
SCOPING REVIEW

1

Improving development outcomes for children through effective practice in integrating early years services



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

The Centre for Excellence and Outcomes in Children and Young People's Services (C4EO) will identify and coordinate local, regional and national evidence of 'what works', to create a single and comprehensive picture of effective practice in delivering children's services. Using this information, C4EO will offer support to local authorities and their Children's Trust partners, working with them to improve outcomes for children, young people and their families.

It will focus its work on six national themes identified in Every Child Matters. These are:

- Early Years
- Disability
- Vulnerable Children (particularly children in care)
- Parents, Carers and Families
- Youth
- Schools and Communities.

C4EO will work with a consortium of leading national organisations: National Children's Bureau, National Foundation for Educational Research, Research in Practice and the Social Care Institute for Excellence.

The Centre is also supported by a number of strategic partners, including the Improvement and Development Agency, the Family and Parenting Institute, the National Youth Agency and the Institute of Education.

There will be close and ongoing cooperation with the Association of Directors of Children's Services, the Local Government Association, the NHS Confederation, the Children's Services Network, the Society of Chief Executives, Ofsted and the regional Government Offices.

C4EO is funded by the Department for Children, Schools and Families.

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National Foundation for Educational Research (NFER)

First published in Great Britain in November 2008
by the Centre for Excellence and Outcomes in Children and Young People's
Services (C4EO)

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Summary

This section sets out the main findings and implications of a rapid initial scoping study that searched for information on a specific aspect of education in the early years. The report is based on an appraisal of publication abstracts. It also presents key findings based on a more in-depth appraisal of ten studies judged to be of particular interest for the questions set for this scoping study.

The scoping study was carried out over a relatively short period (July and August 2008) and focused on evidence from education and social sciences. This report is not intended to be an exhaustive description of the literature. Instead, it provides an overview of the type and nature of research in relation to specific review questions. The findings reported below were judged to be of particular relevance to these questions, but they should be regarded as provisional. Quality appraisal of this research was not carried out as part of the scoping exercise; further work (a 'main' review) is required to carry out a deeper and more systematic appraisal of this evidence base.

Nature of the evidence base

The evidence identified in this initial scoping study is limited, and few studies address the impact of integration on outcomes for children's learning.

Synopsis of findings from selected studies

This scoping study focuses on improving learning outcomes for children through effective practice in integrating early years' services. Two questions were addressed:

1. The Effective Provision of Pre-school Education (EPPE) study (Sylva *et al* 2004) showed that centres which had a specific approach to the integration of what had previously been seen as separate childcare and nursery education were able to produce improved outcomes for children's learning. What other evidence is there for this and what specific features of integration have been shown to make a difference?
2. What evidence is there for effective ways of integrating health services into early years' settings?

Initial findings on the impact of integrated services on outcomes for children, are:

- The EPPE study (Sylva *et al* 2004) found that settings integrating education and care offered high quality provision, and that high quality provision was associated with a significant and continued positive effect on child outcomes and progress.
- Integrated early childhood settings may be particularly beneficial for children with multiple risk factors (Penn *et al* 2004).

- An initiative to provide mental health services via pre-school settings contributed to the quality of centre provision (Portland State University and University of South Florida 2004).

The features of effective integrated practice include:

- providing training, ongoing support and professional development for staff (e.g. Bertram *et al* 2002; Schneider *et al* 2007)
- adopting consistent approaches between home and early years' settings (Sylva *et al* 2004)
- involving parents, helping them to support children at home with activities or materials that complement their experiences in early years settings (Sylva *et al* 2004)
- involving a broad range of stakeholders, including families (e.g. Schneider *et al* 2007; Sylva *et al* 2004)
- adopting effective collaborative practices such as effective communication, shared aims and agreed working practices (e.g. Smith *et al* 2004; Bertram *et al* 2002).

The evidence base on integrating early years services is limited in extent, but we consider it adequate to proceed with a fuller literature review. Few studies were found that focused on the link between integrated services and outcomes for children.

Ten sources are highlighted in this report to illustrate the range of themes relevant to this scoping study. They represent a range of projects employing a variety of research methods. The selected sources have findings on features and outcomes associated with integrated early years work, and some show how integrated practice is linked to outcomes. Types of outcomes referred to in these ten studies fall into four main areas, three of which were not explicitly within the remit of the scope because the questions focused on learning outcomes:

- child learning and academic achievement
- child development outcomes (e.g. health, social and emotional development)
- service development outcomes (e.g. changes to provision, the provision of high-quality care)
- family outcomes (e.g. better incomes, family well-being, better relationships with child).

Main findings regarding the evidence base

A total of 213 sources have been assessed for their relevance to the review. Thirty-five of these were considered relevant to the review questions (based on the information available in the abstracts). The sources cover a range of conceptual areas, including: the integration of care with education and with health; the delivery of health services in early years settings; area based early intervention; the impact of early years and childcare services; the leadership of integrated centres; inter-professional and partnership working; and early childhood education policy.

Research question 1 considers the evidence for integrated approaches making a difference to children's learning. (Other outcomes were also considered by the scope team.) For this question, the evidence base:

- is somewhat robust in terms of scale (20 relevant sources) and coverage (i.e. a range of topics and programmes)
- provides findings on a range of effective features and outcomes
- is limited in terms of actually linking outcomes for children to features of integrated practice.

Research question 2 considers the evidence for effective ways of integrating health services into early years' settings. For this question, the evidence base:

- is less assured than for research question 1
- has very few sources relating directly to health (according to abstracts identified here)
- requires further investigation to ascertain whether this is a gap in the evidence base, or whether further searching strategies and/or scrutiny of full sources would identify other evidence.

The data annexe on relevant national indicators and data sources contains information about outcomes for children, but this is not linked to the provision of integrated services.

Implications for the main review

In order to answer research questions 1 and 2, and to incorporate the broader outcome themes that have arisen during this scoping study, a main review may be adopted through widening the brief in the following ways.

- Research question 1: keep the research question tight (i.e. linking features to outcomes), but broaden the scope to include all types of early years' integrated approaches and a range of outcomes, including outcomes for families and services.

- Research question 2: search a wider range of sources to identify more information on health services.

Given the gaps in the literature for both questions, one solution for further review would be to incorporate questions 1 and 2 into an adapted set of research questions:

1. What approaches are there to integrating services in early years settings?
2. Which agencies are involved in these approaches (including health)?
3. What do key stakeholders (e.g. service staff and service users) consider to be the key approaches and features of effective integrated early years' provision?
4. What is the evidence that these integrated approaches contribute to positive outcomes for children, families and services?

Given the range of work in early years' settings, it is unlikely that a full review will be able to synthesise findings against the features and impacts identified in the research into the EPPE (Sylva *et al* 2004), as envisaged in the questions set for this scoping study. The adapted approach proposed above would provide a thematic overview of findings, with detailed analysis of selected schemes or programmes to illustrate the linking of outcomes and features. The variety of outcomes identified in this scoping study will be valuable to explore in a main review, particularly outcomes for families, which are very important in early years work. Particular projects and programmes are included frequently in the sources identified in this scoping study, and it may well be worth categorising the features of each scheme as a basis for mapping outcomes. There is limited potential for further exploration of national datasets, given the challenge of linking outcome data to integrated provision.

Purpose and scope of the study

This section focuses on the rationale for the scoping study and the research questions to be answered. It also highlights the relevant cross-cutting themes considered and the date, origin and type of literature included.

The Centre for Excellence and Outcomes (C4EO) has the principal aim of identifying, coordinating and disseminating 'what works', in order to significantly improve the outcomes of children, young people and their families – realising the full potential of Every Child Matters (ECM). Its work programme is focused on six themes, each of which has three lines of enquiry or 'priority'. The evidence base for each priority is provided by a knowledge review, which involves a sequence of activity, rather than being a one-off event. Each knowledge 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 strategies, levers and interventions which have already proved to be the most powerful in helping services improve outcomes, and why this is so.

The prime purpose of the scoping study, which initiates the C4EO review sequence for each theme priority, is to establish the key research questions and search parameters for the later review work, assess the nature and strength of the evidence base and provide an initial overview of trends in the literature.

This scoping study considers the available literature and data to examine the priority of integrated working within the early years theme. Improving outcomes for children through integrated working is a central theme in Government policy. The new Childcare Act 2006 (England and Wales. Statutes 2006) requires local authorities and their National Health Service (NHS) partners to work together to improve the outcomes of all children up to five and to reduce inequalities between them, by ensuring early childhood services are integrated to maximise access and benefits to families. The Ten Year Strategy for Childcare (HM Treasury *et al* 2004) states that local authorities should be taking action to develop an early years' and childcare vision with parents and partners, which includes integrated early education and childcare, health, advice and support to parents.

Findings from the EPPE study (Sylva *et al* 2004) show that integrated early years' centres with specific features make a difference to outcomes for young children. Features of successful integrated provision include the quality of early years' staff, the nature of relationships between staff and children, a curriculum that emphasises educational and social development, and the importance of home learning. Outcomes include children's cognitive, social and emotional development.

Current developments in policy and practice aim to create an integrated workforce for children's services. However, the practice of integration in early years' environments varies considerably. There is a wide range of initiatives, strategies and guidance for early years' practice. The early years' theme within C4EO covers all types of early years' provision, in the maintained and private, voluntary and independent sectors. The strand aims to identify and disseminate effective practice in integrated working, including across health care, education and family support.

This particular study aims to identify the scale and scope of the evidence-base in the literature for two key research questions:

- The EPPE study (e.g. Sylva *et al* 2004) showed that centres which had a specific approach to the integration of what had previously been seen as separate childcare and nursery education were able to produce improved outcomes for children's learning. What other evidence is there for this and what specific features of integration have been shown to make a difference?
- What evidence is there for effective ways of integrating health services into early years' settings?

Cross-cutting themes relevant to these issues include child poverty, workforce development and leadership. Coverage of these themes, as they relate to integrated early years practice and the two key research questions, is included in this scoping study.

The study considers sources from England, Scotland, Wales, Northern Ireland, Australia/New Zealand and USA/Canada. It focuses on early years' provision from birth to age five years (not including childminders). Publication dates are from 1996 to July 2008. The type of literature considered includes published research studies, conference reports (and other unpublished, or 'grey', literature), policy documents, and information on current research. Practice descriptions and guides were not requested as part of this scoping study.

Scoping study methods

This section outlines the methods used in the study, with more details presented in Appendices 1 and 2. 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 scoping study used a broad range of sources to identify relevant material:

- searches of bibliographic databases (educational and social sciences)
- web searches
- current research
- recommendations from the Theme Advisory Group (a group of experts in early childhood policy, research and practice).

The search results were screened to remove duplicates and material that did not fit within the scoping parameters. The references were checked and abstracts sought before transferring the selected items for consideration to a spreadsheet (see Appendix 2). Each item (i.e. each piece of literature) selected for consideration, was then assessed for the abstract quality (adequacy for making decisions about relevance) and for its relevance to the research questions. Those items not considered relevant were excluded at this stage but coded (on the basis of the abstract) in terms of their key area of focus. Items considered relevant were then assessed and coded (on the basis of the abstract) in relation to the following:

- type of literature (e.g. research study, policy statement, practice description)
- country/area involved
- design (if research) (e.g. programme evaluation, survey, case study)
- study population (e.g. age, role, gender)
- type of early years setting
- key area (field of study).

Scoping teams were asked to identify up to ten key items (those that most closely addressed the main questions established for the scoping study). The source documents for these items were obtained and examined in more depth and a brief summary for each (noting in particular the methodology and findings on features and outcomes associated with integrated early years work) is included within this report in the section on illustrative sources (see pages 18–23).

Quality assurance checks were carried out on ten per cent of the entries by a member of staff who had not been involved in the original assessment. (Further

information on the scoping process and details of the search strategy can be found in Appendix 2.)

Limitations of the study methods

There are four main limitations that should be noted.

The tight deadline restricted the number of searches that could be carried out. Searches were not carried out on psychological and health databases. It was not possible to include any hand searching. Databases relating to broader outcomes (such as health) were not searched.

- Abstracts were often missing from the database searches or were too brief to assess the relevance of the material. In these cases, the team attempted to locate a summary or full copy of the item, but this was not always possible in the time available.
- Quality assurance checking was carried out on a sample of coding decisions (90 per cent of the coding decisions were not subject to independent checks).
- The findings reported are based on an in-depth examination of only ten sources.

Assessment of the evidence base

This section provides an assessment of the evidence base. It focuses, firstly, on the characteristics and content details of the sources which were classified as relevant and, secondly, on the characteristics and content of the sources classified as not relevant. The scope of the evidence for each question is then discussed.

The searches undertaken, plus a filtering process in which items that were obviously not relevant were removed, led to an overall total of 213 sources being assessed for their relevance to the review. Of these 213, in nine instances, the information/abstract available was inadequate/missing and an informed decision could not be made. Of the remaining 204, 169 were considered not relevant to the research questions under scrutiny (see below for further detail on sources classified as not relevant).

Sources classified as relevant

A total of 35 sources were assessed as relevant to the review questions – 15 to question 1 only, 15 to question 2 only, and five to questions 1 and 2. The majority of the 35 relevant sources were based on empirical research or evaluation. They also included literature reviews, practice descriptions and policy documents. Most were from the UK (24), although some were from the USA (9), and one each from Australia and New Zealand.

The 35 sources included 14 where the type of early years setting was not specified. The remaining 21 included the following early years' settings, ranked according to their frequency:

- children's centres/early excellence centres/centre-based provision
- variety of pre-school/early years settings e.g. play groups; nurseries; integrated day and care settings
- Sure Start programmes
- early years provision/early childhood education generally
- family development centres
- out-of-home integrated settings
- Head Start
- kindergarten.

Sources covering cross-cutting themes included two sources on child poverty, two sources on workforce development and one on leadership.

Of those which were classified as research/evaluation, eight were focused on programme evaluation and five were large-scale longitudinal studies. The remainder included those which used mixed methods (e.g. surveys and case studies); documentary analysis; action research; and interviews. Populations

under study included five studies focused on pre-school children and four on early excellence centres/children's centres. Four studies were focused on parents/families of young children, including those in deprived areas/low-income families, isolated mothers and children with speech and language needs. The remainder were focused on local authorities or on professionals working in integrated settings.

Particular projects or programmes featured frequently in the sources, including the Effective Provision of Pre-School Education (EPPE) project, Starting Early Starting Smart (SESS), and Head Start programmes. Other initiatives may well be worth searching out to explore the extent to which they involve integrated working, for potential inclusion in the review.

Particular authors and groups of researchers work in this field, and their work may be worth exploring for further sources. Examples include researchers at the University of Oxford, the University of Sheffield, and the Institute of Education, University of London.

The sources covered a range of conceptual areas, including: the integration of care with education and with health; the delivery of health services in early years settings; area-based early intervention for children under four and their families living in an area with a high level of deprivation; the impact of early years and childcare services; the leadership of integrated centres; inter-professional and partnership working; and early childhood education policy.

Sources classified as not relevant

Of the 169 sources which were classified as not relevant, a large number were ruled out straight away as they were obviously not relevant. Reasons for rejecting sources focused mainly on content (for example, the literature referred to an area outside of the main review questions, and did not relate explicitly to the key areas for review – i.e. learning outcomes for children, the key features of integration in early years settings, and the integration of health services into early years settings). The content of these rejected sources instead focused on a variety of topics, including:

- implementation/how to measure outcomes
- policy and legislation only (these may be useful for context and background)
- other types of integration (e.g. integrating children with special educational needs into school; integration of child and family services; integrating schools and early years services)
- cost-effectiveness of integrated services, but no discussion of outcomes
- an age range outside the review criteria (0–5 years)
- different aspects of health (e.g. health promotion, health inequalities)
- tracking children's circumstances/lives
- international comparisons of early childhood education
- family/parent support.

The other reason for rejection was the quality of the evidence: the lack of an evidence base, e.g. a discussion paper only.

However, of the 169 sources classified as not relevant, there were some sources with tangential relevance to the research questions (and which could therefore be used to inform the full-scale review – see recommendations below). These included, for example:

- studies evaluating the impact of early years programmes/provision but no evidence of linking integration to outcomes
- good practice guidance and descriptions which may have relevance for effective working with health
- descriptions/studies of integrated working within early years settings, noting a range of agencies, but not specifically mentioning health
- descriptions/studies of integrated working generally (e.g. overcoming barriers to working together) or in settings other than early years which may have relevance for integrated working with health professionals
- descriptions/studies of integration of schools and health services which may have implications for early years settings.

Scope of evidence for question 1

For research question 1, the evidence base is somewhat robust in terms of scale (number of relevant sources) and coverage (range of topics and programmes to explore). A range of effective features and outcomes can be gleaned from the literature. Importantly, the range of outcomes includes not only child learning outcomes (the specific focus of the scoping study), but broader child development outcomes, service outcomes, and frequently, outcomes for families. This range of outcomes may be valuable to explore in a full review, particularly outcomes for families, which are very important in early years work.

However, the evidence is much less comprehensive in terms of actually linking outcomes for children to features of integrated practice:

- the number of sources linking outcomes with integrated working is limited (although specific databases, e.g. ChildData and online sources, appear more fruitful than others)
- sources have been excluded because they appear not to relate integration directly with child outcomes (although it may be possible for researchers to infer links between integration and outcomes on closer examination of full sources).

It is important to note that the scope team did not specifically map the evidence base to the particular types of outcomes and features noted in the EPPE study, but rather, searched for all kinds of early years integrated practice more broadly. The full literature review could audit the range of integrated approaches identified,

and this, in turn, may help to identify other projects and programmes worth reviewing.

Scope of evidence for question 2

For research question 2, the evidence base identified in this scoping study is less assured. Very few sources specifically relating to health (according to the abstracts) have been identified through searches:

- The specific nature of the research question led to a limited number of sources being identified (although some databases, e.g. ERIC, SP&P and BREI,¹ appear more fruitful than others for such research).
- Where integrated working is involved, but the actual agencies are not specified in the abstract, it is unclear whether these agencies include health (the scoping team has rejected these, although it may well be that on closer inspection of full sources, some may be relevant).

Further investigation is required to ascertain whether this is a gap in the evidence base, or whether further searching strategies would identify other sources.

¹ See Appendix 2 for details of the databases and websites searched.

Design of the main review

This section focuses on the implications of the assessment of the evidence base for a full review. It suggests ways in which searches might be extended or the research questions might be adapted for the full review.

The assessment of the evidence base described above suggests that there are gaps in the evidence base for both research questions. However, more scoping and adapting the questions may well help a full review of the area. This could be done in some of the ways outlined below for each of the research questions, or indeed by adapting the research questions to allow a more staged approach to the review.

Question 1

- Keep the research question tight (i.e. linking features to outcomes), but broaden the scope of what is mapped to include all types of early years integrated approaches and a range of outcomes, including outcomes for families and services (rather than comparing to features and outcomes in the EPPE study).
- Obtain full sources of potentially relevant research to examine whether integration is related to outcomes, or to see if a link between integration and outcomes can be inferred.

Question 2

- Broaden the research question to include all aspects of integrated working and examine the full sources to see if they include health. Or map which agencies are involved in early years integrated approaches, to achieve a sense of the extent to which health is integrated and how it is integrated.
- Conduct searches of databases/subject gateways specialising in health.

Refinement of review questions

Given the gaps in the literature for both questions, one solution for further review would be to incorporate questions 1 and 2 into an adapted set of research questions:

1. What approaches are there to integrating services in early years settings?
2. Which agencies are involved in these approaches (including health)?
3. What do key stakeholders (e.g. service staff and service users) consider to be the key approaches and features of effective integrated early years' provision?
4. What is the evidence that these integrated approaches contribute to positive outcomes for children, families and services?

We suggest a staged approach, where answers to questions 1 and 2 are sought from a larger number of practice descriptions as well as research. Answers to questions 3 and 4 would be sought from a smaller number of research and evaluation sources (e.g. those identified in this scoping study). Question 4 would widen the scope of the study to include all developmental outcomes linked to integration (e.g. health, social and emotional development), rather than just focusing on learning outcomes. We suggest findings be presented thematically (rather than mapping against the EPPE study), and that some key evaluation evidence is sought to illustrate the linking of outcomes and features required by the original research questions.

Overview of key findings

Of the 35 potentially relevant sources identified, 10 are presented here to illustrate themes relevant to this scoping study. They are listed with abstracts, highlighting key findings (outcomes and features) and methodologies where possible. Three of these sources are relevant to both research questions 1 and 2; three sources are relevant to research question 1; and four are relevant to research question 2. The methods used in the selected studies are varied, but most are evaluations of particular schemes or programmes.

The following sources are highlighted because they have findings on both features and outcomes, and some show how integrated practice is linked to outcomes. An overview of the main findings of the studies is provided below, starting by discussing the outcomes from integrated provision, and moving on to consider the features of such practice that have contributed to the outcomes. Please note that these studies have not been subjected to rigorous quality assessment and that the further stages of the review are likely to identify different key sources.

Outcomes

Early years provision of all types produces good outcomes in terms of social/behavioural and learning outcomes. However integrated care and education centres, as well as nurseries, have been shown to promote better outcomes than other settings (Sylva *et al* 2004). Such provision is particularly effective for children facing multiple risks and children who start at an earlier age (Penn *et al* 2004). The outcomes reported in these studies include not only child learning outcomes, but broader child development outcomes (e.g. health, personal, social and emotional development), outcomes for families, and outcomes for service development.

The studies demonstrate that integrated centres can produce positive outcomes for **child learning**, for example in terms of intellectual development, and that these developments are carried forward into school performance (Sylva *et al* 2004). Other related outcomes identified are smoother transition to school from pre-school provision, where there are close links between the two settings (Smith *et al* 2004), and educational benefits arising from children being full-time rather than part-time in early years' provision where the home environment is not supportive of learning (Smith *et al* 2004).

The studies show that **broader child developmental outcomes** can be produced by integrated centres. Personal and social benefits for children are reported, including improvements in the social skills of children (Smith *et al* 2004). Benefits relating to general health, and indications that when children are more healthy this impacts positively on educational outcomes are also reported (Hellerich-Tuttle *et al* 1996).

Outcomes are also reported for **families**, as integrated centres often provide services or referrals that benefit parents directly, or indirectly through their children. Some parents have benefited by having more choice of employment

and/or more opportunity to look for and apply for jobs, as there are more hours of childcare available to them (Smith *et al* 2004). Ultimately, this has enabled families to increase their income and become more self-sufficient, rather than dependent on the state (Hellerich-Tuttle *et al* 1996). Some studies report outcomes going wider than the family to impact on the **community**, for example by strengthening communities (Schneider *et al* 2007).

Finally, there are also outcomes from integrated provision in relation to **service development**. Some studies demonstrate that in integrated centres, the quality of staff practice, and the quality of settings overall can be improved by working closely with other professionals. For example, health workers can pass on their expertise (e.g. in terms of mental health issues) to teachers, and practice may be improved (Portland State University and University of South Florida 2004). Integrated working is also shown to improve the coordination of service delivery, and does so in an efficient and cost-effective way (Franklin 2008).

Effective practice

The ten studies highlight some effective features of integrated practice. The main areas of practice are professional development of staff, links with parents and the home environment, collaboration between partners, and the involvement of a broad range of stakeholders.

The first aspect of effective practice identified is **training and ongoing professional development for staff**. Some studies suggested that there is a link between the qualifications and training of staff and positive outcomes for children in early years' settings (Sylva *et al* 2004). Some studies suggest that shared training involving different professionals helps to build a common language and way of working and that this helps build effective integrated teams (Schneider *et al* 2007). Training focused on the skills needed for integrated working also facilitates the development of effective teams (Bertram *et al* 2002). The opportunity that staff from different agencies have to interact and build relationships during such staff development activity is also important (Bertram *et al* 2002).

The studies also demonstrate the **importance of links with home activities** to support the early years' approaches in settings. In general, the quality of the home learning environment is shown to have an impact on outcomes for children (Sylva *et al* 2004). More specifically, outcomes can be improved where centres work closely with parents and they share educational aims, as this enables parents to support children at home with activities or materials that complement their experiences in early years' settings (Sylva *et al* 2004).

The selected studies also highlight the importance of the **nature of collaboration** in integrated settings, and there are several key elements of effective collaboration identified:

- Effective and frequent **communication** between different professionals is important, and there are indications that bringing different professional groups under the same roof can aid communication and collaboration (Schneider *et al* 2007).
- Integrated teams need to have **common aims, a shared philosophy and agreed working practices**, along with an understanding of the roles of all team members. Within this context, it is important that individuals act as team players and are flexible in their approach, taking note of the needs and expertise of others (Smith *et al* 2004).
- The **leadership and management** of integrated centres and teams play a key role in developing and sustaining an effective team (Bertram *et al* 2002).

Finally, the studies demonstrate that it is important to **involve a broad range of stakeholders/constituents** in integrated centres and teams. Children and their families benefit from having a wide range of agencies involved, as this works towards a 'one-stop shop' to meet all their needs directly or through referral (Schneider *et al* 2007). The involvement of parents in integrated centres also benefits the parents themselves, but also the services offered, as parents often have a clear idea of what they and their children need (Schneider *et al* 2007).

Summaries of selected studies

Research questions 1 and 2

Hanson, L., Deere, D., Lee, C.A., Lewin, A. and Seval, C. (2001) *Key principles in providing integrated behavioral health services for young children and their families: the "Starting Early Starting Smart" experience*, Washington, DC: Department of Health and Human Services, Substance Abuse and Mental Health Services (available at http://eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/1a/3c/ce.pdf, accessed 15 July 2008).

This source is a descriptive paper focused on the implementation of the Starting Early Starting Smart (SESS) project, a US **early intervention programme** for families and children (from birth to seven years). The programme integrates behavioural health services (substance abuse prevention and treatment, mental health services and family/parenting services) into everyday paediatric and early childhood educational settings, with the aim of improving child and family outcomes, including resilience. The paper sets out the underlying principles, implementation and planning processes in SESS. Key features of the SESS approach include: a comprehensive assessment of needs and provision; collaboration between stakeholders; facilitating family involvement; support, training and supervision for staff; approaches to recruitment and retention of participants; and planning for sustainability at the outset of SESS programmes. Programmes are expected to deliver outcomes in the broad areas of child development, carer/family functioning, family health and safety, and service integration. The paper suggests that further evaluation information may be available on the SESS website.

Research questions 1 and 2

Smith, T., Sylva, K., Mathers, S., Dearden, L., Goodman, A., Kaplan, G., Bryson, C., Joy, S. and La Valle, I. (2004) *National evaluation of the Wraparound Care Pilot Project: final report for the Department for Education and Skills*, London: DfES (available at www.surestart.gov.uk/doc/P0001843.pdf, accessed 15 July 2008).

This source sets out the key findings of the **'wraparound' care pilot projects** in five areas of England: Cornwall, Ealing, Kirklees, Lancashire and York. The methods involved an impact study (parent surveys, parent focus groups and quality assessments) to look at parent outcomes, child outcomes and quality assessments; and an implementation study (quantitative and qualitative work on implementation and processes and on costs and finances). Parents and providers report positive benefits for children including curriculum continuity and consistency in Foundation Stage provision, personal and social benefits and benefits for children with special needs. There are also positive benefits for parents, for example, 56 per cent of the parents taking up childcare provision said it gave them more choice for work and/or study and 32 per cent were able to apply for jobs. Findings on the key features of quality of care and education in different approaches include: both single-setting and partnership-setting approaches can work well; the extent of integration should include formal

collaboration around programme pedagogy, content and staffing (not just around transport and session times); and that having a coordinating body can be effective for management. The most stimulating experiences for children come from approaches offering an early education place within the maintained sector plus extended provision (from any sector), as long as there is collaboration between providers of the elements of the integrated day.

Research questions 1 and 2

Hellerich-Tuttle, L., Kirkland, E.S. and Rankes, H. (1996) 'The Nebraska Head Start/public school early childhood transition demonstration project', paper given at the third Head Start National Research Conference, Washington, DC, 20–23 June (available at www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/14/e4/5c.pdf, accessed 15 July 2008).

This US **transition project** aims to address the fading of gains by children by the third grade from early years programmes such as Head Start. The transition project involves Head Start-like services for families with children in elementary school, kindergarten and through to third grade. School staff, health and social services support children's health, family wellness, and income. Education, health, social services, and parent involvement are addressed. The project emphasises children's health in relation to school success. During the project's four years, nearly 1,000 individuals from over 250 families have participated.

Results of an informal evaluation (the methods of which are not detailed) indicate that perceptions of children's health correlate to school success, especially in kindergarten. Children whose families receive intensive case management services have the greatest improvement ratings of general health from kindergarten to later years. In addition, project children have fewer uncorrected vision and hearing problems. The transition projects have resulted in increases in family income and self-sufficiency; and helped to reshape and transform children, families, schools, community, and society. Promising practices of the project include: home-based services to families, use of dedicated family outreach workers, use of a case management system and framework (including a family assessment tool), collaboration with schools and other community agencies, decentralisation of Head Start and home-based sites throughout the locality, having an educational facilitator to develop early childhood teachers, and ongoing staff development opportunities.

Research question 1

Sylva, K., Melhuish, E., Sammons, P., Siraj-Blatchford, I. and Taggart, B. (2004) *The Effective Provision of Pre-School Education (EPPE) Project: final report. A longitudinal study funded by the DfES 1997–2004* (available at www.dcsf.gov.uk/research/data/uploadfiles/SSU_FR_2004_01.pdf, accessed 15 July 2008).

The **EPPE** project explored the effects of pre-school education and care in the UK on children's development from three to seven years of age. Six English local authorities in five regions participated in the research, which included all main types of pre-school provision (e.g. playgroups, local authority/voluntary day

nurseries, private day nurseries, nursery schools, nursery classes and combined care/education centres). The project tracked a sample of 3,000 children from 141 centres from age three to the end of Key Stage 1. Research methods included standardised child assessments administered on several occasions, behaviour profiles, interviews with parents and pre-school centre staff, and intensive case studies. Key findings on outcomes include: pre-school experience (compared to none) enhances all-round development; full-time attendance leads to no better gains for children than part-time provision; and that the quality of pre-school provision has a significant and continued effect on child outcomes/progress throughout Key Stage 1. Features of pre-school provision contributing to better outcomes for children include: staff qualifications and having a trained teacher as manager, warm interactive relationships with children, the equal importance of educational and social development, a curriculum that emphasises literacy, maths, science/environment and children's diversity, and instructive learning environments with sustained shared thinking. The importance of home learning was also stressed. The highest-quality provision was found in settings integrating care and education, and in nursery schools. This report includes just some of the findings from the EPPE study. Other reports from the EPPE project (e.g. Sammons *et al* 2008) will be worth considering for inclusion.

Research question 1

Penn, H., Barreau, S., Butterworth, L., Lloyd, E., Moyles, J., Potter, S. and Sayeed, R. (2004) *What is the impact of out-of-home integrated care and education settings on children aged 0–6 and their parents?* London: EPPI-Centre, Social Science Research Unit, Institute of Education, University of London (available at <http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=143>, accessed 15 July 2008).

This **international research review** assesses 113 reports, and identifies nine for in-depth review. Whilst the studies selected for in-depth review are not from the UK, the researchers note that their findings are relevant to current UK policy debates. It explores the impact of the integration of care and education in the early years on children and their parents. Key findings suggest that integrated care and education can be beneficial for children, especially for those from multi-risk families and for children who enter these settings at an early age. The review covers a variety of setting types and research methodologies, and so the findings may not be applicable across all settings. The review suggests that integration in childcare is currently an under-researched area.

Research question 1

Franklin, S.P. (ed) (2008) *Early childhood care and education: working together to meet family needs*, Massachusetts, MA: Massachusetts State Department of Education, Early Learning Services.

This report focuses on how inter-agency collaboration occurs in early years' childhood programmes in the USA and whether inter-agency councils are effective in promoting collaboration. The methods used in this research are **surveys** and **six in-depth case studies** using ethnographic methods. It also includes a review of existing research. Key findings indicate that inter-agency collaboration helps children and families, increases community involvement in

schools, leads to a coordinated system of service delivery, improves the quality of services, and is efficient and cost effective. The research recommends that inter-agency collaboration can be fostered by considering the culture, creating a climate for collaboration, involving a broad constituency, and supporting collaborative efforts.

Research question 2

Bertram, A., Pascal, C., Bokhari, S., Gasper, M. and Holtermann, S. (2002) *Early Excellence Centre Pilot Programme: second evaluation report 2000–2001* (DfES research report 361), London: DfES (available at www.dfes.gov.uk/research/data/uploadfiles/RR361.pdf, accessed 15 July 2008).

The **Early Excellence Centre (EEC)** Pilot Programme was launched in England by the Government in August 1997. EECs aim to provide a practical reality to 'joined up thinking', offering one-stop shops where families and children can have access to high-quality, integrated care and education services delivered by multi-agency partners within one centre or a network of centres. They were also intended to raise the quality of local early years' provision and disseminate good practice through training and exemplification of integrated practice. The evaluation included both qualitative and quantitative methods to gather data from 29 pilot EECs. There was also a process of supported and externally validated self-evaluations. This study may be relevant to the cross-cutting theme on child poverty.

Key findings focus on the quality of provision in the EECs. It is challenging to integrate multi-agency services to provide support for children and families that can impact on cycles of deprivation. This can be achieved within three to five years by building on existing provision. In a five-year period most EECs now provide high-quality, integrated services for children, families and communities. These EECs offer education and care, family support, health and education services. The EECs support a large proportion of the government's target population including children in poverty and children with special needs. The training and dissemination provided by EECs has been important in the development of integrated services both locally and nationally. EEC costs were as expected, showing that EECs can be established for an addition of between 20 and 25 per cent to the revenue of mainstream services. Pilot EECs could easily inform the development of children's centres. The evaluation also draws out lessons for integrated centres in relation to successful leadership and management, creation and sustaining of effective integrated teams, focus on quality, approach to community needs, physical resources and infrastructure, and monitoring and evaluation of services.

Research question 2

Petrie, P., Moss, P., Cameron, C., Owen, C., Potts, P., Simon, A., Wigfall, V. and Cage, M. (2008) 'Working together: inter-professional working in multipurpose children's settings', unpublished report.

This study focuses on **inter-agency** and **inter-professional collaboration** in extended schools and children's centres in England. It includes the diverse children's workforce employed in such multipurpose services: teachers, health,

childcare and social service staff who work in schools and children's centres. It aims to contribute to the development of the children's workforce strategy and the Every Child Matters agenda by illuminating factors relating to training, structures and different professional understanding and values involved in inter-professional working in multipurpose children's services.

The study uses mixed methods. It includes literature reviews; a secondary analysis on the Labour Force Survey, mapping the children's workforce in health, education and social care; an analysis of initial training and continuing professional development for selected parts of the children's workforce; interviews with those responsible for training policy for each of these occupations, nationally; and, in-depth case studies of local experience of inter-professional working in multipurpose institutions. This stage of the work had a comparative element and included case studies in England and Sweden. The study has been completed and the findings have been submitted to DCSF. This study is relevant to the cross-cutting theme on workforce development.

Research question 2

Portland State University and University of South Florida (2004) *Mental health consultation in child care centers* (Data trends no. 96), Portland, OR: Portland State University, Research and Training Center on Family Support and Children's Mental Health.

This article reports on an evaluation of the Early Childhood Mental Health Initiative (ECMHI) adopted in the USA that supports **consultation services** provided by mental health professionals in a variety of low-income, ethnically diverse day care and preschool provision. Researchers collected data on 23 urban, low-income child care centres that were receiving 'new' mental health consultation with professionals from four agencies. Regardless of past mental health consultation experience, each centre was assessed twice, each assessment being one year apart. The data were collected by a variety of methods: interview; observations, questionnaire and focus groups with teachers. The aim of consultation is to 'increase the ability of staff, families, programmes, and systems to prevent, identify, treat and reduce the impact of mental health problems among young children in mental health settings'. Key findings were that mental health consultation has positive impacts on teacher and centre quality. Teachers had more empathy and curiosity about the deeper meaning of children's problem behaviour, were more open to mental health professional assistance, and felt more control over, and responsibility for, all behaviour occurring in their classroom. The authors recommend that mental health consultation should be more available in early childhood settings and state that it may be a way of improving quality and staff retention.

Research question 2

Schneider, J., Avis, M. and Leighton, P. (eds) (2007) *Supporting children and families: lessons from Sure Start for evidence-based practice in health, social care and education*, London: Jessica Kingsley.

This is a collection of papers which summarises the knowledge and experience generated by Sure Start local programmes in England through **local evaluation studies**. It has chapters on child health and development, partnership working with local services, parental employment, supporting families and strengthening communities. The focus is on evidence-based practice. Relevant key findings relate to effective partnership working between different agencies, including health professionals. First, management and supervision issues often hinder integrated working, and the establishment of effective communication channels between professionals. Second, integration of services at the strategic level does not guarantee effective joint working at service delivery level, and clear protocols and agreements between professions regarding working practices are needed to promote this. Third, trust, communication and mutual understanding between professionals is important to successful collaboration in service planning, development and delivery; face-to-face contact through joint training, meetings and/or shared accommodation is important in developing this.

Data annexe

Introduction

The main focus of this priority is on outcomes related to the provision of effective practice in integrated early years services. At this stage, relatively few studies (with the exception of EPPE) appear to have produced robust, reliable evidence that demonstrates a link between integrated early years provision and outcomes for children. On the whole, the large-scale government-based datasets that are available – nationally, regionally or locally – focus either on provision (such as the Childcare and Early Years Providers' Survey) or on outcomes (as in the Foundation Stage Profile). The extent to which the datasets have been analysed to explore links between integrated early years services and the five Every Child Matters outcomes, for example, appears to be limited, at least in terms of the data that is currently available in the public domain.

This data scoping annexe, therefore, provides an outline of currently available information on outcomes for young children, set against the national indicators and also against the Every Child Matters outcomes, and data on provision for early years (again in the context of the national indicators). It provides:

- a brief commentary on the availability of data and any gaps that have been identified
- an overview of the nature and scope of the data that was found
- some examples of the type of charts and diagrams that could be produced, showing trend data and/or comparisons between national and regional data.

A summary table of the data sources of readily accessible, published and comparable data for early years at national, regional and/or local authority level is provided in Appendix 4. This has been set against the relevant national indicators for each priority and has been divided according to the five Every Child Matters outcomes.

Search strategy

There are a number of archival databases in the UK, such as the National Digital Archive of Datasets (NDAD) and the UK data archive, some of which have services that facilitate searching or access to macro- and micro-datasets (including ESDS International). Even so, searching for current and recently published data cannot yet be conducted in the same way as searching for published research findings. Access to newly published data is not supported by comprehensive searchable databases in the same way that literature searches are supported. The strategy that was used to obtain data for the Data Annexe used a combination of methods, including online access to known Government publications (such as the Statistical First Releases from the DCSF and DIUS); access to data published by the Office of National Statistics, the Home Office and other government departments; data published by the NHS and other national, regional and local bodies; and online searches following leads emerging from

these publications, research funding council summaries and other literature searches. It should be noted that links to statistical sources that were live at the time of searching may not remain live by the time of publication.

Availability of data

Data appears to be available on physical health issues (such as infant mortality, obesity and tooth decay) and child safety (rate of homicides and hospitalisation), though there is very little on mental health issues in early years. Published data on cognitive, social and emotional development is confined largely to older children in the early years group (those in Foundation Stage in school). Data on economic well-being (such as aspects of children in poverty) are available in relation to a number of specific variables, such as poor living conditions or unsafe housing, but the impact of integrated provision of early years services on such outcomes is not yet readily apparent in the data.

It should be noted that, even though data may be collected by local authority or regionally, it is not always presented or available at this level. Equally, some data is accessible at local authority level, but comparisons between the local data and national or regional data are not always possible because the data are often aggregated by different age groups. Childhood obesity data from the Health Profile of England, for example, is available for children in reception classes at local authority level, but at national and regional is aggregated and presented for children aged two to 10. In other cases, the sample size for the early years cohorts is too small to be analysed or to provide a statistically reliable measure.

The data that is currently available, therefore, provides few immediate insights into the extent to which effective practice in integrating early years services has improved development outcomes for children. Further thought needs to be given to ways in which data on practice and provision in early years settings can be linked to data on outcomes in order to assess the role of integration in changing outcomes for young children.

Nature and scope of the data

The data sources that have been included are of three main types.

- Robust, recent and publicly accessible data for the whole of England (or wider). This includes:
 - information published in DCSF Statistical First Releases and Statistical Volumes
 - data from the Office of National Statistics
 - data from other Government offices, including the Home Office and Department of Health.

- Information gathered from other national longitudinal datasets and the research publications based on these, including:
 - EPPE (Effective Pre-school and Primary Education)
 - NESS (National Evaluation of Sure Start)

- MCS (Millennium Cohort Study).
- Relevant information, where possible, from other periodic or *ad hoc* survey datasets, including:
 - Childcare and Early Years Providers' Survey
 - Early Years Statistical Profile (Ofsted)
 - Health Survey of England.

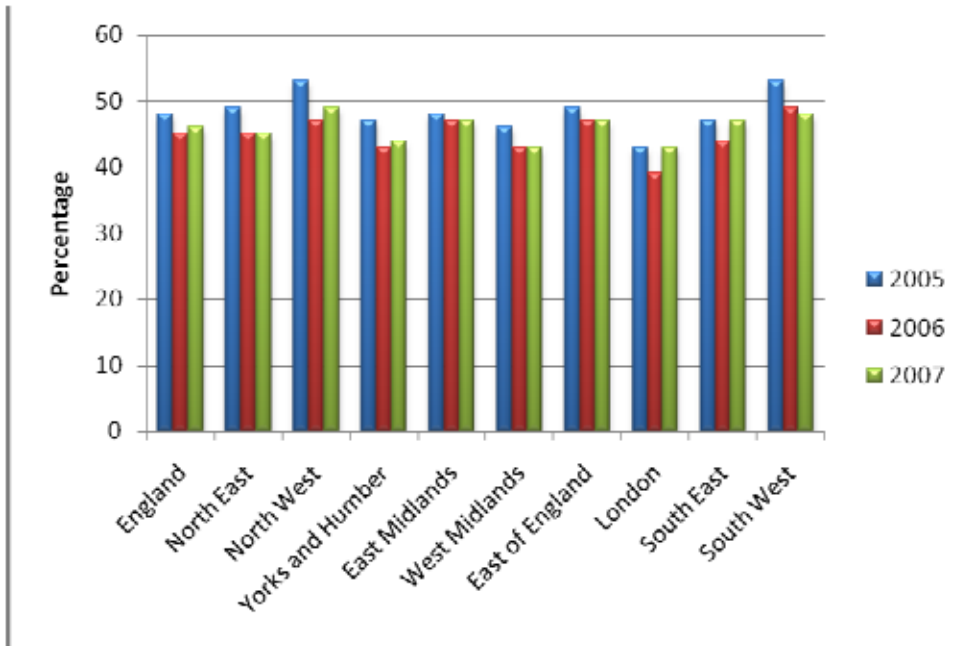
Other relevant surveys, such as ALSPAC (the Avon Longitudinal Study of Parents and Children) and FACS (the Families and Children Study) were identified, but, to date, we have not been able to identify any specific published data from these surveys, in relation to early years, that can be broken down by region and local authority without further secondary analysis. We will explore the possibility of such analyses in the coming months.

Examples of charts showing trends and regional data

For the purpose of this scoping study we have included a few example charts that show data in terms of trends and/or regional comparisons. These relate to data on cognitive, social and emotional development and on health issues.

Figure 1 presents data linked to NI 172 (achievement of at least 78 points across the Early Years Foundation Stage, with at least six points in each of the scales in Personal, Social, Emotional Development and Communications, Language and Literacy) for the three years 2005 to 2007 and for each Government office region, compared to the mean figures for England. The percentage of children with higher-level development at Foundation Stage is consistently higher in the South West, but lower in London, than the average for England.

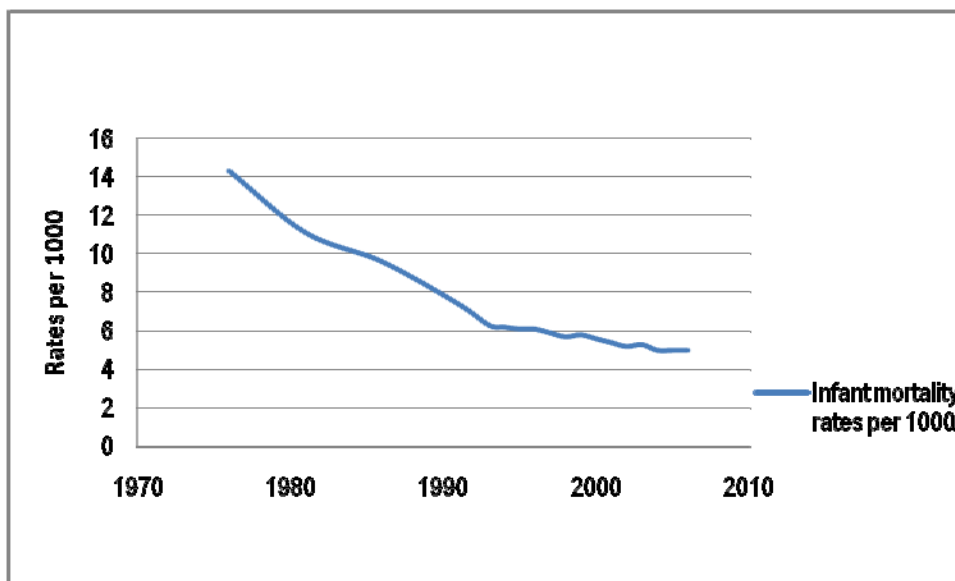
Figure 1: Percentage of children achieving six or more points across seven development scales



Source: DCSF Foundation Stage Profile : full child collection 2

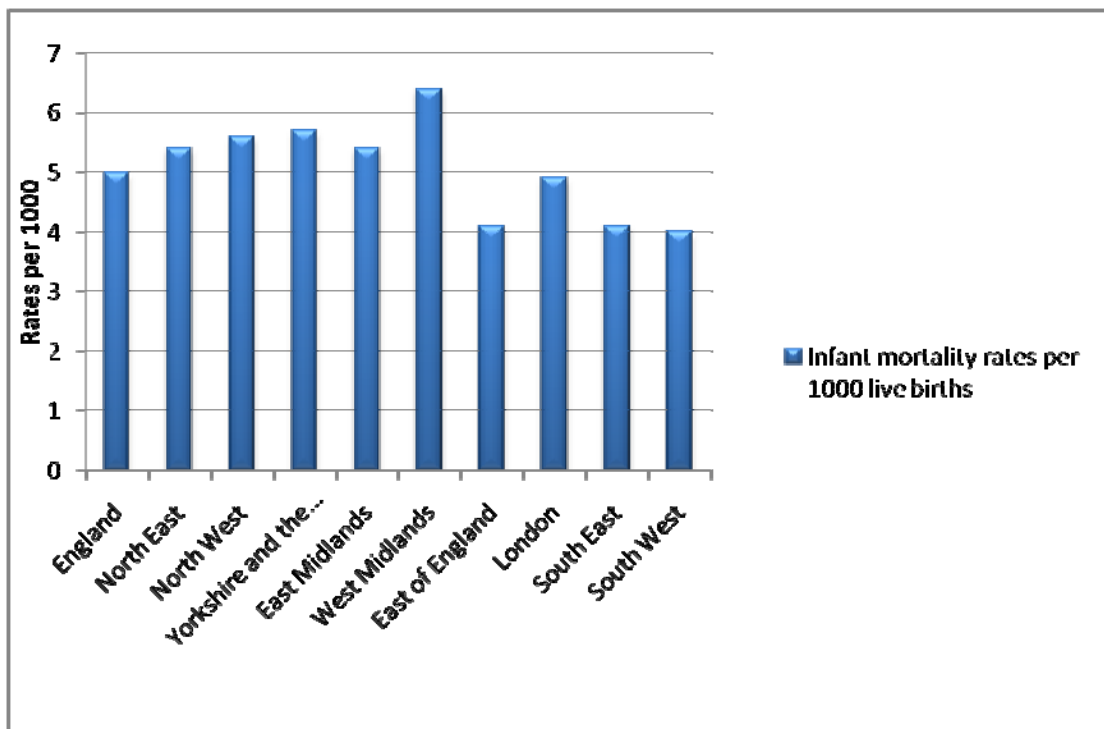
Figures 2 and 3 provide data on infant mortality rates in the UK from 1976 to 2006 and comparative regional analyses for 2005. Figure 2 shows a steep decline in infant mortality rates until the early 1990s, with a steady decline in subsequent years. The data in Figure 3 suggests that such mortality rates are lower in the South and East, but higher in the Midlands and in the North.

Figure 2: Infant mortality rates per 1000 live births



Source: Health Statistics Quarterly 35 (23 August 2005)

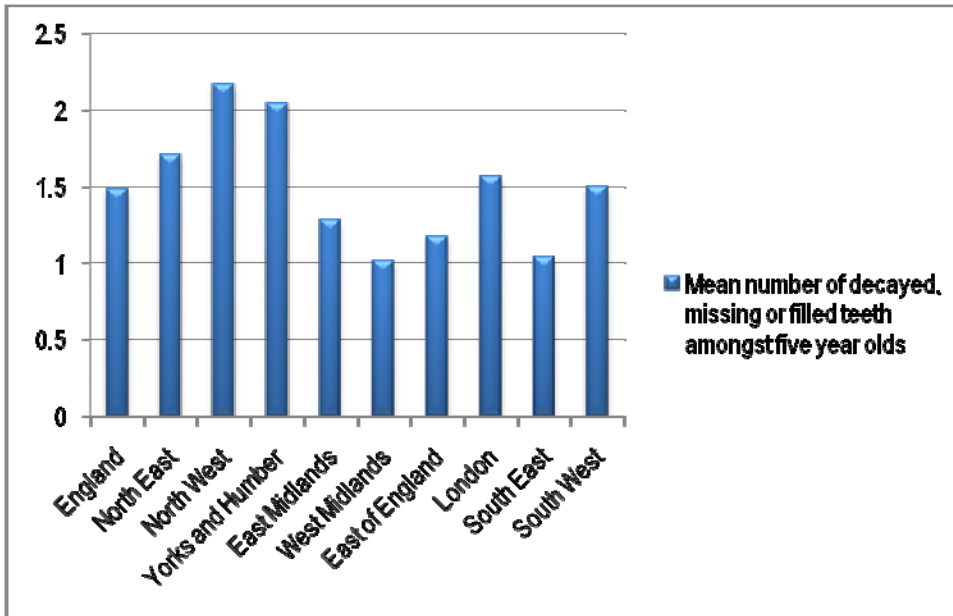
Figure 3 : Infant mortality rates per 1000 live births



Source: *Health Statistics Quarterly 35 (23 August 2005)*

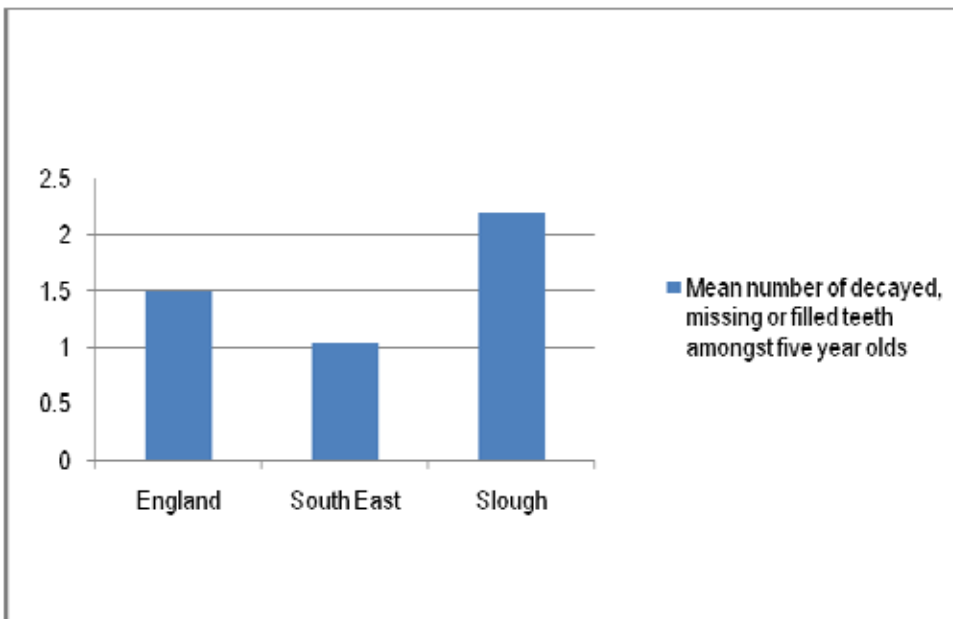
Figure 4 provides an indication of the dental health of children aged five years (Foundation Stage) in each of the government office regions, with comparison data for one local authority in Figure 5. This illustrates that although dental health appears better in the South East (as in the East and West Midlands), the number of decayed, missing or filled teeth amongst young children in Slough is noticeably higher than in the South East region as a whole.

Figure 4 - Mean number of decayed, missing or filled teeth amongst five year olds



Source: Health Profile of England , 2006

Figure 5: Mean number of decayed, missing or filled teeth amongst five year olds



Source: Community Health profiles for local authorities

Next steps

At present we are compiling a detailed spreadsheet identifying the scope, scale, range, periodicity and accessibility of all major English datasets (longitudinal, periodic and *ad hoc*). Over the next few months, and in addition to identifying and summarising relevant published data for this and other themes and priorities, we aim to access and analyse these other datasets, where possible, to fill in the gaps that we find. This would enable us to provide comparative regional and local data against national indicators in cases where the data has been collected but has not yet been analysed at the level that would be necessary for the theme or priority.

Appendix 1: Search parameters

Parameters for scoping study on improving development outcomes for children through effective practice in integrating early years services

This appendix contains the parameters for the scoping study, set by the Theme Advisory Group.

Brief description of priority

Rationale: improved integration of services is a central theme in Government policy and is recognised by early years practitioners as a making a significant contribution to improved practice. Findings from the EPPE study show integrated centres with specific features to be more likely than other settings to improve outcomes for young children across all areas including cognitive, social emotional and physical development. The current Children's Centres development programme reflects this understanding but the practice of integration varies widely, both within that programme and within the wider early years environment. There is a plethora of initiatives, strategies and guidance for local authorities and practitioners which relates to this.

This strand of work would cover all types of provision, in the maintained and private, voluntary and independent (PVI) sectors, rural and urban locations., It would identify and disseminate effective practice in integrated working including, but not limited to, integration across health, care, education and family support. Strands of current policy and practice development which relate directly to this priority include the aim to create an integrated workforce for children's services.

Main (research) questions to be answered and issues to be covered

1. The EPPE study showed that centres which had a specific approach to the integration of what had previously been seen as separate childcare and nursery education were able to produce improved outcomes for children's learning. What other evidence is there for this and what specific features of integration have been shown to make a difference?
2. What evidence is there for effective ways of integrating health services into early years settings?

Are there any cross-cutting issues to be included?

Child poverty
Workforce development
Leadership.

What is the likely geographical scope of the searches?

- | | | | |
|-------------------------------------|----------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | England | <input checked="" type="checkbox"/> | Wales |
| <input checked="" type="checkbox"/> | Scotland | <input checked="" type="checkbox"/> | N Ireland |
| <input checked="" type="checkbox"/> | Republic of Ireland | <input checked="" type="checkbox"/> | Australia/New Zealand |
| <input checked="" type="checkbox"/> | USA/Canada | <input type="checkbox"/> | Other countries (<i>please specify</i>) |

Age range

Birth to five years.

Literature search dates

Start year: 1996.

What type of literature do you wish to include?

- Published research studies (books and journal articles)**
- Conference reports; committee papers; unpublished reports ('grey literature')**
- Policy documents**
- Practice descriptions and guides**
- Other types of literature -**

please name Information on current research

Which key words should be used for searching the literature?

Integrated services set: Integration, Integrated services, Integrated working, Multiagency, Multiagency working, Multiprofessional, Agency cooperation, Cooperative planning, Cooperative programmes, Health services, Health programmes

Early childhood set: Early childhood education, Early years, Under fives, Young children, Preschool education, Preschool children, Preschool playgroups, Nurseries, Nursery schools, Nursery school curriculum, Nursery school education, Nursery classes, Kindergarten, Kindergarten children, Young children, Childcare, Playgroups, Day nurseries, Children's Centres, Foundation stage, Primary schools, Primary education

Websites, databases and networks to be searched or included as key sources?

(None suggested).

Key texts/books/seminal works suggested by the Theme Advisory Group

(None suggested initially)

Appendix 2: Scoping study process

The first stage in the scoping study process was for the Theme Lead to set the key review questions and search parameters and agree them with the NFER scoping team (see Appendix 1 for the full set of parameters). 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 keywords comprised an early years set covering a range of concepts equating to the early years 'stage'; and a set of terms relating to integrated services and health. 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. The scoping team members used information from the abstract and/or the full document to assess the relevance of each piece of literature in addressing the key questions for the review. They also noted the characteristics of the text, such as the type of literature, country of origin and relevance to the research question. A ten per cent sample was selected at random and checked for accuracy by another member of staff.

The numbers of items found by the initial search, and subsequently selected, can be found in the following table. The three columns represent:

- items found in the initial searches
- items selected for further consideration (i.e. those complying with the search parameters after the removal of duplicates)
- items considered relevant to the study by a researcher who had read the abstract and/or accessed the full document.

Table 1. Overview of searches

Source	Items found ²	Items selected for consideration	Items identified as relevant to this study
Databases			
Applied Social Sciences Index and Abstracts (ASSIA)	120	4	0
Australian Education Index (AEI)	97	13	2
British Education Index (BEI)	49	16	0
ChildData	88	53	11
Education Resources Information Center (ERIC)	1,054	82	8
Internet databases/portals			
British Education Internet Resource Catalogue (BEIRC)	118	2	4
CERUK Plus	183	1	0
Educational Evidence Portal (EEP)	250	5	0
Making Research Count	n/a	1	0
Research in Practice	n/a	2	0
Research Register for Social Care	27	1	0
Social Care Online	273	12	4
Social Policy and Practice	712	27	5
Other source			1
Organisations	47	10	0

² Where n/a is indicated, this is because these resources were browsed rather than searched.

Search strategy

The following section provides information on the keywords and search strategy for each database and web source searched as part of the scoping study. All 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 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. The following conventions have been used: (ft) denotes that free-text search terms were used and * denotes a truncation of terms.

Further searching of health and psychological databases will be carried out for the main review. Author searches and reference 'harvesting' (following up references cited in texts) were not undertaken, due to time limitations. These will also be carried out for the main review.

Applied Social Sciences Index and Abstracts (ASSIA)

(searched via CSA 18/07/08)

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

- #1 early years (ft)
- #2 under fives (ft)
- #3 childrens 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 health services
- #15 integrated services
- #16 integrated working
- #17 multiagency
- #18 multiprofessional
- #19 agency cooperation
- #20 health program
- #21 school health
- #22 #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21
- #23 #22 and #13

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 childrens centres (ft)
- #11 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10
- #12 integration (ft)
- #13 integrated services
- #14 integrated working (ft)
- #15 multiagency (ft)
- #16 multiagency working (ft)

- #17 multiprofessional (ft)
- #18 agency cooperation
- #19 cooperative planning
- #20 cooperative programs
- #21 health services
- #22 school health services
- #23 health programs
- #24 #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23
- #25 #11 and #24

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 #17
- #19 integration (ft)
- #20 integrated services (ft)
- #21 integrated working (ft)
- #22 multiagency (ft)
- #23 multiagency working (ft)
- #24 multiprofessional (ft)
- #25 agency cooperation
- #26 cooperative planning
- #27 cooperative programmes
- #28 health services
- #29 school health services
- #30 health programmes
- #31 #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28 or #29 or #30
- #32 #18 and #31

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 which 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 30/07/08)

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

pre-school set

Note: searches #12 to #17 were repeated replacing multiagency with multidisciplinary

- #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 multiagency and preschool set
- #13 (integration (ft) or integrated care or integrated (ft) services) and preschool set
- #14 multiagency and preschool set and outcomes
- #15 multiagency and preschool set and evaluation
- #16 multiagency and preschool set and effects
- #17 multiagency and preschool set and health services

Author searches

- #1 Penn, H.
- #2 Moss, P.
- #3 Pascal, C.
- #4 Tunstill, J.
- #5 Smith, A.
- #6 Smith, T.

Education Resources Information Center (ERIC)

(searched via Dialog 18/07/08)

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, program 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 primary schools
- #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 integration
- #15 integrated services
- #16 integrated working
- #17 multiagency
- #18 multiagency working
- #19 multiprofessional
- #20 agency cooperation
- #21 cooperative planning
- #22 health services
- #23 health programs
- #24 #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23
- #25 #13 and #24

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 Making Research Count network, was browsed.

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 EvidenceBank 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 childcare (ft)
- #3 integrated services

NB Student research excluded.

Social Care Online

(searched 13/07/08)

Social Care Online is the Social Care Institute for Excellence's 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 service user knowledge.

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

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 drawn mainly 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 childrens centres
- #8 #1 or #2 or #3 or #4 or #5 or #6 or #7
- #9 integration
- #10 integrated services
- #11 multiagency
- #12 health services
- #13 #9 or #10 or #11 or #12
- #14 #8 and #

Organisations

The following websites were browsed for additional sources not already found in the database searches. This entailed browsing through the publications and/or research and policy sections.

Table 2. Additional information sources

Organisation	URL	Records selected
Alliance for Childhood	www.allianceforchildhood.org	0
Australian Council for Educational Research	www.acer.edu.au	0
Australian Department of Education, Employment and Workplace Relations	www.dest.gov.au	0
Bernard van Leer Foundation (found via DECET)	www.bernardvanleer.org	0
British Association for Early Childhood Education	www.early-education.org.uk	0
British Educational Research Association (BERA)	www.bera.ac.uk/	0
British Medical Association (BMA)	www.bma.org.uk	1
Centre for Analysis of Social Exclusion (CASE) at LSE	http://sticerd.lse.ac.uk/case	0
Centre for Economic and Social Inclusion (CESI)	www.cesi.org.uk/	0
Centre for Equity and Innovation in Early Childhood (found via Alliance for Childhood)	www.edfac.unimelb.edu.au/ceiec	0
Centre for Research in Early Childhood (CREC)	www.crec.co.uk	0
Centre for Research in Social Policy (Loughborough)	www.crsp.ac.uk	0
Children's Commissioner for England	www.11million.org.uk	0
Children in Scotland	www.childreninscotland.org.uk	0
Children in Wales	www.childreninwales.org.uk	0
Daycare Trust	www.daycaretrust.org.uk	0
Department for Children, Schools and Families (DCSF) research pages	www.dcsf.gov.uk/research	0
Department of Education NI	www.deni.gov.uk	0
DOH research pages (for health in early years settings)	www.dh.gov.uk/en/Researchanddevelopment/Researchanddevelopmentpublications/index.htm	0
Diversity in Early Childhood Education and Training (DECET)	www.decet.org/	0
Department for Work and Pensions (DWP) research pages	www.dwp.gov.uk/asd/asd5	0
Effective Provision of Pre-School Education (EPPE) Project	http://k1.ioe.ac.uk/schools/ecpe/eppe/index.htm	0
EPPI Centre Early Years Review Group	http://eppi.ioe.ac.uk/cms	2
Evidence Network	http://evidencenetwork.org	0
Families, Children and Childcare Study	www.familieschildrenchildcare.org/fccc_frame_s_home.html	0
Families, Early Learning and Literacy research group (FELL)	www.education.ox.ac.uk/research/resgroup/fell/index.php	1
Family and Parenting Institute	www.familyandparenting.org.uk	0
Joseph Rowntree Foundation	www.jrf.org.uk	0
Learning and Teaching Scotland link pages to early years research	www.ltscotland.org.uk/earlyyears/resources/publications/resourcesresearch/index.asp	1
Literacy Trust	www.literacytrust.org.uk	0
National Association for Primary Education	www.nape.org.uk	0

Improving development outcomes for children

National Campaign for Real Nursery Education	www.ncne.co.uk	0
National Centre for Social Research	www.natcen.ac.uk	0
National Children's Bureau. Early Childhood Forum	www.ncb.org.uk/ecf	0
National Institute for Health and Clinical Excellence	www.nice.org.uk	0
New Zealand Council for Educational Research	www.nzcer.org.nz	0
New Zealand Ministry of Education	www.minedu.govt.nz	1
National Foundation for Educational Research (NFER)	www.nfer.ac.uk	1
NSPCC	www.nspcc.org.uk	0
Peers Early Education Partnership	www.peep.org.uk	0
Preschool Learning Alliance	www.pre-school.org.uk	0
Scottish Educational Research Association – Early Years Network	www.sera.ac.uk/sitepages/earlyyearsnetwork.htm	0
Scottish Government	www.scotland.gov.uk/Topics/Research	3
Social Exclusion Task Force	www.cabinetoffice.gov.uk/social_exclusion_task_force	0
Social Policy Research Unit (York)	www.york.ac.uk/inst/spru	0
Surestart Research	www.surestart.gov.uk/research	0
Welsh Assembly	www.wales.gov.uk	0

Appendix 3: References

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Appendix 4: Relevant national indicators and data sources for the early years theme

The early years theme has three priorities, as set out below. This scoping study addresses one of themes; the other two are the subject of separate reports.

- Key to theme priorities:
- 1.1 Improving development outcomes for children through effective practice in **integrating early years services**
 - 1.2 Improving children’s attainment through a better quality of **family-based support** for early learning
 - 1.3 Narrowing the gap in outcomes for children from the most excluded practice through **inclusive practice** in the early years

Table 3. National indicators and data sources, by Every Child Matters outcome

Be Healthy							
National Indicator (NI)	NI detail	Data source (published information)	Scale (published information)	Frequency of data collection	Latest data collection	First data collection	Links to data source (and comments about trend data)
NI50	Emotional health of children	Millennium Cohort Study	National (UK and country level)	<i>Ad hoc</i> (2001/02; 2004/05, 2006/07)	2006/07	2001/02	www.cls.ioe.ac.uk/studies.asp?section=0001000200010004 www.cls.ioe.ac.uk/studies.asp?section=0001000200010005 Trend data likely
NI51	Effectiveness of child and adolescent mental health services	Nothing identified for early years as yet					
	% of 5–16 year olds with mental health problem	<i>Mental Health of Children and Young People in Great Britain, 2004, ONS</i>	<i>National data only-five years plus, not early years</i>	<i>Ad hoc</i> (1999, 2004)	2004	1999	www.statistics.gov.uk/downloads/theme_health/GB2004.pdf No trend data yet
NI53	Prevalence of breast-feeding at 6–8 weeks from birth	National Evaluation of Sure Start (using data from the Infant Feeding Survey, 2005, and	Comparison of 310 Sure Start Local Programme areas with data for	Annual, although this study has now finished	2004	2000	www.ness.bbk.ac.uk/documents/activities/lca/170.pdf No trend data

Be Healthy							
National Indicator (NI)	NI detail	Data source (published information)	Scale (published information)	Frequency of data collection	Latest data collection	First data collection	Links to data source (and comments about trend data)
		from child health systems)	England				
N154	Services for disabled children	NFER/RNIB survey of local authority VI services	National (100 English local authorities and/or consortia)	<i>Ad hoc</i> (1995, 2002, 2007)	2007	1995	Not published yet – data on children aged 0 to 23 months, 24 to 35 months and 36 to 59 months. No trend data yet
N155	Obesity among primary school age children in Reception Year	Data from Health survey of England	National Regional data is aggregated 2 to 10 years Data on the local authority site (which uses more recent data) is available for reception year	Annual	2004	1995	www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139556 www.communityhealthprofiles.info Provides health profile data for each local authority. Trend data available
N157	Children and young people's participation in high quality PE and sport	Data from Health survey of England	National (but regional data is aggregated 2 to 10 years)	Annual	2004/05	2003/04	www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139556 www.ic.nhs.uk/webfiles/publications/opan06/OPAN%20bulletin%20finalv2.pdf Trend data not available yet
N158	Emotional and behavioural health of children in care	Nothing identified yet for early years					

Be Healthy							
National Indicator (NI)	NI detail	Data source (published information)	Scale (published information)	Frequency of data collection	Latest data collection	First data collection	Links to data source (and comments about trend data)
Additional indicators	Children's tooth decay	Health Profile of England	National and Regional	Biannual	2004	1996	www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139556 www.communityhealthprofiles.info provides health profile data for each local authority. Trend data available.
	Infant mortality	Health Profile of England Health Statistics Quarterly 35	England, England/Wales and Regional England and Wales, Regional and Local Authority	Annual	2006	1846	www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139556 www.statistics.gov.uk/downloads/theme_health/Infant_and_perinatal_report_HSQ35.pdf Trend data available
	Social Inequalities - birthweight	The Health of Children and Young People	England and Wales, plus most deprived/least deprived areas	Annual	2001	1953	www.statistics.gov.uk/children/downloads/inequalities.pdf Trend data available

Stay Safe							
National Indicator (NI)	NI Detail	Data source (published information)	Scale (published information)	Frequency of data collection	Latest data collection	First data collection	Links to data source (and comments about trend data)
NI64	Child protection plans lasting 2 years or more	National Evaluation of Sure Start (using data from Social Service Departments)	Comparison of Sure Start Local Programme areas with data for England	Annual, although this study has now finished	2004/05	2001/02	www.ness.bbk.ac.uk/documents/activities/lca/170.pdf Trend data not available.
NI65	Children becoming the subject of a Child Protection Plan for a	Nothing identified yet for early years					

Stay Safe							
National Indicator (NI)	NI Detail	Data source (published information)	Scale (published information)	Frequency of data collection	Latest data collection	First data collection	Links to data source (and comments about trend data)
	second or subsequent time						
NI69	Children who experience bullying	Nothing identified yet for early years					
NI70	Hospital admissions caused by unintentional and deliberate injuries to children and young people	National Evaluation of Sure Start (using Hospital Episode Statistics)	Comparison of Sure Start Local Programme areas with data for England	Annual, although this study has now finished	2004/05	2001/02	www.ness.bbk.ac.uk/documents/activities/lca/170.pdf Trend data available
NI71	Children who have run away from home/care overnight	Nothing identified yet for early years					
Additional indicators	Child homicides	Home Office Statistics Bulletin: Homicides, Firearm Offences and Intimate Violence	National	Annual	2006/07	2005/06	www.homeoffice.gov.uk/rds/pdfs07/hosb0207.pdf Trend analysis may be possible in the future

Enjoy and Achieve							
National Indicator (NI)	NI Detail	Data source (published information)	Scale (published information)	Frequency of data collection	Latest data collection	First data collection	Links to data source (and comments about trend data)
NI72-	Achievement of at least 72 points across the Early Years FS with at least 6 in each of the scales in PSED and CLL	Foundation Stage Profile	National, Regional and Local Authority level	Annual	2007/08	2003/04	www.dcsf.gov.uk/rsgateway/DB/SFR/s000752/SFR32-2007.pdf Trend analysis may be possible for some years, however, the data collection changed in 2006/07, so data is not comparable for all years
NI92	Narrowing the gap	Foundation Stage	National, Regional and	Annual	2007/08	2003/04	www.dcsf.gov.uk/rsgateway/DB/SFR/s000752/

Enjoy and Achieve							
National Indicator (NI)	NI Detail	Data source (published information)	Scale (published information)	Frequency of data collection	Latest data collection	First data collection	Links to data source (and comments about trend data)
	between the lowest achieving 20% in the Early Years FS Profile and the rest	Profile	Local Authority level				SFR32-2007.pdf Trend analysis may be possible for some years, however, the data collection changed in 2006/07, so data is not comparable for all years
NI103	Special educational needs - statements issued within 26 weeks	Nothing identified yet for early years					
Additional indicators	Quality of childcare	Millennium Cohort Study – Quality of Childcare settings	301 settings attended by 632 MCS children	Annual	2007	2000	www.surestart.gov.uk/doc/P0002390.pdf Trend analysis may be possible
	Early years provision	Childcare and Early Years Providers Survey	National	Ad hoc (1998, 2001, 2003, 2005, 2006)	2006	2006	www.dfes.gov.uk/research/data/uploadfiles/DCSF-RW010.pdf Trend analysis may be possible, but data not comparable for all years
		Provision for Children Under Five Years of Age in England: Statistical First Release	National, Regional and Local Authority level	Annual		2008	2004
	Early Years Statistical Profile, Ofsted		Local Authority level	Annual	2008	2005	For example: http://preview.ofsted.gov.uk/reports/pdf/?inspectionNumber=4281&providerCategoryID=0&fileName=\\SP\2082005040120080630.pdf Trend analysis possible

Economic Well-being							
National Indicator (NI)	NI Detail	Data source (published information)	Scale (published information)	Frequency of data collection	Latest data collection	First data collection	Links to data source (and comments about trend data)
NI116	Proportion of children in poverty	English House Condition Survey (2003)	National		2003		www.communities.gov.uk/housing/housingresearch/housingsurveys/englishhousecondition/ehcsdatasupporting/ehcsstandartables/disadvantagedliving/ Trend data not available
NI188	Take-up of formal childcare by low-income working families	National Evaluation of Sure Start	National	Annual	2004/05	2001/02	www.ness.bbk.ac.uk/documents/activities/lca/150.pdf Trend analysis possible