

BRIEFING DOCUMENT ON EARLY INTERVENTIONS AND PUBLIC CHILDCARE APPROACHES

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Section 1: Introduction.

1.1 Research Aim and Objectives

This briefing document aims to:

- 1) Collect and analyse research and international evidence on equality of participation and access models within early learning and care, and school-aged childcare services.
- 2) Collect and analyse research and international evidence on models within early learning and care, and school-aged childcare services that tackle poverty and disadvantage.
- 3) To offer an overview of effective participation models within early childhood.
- 4) To offer an overview of effective models that tackle poverty and disadvantage within early childhood.

1.2 Research Scope and Limitations

In terms of limitations of this report, it must be borne in mind that as the report outlines established mechanisms of support internationally, the parameters of the support provided are different depending on the country in question, the level of need and the funding available. Consequently, as there is no uniform approach to providing support for children at risk of poverty or those who are experiencing poverty, direct comparisons cannot be drawn. However, in terms of informing the development of an Equal Model of Participation in early learning centres, documenting the supports provided elsewhere and the recorded outcomes for children will prove to be helpful.

It should also be noted that the various mechanisms of support discussed are at varying levels of maturity. Head Start in the United States was established in 1965, and so outcomes have been documented to a greater extent than programmes which have been established recently, for example, EarlyON Child and Family Centres in Canada have only been established since 2018.

1.3 Methods

1.3.1 Search Strategy and Inclusion Criteria

The literature and studies consulted for this report were published in English between the years 2008 and 2023 inclusive. The 15-year timeframe allows for longitudinal studies of programmes established in the 1990s and early 2000s to be included in this report, while also ensuring that the literature utilised is relevant and up to date. Multiple electronic databases

were consulted in compiling relevant literature (for example, Academic Search Complete, JSTOR, British Education Index, ERIC, ASSIA and Australian Education Index), as well as running multiple searches in Google and Google Scholar.

In order to increase the breadth of the literature search, a broad and diverse search terms associated with interventions, programmes, evaluations and outcomes were included in the search strategy. Examples of the keywords used include: “wrap-around supports”, “poverty”, “low-income”, “disadvantage”, “inclusion”, “early interventions”, “early-care”, “effective participation” and “access”.

All potential source material was screened for inclusion or exclusion using the PICO framework (Population, Intervention, Comparison and Outcomes), which is usually utilised in constructing systematic reviews. In this instance, population refers to children who are either at risk of or are experiencing poverty and aged 0 to 5 years old. Intervention refers to the mechanisms of support available for the children. Comparison refers to a comparison of programmes and provision within those programmes, and outcomes refers to the documented outcomes for children (and in some instances parents) who have participated in the available programmes.

1.4 Results

The programmes that were identified as part of this above search, and thus the early intervention approaches that are the focus of this report are detailed in Table 1.1 below.

Table 1.1.

Country.	Project / Approach.
United States.	The Abecedarian Project.
	The Perry Preschool Study.
	Chicago Child Parent Centres.
	Head Start.
United Kingdom (England).	Sure Start.
	Sure Start Children’s Centres (SSCCs).
United Kingdom (Scotland).	Getting It Right for Every Child (GIRFEC).
Canada (Ontario).	EarlyON Family Centres.
New Zealand.	Engaging Priority Families.

Section 2: Early Intervention Programmes.

The following section details the short, medium and long-term outcomes of four early intervention programmes: The Abecedarian Project (USA), The Perry Pre-School Study (USA), the Chicago Child-Parent Centres (USA), Head Start (USA), and Sure Start (UK). Each intervention programme has documented outcomes for participants under a number of categories, including educational attainment, economic outcomes, mental and physical health outcomes, parental outcomes and behavioural changes. There are recorded correlations associated with involvement in each programme and long-term positive effects for the participants. The children involved in each of the programmes are at risk of or are living in poverty. Adverse Childhood Experiences (ACEs), which includes growing up in poverty, are associated with poor literacy and educational attainment (Lim *et al*, 2022), anti-social behaviour (O’Connell, 2023), substance misuse (van Zyl, 2022), poor mental and physical health (Crouch *et al*, 2020) and early adult mortality (Rod *et al*, 2020) in later life. The four programmes outlined here demonstrate the positive, mediating influence high quality early years educational intervention programmes can have throughout the life course.

2.1 The Abecedarian Project and Approach

The Abecedarian Approach is an established early intervention programme which involves a complementary set of teaching and learning techniques and strategies for children aged 0 to 5 years. The approach developed from the Abecedarian Project which began in 1972 in North Carolina (Campbell *et al*, 2012). The Abecedarian Project is one of the very few controlled longitudinal studies in which children from lower socioeconomic backgrounds have been provided with high quality early educational programmes and have been subsequently followed-up with throughout their adult lives in order to gauge the life-long impacts of early years educational programmes (Campbell *et al*, 2012). The children initially recruited to take part in the study were selected based on ‘sociodemographic risk’ which included factors such as socioeconomic status, parental educational achievement, marital status and families in receipt of social welfare (Campbell *et al*, 2012). 111 children were initially admitted to the project, with 57 assigned to the treatment group and 54 assigned to the control group. The main goal of the project was to create an educational, stimulating, and structured environment to promote growth and learning and to enhance school readiness. The programme was offered in a centre setting, and the curriculum was designed in a way to enhance to cognitive and linguistic development. Children also received healthcare, nutritional

and, if needed, social supports. Children attended the centre for 6-8 hours per day, 5 days per week, 50 weeks per year.

There have been regular follow-ups with the participants of the Abecedarian Project over the past 40 years – at ages 5, 8, 12, 15, 21, 30 with the most recently published follow-up when the participants reached age 35, which focuses primarily on physical health outcomes (Campbell *et al*, 2014). The documented long-term outcomes for the participants are striking. The treatment group of the project have consistently shown increases in: IQ scores, reading skills, mathematics skills, social competence, years spent in the education system and employment, and decreases in the proportion of participants repeating years in school, the proportion of special education placements, the proportion of teenage parenthood and smoking and drug use. Campbell *et al* (2012) documented outcomes for the participants at age 30, showing that 83 per cent of the treatment group had completed high school, in comparison to 72 per cent of the control group, and 23 per cent of the treatment group had completed 4-year degrees, compared with 6 per cent of the control group. In terms of employment, 75 per cent of the treatment group and 53 per cent of the control group were in full-time employment. Administrative data on receipt of social welfare over an 89-month period found that participants in the control group were 6 times more likely to have been in receipt of social welfare for at least 9 months than those in the treatment group. Sparling *et al* (2021) also notes data collected at ages 5 and 8 the children who had been in the treatment group had greater belief in their personal control over successful academic performance, with additional positive relationships to task orientation, being less easily distracted and internal motivation. It is also noted that at age 21, the participants in the treatment group reported fewer depressive symptoms (Sparling *et al*, 2021). The long-term positive impacts of high quality early educational intervention, as demonstrated by longitudinal research with participants in the Abecedarian Project, have influenced the development of the Abecedarian Approach.

According to Sparling *et al* (2021), the Abecedarian Approach has been implemented in a number of countries. 'The Approach has been adapted and used as a birth to age three or birth to age five program in Australia, Canada, China, Denmark, France, India, Jordan, Mexico, Mongolia, Pakistan, Singapore, and Zambia' (Sparling *et al*, 2021: 6997). The Abecedarian Approach differs from many early educational programmes in that children begin the programme in infancy, and it is continued throughout the early years. Other established programmes begin at age 3 or 4 years, by which time children participating in Abecedarian programmes have begun to show the effects of the programme (Sparling *et al*, 2021). The curriculum is based around four elements: language priority (emphasising language,

conversation and listening), conversational reading (interactive reading with children), interaction games (playing games between adults and children which are tailored to the child's interest and developmental level) and enriched caregiving (incorporating socio-emotional connections and educational content into daily routines) (Sparling *et al*, 2021). It is noted that the advantages gained by children enrolled in programmes using the Abecedarian approach (including social, attitudinal, and learning dispositions) when they enter school mean that the child does not have to 'play catch-up' (Sparling *et al*, 2021).

Koshyk *et al* (2021) analysed the outcomes for parents whose children were attending Lord Selkirk Park Child Care Centre, which has used the Abecedarian Approach since 2012, in Manitoba, Canada. The centre has capacity for 47 children and is in the centre of the housing development, and so is easily accessed by parents. The first outcome for parents was that trusting relationships with centre staff were built and strengthened through attendance at the centre. Due to parents' own experiences, there is a general mistrust of people perceived to be in positions of authority. According to the parents involved, this building of trusting relationships began due to their children being comfortable and trusting the staff. An extension of the trusting relationships was the role of the home visit staff. Home visits by trusted staff members appear to foster a sense of cooperation and collegiality between staff and parents, negating the development of an 'us vs them' outlook (Koshyk *et al*, 2021). The second outcome discussed is parents' increased awareness of their children's early development and their role in it. Parents noticed and were proud of their children's development and their abilities around language development, problem solving and creativity. There was also an increased understanding of how parents could support the ongoing development of their children's language abilities through an increased incentive to read with their children. The third outcome for parents was opportunities to pursue education, employment opportunities or to work on their own personal issues and challenges. In Manitoba, according to Koshyk *et al* (2021), childcare subsidies are only for parents who are either working or in education and many of the parents were not eligible to apply. The eligibility criteria were waived for the Manitoba Abecedarian Project. The availability of high-quality early years education made it possible for parents to engage in educational opportunities, seek employment and allowed them time for themselves. Koshyk *et al* (2021: 49) quotes one parent who, of their child's enrolment in the programme, succinctly said: 'I wouldn't have gone to school, I wouldn't have been working; I would still be on welfare'.

2.2 The Perry Pre-School Project

The Perry Pre-School Project was a study conducted between 1962 and 1967 by David Weikart, a psychologist, and Charles Eugene Beatty, an elementary school principal in Michigan. The purpose of the project was to investigate the influence of high-quality early years education on the children of African American families from lower socioeconomic backgrounds. 123 children aged between 3 and 4 years who were at risk of failing at school were recruited to take part in the study. 58 children were assigned to the programme group and the remaining 65 were assigned to the control group (Derman-Sparks, 2016; Belfield *et al*, 2006). In the decades following the project, there have been many follow-up studies with participants, tracking their educational, economic, and social outcomes.

The programme consisted of 2 ½ hour classes, in the mornings 5 days per week for children and 1 ½ hour visits 5 days per week to each mother and child in the afternoons, 5 days per week, and lasted for 30 weeks each year. The teacher to student ration varied from 5 to 6.25 over the life of the study. The curriculum was designed around active participatory learning, whereby children and adults are equal partners in the learning process and children actively engage with people, ideas and objects. The curriculum aimed to foster the ability to plan, execute, and evaluate tasks, as well as developing social skills, cooperation with others and the resolution of interpersonal conflicts (Heckman *et al*, 2013).

As in the Abecedarian Project, there have been regular follow-ups with the participants in the Perry Pre-School Project. Data was collected annually while the participants were aged 3 to 11 years, and the follow-up reports were written when the participants were aged 14, 15, 19, 27 and 40. Schweinhart *et al* (2005) and Schweinhart (2013) have analysed the lifetime effects participation in the Perry Pre-School Project has had on the people who were involved. Both studies focus on the participants at age 40, but also discuss findings when the participants were at younger ages. In terms of educational attainment, Schweinhart (2013) compares the 'program' vs the 'no-program' groups and found that the program group achieved significantly higher results than the no-program group in intellectual and language tests up to the age of 7; school achievement test at ages 7, 8, 9 and 14; and literacy tests at ages 19 and 27. Female participants in the program group had almost double the proportion of people completing high school (88 per cent as opposed to 46 per cent in the no-program group) (Schweinhart, 2013). At age 27, 69 per cent of the program group were employed, and at age 40 76 per cent were employed, in comparison to 56 percent and 62 percent of the no-program group respectively. The probability of lifetimes arrests at age 40 were 46 per cent lower for the program group and of spending time in prison were 52 per cent lower for the

program group (Schweinhart, 2013). In terms of substance misuse, 17 per cent of males at age 40 in the program group reported using sedatives, sleeping pills or tranquillisers, in comparison to 43 per cent of the no-program group. Likewise, marijuana use was reported by 48 per cent of program males at age 40, and 71 per cent of no-program males, and heroin use was not reported by any of the program males but was reported by 9 per cent of no-program males (Schweinhart *et al*, 2005). One of the benefits of referring to the outcomes and data of the Perry Preschool Project, as highlighted by Heckman *et al* (2013), is that at the time and place the project was in operation (1962 – 1967 in Ypsilanti, Michigan), there were no other programmes or projects of this kind functioning, meaning that the data collected is 'clean'. That is, that there was no issue of the control group attending another programme or project and thus the outcomes for the program group can be confidently attributed to the educational interventions via the Perry Pre-School Project.

2.3 Chicago Child-Parent Centres

The Chicago Child-Parent Centre Programme (CPC) was established in 1967 and is a centre based early intervention programme which provides high quality education and family support for children and families who are living in poverty. Children attend between the ages of 3 and 9 (Reynolds *et al*, 2018). From the outset, the centres focussed on four elements noted to be integral to academic success:

1. Parental involvement in the early years of education
2. Educational approaches to language development tailored to individual children's learning styles.
3. Low student-teacher ratios
4. Providing health and nutritional services

Currently, there are 24 centres operational, with over 5,600 children having attended the centres. The underpinning guideline for the centres is that academic success can be encouraged through stable and supportive learning environments, and that parental involvement in children's education furthers the likelihood of academic success (Reynold *et al*, 2003). The children's curriculum utilises an activity-based approach that focusses on body image, gross motor function, perceptual motor function, maths, and language development. One of the central tenets of the CPC is the involvement of parents in the programme. Parental involvement enhances parent-child interactions, and attachment to school, improves peer support amongst parents and promotes school readiness and social development.

The Chicago Longitudinal Study (CLS) investigates the educational and social development of a same-age cohort of 1,539 children who grew up in poverty and who attended the Chicago Child-Parent Centre Programme in 1985-86 (Reynolds, 1999). Follow-up surveys with participants were completed at ages 4, 5, 6, 7, 10, 11, 13, 16, 22, 35, 37 and 40. Outcomes for participants were compared with a group who attended a kindergarten or other preschool. At age 35, Reynolds *et al* (2018) found that 55.3 per cent of people who had attended CPC had graduated from high school, in comparison to 44.7 per cent of the comparison group. Eales *et al* (2020) noted that, at age 35, participants had lower rates of depressive symptoms, demonstrated healthier behaviours and had a 24 per cent reduced likelihood of adult obesity. Mondri and Reynolds (2023) note that the results of the survey follow-up at age 35 suggest that attendance at CPCs may have had a long-term positive impact on participants psychological wellbeing. In addition to improved academic achievement and physical health outcomes, there are correlations in the collected data on CPC attendance which may indicate improved cognitive skills, increased parental engagement, an increase in lifetime earnings, a reduction in crime and number of lifetime arrests, improved mental health and improved socioemotional skills (Reynolds, 1999; Reynolds *et al*, 2018; Eales *et al*, 2020; Mondri and Reynolds, 2023; Hayakawa *et al*, 2016; Varshney *et al*, 2020). As demonstrated by the CPC data, as well as the data collected from participants in the Perry Preschool and Abecedarian Project, early educational interventions develop linguistics, cognitive and socioemotional advantages that carry over to adolescence and adulthood, which in turn lead to increased educational achievement, employment possibilities and social wellbeing.

2.4 Head Start

The Head Start programme was launched in the United States under the Department of Health and Human Services in 1965, with a primary aim to “enhance low-income children’s readiness for school” (Phillips and Lowenstein, 2011 as cited in Johnson *et al.*, 2017). Head Start provides early childhood education / learning, nutrition and health services to children among low-income families from birth to five years. Using a “whole child approach”, the programme supports children’s optimal development and well-being in preparation for the transition into a school-based environment. Head Start services are offered primarily in centre-based settings, as the resources and facilitators within Head Start amenities actively engage and encourage parental participation. The programme has been denoted as providing “invaluable benefits for underprivileged children [as they] receive the tools and support needed for cognitive development, family support, and connection with health and dental care” (Lee and

Pond, 2015: 885). *The Final Report of the Head Start Impact Study (HSIS)* (2010) found positive impacts on multiple aspects of children's readiness for school during their time in the programme, with benefits for the four-year-old group at the end of the Head Start year being "concentrated in language and literacy elements of the cognitive domain, including impacts on vocabulary (PPVT), letter-word identification, spelling, pre-academic skills and colour identification, letter naming, and parent-reported emergent literacy."

Focusing on the Migrant Head Start programme, a derivative of the Head Start initiative, Lee and Pond (2015) evaluate its impact among low-income migrant communities in Michigan, United States. Lee and Pond (2015) analysed whether family characteristics and the length of children's enrolment in Migrant Head Start (with a focus on children enrolled in Michigan Migrant Head Start (MMHS)), affects children's health treatment. Lee and Pond (2015: 869) recognised that although the primary aim of Head Start is to enhance school readiness, "migrant and seasonal farm work children are likely to receive more health treatment if they attend more years of comprehensive intervention, such as Head Start, for positive physical and dental health." In reference to the *The Head Start Family and Child Experience Survey* (2011), Lee and Pond (2015: 876) denoted how results demonstrated "that 3-year-old Head Start children had better health and a lower obesity rate than 4-year-olds." *The Final Report of the Head Start Impact Study* (HSIS) (2010) was also exemplified by Lee and Pond (2015), as this study indicated that for 3-year-old children, "68 percent [...] in the Head Start group had seen a dentist since September of their Head Start year, compared with 52 percent of children in the control group." The HSIS (2010) report continues to highlight the positive effects of long-term Head Start participation, as it affirms that "74 percent of the Head Start group had seen a dentist since September of their age 4 year, compared with 65 percent of the control group" (HSIS, 2010). Lee and Pond's (2015: 882) study on the MMHS programme obtained similar results, with findings demonstrating that prolonged attendance within the scheme correlated to increased physical health and preventative dental treatments among the children enrolled. Their study echoes findings from *The Head Start Family and Child Experience Survey* (2011) and *Final Report of the Head Start Impact Study* (HSIS) (2010).

2.4.1 Recommendations for Future Interventions Stemming from Head Start

Through Head Start, parents are simultaneously encouraged to pursue their own educational, literacy and employment goals (Miller *et al.*, 2016: 1). Low-income parents face greater barriers when "advancing their educational levels or staying in or entering the workforce" (Sabol and Chase-Lansdale, 2015: 138). This may be as a result of difficult prior educational

experiences, “low levels of school success, challenges in balancing work, family and school demands, and lack of access to affordable, quality childcare and education” (Waldfogel, 2006 in Sabol and Chase-Lansdale, 2015: 138). Sabol and Chase-Lansdale (2015) stated that Head Start may provide the optimal opportunity for supporting parents’ educational and professional employment aspirations and could therefore be a valuable recommendation for future interventions. Head Start offers subsidised child-care for low-income families, a form of public investment Sabol and Chase-Lansdale (2015) articulate, as possibly allowing parents to “reallocate their time [...] by providing an affordable safe place to send their children while they work” (Waldfogel, 2006 as cited in Sabol and Chase-Lansdale, 2015). Sabol and Chase-Lansdale’s (2015: 156) study supported theories (Chase-Lansdale and Brooks-Gunn, 2014; Crosnoe and Kalil, 2010; Domina & Roksa, 2012; Sommer et al., 2012) that suggest that Head Start “may provide the ideal platform to promote low-income parents’ education.”

2.5 Sure Start

Beginning in 1999, the Sure Start Local Programmes (SSLP) were developed to address child poverty and deprivation in the UK via the provision of wraparound supports for children and families. The SSLP focussed on the 20 per cent most economically deprived areas. Sure Start has continued to evolve with an increased emphasis on service integration through the children’s centres (SSCCs). While community control is exercised (no two centres are exactly the same – the services and supports provided depend on the needs of the community), each centre is expected to provide (Melhuish *et al*, 2010):

1. Outreach services and home visiting
2. Support for families and parents
3. Good quality play, learning, and childcare
4. Primary and community healthcare

2.5.1 Funding and Remit of SSLPs

The SSLPs were aimed towards children aged 0 to 3 years, and initial funding of £450 million allowed 250 SSLPs to become established. Subsequently, the number of centres was expanded first to 500 centres, then, in 2004, to 3,500 centres to cover every local area. Between 400 and 700 children aged under 4 years would be included in each programme. Due to the documented poverty levels in each geographical area, targeting individual family groups was not necessary (Eisenstadt, 2022). Unfortunately, funding for Sure Start was cut by more than 40 per cent by 2014. Due to the reduction in governmental funding, by 2017,

16 local authorities had closed 50 per cent or more of their centres, while 6 local authorities had closed 70 per cent of their centres (Eisenstadt, 2022).¹

2.5.2 Evaluating Sure Start

Unlike the previously discussed programmes and projects, Sure Start could not be subject to a controlled evaluation of outcomes for children who have attended the centres due to the diversity of approaches in each local area. However, two large scale evaluations were completed – the National Evaluation of Sure Start (NESS) in 2010 and, subsequently, the Evaluation of Children's Centres in England (ECCE) (Eisenstadt, 2022). The NESS (2010) evaluation, which focussed on 7-year-old children and their families, found that mothers tended to engage in less harsh discipline with their children and were able to provide a more supportive learning environment in the home. In addition, one parent households reported better life satisfaction (NESS, 2010). The ECCE (2015) evaluation concluded similar outcomes for children and families who had attended a SSLP. They found that the SSLPs had a positive impact on family functioning, including a reduction in child externalising behaviour, which is linked to the previously mentioned improvements in home learning environments. In addition, they found that families experiencing poverty were more likely to benefit from the children's centres than families on middle incomes (Sammons *et al*, 2015).

Although precise measurements of outcomes for children and families are not possible with Sure Start, Cattan *et al* (2019) analysed the health effects, hospitalisations and outcomes for children who had attended Sure Start. They found that the presence of a Sure Start Centre per 1,000 children aged 0 to 4 years in an area reduces the probability of hospitalisations of 5-year-olds by 4 per cent, and of 11-year-olds by 18 per cent. Cattan *et al* (2019) further estimate that 5,500 hospitalisations of 11-year-old each year had been avoided. The specific causes of hospitalisations that saw reductions were infections in younger children and injuries (particularly fractures) in older children.

2.5.3 Recommendations for Future Interventions Stemming from Sure Start

Sammons *et al* (2023), the team who evaluated Sure Start as part of the ECCE study, highlight the main lessons they had learned during the evaluation process and in the establishment

¹ See Section 4, below, for detail as to impacts of budget cuts on Sure Start.

and administration of the Sure Start Children's Centres. They recommend 5 points to consider when establishing an early years intervention in the future.

- Firstly, Sammons *et al* (2023) recommend that a universal rather than a targeted model be offered in order to avoid stigma, further they found that universal services were regarded positively by families and, in avoiding stigma, positive results could be predicted. In relation to the current report, and the possibility of building on the DEIS model, this recommendation supports the premise.
- The second recommendation is that political will from either side of the spectrum be in place in order to avoid funding and support issues, as happened with the SSCCs.
- The third is related to the second recommendation, that is to ensure budgets are ring-fenced to avoid funding crises (Sammons *et al*, 2023).
- The fourth recommendation is to ensure regular, independent and rigorous evaluations of intervention programmes, as well as short, medium and long-term follow-up reports on the progress of children and families.
- The fifth and final recommendation is that any ongoing research and evaluation studies be mixed method and longitudinal, in order to take account of 'real world' situations people find themselves in, as well as the possibility of multiagency interaction and involvement (Sammons *et al*, 2023)

2.6 Monitoring the Outcomes and Impact of Early Intervention Programmes

Monitoring outcomes and impacts of early years interventions is discussed in several respects throughout the literature. As noted above, Sammons *et al* (2023) include a recommendation regarding ongoing research and evaluation of early years interventions. This briefing document has also set out the nature of evaluations, including longitudinal studies under the Abecedarian Project and Approach and Chicago Longitudinal Study (noted above). Moreover, in addition to outcomes specific to children enrolled within programmes, research has also highlighted the positive impact of intervention programmes on parents within low-income families (Sabol and Chase-Lansdale, 2015).

Buckley *et al* (2020: 437) refer to a framework for programme evaluation of the Young Knocknaheeny Area Based Childhood Programme (YK) that sought to emphasise 'practical, on-going evaluation strategies that involve all programme stakeholders.' The framework for the YK programme drew upon the Framework for Programme Evaluation in Public Health (from the Centres for Disease Control and Prevention), engaging with Early Years practitioners from

the outset and using detailed quantitative and qualitative evaluation standards throughout to assess elements such as programme structure, language, learning activity, interaction, etc. (Buckley *et al*, 2020).

A further element of evaluation is noted in the extent to which early years settings and interventions are viewed as approachable and accessible by families experiencing poverty and disadvantage (Archambault *et al*, 2020; Skattebol *et al*, 2023). This includes evaluating access to services by families 'who find services hard to use' (Skattebol *et al*, 2023: 6). Evaluation in this regard includes analysis of enrolment and ongoing participation, particularly in understanding how families and children experience poverty, with a need to emphasise 'the importance of outreach and brokerage models that make services approachable' (Skattebol *et al*, 2023: 10).

Section 3: 'Wrap-around' Services and Supports.

3.1 Definition of 'Wrap-around' Supports

The definition and understanding of wrap-around supports services within research reviewed for this report is varied, with such supports referring to (1) provision of targeted supports and services that seek to alleviate wider family expenses and address elements of cost barriers to attendance and / or (2) supports *within* centres / early years intervention settings (including supports for families of enrolled children and assistance in engaging with public services). In the former regard, it should be noted that such research tends to relate to the provision of services / supports in primary school and older settings.

3.2 Free School Meals

Guio (2023) sets out the cost and extent of availability of Free Schools Meal (FSM) schemes across Europe, including one aim of the European Child Guarantee to ensure one meal each school day for children at risk of poverty / social exclusion in Europe. The current extent of FSM availability is varied, across age groups and settings, with some countries (such as Finland) with FSM schemes for all pre-school and primary school pupils, and other offering targeted FSM schemes (Guio, 2023). Guio (2023: 14) also notes that that while FSM schemes do have positive nutritional impacts, assist in reducing overall household costs, and improve learning and health outcomes, more statistical evidence is needed across the EU and 'provision is too rarely assessed in terms of short- and long-term benefits for children.'

Woodward *et al* (2014) also consider interventions to ensure the take-up of FSM within school settings (albeit outside of the 'early years' context), examining 10 pilot FSM schemes (within 5 primary and 5 secondary school settings) aimed at ensuring households utilise their FSM entitlement. The importance of individualised school action plans and working groups within schools are highlighted (Woodward *et al*, 2014).

3.3 Supports / Services within Early Years Settings

As noted above, an aim of Sure Start Centres in England included the provision of wrap-around supports, aimed at both children and their families (Melhuish *et al*, 2010). In addition to providing play, learning, and childcare, Sure Start Centres aimed to provide home visiting and outreach services, family / parent supports, and primary and community healthcare (Melhuish *et al*, 2010).

Newman *et al* (2022) analyse the positive impact of a wrap-around school and community service model on children's school readiness and academic outcomes. Focusing on socio-economic backgrounds, the research compared academic achievement in this respect between children who had / had not attended an early learning centre. The centre (referred to as adopting the 'Doveton Model') offered 'long-day early learning from birth to kindergarten (pre-school) with a focus on play-based, intentional learning, best-practice structural quality with appropriate group size, education qualifications and practitioner-to-child ratios that exceed the highest quality standards' (Newman *et al*, 2022: 818). Wrap-around services are defined as integrating 'high-quality early learning, alongside support families through on-site material and child health services for children from birth to age five' (Newman *et al*, 2022: 819).

Section 4: International Models.

4.1 Schemes Overview by Country – Nature of Interventions.

This section briefly sets out the early learning and care frameworks administered in England (United Kingdom), Scotland, Canada and New Zealand: The Early Years Foundation Stage (EYFS) Statutory Framework, Multilateral Early Learning Framework, and the Te Whāriki Early Childhood Curriculum Framework / Model. It will then proceed to provide an overview of four early intervention schemes available in these countries: Sure Start Children’s Centres (SSCC) (England), Getting It Right for Every Child (GIRFEC) (Scotland), EarlyON Family Centres (Canada) and Engaging Priority Families (New Zealand). Each scheme comparatively emphasizes the importance of increasing participation and engagement among low-income families in early childcare and education settings. They also foreground the significance of reducing inequality in the access to services and provisions.

The key studies that were identified as part of an analysis of the above schemes are detailed in **Table 4.1**, along with their key observations/ recommendations for increasing take-up and engagement with ECCE services among low-income families. Such recommendations will be further evaluated within this section.

Table 4.1 – Key Studies and Programmes and Observations/ Recommendations

Literature	Country	Scheme	Observation / Recommendations to increase take-up or participation.
Campbell <i>et al.</i> (2018)	England.	Sure Start / Sure Start Children’s Centres (SSCCS).	5-10% increase in the share of places in Sure Start Children’s Centres (SSCCs) would assist in reducing access inequality and increase take-up among low-income families and their children.
Coles <i>et al.</i> (2016)	Scotland.	Getting It Right for Every Child (GIRFEC).	Critical of a universal approach to ECE. Inclusive policies may unintentionally exclude those with additional / complex needs, thus impeding engagement.
Pecaski McLennan and Howitt (2018)	Canada (Ontario).	EarlyON Family Centres	The role of the facilitators within ECE centres are essential to increasing engagement and attendance.
Mitchell and Meagher-Lundberg (2017)	New Zealand.	Engaging Priority Families.	Cease the market approach to ECE and adapt integrated ECE services as a model for ECE. Curb the growth of private centres and introduce wider policies aimed at supporting families with smaller children to increase ECE take-up.

4.2 United Kingdom: England.

4.2.1 Early Years Foundation Stage (EYFS) Statutory Framework.

In England, significant steps have been taken to improve the quality of early childhood services and to enhance equity in the access to provisions. Currently, all three-year-olds in England are entitled to a free-part time education place (Campbell *et al.*, 2018: 515). The Early Years Foundation Stage (EYFS) framework, introduced in 2008, set the standards required of early years practitioners to ensure children develop and acquire the knowledge and skills needed to commence school. The main objective of this curriculum is to “impose a degree of uniformity of experience, in what remains a diverse and fragmented sector (Campbell *et al.*, 2018: 516). The U.K.’s Early Childhood Education and Care (ECEC) policy

agenda is underpinned by two main intentions: the “facilitation of maternal employment and early intervention in the lives of ‘disadvantaged’ children” (Campbell, *et al.*, 2018: 515). The policy aim is to mitigate the developmental gaps between low- and higher-income children.

4.2.2 Sure Start and Engagement with ECE.

The provider type has been denoted as having an effect on the take-up of free-part time early education (Campbell *et al.*, 2018). Campbell *et al.*'s (2018: 535) study investigated “the extent of non-take-up of the full duration of the free-entitlement to early education and local area factors”, using the National Pupil database and census data. Additionally, they explored the “disparities between lower-income and higher-income autumn born babies” (Campbell *et al.*, 2018: 535). Their study found that “in areas with higher child poverty rates, take-up is lower overall, but the gap between low-income and other families is smaller” (Campbell *et al.*, 2018: 515). The voluntary sector was illustrated as being more successful than the private sector in reaching children from lower-income backgrounds, with the efficiency and effectiveness of the Sure Start scheme being pronounced by Campbell *et al.* (2018). A significant proportion of maintained-sector provision is associated with lower early take-up overall. Campbell *et al.* (2018: 535) assert that “having at least 10% of places in the voluntary sector appears to allow flexibility and is related to higher take-up among all children – including the poorest – without the wide inequalities associated with private-sector dominance.” In areas with increased Sure Start provision, Campbell *et al.*'s (2018) investigation highlighted that there was a higher take-up and a smaller income level gap between low- and high- income children. They suggest that Sure Start should be replicated to facilitate access among low-income families, with their study illustrating that “having a share of places – even 5-10% - in Sure Start children’s centres is associated with both higher take-up and lower inequality” (Campbell *et al.*, 2018: 535).

4.2.3 Scheme: Sure Start Children’s Centres (SSCCs).

Sure Start Children’s Centres (SSCCs) offer families assistance and advice on child and family health, finances, parenting, as well as training and employment. Some SSCCs also provide early learning and full daycare for preschool children. In-line with the U.K.’s national early learning framework, EYFS, the Sure Start Children’s Centres (SSCC) policy aims to combat the “‘impact’ of multiple disadvantages on outcomes for families, parents and children” (Sammons *et al.* 2023: 114). On an analysis of the ‘*Evaluation of Children’s Centres in England (EvCCE)*’ (2015) study, Sammons *et al.* (2023) initiate by asserting the complexity of measuring the impact of early years intervention under SSCCs and emphasize the need to

look at a range of statistical effects. Sammons *et al.*'s (2023: 129) highlighted how "the experience of the SSCCs programme reveals that sustaining early years interventions at scale is very difficult, when there are major political differences in ideological and political priorities." From 2009 to 2017, austerity cuts to public services in the U.K. affected SSCC provision (Smith *et al.*, 2018 as cited in Sammons *et al.*, 2023: 116). Such a large service cut to early years centres in the U.K. significantly affected disadvantaged families, as Sammons *et al.* (2023: 129) acknowledged how the budget allocation for Sure Start services in 2021 (£14 million originally and £20 million announced), was "much lower than the annual budget of Sure Start at its peak (£18 billion, 2020)." Sammons *et al.* (2023:129) also point to the U.K.'s government funded 'Family Hubs', an extension of the legacy of SSCCs, with claims that such hubs will be a 'Sure Start Plus.'" However, reductions in budget allocations "has meant fewer numbers of Family Hubs, and services much reduced in scope and highly targeted to the most vulnerable rather than open access" (Sammons *et al.*, 2023: 130). Having targeted supports may reduce engagement, and unintentionally exclude. Sammons *et al.* (2023) assert that access to services and supports for families living in disadvantaged communities needs to be improved. Sammons *et al.* (2023: 130) recommend five key points when "planning interventions to support families", which are summarised below:

1. A model that avoids stigma or reference to 'high risk' groups. Rather, Sammons *et al.* (2023) recommend a universal approach to ECE service provision. An inclusive approach that supports "valued and predicted positive effects for all, including the most disadvantaged families" (Sammons *et al.*, 2023: 130).
2. Ensure agreement between political parties.
3. Budget ring-fencing for specific early years intervention.
4. They advise that independent and "rigorous evaluations are commissioned [and] include the long-term follow-up of relevant child, parent and family outcomes" (Sammons *et al.*, 2023: 131).
5. The development of an appropriate research design, to take account of reality and difficulties of service provision.

4.3 United Kingdom: Scotland.

4.3.1 Scheme: Getting It Right for Every Child (GIFRC).

Getting It Right for Every Child (GIFREC) is a policy initiative in Scotland, United Kingdom aimed at providing children, young people and families, with a consistent framework and shared language for promoting, supporting, and safeguarding wellbeing. GIFREC's primary

objective to improve child welfare is implemented via “early intervention, universal service provision, and multi-agency co-ordination across organisational boundaries” (Coles *et al.*, 2016: 334). Based on GIRFEC’s values and principles on the rights of children, eight wellbeing indicators are promoted under the SHANARRI acronym: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included. There are two key elements to the GIRFEC framework: (1) the roles of Named Person and Lead Professional and (2) the National Practice models. Such elements are underpinned by “GIRFEC’s core components and supported by the legislation that puts the concepts of wellbeing into statute” (Coles *et al.*, 2016: 344). In professional practice, GIRFEC emphasizes the imperative role of a “Named Person” as a gatekeeper to services and a point of contact for every child, young person and family looking for supplementary support. Depending on the child’s age, this Named Person may be a “health visitor at pre-school age or a teacher at school age” (Coles *et al.*, 2016: 345).

Coles *et al.* (2016) describes how Scotland has witnessed an emergence of a “hybrid-child welfare approach.” While retaining common elements of residual systems, similarities between the Nordic model and Scotland’s approach to child-welfare is apparent. GIRFEC is “guided by principles of social justice”, with a focus and emphasis on the child, “children’s rights, wellbeing, and development, and viewing need and risk as two sides of the same coin” (Coles *et al.*, 2016: 340). Coles *et al.* (2016: 340) asserts that Scotland’s GIRFEC initiative could be viewed as representative of a shift towards a Continental West European child welfare model based on principles of universality, as it encourages the well-being of children through universal public services. GIRFEC’s emphasis on “the provision of resources at an earlier stage, as a response to meeting wellbeing needs rather than an adversarial reaction to protection concerns, evidences this shift” (Coles *et al.*, 2016: 340). Coles *et al.* (2016: 336) asserts the idiosyncratic nature of GIRFEC as a policy context as it “embodies the co-operative approach” of making and implementing policy distinguished by shifting away from top-down implementation toward the creation of broad policy frameworks administered at the local level with local discretion.”

Coles *et al.* (2016) denote that while a universal approach is central to GIRFEC; with its framework and SHANARRI well-being indicators applying to all children in Scotland, “there is a danger that inclusive policies that do not specifically highlight and prioritize the complex needs of particular groups may unintentionally exclude them, given that multiple vulnerabilities impede access to and engagement with services” (Coles *et al.*, 2016: 354). Children from marginalised groups (such as children with disabilities, mental health issues or life-limiting medical conditions) often need additional support to derive similar benefits to other children utilising universal services. Coles *et al.* (2016: 354) contend that

increased consideration needs to be warranted to how GIRFEC constitutes / defines the use of 'Active' and 'Healthy' within their SHANARRI well-being indicators, and what they may mean to such excluded groups.

4.4 Canada: Ontario.

4.4.1 Multilateral Early Learning Framework.

Canada's Multilateral Early Learning Framework aims for a shared vision of quality early learning and childcare, focusing on and guided by, the principle's accessibility, affordability, flexibility, and inclusivity, considering those in need. The framework aims to provide children with an environment and an enriching experience of quality early learning and childcare that supports their development, helping them to reach their full potential.

4.4.2 EarlyON Child and Family Centres.

EarlyON Child and Family Centres based in Ontario, Canada are free drop-in centres available inside elementary schools. The centres cater for children aged between birth to six years, their parents and / or other caregivers. EarlyON's Child and Family Centres are funded by the Ontario Ministry of Education and use a family-centred approach to early intervention, by providing families with the resources necessary for a successful early childhood development (Bruder, 2010 as cited in Pecaski McLennan and Howitt, 2018). EarlyON centres are led by a certified early childhood educator assisting to "support families [in making] the transition to school a success" (Pecaski McLennan and Howitt, 2018: 43). Early childhood educators encourage parents to be "active participants in the children's play-based education experiences" (Pecaski McLennan and Howitt, 2018: 43). The role of the facilitators within the centres is to ensure an easy transition to kindergarten by liaising with families to identify children's needs in the earliest stages. Facilitators are central to attendance within the centres. This may be largely as a result of facilitators fostering "developmentally appropriate, rich learning environments" for children and families (Pecaski McLennan and Howitt, 2018: 43). The key mandate of EarlyON Child and Family centres is to "help families understand how to extend the learning happening in the centres into their lives at home" (Pecaski McLennan and Howitt, 2018).

Similar to the Abecedarian Project, Canada's EarlyON Child and Family Centres have been denoted as having positive outcomes for both parents and children, with parents agreeing that attending an EarlyON centre was worthwhile in preparing their child for a successful school entry (Pecaski McLennan and Howitt, 2018). Referencing Yao (2009), Pecaski

McLennan and Howitt (2018: 43) stated that “children who regularly attended EarlyON Child and Family Centres four or more times a month before starting school, performed better than peers who did not attend, or did not regularly attend, in whole child development, academics in the primary grades, cooperation, and school engagement.” EarlyON generated a sense of familiarity with school staff, teachers, the school board’s philosophy for early childhood education, the school’s infrastructure and facilities as well as other families and their children; such prior acquaintance appearing to be central to EarlyON’s positive outcomes. EarlyON was also demonstrated has having effective impacts for parents. Pecaski McLennan and Howitt (2018) exemplified how EarlyON aided in empowering parents with confidence and knowledge, leading to positive “interactions with others in the school and aiding them in advocating with school staff for their children’s future in a positive and more informed way” (Pecaski McLennan and Howitt, 2018: 44). Parents early experiences within the centres help to “conceptualise what learning through play looks like” (Pecaski McLennan and Howitt, 2018: 46).

The location of EarlyON centres within schools appeared impactful and of great relevance, as parents were able to “connect with the school in a positive manner.” The connect with their child’s educational institute, Pecaski McLennan and Howitt (2018: 44) articulate, as possibly helping to “heal emotional wounds from previous [educational] experiences, as parents reported reduced fear in school staff” and appeared to show a “renewed interest in pursuing the best possible education for their children.” EarlyON supports a positive teacher and parent / caregiver relationships, which the centres illuminate as having a successful impact in the transference of literacy and numeracy activities into the home environment. Pecaski McLennan and Howitt (2018: 48) demonstrate that facilitators cost effective learning activities play an imperative role in this transference, as such “easy to gather and make activities” instil confidence and readiness in kids, with adults being able to “support children’s language and vocabulary development in a natural environment” (Kaiser and Roberts, 2011 as cited in Pecaski McLennan and Howitt, 2018: 48). In a wider community perspective, EarlyON centres were seen to generate partnerships between families and their communities, which in turn heightened social inclusion and a sense of belonging for children and their families. The centres appeared to “promote a positive climate in the community” (Pecaski McLennan and Howitt, 2018: 45).

4.5 New Zealand

4.5.1 Te Whāriki: Early Childhood Curriculum Framework / Model.

Te Whāriki is New Zealand's early childhood framework established in 1996, which sets out the curriculum to be utilised in early childhood education (ECE) settings. Te Whāriki advocates for inclusive early childhood services under the principles of holistic development, empowerment, family and community, and relationships. This inclusive curriculum encompasses gender and ethnicity, diversity of ability and learning needs, family structure and values, socio-economic status and religion. The Te Whāriki curriculum places significance on the critical role of social and cultural learning, as it assists families and their children from birth until six years (school entry). The expectation of this framework is that ECE services will use Te Whāriki as a basis for weaving with children, parents and whānau as it promotes five strands: wellbeing, belonging, contribution, communication and exploration.

4.5.2 Scheme: Engaging Priority Families.

The Engaging Priority Families (EPF) is a New Zealand initiative for families with children aged between three and five years who did not regularly attend an early learning service or who are not participating in Early Childhood Education (ECE). Engaging Priority Families is funded by the New Zealand Ministry for Education. The aim of the programme is to "increase participation of these low-income 'priority' children in 'quality' ECE" (Mitchell and Meagher-Lundberg, 2017: 952). EPF offers free supports to whānau (an extended family / community of related families that live together in the same area) and targets Māori, Pasifika, low socioeconomic families / whānau and migrant families to "help them achieve strong, early learning foundations through sustained early childhood education" (Anglican Trust for Women and Children, 2023). Similar to the EarlyON centres in Ontario, Canada, the EPF initiative "involves a co-ordinator working with families to encourage ECE participation, home learning and a positive transition to school" through pre-entry visits, monitoring attendance within the first 12 weeks primary and support provided in first 6 months" (Mitchell and Meagher-Lundberg, 2017: 952). The process of brokering (i.e., negotiating and translating their knowledge and understanding of ECE and family support services to the priority families they were working with) by EPF co-ordinators was effective in addressing barriers related to belonging, cost, transport, housing difficulties and social issues) (Mitchell and Meagher-Lundberg, 2017: 964). EPF also "help address complex social issues faced by the families by

connecting [them] with health, housing and social agencies, and brokering an understanding of ECE" (Mitchell and Meagher-Lundberg, 2017: 952).

Mitchell and Meagher-Lundberg (2017) discuss the findings from an evaluation of the New Zealand's Ministry of Education's Early Childhood Education (ECE) Participation Programme. This programme "targeted local areas where there are high numbers of children starting school who have not participated in ECE" (Mitchell and Meagher-Lundberg, 2017: 952). New Zealand's Targeted Assistance for Provision (TAP) grants are referenced, with such grants being introduced in an attempt to "increase local supply by helping to establish new services and child spaces in communities when needed." Using a mixed method of research, the results of Mitchell and Meagher-Lundberg's (2017: 952) investigation demonstrate that cost, accessibility (transport), availability and cultural relevance of ECE services, are significant barriers to participation of 'priority' families. The results of Mitchell and Meagher-Lundberg's (2017) study support the argument that "national policy initiatives and local actions can help address inequities in participation in ECE associated with socioeconomic status" (Mitchell and Meagher-Lundberg, 2017: 952) again similar to Sammons *et al.* (2023) study findings. Mitchell and Meagher-Lundberg (2017) set out a number of recommendations for ECE services provision in New Zealand based on their results:

1. Cease the market approach to ECE provision. Such an approach Mitchell and Meagher-Lundberg, 2017: 964) explain, has failed to ensure that ECE provision meets family and community needs, especially the needs of priority families.
2. Mitchell and Meagher-Lundberg (2017: 964) suggest that as a model for ECE, "integrated ECE services should be prioritised and funded to undertake the wider role of enabling families to access family services."
3. Echoing Canada's EarlyON centres emphasis on the imperative nature of the co-ordinators in increasing engagement, Mitchell and Meagher-Lundberg (2017) similarly point to the role of co-ordinators (acting as brokers) in increasing access and participation among low-income families. Mitchell and Meagher-Lundberg (2017) assert that co-ordinators could be employed from the base of ECE services.
4. The growth of private centres needs to be curbed through "strict financial controls, accountabilities and removal of eligibility for capital works funding" (Mitchell and Meagher-Lundberg, 2017: 964).
5. Mitchell and Meagher-Lundberg (2017: 964) emphasize the need for wider policies as broader measures to support families with young children; "priorities are to reduce poverty, lessen the gap between rich and poor in New Zealand society, and extend pay parentally from the current 18 weeks to at least 12 months."

Section 5: Conclusion

Using international research and relevant literature, this briefing document has set out key elements and examples of early interventions in addressing childhood poverty and disadvantage.

There is broad acceptance of the importance of pre-school / early interventions in addressing child well-being. However, the nature of delivery, methodology and metrics for evaluation of interventions, and proposed best practices to addressing childhood poverty and disadvantage are varied due to the extent of models / nature of interventions and maturity of such interventions.

While there are different examples noted within this briefing document as to the location and extent of supports and wrap-around services, the literature highlights the need for locally-responsive early childhood services within communities, in particular targeted at the needs of low-income families at risk of social exclusion. This briefing document provides examples of research indicating that approaches aimed at inclusion, enabling participation, and forming reciprocal participation with low-income families / communities do address and improve childhood well-being / outcomes. A number of interventions discussed include point of contact, named person, and / or brokerage initiatives that seek to ensure families engaging with services are enabled to navigate and engage with public services. In this respect, the Sure Start and Head Start examples offer clear and quantifiable outcomes as to child well-being, enrolment and continued participation / attendance within post-early year intervention. These also offer opportunities for families and parents to engage with services, including training and employment opportunities. Such models and forms of intervention address both educational outcomes for children and the wider needs of target families.

Measuring the success and impact of early childhood interventions must acknowledge the different methodological approaches to such measurements, different and evolving policy and socio-economic contexts of interventions / programmes, approaches to 'wrap-around' services, and varying levels of maturity of interventions being analysed. However, early interventions are most effective when viewed as addressing outcomes for children and the wider context in which disadvantage and poverty are experienced.

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