-sharing.

Weightman *et al* (2008) aimed to identify interventions that are effective in promoting child health. The findings identified the following actions:

- long-term dental health promotion and free fluoride toothpaste to prevent dental decay
- improved housing and parenting programmes to promote mental health.

On the other hand, there is little evidence that home visiting and providing safety equipment help to reduce accidental injury. Similarly, there is no evidence of health or developmental improvements from social support programmes, school breakfast clubs, day care, Sure Start, education for children in reception classes or improved housing.

While there is ample evidence that use of alcohol and other substance abuse runs in families (Hicks *et al* 2004), little research or evidence is currently available regarding the specific influences on children in their early years.

## Childhood obesity

Obese children suffer stigmatisation and discrimination from an early age. These children tend to be taller than their peers and they are therefore often expected to be more mature (Dietz 1998). Low self-esteem as a result of obesity may also lead to academic underachievement and ill health. A systematic review by Baird *et al* (2005) found that infants who gained excess weight in the first two years were at a greater risk of obesity in later life. Many of the cardiovascular consequences of adult obesity are also preceded by problems in early childhood. Excess weight has also been identified as a key factor in the early development of insulin resistance and Type 2 diabetes (Jones 2008).

There is growing evidence to suggest that breastfeeding provides resilience against obesity (Owen *et al* 2005; Harder *et al* 2005). Wide socio-demographic differences exist in breastfeeding, with 84 per cent of women with partners in non-manual occupations breastfeeding in 2000, compared with 64 per cent of those in manual occupations (Hamlyn *et al* 2002). Differences between ethnic groups were also found, with 95 per cent of black women initially breastfeeding compared to 67 per cent of white women. However, breastfeeding was found to drop off in successive pregnancies, especially among white women.

About a quarter of children in England aged four and five are now overweight and about 10 per cent are considered obese. Paediatric specialists have become increasingly concerned about the decline of physical activity and increasing sedentary behaviour in young children (Reilly *et al* 2003; Reilly and McDowell 2003). However, there is little evidence of effective programmes to address childhood obesity. In a systematic review of 22 intervention studies involving mixed age groups, Summerbell *et al* (2005) found that very few had a significant impact on children's body mass index, and they found no advantage in combining dietary and physical activity interventions.

## Immunisations

In 2004 approximately 90 to 92 per cent of UK children were reported as fully up-to-date with their routine immunisations at 12 months of age. But in Scotland and Northern Ireland the figure was 95 per cent. The lower take up in England was largely due to the very low uptake in London (between 80 and 83 per cent). The reasons suggested for this by the

Joint Committee on Vaccination and Immunisation (2004) include the relatively higher number of staff vacancies, particularly among health visitors, and the high turnover of staff. The Committee offered the following explanation:

*The priority given at the local level to the various services made available is strongly influenced by whether it is a service for which performance indicators have been set. The priority given to immunisation has gone down in some areas because it is not now an area (with the exception of MMR) where performance indicators are set (p 14).*

In 1991, there was a 90 per cent uptake of the Measles, Mumps and Rubella (MMR) vaccine among two-year-olds. By 2004 the uptake of MMR among two-year-olds had declined to 80 per cent. Since then the situation has improved to an uptake of 85 per cent in 2007/08. But between 1995 and 2001, there were 665 confirmed cases of measles in England and Wales. The consequences of a low uptake are serious as it increases the risk of a major epidemic. Estimates suggest that an epidemic in England could result in between 30,000 and 100,000 cases of measles in children and young people. Ten percent of cases require hospital treatment, the disease can lead to pneumonia and encephalitis, and a fatality rate of one in 5,000 (Donaldson *et al* 2008).

There is evidence that Sure Start has had some success in achieving greater coverage in terms of children's health immunisations in disadvantaged areas (Melhuish *et al* 2008). The use of home visiting volunteers with disadvantaged first time mothers has been found to result in a range of positive health outcomes, including improved immunisations and a better diet (Barlow *et al* 2007). The disadvantaged children of mothers visited by a nurse are less likely to have health problems in the first two years of life, and less likely to suffer child abuse and neglect (Bagnato *et al* 2002; Hallam 2008).

## Summary on forms of family support associated with positive outcomes for children

Positive relationships between parents and children are fundamental to good outcomes for children. Parents can affect their children's outcomes in relation to social abilities, self-esteem, behaviour, academic achievement, health and safety.

Parents can help their children to make a positive contribution by:

- encouraging metacognition and self-regulation through interacting with their children and helping them to solve problems
- instilling positive behaviours, such as obedience, persistence, independence and empathy
- giving clear instructions and setting consistent limits on children's behaviour.

Parent support and training programmes which have been shown to be effective for children's behaviour and social outcomes are:

- Incredible Years programme (Webster-Stratton)
- Peers Early Education Partnership (PEEP)
- Enhanced Triple P–Positive Parenting Programme
- home visiting.

Avoiding depression and anxiety in children may be achieved through:

- treating maternal depression, anxiety and stress
- providing support and therapy focused on the relationship between care-giver and child

Promoting self-esteem and identity in children can be encouraged by:

- encouraging secure emotional attachments with care-givers, for example through baby massage and using front pack carriers
- ensuring consistency in parent's behaviour management
- encouraging positive aspirations and identities and avoiding stereotyping (for example by social class and gender)

Positive cognitive and academic outcomes can be encouraged by:

- children developing a sense of efficacy and capability as learners

- ensuring secure attachment to parents
- ensuring a high-quality home learning environment
- shared literacy activities between parents and children.

Programmes shown to be effective in promoting early literacy among disadvantaged families are PEEP and SPOKES.

Parental involvement in their child's education is positively related to academic achievement. Children from disadvantaged backgrounds benefit from attending pre-schools with children from more advantaged backgrounds.

Young children's health and safety can be improved by:

- reducing negative factors such as poverty, poor housing, low birth weight, teenage pregnancy, drug and alcohol use and smoking during pregnancy
- improving dental health promotion, housing and parenting programmes
- avoiding childhood obesity through encouraging breastfeeding
- improving the uptake of vaccination and immunisation.

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- reducing negative factors such as poverty, poor housing, low birth weight, teenage pregnancy, drug and alcohol use and smoking during pregnancy
- improving dental health promotion, housing and parenting programmes
- avoiding childhood obesity through encouraging breastfeeding
- improving the uptake of vaccination and immunisation.

## 7 What is the evidence on approaches that support the engagement of family members in young children's learning?

According to Evangelou and Sylva (2003) there is no consensus in the literature regarding the ways in which the different approaches to intervention can be classified. Oliver and Smiths (2000) classified interventions according to their target population. Brooks-Gunn (2000), by contrast, split them into programmes that differed in terms of:

- location of the intervention (home, centre, parenting group);
- the time when the intervention takes place (pre-natal, in infancy, in pre-school)
- the intensity of the programme (full-day programmes, weekly or monthly visits)
- the extensiveness (birth to five years interventions)
- the curriculum (skills-based education, parental sensitivity training, coping skills).

Interventions may also be classified according to the agencies that provide the intervention (non-governmental organisations, trusts, private projects, and government projects) (Evangelou and Sylva 2003). The approach we have taken here has been to identify those approaches the research was showing to be effective. In this way we have avoided applying any prior assumptions about the kinds of approach that might be more or less effective.

The *National Evaluation of Sure Start* (NESS) (Belsky *et al* 2007) has found the following positive outcomes for *Sure Start Local Programme* (SSLP) families:

- less negative parenting (less reported child–parent conflict, harsh discipline and household chaos)
- better home learning environments
- use of more services designed to support child and family development.

These positive parenting effects 'appeared to be responsible for the higher level of positive social behaviour in children' (Melhuish *et al* 2008, p v). But as the authors of the report suggest, the Sure Start Local Programme (SSLP) services were extremely varied, and they were not necessarily evidence-based. It is therefore difficult to identify any particular strategies that might have been especially beneficial. Anning and NESS team (2007) identify the following common characteristics of SSLPs that have been identified as producing better than expected outcomes for children and their parents:

- effective auditing of local needs in order to tune local services to community priorities
- identification and targeting of those with specialist needs with appropriate treatments, as early as possible

- allocation and training of appropriate providers, including the strategic deployment of generic and specialist staff to deliver effective services at point of need
- training and management of providers for proficient multi-agency teamwork
- training of managers/leaders in budget and project management.

The wider research literature was found to support these findings so that, in the following pages, we will consider each in relation to the wider evidence available.

## Auditing local needs

In their discussion of the 'reach' of early intervention, Hannon *et al* (2008) usefully distinguish between the issues of contact and use. While programmes often measure how much 'use' is made of a programme, it is much rarer to evaluate the efforts to make contact and to maximise access through the identification of target families, and through tackling the barriers to take-up.

Hannon *et al* argue that the reach of an intervention should be expressed as the proportion of a target population that it involves. In this definition, the lower the reach, the less likely the intervention will achieve its goals. In their study of one trailblazer Sure Start programme, the reach ranged from 13 to 48 per cent. The problem, as the researchers acknowledge, is that it can be difficult to identify either the denominator (the target population) or the numerator (those targeted that have been reached). The identification of target populations is of fundamental importance in this and yet there remains a lack of appropriate (publicly accessible) data available for this purpose.

Webb *et al* (2007) argue that:

*Monitoring the health of populations through measurement and data recording is well established in the UK. What is less well established, outside the research field, is collection and presentation of health datasets that link outcomes to social gradients. Without easily accessible data of this kind, monitoring the impact of interventions is difficult with apparent overall improvements in public health masking growing inequities in, for example, infant mortality rates (p 7).*

While there may be significant difficulties involved in collecting such data at a local level (due to family mobility for example), even good estimates will be of value. The Webb *et al* (2007) report provides an example of how health outcome data can be presented as an 'equity ratio'. In the wider field of child support most of the data relevant to the adequate monitoring of reach is even more difficult to obtain in terms of publicly available national datasets. We know that children's health can be monitored from birth using their unique National Health Service number, but there is no such number for educational and care services until children reach school age, or are in the maintained sector. The identification of children using this number would also be helpful when children enter pre-school, to monitor when and where children take up provision, what type of provision they receive and its duration, and to help monitor the impact of the provision on the life course of the child from birth to five.

## Targeting local needs

The NESS evaluation (Belsky *et al* 2007) identified six particular groups as of special 'policy relevance': gender; maternal employment groups; maternal age of child's birth; lone parenthood; household employment; income.

Sure Start programmes that were rated higher on their identification of users were found to have more impact on children's non-verbal ability than other programmes (Belsky *et al* 2007). The NESS study also found that families' ability to take advantage of the Sure Start provisions was negatively related to their disadvantage (e.g. there was an under-representation of teenage parents, lone parents and children from workless households). The report argues that this may be due to scarce resources being taken up by relatively advantaged groups.

Other studies have found that programmes benefit moderately disadvantaged more than severely disadvantaged groups (Love *et al* 2002; Hallam 2008). But some parenting programmes have been shown to be effective with particular vulnerable groups, including: minority ethnic families (Barlow *et al* 2007; Sutton *et al* 2004); children with serious behaviour disorders (Sutton *et al* 2004); and teenage parents (Barlow *et al* 2007; Buchanan 2007). Home visiting for children aged under four years considered at risk of offending has been found to be successful in the On Track programme (Buchanan 2007). A parent advisory service has also shown significant improvements for Bangladeshi families (Sutton *et al* 2004).

## Ensuring effective service delivery

As we have seen, interventions targeting improvements in elements of the early HLE have been shown to be effective. But where these interventions have involved both home visits and outreach through early childhood educational programmes, their relative contributions have been difficult to assess.

NESS evidence has suggested that programmes led by health agencies have had better outcomes. This may be due to their having better access to birth records and health visitors who provide an established and widely accepted context for home visiting (Belsky *et al* 2007). NESS also found that the more a Sure Start Local Programme promoted parent empowerment, the greater the 'maternal acceptance' of the child (and the less the punishment and coercion).

The *Cross-departmental review of provision for young children* (HM Treasury 1998) recommended that early interventions should:

- involve parents as well as children
- avoid labelling 'problem families'
- target multiple risk factors
- last long enough to make a difference
- be developed in consultation with parents and local communities

- be culturally appropriate.

The research evidence supports these recommendations and suggests that they should remain major priorities.

O'Connor and Scott (2007) point out that a 'one parent style fits-all' approach is not ideal. The research suggests that some associations between the style of parent-child interaction and child wellbeing differ across sub-populations and social settings. The use of corporal punishment is a particularly significant case, where there is evidence to suggest that an inconsistent approach may be more damaging than what may be considered to be an inappropriate use of force.

The EPPE study (Sylva *et al* 2008a) has shown that there is a strong combined impact of early HLE and pre-school quality on later self-regulation among children. Controlling for other background characteristics, a combination of high-quality early HLE and attendance at a medium or high-quality pre-school is a strong predictor of higher self-regulation levels at the end of Key Stage 2. In addition, high-quality early HLE seems to act as a protective factor for children who do not attend pre-school, helping them achieve higher levels of self-regulation in primary school (effect score = 0.29). Similarly, attending high-quality pre-school seems to protect against the disadvantage of a low early HLE and promotes children's later self-regulation. The boost (effect score = 0.42) associated with high-quality pre-school is stronger than the influence of free school meals or socio-economic status.

## Home visits

As suggested above, home visits targeting high-risk families have been found to be effective in supporting positive outcomes for children. Most initiatives in the literature have involved a multi-dimensional approach. For example, the Elmira Prenatal/Early Infancy Project (Olds *et al* 1997) provided parent education, enhanced family support and access to services via nurse home visits for the first two years of the child's life. The outcomes included reduced neglect and abuse, and fewer arrests of children by the age of 15.

Raikes *et al* (2006) report on home visits by staff to the parents of infants and toddlers engaged in *Early Head Start* in the US. Their study set out to investigate the conditions under which programmes achieve their outcomes in a sample of 11 home-based sites. The study identified three aspects of home visits as having an impact on outcomes:

1. *Quantity of involvement* – the number of home visits, duration, length of visits and intensity of service
2. *Quality of engagement* – they used ratings of engagement completed by staff and ratings of engagement during each home visit.
3. *Child focus* – the extent to which the child is the focus of the visit.

There were different relationships between these three aspects and children's outcomes at 36 months. Only the duration part of the *quantity* measure predicted improvements in

home language and literacy environments and the proportion of time during the visit devoted to *child-focused* activities predicted children's cognitive and language development scores.

The practice of home visiting among disadvantaged families is controversial (Raikes *et al* 2006; Belsky *et al* 2007). But Raikes *et al* (2006) conclude that home visiting, in its own right, and home visiting complemented by centre-based support are useful tools to improve child outcomes, especially for younger children and where parents do not seek support for child development from centre-based provision.

## Family involvement in services

The US Head Start programme has always emphasised the importance of involving parents in setting the goals of intervention, and in encouraging their involvement in the child's development and education (Dutch 2005). But family needs for child care (for siblings and work-related activities) have been identified as significant barriers to the participation of some parents (Lamb-Parker *et al* 2001).

As a large scale, longitudinal and mixed method research study, EPPE was able to follow up on significant findings with qualitative case studies of 12 pre-school settings that were identified as more effective (of a total of 141) (Siraj-Blatchford *et al* 2002). This showed that where a special relationship in terms of shared *educational* aims has been developed with parents, and pedagogic efforts were made by parents at home to support children, sound learning could take place even in the absence of consistently good pedagogic practice in the pre-school setting. All 12 settings encouraged parents to read with their children, but in those settings that encouraged continuity of learning between pre-school and home, children had even better cognitive outcomes. This evidence also showed that the most effective of the 12 settings in disadvantaged areas recognised the importance of, and were also proactive in, encouraging strong parental involvement in the educational process. They took the time to share their curriculum, pedagogical strategies and educational aims with parents and they offered advice on how parents could complement this within the home learning environment and they were responsive to parents own concerns such as child behaviour (Siraj-Blatchford *et al* 2002).

## Integrated adult-child interventions

A review of early interventions by Barnes and Freude-Lagevardi (2003) has concluded that, to gain the most impact, interventions should include both the parent and child together, focusing on enhancing interactions. Parents can learn positive behaviours, and changes in parenting have been shown to be associated with improved child development. Similarly, Hannon *et al* (2006) found children showed better literacy progress when parents were provided with child literacy support during the pre-school period. Evaluations of the Enhanced Triple P programme have also shown that tackling concurrent family

problems such as marital conflict and parental depression, in addition to child behaviour problems has resulted in improved child outcomes (Sanders *et al* 2000).

Egeland and Bosquet (2002) identify four particular lessons from infant mental health interventions:

1. Interventions with high-risk families are more successful when they address not only the parent child relationship, but also the other problems parents face, such as poverty, unemployment, poor housing, and substance abuse.
2. The mother's relationships with other family members and partners also need to be addressed.
3. Interventions should begin as early as possible, preferably during pregnancy.
4. Early intervention programmes need to be of sufficient length and intensity in order to be effective.

## Multi-agency teamwork

As Springate *et al* (2008) have argued, a key success factor of Head Start and similar programmes in the US has been their inclusion of comprehensive services addressing physical and mental health, education, and social support for children and families. The Springate *et al* review identifies the following examples:

- evidence about the effectiveness of interventions to prevent or treat child physical abuse and neglect suggests that programmes targeting a wider number of the subsystems involved in abuse, e.g. the individual, family, school, community, are effective.
- behavioural issues in children are improved by multi-agency early intervention that involves intervening at home and school, working with both children and parents.
- outcomes for children with disabilities or SEN are improved through the availability of specialist health services (e.g. speech and language therapy, mental health outreach).

(Springate *et al* 2008, p 26).

Tait *et al* (2002) report on their qualitative evaluation of a multi-agency initiative developed in the city of Leicester and the counties of Leicestershire and Rutland, for children with complex needs. The project included regular planning meetings with families and agreed that families themselves could act as coordinators for their child: 'The comments from parents and professionals taking part in the project indicated their satisfaction with the way the new scheme worked' (p 31).

Important benefits have been identified in the development of effective interagency teamwork and this has been identified as the subject of a further C4EO early years review (Siraj-Blatchford and Siraj-Blatchford 2009). The review findings include:

- confirmation of the value of combined ('two-generation' or family) approaches to intervention
- evidence that the full potential of integration can only be achieved when staffing levels match caseload demands
- evidence to suggest that it is not so much the type of integration that matters, but rather the quality of it

(Siraj-Blatchford and Siraj-Blatchford 2009)

## Budget and project management

In the USA, a range of centre-based programmes have been found to boost maternal education, employment, and earnings. The Abecedarian programme has been reported to have raised maternal earnings by \$3,750 per year and to have yielded a rate of return of 'no less than three per cent' and likely to be higher than seven per cent (Masse and Barnett 2004).

A cost-benefit analysis of the Chicago Parent Child centres (CPC) programme found that the pre-school programme provided a return to society of \$3.83 per (1998) dollar invested, by increasing economic wellbeing and US tax revenues, and by reducing public expenditures for remedial education, criminal justice treatment, and crime victims (Reynolds *et al* 2002).

However, the significance of the intensive parental involvement components of many of these US initiatives are sometimes understated (Ramey and Ramey 2000; Masse and Barnett 2004). This has also been the case with the classic High/Scope Perry Preschool Study (Schweinhart *et al* 2005). The programme involved 123 low-income African American children. In addition to the daily, two-and-a-half-hour classroom sessions involved in this centre-based initiative, a one half-hour home visit was provided for each mother every day throughout a 30-week school year. The home visits were intended to involve the parents in implementing the curriculum within the child's home. The children involved outperformed the control group on a range of tests from their pre-school years up to age seven; and then in school achievement tests at nine, 10 and 14; and literacy tests at 19 and 27. At age 27 and 40, more of the programme group were employed, owned their own homes and cars, and had higher earnings. Fewer of the programme group had a criminal conviction and the economic return to society for the programme has been calculated as \$16.14 per dollar invested.

While both individual parent and group-based programmes are effective, there is some evidence to suggest that group-based programmes may be more cost-effective than individual clinic-based training (Cunningham *et al* 1995). The review also highlighted the need for programmes of much longer duration (beyond the typical 10 to 20 weeks) when children's behaviour problems were more severe.

## Summary of evidence on supporting family engagement in children's learning

There is no consensus on how best to classify different approaches to interventions promoting family engagement in children's learning.

Recommendations for developing effective services focus on:

- auditing and ensuring that provision meets local needs, including involving parents in devising/developing services
- home visits, focusing on quantity, quality and meeting the needs of children
- integrating adult and child interventions, for example by addressing family problems as well as addressing child behaviour problems
- multi-agency teamwork, especially involving health and education
- budget and project management, including cost–benefit analysis

## 8 How do support needs differ for different groups of parents and carers?

In order to provide effective working with parents, parents first need to be engaged with interventions. This section focuses on practical solutions to engaging poor and hard-to-reach parents.

Ghate and Hazel's (2002) survey of 1,750 parents from poor neighbourhoods, found that nearly half felt unsupported. One in 10 wished they had support more often. The key stressors they identify for parents living in poverty include:

- Caring for a child with behaviour problems
- a high level of life problems in areas such as finance, housing and relationships
- the poor mental health of a parent or carer
- being a lone parent
- having a large number of children.

Ghate and Hazel (2002) identify three key stages in the process of engaging parents, detailed below.

### 1. Getting parents

This is basically getting parents to make an initial contact with a service, by:

- advertising, persistent outreach over time, making a home visit
- paying attention to the practical features such as child care, distance and transport
- not stigmatising and offering convenient timing
- providing useful facilities for poor parents such as washing machines and driers.

### 2. Keeping parents

This is about keeping the parents long enough to experience the service by, for example:

- providing 'multi-modal' services which involve contact in groups, individually or by telephone, with enough flexibility to respond to individuals around (and beyond) a consistent 'core' service
- matching duration and intensity to level of need
- delivery that takes account of the different learning styles of carers and parents, for example interactive (rather than 'telling'), using multimedia and providing translations.

### 3. Engaging parents

Services need to convince parents and carers to stay involved long enough for the service to have an impact. Creating good relationships is paramount.

- Services need to use professionals who are trusted, well-trained and who know how to ensure user feedback to improve their service and feed this back to the users.
- Services need to pay attention to contextual and cultural factors. For example, stressed parents will find it difficult to benefit fully from a service unless staff are aware of personal circumstances and engaged with interagency support and working practices to the benefit of users.
- Diversity issues include special provision for fathers and the cultural sensitivity of staff to parents and carers from black and minority ethnic groups.

Efforts to improve recruitment of parents in the United States have often involved offering financial incentives. However, a US study of poor minority ethnic parents found that while financial incentives acted as a way of attracting initial interest to the intervention, they were not necessarily sufficient to sustain parents' interest over time (Gross *et al* 2001). The study examined the effect of various incentives on recruitment and retention of parents in a parenting skills course for parents of children under five. Interestingly, parents rated the location of the scheme (at the children's pre-school centre) as the most important factor in encouraging their involvement in the programme. This reflects the need for convenience and easy access of services, as described earlier. A free videotaped session of the parent playing with their child was also cited as important, more so than the financial incentive for taking part. Gross *et al's* (2001) study found that personality and trustworthiness of the recruiter was an important incentive. The programme employed workers from the same ethnic group as participants, who lived in communities similar to the one where the scheme was located.

Similar findings also emerged from another US study of ethnically diverse parents (Harachi *et al* 1997). The initiative identified people who could access social networks of potential participants, such as church and school community personnel. These individuals offered credibility and a personal connection between the parenting programme and the cultural community that enhanced recruitment.

### Engaging black and minority ethnic groups

Page *et al's* recent (2007) research has highlighted the need to monitor engagement with minority ethnic parents better, and the difficulties this presents. Black and minority ethnic (BME) families have been identified as taking up less child care and education for their under-fives and they are also more likely to come from low-income groups (Coghlan *et al* 2009). As poverty has a negative effect on child developmental outcomes, the Department for Children, Schools and Families (DCSF) has initiated work at both a national and local level to examine means by which these families can be encouraged to use child care. A recent report by the Esmée Fairbairn Trust and Daycare Trust (2008) points out that since the 2004 Spending Review, the DCSF and the Department for Work and Pensions (DWP) have been jointly responsible for a Public Service Agreement target to increase the take-up of child care among disadvantaged groups:

*As a contribution to reducing the proportion of children living in households where no one is working, by 2008, increase the number of children in lower income working families using formal childcare by 120,000 (p 3).*

The report was compiled from a range of interviews, survey findings and meetings with local authorities and Government, as well as a broad analysis of eight Childcare Sufficiency Assessments. Parents from BME backgrounds who participated in focus groups interviews identified a number of other gaps in the child care service that presented difficulties for their uptake of child care and also their employment prospects. Their request for flexible child care provision goes beyond what most parents want, to include the evening, night-time and weekends and also when children are sick. This is because BME parents (and especially lone parents) are currently restricted to training and jobs that fit the hours that child care is available. Although many white parents also struggle with finding child care at atypical times, BME communities are more likely to be working anti-social hours at the weekends or late at night. The Esmée Fairbairn and Day Care Trusts (2008) also found that BME parents felt there was a need for more diverse and inclusive types of child care provision such as parent and toddler groups, inclusive provision for fathers, and wrap-around services for older children.

Other key findings of the report include:

- Local authorities are not currently under any obligation to monitor the ethnicity of child care service users or child care workforce within their area. Consequently the amount data collected across the country about ethnicity within child care varies from authority to authority.
- Obtaining data about ethnicity in child care – particularly baseline data – is difficult. Local authorities that linked strategically to share information – for example with primary care trusts (PCTs) and community development teams – were able to obtain more accurate data.
- Monitoring of ethnicity is most effective when undertaken at a local level within the context of local demographics. The most useful monitoring data reflected the practical needs of those conducting outreach and take-up. Some authorities said that qualitative data was just as important as quantitative data in this regard.

Poor take-up of pre-school places by families in poverty and deprivation (such as Bangladeshi and Pakistani families) has implications regarding their engagement with young children's learning and it suggests that some families might need more than access to information on pre-schools.

Parents from BME backgrounds might need to be convinced that pre-school can offer more, or can complement the family in terms of children's development. In this regard we suggest more research into the reasons why parents from some BME groups prefer their under-fives to stay at home until start of school. Peters *et al's* (2007) survey, and other findings reported below, suggest that these parents do have high educational aspirations for their children. The problem might therefore be that they perceive the early childhood provisions to be for care purposes only. If this is the case, efforts may need to be made to communicate more clearly the educational contribution that pre-schools provide. In the

meantime, provision which targets 'family based support' for the early home learning environment may contribute significantly in raising child developmental outcomes.

In a recent study conducted for the Cabinet Office (Siraj-Blatchford *et al* 2007) case studies were drawn from a sample of children (and their families) from low socio-economic status (SES), diverse ethnic backgrounds who were identified in the EPPE project as having benefited from a moderate or relatively high early home learning environment (HLE), and were achieving higher than expected academic attainment when all other background factors were taken into account. The broad objective of the analysis was to establish how (and why) some families from disadvantaged backgrounds were able to provide better support for their children's early learning at home.

Although HLE scores were notably lower in homes where the home language was not English, EPPE found that the impact that the early HLE had upon children's under- or over-achievement in literacy and numeracy was greater than would otherwise be expected given their SES and other background characteristics. The EPPE study found that the effects of the HLE were stronger, and that some ethnic groups showed HLE effects greater than the white UK group. This indicates that the HLE was important for these minority ethnic groups in determining *how* children reached different levels of attainment. The analysis also showed that most ethnic groups have much more in common in terms of their potential for providing a higher HLE than what sets them apart, and the variations in HLE practices within each ethnic group was greater than that between each group.

The research confirmed the findings of earlier research by Crozier and Davies (2005). This study surveyed 591 Pakistani and Bangladeshi parents: most had high aspirations for their children, with many wanting them to go to university and take up professional careers. For some of the African Caribbean parents in the EPPE study, their educational efforts were in part an attempt to overcome the disadvantages of the negative influences of their local neighbourhood and of racism.

National survey findings have shown that more ethnic minority (than ethnic majority) parents consider their own responsibility for their child's education to be greater than that of the school (Peters *et al* 2007). In fact the desire to become more involved in their child's education has consistently been found to be stronger amongst disadvantaged groups (those in lower social grades, minority ethnic groups and those with a long-term illness or disability).

Parents' answers to a question about their desire to be more involved in their child's education are shown in Table 2.

**Table 2: The proportion of parents from different backgrounds who want to be more involved in their child’s education**

	% in agreement
<b>All</b>	66
<b>Child’s school year: Years 1–2</b>	71
<b>Social grade</b>	
<b>A</b>	51
<b>B</b>	58
<b>C1</b>	66
<b>C2</b>	70
<b>D</b>	75
<b>E</b>	74
<b>Ethnic background</b>	
<b>White</b>	63
<b>Black or black British</b>	84
<b>Asian or Asian British</b>	82
<b>Total number</b> (Parents of children in Years 1–12)	<b>4,056</b>

(Source: Peters *et al* 2007)

It was clear from the EPPE study data that the positive early HLEs identified were not provided as an alternative to other culturally appropriate educational provisions, community language or religious instructions. In some cases they clearly complemented these provisions strongly (for example, in the case of African–Caribbean Supplementary Schools). When asked what they felt the barriers were to providing a positive early HLE the only reasons that parents gave were related to the time available and their personal circumstances, such as health. But other family pressures clearly did make it very difficult for some families to provide support and even in the most diligent of households, the HLE provisions made for individual children sometimes changed when home circumstances changed (e.g. with the birth of additional children). EPPE 3–11 has found that children from larger families (with three or more siblings) tend to have lower HLE scores and show significantly lower attainment in reading at age 10 (effect size = 0.21) (Sylva *et al* 2008a).

The case study respondents reported little or no contribution from schools and pre-schools to the process of developing their early HLEs beyond providing reading schemes. This finding is of concern and suggests that new DCSF-sponsored programmes like PEAL (Wheeler 2009) with their associated materials and training for early years staff is an important development which would make a contribution towards supporting practitioners and parents in developing good HLEs for their young children.

## Engaging fathers in early years and family services

To a large extent, the support needs of mothers and families with low socio-economic status have been discussed in other sections. However, these are not the only variables

that matter. Fathers and other family members also have a role to play (Ghate and Hazel 2002)

Page *et al* (2008) argue that improving engagement with fathers remains a considerable challenge across all family services and local authorities. Most providers recognise the importance of engaging with 'parents' more generally but they tend to deliver services in a gender neutral manner that does not differentiate between fathers and mothers. This very attempt at neutrality may result in unequal levels of access for fathers. The authors go on to suggest that substantial barriers exist in relation to: recognition and support for fathers in English policy; the workforce and delivery in family services; and the broader issues of attitudes and behaviours to and of fathers and mothers in society. We shall return to the general barriers and what works strategies from this report towards the end of this section.

A focus on fathers is very important as increasing numbers of fathers are becoming primary carers for all or part of the day. Lloyd *et al* (2003) found that both male and female users of early years services, especially pre-schools, regarded them as feminised spaces which undermine male involvement.

Kahn (2006) carried out a questionnaire survey of 29 participating settings for the Pre-school Learning Alliance with the aim of exploring what appeared to be most effective in terms of increasing father involvement in early years settings. Findings include:

- raising awareness of issues around involving fathers
- addressing fathers explicitly
- engaging with fathers collecting and dropping off their children, especially in settings where this is the main and only contact point with fathers
- materials directed at fathers
- support for managers on getting their staff on board.

A recent study by Page *et al* (2008) included a survey of 46 English local authorities and evidence from 250 interviews with practitioners and local authority managers from eight local authorities. The findings suggested that fathers are largely absent from policy, they are mentioned infrequently, and not referred to with any differentiation (for example as minority ethnic or young fathers). Yet virtually all local authorities and family services reported that engagement with fathers was substantially lower than with mothers.

Page *et al* (2008) are particularly helpful in identifying ways of engaging fathers suggested by staff in local authorities and family services:

- engagement with fathers in family services should be routine
- making support for fathers a more explicit national priority across all family services by developing an 'Every Father Matters' approach
- providing training for managers and practitioners in family services focused specifically on engaging with fathers
- specific guidance and best practice documents for family services

- policy coordination with other bodies (such as health services and the courts) to ensure that fathers are involved.

Goldman (2005) conducted a review of research into fathers' involvement in their children's education across a variety of curricular areas. The full report contains a comprehensive review of the literature. Fathers have been found to be less likely than mothers to read with their children, though a substantial proportion (50 per cent or more) of fathers in the UK do read at home regularly with their children. A US study by Ortiz (2001) found fathers using 'environmental print' and recreational materials with their very young children such as maps, magazines, comic strips, instructions for board games and homework instructions.

Goldman (2005) states that it is easiest to engage fathers in family literacy programmes when they are developed especially with fathers in mind. Good practice points for engaging fathers in family literacy programmes include:

- using such materials as non-fiction, web-pages, newspapers, sports or science fiction. Some libraries have produced reading lists for fathers
- male-oriented learning methods and practical, 'hands on' activities such as use of the internet or visits from dramatists and storytellers
- advising on family literacy, with distant non-resident fathers using audio- or video-taped stories.

However, Goldman cautions against stereotyping fathers, suggesting an individualised approach. Services need to develop a strategy for recruiting and engaging fathers, providing suitable contexts for their engagement. This includes consulting fathers and offering to hold meetings at venues where they might feel more comfortable, such as a sports clubs.

Gadsden and Ray's (2003) digest explores what is known about the role of fathers in young children's academic achievement and literacy. It examines the extent to which fathers are involved with their children's schools, and points out that even fathers with limited education can have a powerful influence on their children's academic achievement if they are involved and show consistent interest. The conclusions suggest ways that early childhood educators can introduce fathers to approaches that give opportunities for their children to mark-make and write, learn new vocabulary, identify letters and important words such as their names, and use some appropriate print within and outside the home.

There is clearly a need for more research in this area. As Gadsden and Ray (2003) argue:

*Our ability to incorporate the cultural strengths and the distinctive ways that families, specifically fathers, contribute to educational accomplishments of their preschool children is severely constrained by major gaps and inadequacy in our research literature. Before early childhood programs can tap these fathers' or families' potential to enhance children's development, research needs to define father and family involvement more precisely (p 5).*

## Engaging grandparents and the wider family

There has been a recent flurry of work which shows that children benefit when they are cared for by and engage with their grandparents. However, most of this research is related to children older than five. Some direct evidence on younger children comes from early findings of the EPPE study (Melhuish *et al* 2001). The study considered the influences of different types of child care before age three, and the most positive of these was care by a relative (mainly grandmothers). These children showed benefits associated with higher co-operation and less anti-social behaviour.

Kenner *et al* (2004) have described how Bangladeshi grandparents in the East End of London were supplied with laptop computers for use with their grandchildren. One of the aims of the initiative was to increase family involvement with computers. The authors describe how the grandparents were encouraged to sit beside their grandchildren and help them maintain concentration to complete a range of ICT activities.

*...the grandparents showed a growing interest in what was happening on the screen. Their curiosity indicated a potential to develop knowledge and expertise if they were to have access to software or websites which operated in their own language (Kenner et al 2004, p 8).*

Kenner *et al* (2004) go on to argue that providing the Bangladeshi grandparents with tutoring and resources in Bengali could enhance both their own learning and that of their grandchildren.

The study conducted for the Cabinet Office (Siraj-Blatchford *et al* 2007), mentioned earlier in this section, also shows the influence of wider family members. The children and their parents often expressed the importance of a particular family member, and the most frequently cited person other than a parent was an older sibling, aunt, uncle, grandparent or a relative who provided a strong role model but lived in the family's country of origin. This illustrates that parent- or family-based support should target and make allowances for the involvement of a wider range of family members than mothers, fathers or the child's primary carer.

## The role of childminders

Childminders are a group of home-based carers where we have less research evidence in terms of their impact on child outcomes. Given the importance of the early home learning environment and the fact that childminders strive to create an enriched home-based environment for very young children this is surprising. Ofsted figures show that there were 63,600 childminders registered on their database catering for 295,300 children in England in 2008 (Ofsted 2008a). Most of these children are under five.

Childminders often feel undervalued for the work that they do. Mooney *et al* (2008) found that 39.7 per cent of their nationally representative survey of childminders felt that society's

lack of recognition for their work was the most dissatisfying aspect of childminding. In addition, 16.9 per cent of Mooney's sample complained that they made less money than they deserved, and another 12.2 per cent felt there was a lack of appreciation from parents.

There is a greater evidence base on home care in the USA. For instance, Clarke-Stewart *et al* (2002) studied childminders' homes using data from the NICHD Study of Early Child Care. The study included 10 research sites in nine states. Selected childminders had at least two children and the childminder received payment for child care. The 482 children were aged between 15 and 36 months.

Children were observed in their primary child care arrangements at 15, 24, and 36 months. Standardised tests on cognitive and language development were obtained at these same ages, alongside mother and childminder reports of children's social skills and behaviour problems. The study found that childminders who had received more recent and higher levels of education provided richer learning environments and warmer and more sensitive care. The children performed better on tests of language and cognitive development and were also rated as being more cooperative. Children who received higher quality care were with childminders who were more stimulating, more attentive, responsive, and emotionally supportive. Care-givers who had more child-centred beliefs about children provided higher-quality care and a more stimulating home environment. Interestingly the quality of care was not related to childminders' age, experience, professionalism, or the ratio of children to childminder.

In their study of wrap-around care Smith *et al* (2004) argue that childminders potentially offer the most flexible and parent-responsive form of integrated provision as they are able to adapt to changing family circumstances more readily than many centre-based settings. A number of approaches to the provision of an 'integrated day' through childminding were documented, including:

- accredited networks, in which childminders provide both the early education places and the extended element of provision – and thus 'wrap around themselves'
- schemes linking non-accredited childminders to part-time places at centre-based settings.

The study also focused on the recruitment and support of new childminders. In practice, this generally involves childminders joining an accredited network or a coordination scheme which links them to part-time education sessions at centre-based settings, which has very positive implications for training. Smith *et al* (2004) argue that where childminders were supported by a National Childminding Association (NCMA) development worker, it was clear that specific support staff greatly enhanced partnership working. So childminders can be a very positive link between parents and pre-school or family services.

A recent Ofsted report (Ofsted 2008b) stated that there had been a drop in the number of good and outstanding childminders, although there had been a huge reduction in the number of childminders considered inadequate from the previous three year analysis undertaken in 2005. The better childminders were found to be serving better-off

communities, a feature which is also true of other providers of group care and education. It shows that the quality of child care and education that is so important to 'narrowing the gap' (Coghlan *et al* 2009) remains an issue for local authorities. Interestingly, a higher percentage of childminders had better ratings from Ofsted if they had been registered longer. This means that the experience and retention of childminders are important issues.

## Summary of findings on how support needs differ for different groups of parents and carers

There are three stages in the process of engaging parents:

- **getting parents** (for example through advertising, outreach and offering useful facilities)
- **keeping parents** by providing multi-modal and flexible services matched to individual needs
- **engaging parents** (through attention to staff quality and sensitivity to diversity).

Financial incentives are not as effective as convenience, accessibility and intrinsic rewards (such as videotapes of parents interacting with their child) and the trustworthiness of the recruiter.

Attracting BME parents may be helped by:

- improving flexibility of service provision, including evenings, nights, weekends, and when children are sick
- encouraging parents to view pre-school provision as promoting educational achievement.

There is a need to improve ethnic monitoring at a local level, to gather more precise data on the uptake of services among BME families.

Encouraging fathers' engagement in early years and family services is a considerable challenge. Improvements can be made by:

- raising awareness of the issue, encouraging staff to be pro-active in engaging fathers and providing staff training
- developing provision and devising activities that appeal to fathers' interests
- addressing fathers directly using positive language and images
- employing male staff in parent contact roles.

Family support services should encourage involvement from grandparents and other family members.

Childminders have the potential to make a real difference to children's outcomes. Although research on childminding is lacking, the available evidence suggests that the quality of childminding can be enhanced through:

- accredited networks for childminders and links with pre-school centres
- providing training and support aimed at helping childminders to provide secure, sensitive care and a high-quality learning environment
- encouraging more experienced childminders to continue to provide the service.

## 9 Conclusions and main messages

In the introduction to this report, reference was made to the tendency of many writers to discriminate between the kind of family-based support for children that is considered 'natural' and that provided through state 'intervention'. It is instructive in this context to consider that despite its early beginnings over a century ago as a family intervention, health visiting has now become established as an acceptable and quite 'natural' form of provision. According to Garrett (2006) health visiting was first introduced by volunteers from the Ladies' Sanitary Reform Association of Manchester and Salford in 1862. But health visiting is now accepted by the public, and the implication may be that many other family interventions that appear radical today may be considered entirely acceptable in the future. When we consider the aspirations of Every Child Matters in this light then it opens up the possibility of a redefinition of children's 'health' and wellbeing to include the home learning environment.

There appears to be little information available regarding the current thresholds and definitions of need applied in the implementation of the Common Assessment Framework, and there is therefore a need to collect this information and evaluate it in the light of the knowledge that we now have regarding the most significant predictive factors and the potential needs to be addressed.

The specific research questions addressed in this review were:

1. 'What evidence is there for the effectiveness of family-based support of early learning in improving children's outcomes?'
2. What evidence is there on approaches that support the engagement of family members (especially parents and carers) in young children's learning?
3. How might support needs differ for different groups of parents and carers such as:
  - low-income families
  - fathers, mothers, and other family members and carers
  - parents and carers from black or other minority ethnic groups?

The review team identified a lack of consensus in the approaches taken in the literature related to family-based learning. While a large body of evidence exists that demonstrates a strong and positive link between parenting and children's learning outcomes, previous reviews had addressed different combinations of family behaviours, attitudes and characteristics, and offered differing accounts of the processes by which these factors have operated to limit or extend children's learning opportunities. This led us to ask two more specific questions:

4. What are the features of parenting that have a significant effect upon children's learning outcomes?

5. How can we best understand the processes that are involved in the inter-generational transmission of educational success?

The inter-generational processes involved are best described applying a perspective that gives priority to neither nature nor nurture, emphasising neither the influence of parents at home, or state provisions, but rather accepting the multiplicity of positive and negative factors that combine in complex ways to determine each child's unique developmental life history. Such a perspective suggests the need to focus our attention directly on the progress being made by individual children, and to respond when necessary with whatever tools and strategies that we find to be effective to secure their future success and wellbeing.

The main messages from the research are:

- (i) the effectiveness of family-based support of early learning in improving children's outcomes
- (ii) approaches that support the engagement of family members (especially parents and carers) in young children's learning
- (iii) support needs for different groups of parents/carers, such as low-income families; fathers, mothers, other family members/carers; parents/carers from black or other minority ethnic groups

(i) Research question 1: what evidence is there for the effectiveness of family-based support of early learning in improving children's outcomes?

Some early childhood disadvantages (or risk factors) have the potential to lead either directly or indirectly to underachievement, whereas other compensatory (and resilience) factors provide a child with the resources to overcome these risks. Children's risk of underachievement can be improved directly through:

- reducing foetal and post-natal injury (Schwebel *et al* 2004; Carman *et al* 2006)
- reducing child neglect and abuse (Sidebotham *et al* 2002)
- reducing disease and infection (Belsky *et al* 2007)
- lowering the incidence of poor bonding and poor attachment (Cicchetti *et al* 1999; Heinicke *et al* 2001; Egeland and Bosquet 2002)
- lowering the incidence of children experiencing a lack of stimulation (Molfese *et al* 2001; Connell and Prinz 2002; Neitzel and Stright 2003; Fantuzzo *et al* 2004; Evangelou *et al* 2007; Sylva *et al* 2008a, 2008b).

Indirect means of reducing the risk of underachievement include:

- improving maternal (or primary care-giver) education (Belsky *et al* 2007; Suizzo and Stapleton 2007; Sylva *et al* 2008a)
- reducing maternal (or primary care-giver) anxiety and depression (Sanders *et al* 2000; Bor *et al* 2002; Spence *et al* 2002)
- improving employment opportunities and reducing poverty (Katz *et al* 2007; Bhattacharjee 2008)
- increased mixing with those of different socio-economic status (for example of children and parents in nursery settings (Sylva *et al* 2004).

Children may be supported in overcoming these disadvantages through:

- improving the quality of children's stimulation, and early home learning environment (HLE), especially for boys (Molfese *et al* 2001; Connell and Prinz 2002; Neitzel and Stricht 2003; Fantuzzo *et al* 2004; Evangelou *et al* 2007; Sylva *et al* 2008a)
- encouraging parents to interact and problem-solve with their children (Neitzel and Stricht 2003; Sylva *et al* 2004, 2008a)
- promoting parents' involvement and interest in education (Siraj-Blatchford *et al* 2003; Blanden 2006)
- alerting parents to the full implications of the differences in home learning environments that they currently provide for girls and boys (Siraj-Blatchford and Sammons 2004).
- attending high-quality pre-schools (Sylva *et al* 2004, 2008a)
- supporting and educating the parents of children with behaviour problems (Love *et al* 2005; Blair and Razza 2007; Melhuish *et al* 2008; Sylva *et al* 2008b).

(ii) Research question 2: what evidence is there on approaches that support the engagement of family members (especially parents and carers) in young children's learning?

The evidence suggests that programmes that target two or more child/family outcomes (such as behaviour and literacy) may be particularly cost-effective (Sanders *et al* 2000; Egeland and Bosquet 2002; Hannon *et al* 2006).

While the evidential basis of other findings was weaker, the literature also suggests that:

- The role of pre-school provision should be extended to accept a parent partnership role that includes the provision of parenting support in development of the early HLE (Siraj-Blatchford *et al* 2002; Kirk 2003).
- The evidence supports the practice of auditing local needs, and targeting socio-economically disadvantaged groups (Melhuish *et al* 2007).

- There is a need for further training of staff in all services to work with families on supporting their children's learning. This could be built into existing courses for teachers, health visitors, social workers and other early years staff.
- The evidence supports the early identification and targeting of children at risk, and the provision of additional training for multi-agency teamwork and for managers and leaders in budget and project management (Anning and NESS 2007; Daniels *et al* 2008; Siraj-Blatchford and Siraj-Blatchford 2009).
- Home visiting, when well-focused and of appropriate intensity and quality, provides a useful tool for improving child outcomes, especially for younger children or where parents do not seek support from centre-based provision (Raikes *et al* 2006).

(iii) Research Question 3: How might support needs differ between groups of parents and carers, such as low-income families; fathers, mothers and other family members/carers; parents and carers from black or other minority ethnic groups?

Successful strategies to encourage fathers' involvement in early child care and education include the provision of desk-top computer materials and optional customised reading lists (Lloyd *et al* 2003; Goldman 2005).

Greater provision should be made to support (especially low-income and/or minority ethnic) parents affected by barriers such as lack of time, above-average distance and costs of travel, and access to high-quality, respectful, and non-stigmatising early childhood support services (Ghate and Hazel 2002; Kahn 2006; Page *et al* 2008). This could particularly affect low income and/or minority ethnic parents.

There is a need for more accredited training and support for childminders (Clarke-Stewart *et al* 2002).

## The strength of the evidence base

For the purposes of this review we considered it important to identify the key constructs related to family support that were applied by both the user and research communities in defining 'positive outcomes for children'. Our findings in this respect are consistent with the National Evaluation of Sure Start (NESS) (Melhuish *et al* 2008). Fifteen child and family outcome variables were identified in the NESS study, and these were reduced through factor analysis in the research to four composite variables:

1. supportive parenting
2. negative parenting
3. child social competence
4. child emotion-behaviour difficulties.

In addition to these four, the other outcomes researched by NESS were:

- child verbal and non-verbal ability
- parental acceptance
- home learning environment.

Each of these has been identified as related to specific child learning outcomes in several significant studies in this review. The research also shows that despite the fact that many children remain vulnerable and at risk of underachievement, a range of family-based intervention strategies have been shown to be effective in the development of resilience and in the improvement of outcomes.

The review identified both strengths and limitations in the studies currently available:

- The research is strong in terms of the evidence of effects on children's learning and development.
- It is weaker in its identification of the key levers and variables associated with particular approaches, and with the various family groups and needs that were targeted. There is a need for more studies that investigate these aspects further. C4EO may support this process by providing a platform for sharing data collected locally and for more collective analysis and meta-analysis nationally.
- There is also a need to provide more intergenerational research on socio-economic status (SES), maternal education and other family characteristics for different regional and minority ethnic groups.
- Local and national studies are required to identify the current thresholds applied in the implementation of the Common Assessment Framework, and to identify (applying the knowledge that we now have regarding the most significant predictive factors) the potential needs that these may be applied to address in each community.
- More rigorously designed studies are also required, to identify the specific informal educational practices that are applied in more effective early home learning and childminding environments.

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## Appendix: Searching results and search strategy

This appendix contains details of the search results and strategy.

Seven of the 13 key sources that were identified in the scoping for this review were reviews of research that therefore acted as 'parent' sources for a total of 41 'harvested' items. Further reference harvesting therefore identified a total of 159 *additional* sources at this stage of the review (See Section 4). Each of these was screened according to the conventions adopted in the initial scoping study. These were added to an EndNote (X2) bibliographic database compatible with the EPPI-Centre systems applied in scoping.

Screening for studies considered of particular significance in addressing the research questions was conducted by two independent screeners. Individual review summaries were then completed with quality assurance checks carried out on 20 per cent of these by a member of the team who was not involved in their original assessment. Both the initial, and the ongoing 'scoping' of the research literature has been carried out to maximise the 'reliability' and 'validity' of the review:

**Reliability** – the scoping reports provide an account of the initial stages of the review process to provide accountability and at least a notional basis for replication. To achieve this we provide an account of how the most relevant sources for review were identified. A summary is provided here and in the earlier scoping report, and it is also fully documented in the EPPI reviewer database which provides records of the screening of each research source that was carried out.

**Validity** – the scoping also acts as a discrete and formal stage in the process of a systematic review, and is intended to ensure an objective and unbiased selection of the best evidence available, which is then presented for the main review stage.

At this stage of the process it is the reliability achieved through scoping that becomes the most significant priority as the warrants for validity become more strongly identified in the construct and external validity of the narrative review itself.

The first stage in the review process was for the Theme Lead to set the key review questions and search parameters for the initial scoping study and agree them with the National Foundation for Educational Research (NFER) team. The list of databases and sources to be searched was also agreed with the Theme Lead. Sets of keywords were selected from the British Education Index (BEI) and were supplemented with free text phrases. The sets comprised an early years set covering a range of concepts equating to the early years 'stage' and two sets of terms relating to diversity (such as race, religion, social class, culture and language). A set of terms relating to disability was built in order to exclude items relating to this from some searches because disability was the subject of a separate theme. Individual ethnic groups and religions were not searched for.

The keywords were adhered to as far as possible for all bibliographic databases, with closest alternatives selected where necessary. Web-based databases were searched using a more limited number of terms, enabling a simultaneous search across the three priority areas within the early years theme. A list of websites considered relevant to the

search was compiled by the NFER team and supplemented by key organisations identified in the National Children's Bureau (NCB) organisations database, the British Education Internet Resource Catalogue (BEIRC) and by others identified in the course of the bibliographic database searches. Current research was specifically searched for in the CERUK Plus (education and children's services research) database, in the Research Register for Social Care and on the websites of key organisations. Members of the Theme Advisory Group were invited to suggest relevant documents, networks and websites.

The next stage in the process was to carry out searching across the specified databases. The database and web searches were conducted by information specialists. Initial screening was done at this stage to ensure the results conformed to the search parameters. The records selected from the searches were then loaded into a Reference Manager database and the data 'cleaned'. This included removing duplicates, checking citations and sourcing missing abstracts. The data was then transferred to an Excel spreadsheet.

At main review stage the existing searches were supplemented by the addition of three health and psychological databases, on the recommendation of the Theme Advisory Group. The new databases were Cumulative Index to Nursing and Allied Health Literature (Cinahl Plus), Medline and PsycInfo. The existing scoping study searches were replicated as far as possible, using similar keywords to those identified in British Education Index, using the MeSH thesaurus for Medline. Searches were limited to items published in the English language between 2000-2008.

Records selected from the searches were loaded into Eppi-Reviewer, which replaced the earlier Reference Manager and Excel software. All existing records for the scoping study were transferred into the new software.

## Search strategy

The following section provides information on the keywords and search strategy for each database and web source searched. All scoping study searches were conducted by information specialists at NFER, with the exception of ChildData, which was searched by an information specialist at the National Children's Bureau. The additional searches for the main review were conducted by information specialists at the Social Care Institute for Excellence and NFER. The keywords used in the searches, together with a brief description of each of the databases searched, are outlined below. Keywords were not exploded due to time limitations, although narrower terms were used wherever possible and have been listed in the search strategy. This is denoted as (+NT). The following conventions have also been used: (ft) denotes that free-text search terms were used and mp=title, original title, abstract, name of substance word, or subject heading word. Author searches and reference harvesting (following up references cited in text) were also undertaken.

### **Applied Social Sciences Index and Abstracts (ASSIA)**

(searched via CSA 21/07/08)

ASSIA is an index of articles from over 500 international English-language social science journals.

- #1 early years (ft)
- #2 under fives (ft)
- #3 children's cent\* (ft)
- #4 foundation stage (ft)
- #5 day nurseries
- #6 early childhood education
- #7 kindergartens
- #8 nurseries
- #9 nursery schools
- #10 playgroups
- #11 preschool children
- #12 preschools
- #13 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12
- #14 parent child relationships
- #15 parental participation
- #16 parental support
- #17 family support
- #18 family involvement
- #19 home school relationship
- #20 learning
- #21 #14 or #15 or #16 or #17 or #18 or #19 or #20
- #22 #13 and #21

### **Australian Education Index (AEI)**

(searched via Dialog 21/07/08)

AEI is Australia's largest source of education information covering reports, books, journal articles, online resources, conference papers and book chapters.

- #1 early years (ft)
- #2 under fives (ft)
- #3 young children
- #4 playgroups
- #5 preschools or preschool-children or preschool-curriculum or preschool-education
- #6 kindergarten or kindergarten children
- #7 nursery schools
- #8 play groups (ft)
- #9 childcare
- #10 children's centres (ft)
- #11 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10
- #12 parental support (ft)
- #13 parent-child-relationship or parent-influence or parent participation or parent-school relationship
- #14 family-involvement or family-school-relationship
- #15 family support

- #16 learning
- #17 learning strategies or learning processes or learning activities
- #18 #12 or #13 or #14 or #15 or #16 or #17
- #19 #11 and #18

Note: a number of the AEI hits were blank records with the message: "information withdrawn by the provider".

## **British Education Index (BEI)**

(searched via Dialog 21/07/08)

BEI provides information on research, policy and practice in education and training in the UK. Sources include over 300 journals, mostly published in the UK, plus other material including reports, series and conference papers.

- #1 early childhood education
- #2 early years (ft)
- #3 under fives (ft)
- #4 young children
- #5 preschool education
- #6 preschool children
- #7 preschool playgroups (ft)
- #8 nursery schools
- #9 nursery school curriculum
- #10 nursery school education
- #11 nursery classes
- #12 kindergarten
- #13 kindergarten children
- #14 childcare
- #15 playgroups
- #16 day care centres
- #17 foundation stage (ft)
- #18 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17
- #19 parental support (ft)
- #20 parent participation
- #21 parent school relationship
- #22 parent pupil relationship
- #23 parent child relationship
- #24 parent influence
- #25 home school relationship
- #26 family support (ft)
- #27 family involvement
- #28 learning
- #29 learning activities
- #30 learning processes
- #31 learning strategies

#32 #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30  
or #31 #33 #18 and #32

## **British Education Internet Resource Catalogue (BEIRC)**

(searched 09/07/08)

The British Education Internet Resource catalogue is a freely accessible database of information about professionally evaluated and described internet sites that support educational research, policy and practice.

#1 early childhood education or preschool education or daycare centres or kindergarten or nursery schools or nursery school curriculum or play groups or primary education or young children

## **CERUK Plus**

(searched 22/07/08)

The CERUK Plus database provides access to information about current and recently completed research, PhD level work and practitioner research in the field of education and children's services.

#1 early childhood education or early childhood education and care or preschool education or preschool children

## **ChildData**

(search completed 31/07/08)

ChildData is the National Children's Bureau's database, containing details of around 35,000 books, reports and journal articles about children and young people.

#1 preschool children  
#2 preschool education  
#3 day care  
#4 early childhood care and education  
#5 early childhood services  
#6 early primary school age  
#7 children's centres  
#8 nursery schools  
#9 nursery classes  
#10 educare (ft)  
#11 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10  
#12 parental support (ft)  
#13 family support  
#14 parental involvement (ft)  
#15 parental participation (ft)

- #16 family learning
- #17 family literacy (ft)
- #18 home school relations
- #19 fathers
- #20 grandparents
- #21 poverty
- #22 disadvantage
- #23 #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22
- #24 #23 and #11

## **Cumulative Index to Nursing and Allied Health Literature (Cinahl Plus)**

(searched via EBSCO Host 14/10/08)

Cinahl Plus is the most comprehensive resource for nursing and allied health literature.

### **Early years set**

- #1 early years (ft)
- #2 under fives (ft)
- #3 child, preschool
- #4 schools, nursery
- #5 schools, elementary or kindergarten (ft)
- #6 Students, elementary
- #7 playschool (ft)
- #8 child day care
- #9 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8

### **Race, culture, language set**

- #10 cultural diversity or cultural sensitivity or cultural values
- #11 cultural competence
- #12 ethnic groups (+NT)
- #13 multilingualism
- #14 communication barriers
- #15 race relations (+NT)
- #16 English as a second language
- #17 #10 or #11 or #12 or #13 or #14 or #15 or #16

Narrowing the gap in outcomes for young children through effective practices in the early years

### **Outcomes, social class set**

- #18 academic performance (+NT)
- #19 educational status
- #20 socioeconomic factors (+NT)
- #21 #18 or #19 or #20

### **Disabilities/SEN set (created in order to exclude these from results)**

#22 child, disabled

#23 mental retardation (+NT)

#24 child development disorders (+NT) or child development disorders, pervasive(+NT)

#25 #22 or #23 or #24

#26 (#9 and #17) not #25

#27 (#9 and #21) not #25

### **Education Resources Information Center (ERIC)**

(searched via Dialog 21/07/08)

ERIC is sponsored by the United States Department of Education and is the largest education database in the world. Coverage includes research documents, journal articles, technical reports, programme descriptions and evaluations and curricula material.

#1 early childhood education

#2 early years (ft)

#3 under fives (ft)

#4 young children

#5 preschool education

#6 preschool children

#7 preschool playgroups (ft)

#8 nursery schools

#9 kindergarten

#10 child-care

#11 child-care-centers

#12 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11

#13 parental support (ft)

#14 parent influence

#15 parent participation

#16 parent-child relationship

#17 parent-school relationship

#18 family-school relationship

#19 family involvement (ft)

#20 family programs

#21 learning

#22 learning activities

#23 learning strategies

#24 learning processes

#25 #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24

#26 #12 and #25

### **Educational Evidence Portal (EEP)**

(searched 13/07/08)

EEP enables users to search for educational evidence from a range of reputable sources via a single search.

#1 early years

## **Making Research Count**

(browsed 13/07/08)

Making Research Count is a collaborative national research dissemination network based regionally in the social work departments of nine UK universities. RESEARCH NEWS, a newsletter that highlights recent or current research undertaken in the Making Research Count network, was browsed.

## **Medline**

(searched via Ovid SP 7/10/2008)

Medline is the primary source of international literature on biomedicine and health care.

- #1 early childhood education (ft)
- #2 schools, nursery (+NT)
- #3 kindergarten (ft)
- #4 child, preschool (+NT)
- #5 playschool\* (ft)
- #6 primary school\* (ft)
- #7 elementary school\* (ft)
- #8 preschool\* (ft)
- #9 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8
- #10 parental support (ft)
- #11 parent school relation\* (ft)
- #12 parent-child relations (+NT).
- #13 parent participation (ft)
- #14 parent\* influence (ft)
- #15 parenting (+NT)
- #16 home school relation\* (ft)
- #17 family support (ft)
- #18 professional-family relations (+NT)
- #19 family involvement (ft)
- #20 #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19
- #21 learning (+NT)
- #22 learning activities (ft)
- #23 learning process\* (ft)
- #24 #21 or #22 or #23
- #25 #9 and #20 and #24
- #26 abuse (ft)
- #27 punishment (+NT)
- #28 #26 or #27
- #29 #25 not #28

## PsycINFO

(searched via Silverplatter 24/09/08)

PsycINFO contains references to the psychological literature including articles from over 1,300 journals in psychology and related fields, chapters and books, dissertations and technical reports.

- #1 child-care
- #2 child-day-care
- #3 kindergarten-students
- #4 nursery-school students
- #5 nursery-schools
- #6 preschool-students
- #7 preschool-education
- #8 play group OR playgroup (ft)
- #9 young children (ft)
- #10 childrens cent\* (ft)
- #11 foundation stage (ft)
- #12 early years (ft)
- #13 early childhood education (ft)
- #14 under fives (ft)
- #15 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14
- #16 family members
- #17 grandparents
- #18 home school relation\* (ft)
- #19 family involvement (ft)
- #20 parental support (ft)
- #21 parent-child-relations
- #22 father-child-relations
- #23 mother-child relations
- #24 parent-school-relationship
- #25 #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or 24
- #26 learning activities (ft)
- #27 learning processes (ft)
- #28 learning
- #29 learning strategies
- #30 #25 and #29
- #31 #15 and #30

## Research in Practice

(browsed 13/07/08)

Research in Practice is the largest children and families research implementation project in England and Wales. It is a department of the Dartington Hall Trust run in collaboration with the Association of Directors of Children's Services, the University of Sheffield and a network of over 100 participating agencies in the UK. The Evidence Bank and publications section were browsed.

## **Research Register for Social Care (RRSC)**

(searched 13/07/08)

The RRSC provides access to information about ongoing and completed social care research that has been subject to independent ethical and scientific review.

- #1 pre-school children or early years (ft)
- #2 children's centres
- #3 childcare (ft)

Note: student research excluded.

## **Social Care Online**

(searched 13/07/08)

Social Care Online is the Social Care Institute for Excellence (SCIE) database covering an extensive range of information and research on all aspects of social care. Content is drawn from a range of sources including journal articles, websites, research reviews, legislation and government documents and user knowledge.

- #1 pre-school children
- #2 integrated services and early years (ft)
- #3 early years (ft) and health
- #4 parenting and early years (ft)

## **Social Policy and Practice**

(searched via Silverplatter 21/07/08)

Social Policy and Practice is a bibliographic database with abstracts covering evidence based social policy, public health, social services, and mental and community health. Content is from the UK with some material from the USA and Europe.

- #1 early years
- #2 preschool education
- #3 early childhood education
- #4 kindergarten
- #5 nursery
- #6 childcare
- #7 children's centres
- #8 #1 or #2 or #3 or #4 or #5 or #6 or #7
- #9 parental support
- #10 parental involvement
- #11 parental participation
- #12 #9 or #10 or #11
- #13 #8 and #12

**JANUARY 2009**

**RR02V1**

## **Improving children's attainment through a better quality of family-based support for early learning**

The aim of this review is to identify the best available evidence on the potential and practical possibilities for improving children's early learning outcomes through family-based support. The review seeks to provide a comprehensive overview of the forms of family support that research has identified as significant and the specific learning outcomes they affect. The review also provides a common language and framework for the ongoing C4EO engagement with systems change and practice improvement.

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