Research to Inform the Evaluation of the Early Excellence Centres Pilot Programme

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INTRODUCTION

This Report presents the findings from a DfEE commissioned research and development project to inform the evaluation of the Early Excellence Centre (EEC) pilot programme. The EEC programme was introduced in 1997 to develop and promote models of high quality, integrated, early years services for young children and families. The programme is an important element in the Government’s broad policy strategy for raising educational standards, increasing opportunities, supporting families, reducing social exclusion, increasing the health of the nation and addressing child poverty.

The research began in November 1998 and was completed in June 1999. It aimed to provide advice on how the EEC pilot programme might be evaluated nationally and locally. It also explored early evidence of the impact of the pilot programme. Following the Executive Summary, the research findings are presented in this report in three parts.

**Part A (Sections 1 - 3)** of the Report explores the background to the EEC pilot programme. It describes the EEC initiative, defines the concept of ‘integration’, and sets out the rationale for the EEC programme and the case for an exploration of cost effectiveness (Section 1). It then explores the notion of evaluation and describes the model of evaluation adopted in our advice (Section 2). Finally, it describes the research brief and the methodology used in this research (Section 3).

**Part B (Sections 4 - 9)** of the Report presents the research evidence from this investigation. It begins with a review of the initial local evaluations completed by the first eleven designated EECs (Section 4). It then presents a framework of common indicators for evaluating the EEC pilot programme at a local and national level (Section 5). Next it provides a review of internal and external data sources and methods which might be utilised within the pilot programme evaluation (Section 6). Following this, the approach to cost effectiveness analysis within the EEC evaluation strategy is described. Guidance is given on key concepts, techniques and methodologies to support the incorporation of cost effectiveness analysis within the Evaluation (Section 7). Then a detailed design and costing for the National and Local Evaluation strategy is proposed (Section 8). Finally, it presents early evidence of the impact of the EEC pilot programme (Section 9).

**Part C (Sections 10 & 11)** of the Report suggests a way forward for the EEC programme evaluation. It highlights emerging themes which the National Evaluation might explore further (Section 10). It concludes with a number of key issues for action which need to be addressed for the evaluation to proceed (Section 11).
ACKNOWLEDGEMENTS

This research has been an illuminative and rewarding experience. We have learned much from the many people who have participated in gathering the evidence and who have shared their experiences and ideas. We should acknowledge their contribution to this Report and express our thanks for their cooperation and support.

In particular we should thank the children, parents, staff, users and local evaluators of the eleven collaborating Early Excellence Centres, including:

The ACE Centre, Chipping Norton, Oxfordshire;
Ashbrow Infant and Nursery School, Huddersfield, Kirklees;
Bridgwater College Children’s Centre, Bridgwater, Somerset;
Coquet Early Years Centre, Amble, Northumberland;
Dorothy Gardner Nursery Centre, Westminster, London;
Ganneys Meadow Early Years Centre, Birkenhead, Wirral;
Haringey Early Excellence Centre Network, Haringey, London;
Hillfields Early Years Centre, Coventry;
Pen Green Centre for Under Fives and their Families, Corby, Northamptonshire;
Randolph Beresford Early Years Centre (formerly White City);
Reddish Vale Early Years Centre, Stockport.
EXECUTIVE SUMMARY

Background

1. Following the White Paper ‘Excellence in Schools’ (DfEE, 1997), in August 1997 the Government announced the launch of a pilot programme of Early Excellence Centres (EECs) to develop and promote models of high quality, integrated, early years services for young children and families.

2. The Early Excellence Centres pilot programme is an important part of the Government’s broad based strategy for raising standards, increasing opportunities, supporting families, reducing social exclusion, increasing the health of the nation and addressing child poverty. These Government objectives are increasingly being tackled through ‘joined up’, integrated approaches to policy development and implementation in all areas of social policy.

3. Those taking part in the EEC programme are expected to offer early education and childcare, family support, adult education and the dissemination of good practice. This range of services is to be delivered in an integrated manner through multi-agency partnerships.

4. The EEC pilot programme is to have a rigorous and comprehensive National Evaluation, in order to document how different forms of integrated provision work in different environments; to identify and disseminate good practice in the delivery of quality integrated services; to identify the impact and outcomes of integrated services for children and families; and to demonstrate the cost effectiveness and value for money of the EEC pilot programme.

5. In November 1998, the DfEE commissioned Professor Christine Pascal and Dr Tony Bertram, working with a team of researchers from the Centre for Research in Early Childhood at University College Worcester, to review the EECs Local Evaluation Plans, to advise the DfEE on the development of a National Evaluation strategy, to develop a set of common indicators which may be used within the evaluation, to report on the early impact evidence of the EECs, and to advise on how the cost effectiveness of the programme might be established.

EEC Programme Evaluation

6. The evaluation will explore how integrated services might effectively be delivered, it will document their outcomes and impact, cost their implementation, and explore their cost effectiveness.

7. A framework of common indicators, developed in collaboration with the EEC staff, is proposed for the evaluation. The common indicators cover three aspects of the EECs functioning; Contextual or Enabling Indicators, Process or Quality Indicators and Outcome or Impact Indicators. In the proposed framework we have identified 10 Context Indicators, 5 Process Indicators and 7 Outcome Indicators.
Indicators, making a total of 22 Common Indicators for the EEC Programme as a whole. We have identified 11 of the 22 common indicators as ‘core’ indicators, to provide early, significant evidence for the evaluation.

8. Methodologies for evaluating cost effectiveness in early childhood programmes are undeveloped and poorly understood. However, following a review of recent work in the economics of early education and care, relevant concepts and methodologies for cost effectiveness analysis are identified. A strategy and methodology for evaluating the cost effectiveness of the EEC programme are outlined and incorporated into the evaluation design. It is suggested that this aspect of the evaluation will need additional training and resourcing if it is to be reliably implemented.

9. The proposed evaluation design can be characterised as a layered model of evaluation which promotes a model of ‘validated self evaluation’ within each EEC, and ‘meta - evaluation’ at a national programme level. It also embraces the notion of partnership in evaluation. We strongly believe that evaluation should be a process which is done with participants not done to them. In this way, all those involved are empowered by the process and have a sense of ownership of the results. This is likely to enhance the validity and credibility of the evaluative evidence and facilitate consequent improvements in practice. The design therefore rests on a three-sided partnership, in which Centre staff, the Local Evaluator(s) and the National Evaluator(s) are brought together and interact in a mutually supportive and informative evaluative relationship.

10. A three-phase National Evaluation timetable is proposed, starting in September 1999. The First Phase of the National Evaluation will run for 12 months, from September 1999 - August 2000. This First Phase will provide reliable, short term evidence which will support the further development of integrated early childhood services, the dissemination of good practice in integrated provision and an early indication of the potential impact of the EEC programme on children and families.

11. The Second Phase of the National Evaluation will be completed in 36 months, from September 1999 - August 2002, and cover the period to the official end of the EEC pilot programme. This Second Phase will provide reliable medium term evidence which will demonstrate how integrated early childhood services function effectively, indicate the qualities and processes of integrated service provision, and provide robust and comprehensive evidence of the impact of the EEC programme on children, families and the wider community over time. It will also provide more detailed evidence on the cost effectiveness of the EEC programme.

12. The Third Phase of National Evaluation will be completed in 60 months, and will run from September 2002 - August 2004, two years beyond the official end of the pilot programme. This Third Phase will provide robust and rigorous evidence on the implementation and long-term impact of an innovative early childhood policy strategy. It will allow an extensive and thorough understanding of the benefits and costs of this integrated social, educational, health and employment initiative. It will also offer a deep understanding and documentation of the processes which can break cycles of poverty, dependency, under achievement, ill health and social exclusion in our society. We believe this third extended evaluation Phase to be crucial to the development of rigorous and reliable long-term impact data.
Early Evidence

13. We believe the early evidence drawn from the initial evaluation phase in the 11 pilot EECs is impressive. Although we should acknowledge that the evidence presented is drawn from a relatively small sample of Centres, operating at an early stage in the evolution of the EEC programme, we believe it is reliable and provides convincing evidence of the potential longer-term impact of the EEC programme. The evidence is also in line with that of other international evaluation studies of the effects of early intervention strategies to support children and families (OECD, 1998). The early findings from the EEC programme evaluation indicate identifiable benefits for children, families, community members and early years practice, and that the programme is cost effective.

14. EECs are addressing the needs of an increasing number of children and families in our communities who are dealing with multiple stress factors. They are offering multiple responses to these needs and are developing innovative and creative strategies to support those who are difficult to reach. Strong management and leadership, appropriate accommodation and resources, and a stable funding stream are key factors in the sustainability of this work.

15. The EECs are providing quality-learning experiences for children, and offering models of good practice in integrated services from which others are learning.

16. Children are benefiting socially and educationally from the EEC services and are at reduced risk. Parents are being supported and developing enhanced parenting skills, increased self esteem and confidence, and are more able to access training and employment opportunities. As a result, family breakdown is being prevented. Other adults in the community are also accessing training and employment opportunities through involvement in the Centres. The work of the EECs is being widely disseminated.

17. The EEC programme is a relatively low cost, multi-faceted, intervention strategy, which has the potential to offer considerable cost savings over a range of social, educational, health and employment services.

18. The early evidence from the EEC programme evaluation is therefore promising as are the early findings drawn from the case study evidence reported in First Findings (Pascal & Bertram, 1999). It demonstrates that such integrated, early childhood and family programmes, which offer inter-generational learning combined with family support, could be a powerful means of addressing some of the most pressing social, health and educational issues which we currently face. These include the increases in child poverty, ill health, underachievement, teenage pregnancy, male disaffection, social exclusion and long-term unemployment. The next Phases of the EEC programme evaluation will provide longer term, more comprehensive evidence, which will reveal how such cycles of poverty and exclusion may be broken, and the costs and consequences of doing so promising, as are the early findings drawn from the case study evidence reported in 'First Findings' (Pascal & Bertram, 1999, DfEE)
**Key Issues for Action**

19. There are a number of key issues which require action to take forward the EEC National Evaluation strategy:

- Agreement on a start date for the National Evaluation.
- Agreement on levels of funding for the Local and National Evaluation.
- Appointment and contractual arrangements for Local and National Evaluator(s).
- Adoption of a set of working principles and procedures for the evaluation process at local and national level.
PART A

THE BACKGROUND

SECTIONS 1 - 3
1. CONTEXT FOR EVALUATION

1.1 The Early Excellence Centres Pilot Programme

Following the White Paper ‘Excellence in Schools’ (DfEE, 1997), in August 1997 the Government announced the launch of a pilot programme of Early Excellence Centres (EECs) to develop and promote models of high quality, integrated, early years services for young children and families. The pilot programme has operated in three successive phases to date. Phase 1 established the first eleven EECs in Autumn 1997. A further six EECs were designated under Phase 2 in Spring 1999, and four more in Summer 1999, bringing the current total of EECs to twenty one. Proposals for inclusion in Phase 3 of the pilot programme are currently being considered, with a view to achieving the original target of 25 EECs by 2000.

The Early Excellence Centres pilot programme is an important part of the Government’s broad based strategy for raising standards, increasing opportunities, supporting families, reducing social exclusion, increasing the health of the nation and addressing child poverty. These Government objectives are increasingly being tackled through ‘joined up’, integrated approaches to policy development and implementation in all areas of social policy. Those taking part in the EEC programme are therefore expected to undertake the following wide range of functions:

- to develop and deliver high quality, integrated education and day care for young children, and also services and opportunities for parents, carers, families and the wider community in response to local needs;
- to demonstrate effective co-operation and multi-agency working in the provision of services by Education, Social Services, Health and other support and advisory agencies;
- to extend family involvement, support and learning, and combat social exclusion;
- to work with other providers and other Early Excellence Centres to extend good practice locally and nationally;
- to inform and support Early Years Development and Childcare Partnerships;
- to support and inform other Government initiatives for children and families, including the Sure Start Programme, the National Childcare Strategy, the Quality Protects Initiative, the Meeting Special Educational Needs Programme for Action, the Family Literacy Programme, Health Action Zones, Education Action Zones and Social Regeneration Programmes;
- to demonstrate effective policies and practices for quality assurance;
- to exemplify effectiveness and value for money;
- to monitor and evaluate the effects of their work locally through externally validated self-evaluation, and to contribute to the national evaluation of the EEC pilot programme;
- to contribute to the wider dissemination of the programme.
1.2 Defining Integration

The EECs are intended to provide a variety of models of integrated services, bringing together early education, childcare, health, training and family support. Integration can come in many forms and it may be useful at this point to explore what is meant by the term. The Early Excellence pilot programme is dedicated to exploring and promoting differing models of integrated services at local level for young children and their families. The centrality of the concept of ‘integration’ to the initiative is evident in every policy briefing on the programme. It is stated that the intention of the pilot programme is to demonstrate ‘models of integration’ which other service providers may follow. However, finding a clear and explicit definition of an ‘integrated’ service for children and families is difficult. The term ‘integrated’ is often used in documentation relating to the Early Excellence programme with an implicit understanding that it involves a set of services or providers working together in a more coherent, comprehensive and holistic manner.

However, when we explore meanings and interpretations of the term ‘integrate’ with both practitioners and policy makers, a more subtle and complex view of the concept emerges. These subtleties of interpretation are reflected in published dictionary definitions of the term. For example, the 1933 Shorter Oxford English Dictionary, quotes a 17th century Latin source for the verb from which it derives,

“Integrate: restoration to wholeness; the making up of a whole by adding together or combining the separate parts or elements; making whole or entire.”

A confirmatory but more recent definition can be found on the 1999, Claris Wordfinder. It suggests that ‘integration’ is synonymous with ‘desegregation’; that is, the opposite of ‘segregation’, or keeping things apart. It offers three groupings of meaning for ‘integrate’:

“Consolidate: concentrate, centralise, focus, merge; Coordinate: accommodate, adjust, attune, conform, reconcile, reconcile; Orchestrate: arrange, blend, combine, compound, concoct, harmonise, make one, synthesise, unify.”

These sources are useful in suggesting the boundaries of meaning for integration for those currently involved in the EEC programme. They also accord with the conceptualisation of ‘integration’ offered by Bradley (1982), in his formative work on integrated services for children and families, and Pugh (1988) in her work on coordinating services for under fives. Bradley suggested three levels of integration in early childhood services which can be usefully applied. The first level he terms as ‘coalition’, where there is a broad cooperative approach between services and a pooling of resources. This matches the dictionary definition of ‘consolidation’. Bradley terms the second level as ‘federation’, where the services work together, accepting each other’s goals and developing their provision in unison with each other. This appears to conform to the dictionary definition of ‘co-ordination’. The third level Bradley terms as ‘unification’, where all the services work as one holistic, embracing system, and there is no division between the constituent parts. This seems to match the final dictionary definition of ‘orchestration’.
When applied to the EECs we can see these three interpretations of the term integration in action. For some EECs, integration clearly means ‘focusing’ and ‘centralising’ services, and they have adopted a ‘coalition’ between their different services to achieve this. Others EECs promote a view more akin to ‘accommodation’, reconciliation’ and ‘adjustment’ of services to each other, and so may be seen to be a ‘federation’ of services under the umbrella of the Centre or Network. Still other EECs are attempting to ‘harmonise’, ‘combine’ and ‘make one’ the range of services they offer, and are working to achieve full ‘unification’. Some EECs addressed all of these concepts as a developmental strategy, working from the first level to the third level over a period of time.

Although all those involved in the EEC programme appear to aspire to a sense of ‘wholeness’ and ‘unity’ in their services by combining the separate parts, the difficulty for many EECs is in the level of application of the concept. The participants in the programme are unsure of how much or how little ‘merging’ or ‘wholeness’ is acceptable; or how much ‘individuality’ or ‘uniformity’ is desirable in the component parts. Our view would be that fundamentally, as a first step, the principle of integration should be accepted and agreed by all participants in the EEC programme. From this agreement, the level of implementation of the principle would be determined over time by the participants involved. This core principle of integration might be that:

“The services provided should be responsive to, and influenced by, the needs of the child and the family, and be offered to them in a coherent, contiguous and holistic way.”

Given the acceptance of this basic principle of integration, debate around the precise nature and degree of that integration will be for individual EECs to decide collectively and democratically, mindful of the Memorandum of Understanding which forms the basis of their contract with the Government. Further, we believe that the nature of integration in each Centre will change over time. So the definition a Centre agrees to use, paradoxically, must have a dynamic which allows for change, and to that extent a precise definition is inappropriate.

Whilst being very much part of a nationally defined agenda for action, it is very much intended that each of the EECs should be responsive to the particular area in which it is located. They should also be capable of replication, or of influencing the development of other local services. The existing EECs therefore reflect a range of different origins, contexts and modes of operation and so vary in the services they provide, and the manner in which they define integration. They constitute a mixture of single centre-based schemes, multiple centres working together and extended networks of providers and services. Given this variety in the nature and focus of the services offered within the EECs, the DfEE has required each Centre to develop a comprehensive and consistent local evaluation plan which will feed into a national evaluation of the programme as a whole. It is anticipated that the evidence from the evaluations at local and national level will provide an informed base from which future programme and policy development can progress.
1.3 Other Initiatives

EECs are examples of the Government’s intention to explore new ways of ‘joined up thinking’ in meeting the needs of families and children in a changing world. The EEC programme forms one strand in a wide-ranging and comprehensive Government project of initiatives designed to provide additional support for young children and families. These initiatives include the Sure Start Programme, the National Childcare Strategy, the Quality Protects Initiative, the Meeting Special Educational Needs Programme for Action, Family Literacy Programmes, Health Action Zones, Education Action Zones and Social Regeneration Programmes; which together represent a substantial financial commitment at a national level. The relationship between this wide range of initiatives is spelt out in a number of Government documents. The intention is that together they should work to reduce social exclusion, raise educational standards, increase opportunities for children and adults, and enhance the health and well being of the nation. There is also an expectation that where possible these initiatives should be linked to enhance their effectiveness and impact. This linkage is already evident in the EEC programme. For example, two of the EECs are preparing to incorporate a Sure Start Project within their building, another is to share premises with a Healthy Living Centre, and a number of the EECs offer Family Literacy Programmes. All are responding to the National Childcare Strategy.

1.4 Rationale for EEC Pilot Programme

In recent years the Government has acknowledged the value of providing affordable, accessible, high quality services for young children and families. There is a deeper understanding that this is a crucially important area for political action. Many current policy initiatives converge in the world of early childhood and the family, and there is a clear commitment to encourage ‘joined up thinking’ in this area. Such attempts to integrate social, educational, health and economic initiatives ensure a more effective impact on the multi-layered challenges which families and communities are facing.

The White Paper, ‘Excellence in Schools’ (DfEE, 1997), provided a clear statement of the importance of early education to the project of Government. The White Paper announced the introduction of a pilot programme of Early Excellence Centres (EECs), which were intended to explore innovative, integrated options to support children and families in the changing context of the modern world. This wider context acknowledged that care, education, parental attitudes and support are all crucial to raising standards. Before exploring the technical questions related to evaluation, accountability and effectiveness in these settings, we need to start by setting the EEC pilot programme into a larger perspective, looking at the importance of quality early childhood services in the fields of economic, social and educational policy and existing international research evidence.
1.4.1 Macro-Economic Context

Early childhood provision has become a central focus of governments, worldwide. It has been pointed out by Enrique Iglesias, President of the Inter-American Development Bank and Amartya Sen, the Nobel Laureate in Economics and Master of Trinity College, Cambridge, that provision for young children addresses the intersecting needs of family, children, state and commerce (Iglesias & Sen, 1999). Investment in early childhood meets a range of important criteria both for sustainable economic growth and for breaking the poverty cycle, a factor which hampers much of the effort of nation states in both the ‘majority’ and the ‘minority’ world (Woodhead, 1999). With the pressures of globalisation, all governments are faced with the need to develop economically and competitively but without increasing the social exclusion and marginalisation of the ‘at risk’ groups in their societies. The role of families as the essential emotional, psychological and economic base for young children’s development, is under pressure by migration, urbanisation, industrialisation, and many other modern day pressures, which impacts on them severely. The widening gap between the ‘haves’ and the ‘have nots’ (British Medical Association, 1999) has to be addressed as countries move forward, economically, socially and equitably, towards sustainable development. In addressing these issues Iglesias and Sen (1999) suggest,

"The best investment any government can make is in the education and care of its children in the early stages of life."

There are other economic arguments. There is evidence that complementary social programmes, such as those emphasising health and nutrition, parenting skills, equal opportunities and access to training are enhanced when incorporated within early childhood interventions. The efficacy of such a strategy is measurable by both its success rates and by analysis of its value for money (Young, 1996; Deutsch, 1998; OECD, 1998).

1.4.2 Gender Issues

Early childhood is not a simply a ‘women’s issue’, it is an issue for people, for families and for society. There is also a recognition of the need to support the greater involvement of men in young children’s care and upbringing. In addition, there are arguments within the economic arena which relate specifically to social justice and equity. Not only are women still the main providers of childrearing in the UK but also national economic growth increasingly depends on the employment of women. Women will shortly become the majority of the employed in the UK. There is evidence that employers recognise the economic benefits of employing women, who are increasingly perceived as more highly educated, and more flexible about employment terms and conditions whilst establishing consistent practice that is fair and equitable. As women become more attractive to employers faced with the demands of the global economy, it would seem just and equitable to recognise their contribution to economic growth by providing them with child support. Early care and education in Sweden, for example, is an integral part of government labour market strategies that form the core of their economic development (Ruggie, 1984).
At the same time as there has been rising achievement, opportunities and expectations for girls and women, there has also been a growing recognition that boys and men have been increasingly dislocated from their traditional roles in society. Several recent reports have highlighted the social problems faced by male teenagers and young male adults, which are compounded by their underachievement within the education system from the earliest stages (OFSTED, 1999; Social Exclusion Unit, 1998, 1999a; Mental Health Organisation, 1999; McKie, 1999). A concomitant of this, of course, is that the needs of boys and men should be more directly addressed in social policy. We also need to provide more opportunities for men to be involved, professionally as carers and educators of young children, and also within the family, in child rearing. Norway (OECD, 1999) has recently introduced a quota system intending to recruit men towards a target of 25% of the early years practitioners. That such a formidable change of job gender-stereotype is achievable, can be seen in the successful recruitment of male nurses in UK in the 1970’s and 1980’s and the resulting acceptance of male nurses in the public mind. The inequity in men’s involvement in child care both within the family and in centre based services is an issue which is now receiving attention in the UK. Ensuring that education and care systems do not disenfranchise men at the start of their lives is also a priority.

Given this situation, which all developed nations appear to be facing, increasing numbers of women, still the predominant carers of young children, are required to be in the work force. In addition, the ever rising numbers of families sustained only by women, the breakdown of the extended family and the geographical separation of women from the traditional support of other women within their family, have all boosted the demand for early childhood provision. Increasing the opportunities for women to be productive not only allows for their economic independence and acknowledges their right to equal opportunities, but also reduces welfare costs. It may also reduce the high level of teenage pregnancy in the UK (Social Exclusion Unit, 1999b). The contribution of women to the economy is thus increased through their ensuing productivity and through their taxes. Finally and increasingly, there has been an awakening political awareness amongst families, and women in particular, that their needs are not being met sufficiently.

Demands for more resources to be directed at ‘family issues’ to more effectively support women and men in this centrally important domain of their lives, are matched by a growing political awareness of the economic realities of female employment and the social consequences of male segregation from child rearing and family life.

1.4.3 Human Resources and their Development

As well as the economic and gender related issues, early childhood provision also addresses the issue of human resource development. Research internationally is conclusive that quality early childhood provision impacts positively on children (Tietze, 1987; Jarousse, Mingat and Richard 1992; McMahon, 1992; Boocock, 1995; Sylva and Wiltshire, 1993; Schweinhart and Weikart, 1997; OECD, 1998). Further, although all groups of children benefit from quality early childhood provision, it acts disproportionately, having its greatest effects on the cognitive and social development of females (Schweinhart and Weikart, 1997), and those who are less economically privileged (Kellaghan and Greaney, 1993; Barnett, 1995;
Schweinhart and Weikart, 1997; OECD, 1998). This is an important finding because research has also shown that the educational level of the mother is one of the greatest predictors of children’s academic success (Buvinic, 1999). The gains from investing in early childhood provision therefore will have long term effects on communities helping to break the poverty and dependency cycle. International research also suggests that the effects on individuals are long lasting, improving education, life chances and social cohesiveness. Quality early childhood provision impacts on primary and secondary school investment by increasing students’ academic achievement and reducing drop out rates. It reduces social costs in such areas as unwanted pregnancy, juvenile crime and drug use (Schweinhart and Weikart, 1997).

1.4.4 Developing Children’s Potential

We now know from the new technology available to neuro-psychology that the neural endings in the human brain go through a period of rapid connection (‘synaptic formation’) in the first six years of life (Phillips, 1995; Goldman-Rakic, 1996; ECS, 1996; Shore, 1997). These neural pathways are strengthened or pruned to establish patterns of behaviour that remain with us for life. These patterns are, for a short time during early childhood, uniquely susceptible to environmental influence and confirm the importance of ensuring quality care and education for young children. Further, development appears to proceed broadly across a range of abilities through critically important windows of opportunity. The implications for the establishment of learning attitudes and dispositions, for the development of intelligence, personality and social behaviour are obvious (ECS, 1996; Pascal and Bertram, 1999).

Most of the published research in the field of early childhood comes from the United States and we need to be wary about its transferability to other contexts. Nevertheless, it is in the US that the most extensive studies to date have been carried out. Meta-analysis of several intervention initiatives (Lazar and Darlington, 1982; Barnett and Escobar, 1990; Slavin et al, 1994; Schweinhart and Weikart, 1997) over time suggest positive cognitive and social benefits which have lasting effects. The small scale, but carefully controlled, longitudinal US study, which has significantly influenced the development of early childhood policy internationally, is the oft-quoted High/Scope Perry Preschool Project (Schweinhart, Barnes and Weikart, 1993; Schweinhart and Weikart, 1997). This study identifies the economic and social benefits, and the sustained academic gains from certain forms of cognitively orientated, play curricula. In a comparison of different forms of early childhood programme, it demonstrated that those children in their early years who received a more formal curriculum, which included periods of direct instruction, made short term gains in educational attainment which were not sustained. While other children who received a less formal, structured curriculum which provided opportunity for self-management and choice, progressed significantly better educationally and socially in the long term. So, effectiveness in early childhood centres can be seen to be dependent on particular kinds of interaction and experiences, involving parents, practitioners and children.
1.4.5 The Case for Investment

A consideration of the evidence from economic, social and educational sources reveals an irrefutable case for increased investment in services for children and families. Recent evidence on the increasing disaffection and exclusion of certain groups in society (Social Exclusion Unit, 1998, 1999a, 1999b; McKie, 1999, Mental Health Organisation, 1999), and the continued rise in levels of child poverty and ill health (British Medical Association, 1999) have added impetus to the Government’s commitment to invest more in social, health and educational policy. It is also clear from international governmental and NGO studies (Bernard van Leer Foundation, 1994; Myers, 1992; Young, 1996; OECD, 1998; Iglesias and Sen, 1999), that policies which aim to integrate and coordinate educational, social and health initiatives are likely to be more effective and more wide ranging in their impact, particularly when one ministry is given the leadership, monitoring and evaluative role.

However, such ‘joined up’ initiatives are relatively new in the UK, and so robust and reliable evidence about the effects and effectiveness of cross sector programmes is scarce. The EEC pilot programme forms a key element of a range of other Government cross sector initiatives directed primarily at children and families which aim to improve educational achievement, reduce social exclusion, increase employment opportunities and enhance the health of the nation. These initiatives include Sure Start, Education Action Zones, Health Action Zones, the National Childcare Strategy, the Quality Protects Initiative, and Social Regeneration Programmes. We believe the value of a rigorous and systematic evaluation of the effects and effectiveness of the EEC services will go beyond informing the future development of the EEC programme. It will also provide an important contribution to the knowledge and understanding of the costs, benefits and effectiveness of this type of integrated policy strategy. As such, we believe the evaluation itself will provide good value for money, ensuring not only that the EEC programme develops from an informed base, but also informing other policy initiatives of a similar nature.

1.5 Cost Effectiveness and the EEC Programme

As stated, the case for investing in early childhood services is well accepted. However, the availability of financial resources for this purpose is limited and competition for funds for social and educational programmes is fierce. With pressure on governments to ensure that money is well spent and results in the desired impact, there is a responsibility to provide an economic analysis of programmes and to explore issues of cost effectiveness.

It is important to emphasise at the outset of this report that wherever we have mentioned provision for young children, we have emphasised that the issue of quality is paramount. Cost minimalisation in this area and quantity without quality, will not be effective. But equally it is important to know what inputs are most effective and to direct our resources towards them. Cost effectiveness analysis can help providers of early childhood services with important evidence on which to base future funding decisions. For example, one US study (Cost, Quality & Child Outcomes Study Team, 1995) suggests ‘good quality centres cost more, but not a lot more’ and indicates that the difference in cost between effective and non-effective early
childhood settings is as little as 10%. It is important to state that most research in this area is US based and its applicability to settings in countries with much higher levels of state funded involvement is questionable. The US has no overall national control of the country’s preschool settings or of their quality, and has some of the worst provision for young children in the developed world. One study by a well-respected institution suggested that 80% of settings in the US could be judged as mediocre, poor or harmful to children’s development (Kagan and Cohen, 1996).

The predominance of US research therefore becomes an issue in trying to access useful information on cost effectiveness in the UK. Yet this kind of evidence and its associated methodologies are invaluable to those making economic decisions about funding levels for early childhood services. Assessing the long-term viability of the EEC programme will depend on a detailed understanding of its costs and its cost effectiveness and should therefore be a central element in the evaluation strategy.

It should be acknowledged that analysis of this type can be difficult. For example, the investment costs and the operating costs of early childhood services are often uneven in their impact over time. They also may be sourced from different income streams with different accounting processes. Some costing and funding is also unpredictable and hidden. Again, this can make transparency in costing difficult and, therefore, cost effectiveness calculations inaccurate. In addition, even if the costs are easily identified, assessing the effectiveness of integrated services can be problematical. The operational definition of benefits can be controversial, and their measurement complex. Implementing this area of the programme evaluation will be a key task for the National and Local Evaluators. We are convinced that financial accountability and cost effectiveness are important issues to be tackled in an evaluation of any social and educational programme, and something which the proposed evaluation strategy will focus on as a priority.

In reviewing the current knowledge base on cost effectiveness analysis, we have identified a number of concepts, techniques and methods which will be used in the cost effectiveness analysis within the EEC National Evaluation. These are outlined in more detail in Section 7, along with a more thorough discussion of the role of cost effectiveness in evaluation research.
2. **RATIONALE FOR EVALUATION**

2.1 **What is Evaluation?**

Evaluations seek to document and assess the worth or value of something, typically an innovation or intervention of policy, practice or service. This definition appears straightforward in relation to the EEC programme; it indicates that the evaluation strategy will aim to identify and assess the effects and effectiveness of the initiative. However, this definition of evaluation carries with it a number of possible interpretations. Who is to define ‘value’ or ‘effectiveness’ and do these concepts change over time and in differing locations?

The multi-voices and multi-contexts involved in the EEC programme reveal that there are many ways in which the worth or value of the services they offer may be viewed and expressed. Our interviews with EEC staff reflected this diversity. Some staff indicated that the purpose of their work is primarily the development of individual human potential, others put a stronger emphasis on community development, others on educational development, and others on area economic regeneration. These purposes were not seen as either mutually exclusive or comprehensive. In fact, in most cases, staff feel their services are enhancing all of these aspects of development and more, which they visualised for future development. Yet, we clearly found different emphases in different Centres and this affected the way the staff perceive their value or worth, and therefore how they feel the evaluation should be focused. We believe that this diversity of perspective should be embraced within any evaluation framework which might be applied to the EEC programme.

The idea that we should seek to understand and critically analyse the functioning of services and programmes through evaluation is well recognised and accepted by all the stakeholders in the EEC programme. However, it should be noted that the very nature of evaluation, especially in its quantitative assessments, makes it a very sensitive and political activity, whose purposes may be misconstrued and whose results may be misused. The contentious issues raised by participants in the evaluation of the EEC pilot programme are:

- Who does it?
- Who is it done to?
- In what way is it done?
- For what purposes?
- When should it be done?

It is therefore crucial that the evaluation is carried out ethically and with a clear sense of propriety. This requires that all those involved in the EEC pilot programme are very clear about the purpose of the evaluation and participate in decisions about what is to be evaluated, how the evaluation will be carried out, by whom and how its results will be used.
It is also important to emphasise to all parties that the evaluation:

- **is primarily concerned with identifying the effects and effectiveness of the EEC pilot programme in order to inform its future development;**
- **is not** aimed to indicate relatively good or bad performance of the pilot EECs.

The intention of the evaluation is to provide useful information about the way the services are delivered within each EEC, how the process of integration works, what the effects of such integrated services are, locally and nationally, and what the cost implications will be, as a means for the future development of the programme.

### 2.2 Why Evaluate?

A key role of the EECs is to,

> “demonstrate good practice in education, childcare and integrated services and provide training and a focus for dissemination.”

(DfEE 1997)

The EECs are initiating a radical, alternative approach to providing services for young children and families. They have been designated to demonstrate the possibilities and practicalities of an implementing an integrated approach in real world situations. They are essentially pioneers and pathfinders, from whose expertise and experience of integration others should benefit, both locally and nationally, when a wider implementation of the approach is introduced. It is therefore crucial that we document and analyse how such integrated services work on the ground, what the issues are in relation to their effective operation and implementation, what difference they make to those at a local level that they serve and support, and what the cost implications are of extending such services. The DfEE believe that evaluation of this initiative is key to the further development of early childhood services.

The evaluation evidence should help:

- to understand how different forms of integrated provision work in different environments;
- to identify aspects of good practice in EECs, which can be disseminated and transferred to other services, locally and nationally;
- to identify the impact and outcomes of integrated services;
- to assess the cost effectiveness and value for money of the programme.

In summary, the EEC pilot programme was established primarily:

- to explore how integrated services might effectively be delivered;
- to document what their impact might be;
- to cost their implementation.
It is important, therefore, that the evaluation should address each of these aims, as the evidence will be crucial in supporting the case for any additional resources for the programme within the DfEE and across Government. The production of robust and reliable evaluation evidence will play a critical part in the decision over further investment in the programme. It will also demonstrate a level of rightful accountability for the significant sums of money that have already been directed to the programme.

It is proposed, therefore, that the evaluation strategy will be both formative and summative; providing information for on-going programme management and development, and also identifying and assessing the effects, impact and costs of the programme over time.

2.3 The Preferred Model of Evaluation

From the many conversations we have had with local authority officers, Centre staff, parents and other users, there is wide agreement that evaluation of the EECs is both desirable and necessary. The strong support we found for the evaluation of the EECs was accompanied by an equally strong belief that the process of the evaluation should be both illuminative and developmental. There was a real commitment to developing an evaluation strategy that not only provided evidence of accountability and impact, but also provided useful information for the further enhancement and development of the services offered within each Centre. This meant that participants within EECs were not supportive of a ‘top down’, ‘outsider led’ evaluation. They believed that this would not be useful to them, or the programme as a whole, as it would fail to capture the deeper, individualised information that characterised each Centre. They argued strongly that effective evaluation needed to directly involve those within the Centres in the process, offering the participants valuable knowledge and experience which they could use in the further development of their services.

Their oft-stated position confirmed the value and desirability of a process of evaluation which is collaborative and participatory, ‘bottom up’ and ‘insider led’, offering all involved with the EECs at a local level the opportunity to take part. There was also a strong feeling that those involved at a local level should have a measure of control over the evaluation process and feel ‘ownership’ of both the process and outcomes of the evaluation. To this end a model of self-evaluation, validated by an external evaluator chosen by them, was the preferred approach. In most instances, the Centres already have such self-review and development processes established, and indicated that the external impetus from a national programme evaluation would allow them to extend and enhance these internal processes. There was consensus that such a model of evaluation, systemised and extended to the national programme, would add both value and rigour to the Centres’ own processes and also to the programme as a whole.
3. RESEARCH TO INFORM THE EVALUATION

3.1 Research Brief

The ‘Research to Inform the Evaluation of the Early Excellence Centres (EEC) Pilot Programme’ was commissioned by the Department for Education and Employment in November 1998. It was completed in June 1999. It has been led by Professor Christine Pascal and Dr Tony Bertram working with a team of researchers from the Centre for Research in Early Childhood at University College Worcester.

The Project has the two interrelated strategies of research and development within its design. The Project Team gathered data in six key areas:

1. how the EECs are developing their local evaluation strategy;
2. whether a set of common indicators might be effectively utilised within both a local and national evaluation strategy;
3. how the pilot programme of EECs might be evaluated locally and nationally;
4. what other external evidence and data might be useful in the local and national evaluations;
5. whether early effects or impact of the EECs may be identified;
6. how the cost effectiveness of the programme might be established.

Alongside this research, the Project Team also worked collaboratively with the EEC staff, local authority staff and the Local Evaluators, to advise them on the development of their Local Evaluation Plan. These two functions of research and development have fed into each other and provided the research team with an informed and credible perspective from which to advise the DfEE on the development of the National Evaluation Programme.

3.2 Research Principles

The research team were committed to a research strategy which embraced the following principles:

• It should be ethically conducted in an open and honest manner with the consent of all participants;
• It should be collaborative and inclusive;
• It should be empowering, developmental and illuminative for all participants;
• It should have utility for all participants;
• It should respect the values and wishes of all participants;
• It should protect the participants from risk of any harm or threat to their personal or professional activity;
• The confidentiality and anonymity of participants should be respected in all publications unless agreed otherwise by all parties;
• Any data gathering should respect the professional and personal well being of the individuals involved;
• Any resulting evidence should be fed back to participants in the research process.

3.3 Research Design and Methodology

The research was carried out over an eight-month period, from November 1998 - June 1999. A summary of the design of this ‘Research to Inform the Evaluation of the Early Excellence Centres (EEC) Pilot Programme’ and further details of its methodology are presented in Appendix 1. (Our resultant advice for the design and methodology for the EEC National Evaluation is set out in Section 8 of this Report.)

In summary, the research, on which this Report is based, was carried out at two levels, local and national. It was multi-method, including qualitative and quantitative data gathering.

At a local level the fieldwork focused on the first eleven designated EECs. It involved four methods of data gathering within each EEC:

• interviews;
• questionnaire;
• observation;
• documentary analysis.

In the course of the research, a team of four researchers visited each EEC for three or four days. During these visits, we interviewed a range of people including Centre managers and staff, parents, children, a range of cross sector, local authority officers involved in the EEC, and the Local Evaluator(s). We also observed the services in operation and met groups of parents. In total, we interviewed over three hundred and fifty people involved in the EEC pilot programme.

At a national level the fieldwork focused on officers from the government departments involved in the EEC initiative, including DfEE and DoH, a representative from the Rural Development Commission and the Minister responsible for the programme. It involved two methods of data gathering:

• interviews;
• documentary analysis.

We had long and intensive discussions with a range of people with responsibility for developing the EEC pilot programme at a national level.

Data gathered from these local and national sources were subjected to computer and manual analysis. Emerging evidence for each EEC was fed back to the local participants for validation and confirmation. Emerging proposals for the National Evaluation strategy were fed back to representatives from all participating EECs for validation and confirmation at a national seminar in May 1999, prior to the publication of the Final Report of the research.
PART B

THE RESEARCH EVIDENCE

SECTIONS 4 - 9
4. REVIEW OF EEC LOCAL EVALUATION PLANS

In this Section we shall present the results of our analysis of the evaluation approach, plans and methodology which were employed in the initial phase of the evaluation of the EEC pilot programme, from 1998 - 1999. It should be noted in this review of the Local Evaluation Plans that in this initial evaluation phase the EECs were asked to plan and implement a Local Evaluation Plan without detailed guidance or an agreed common evaluative framework. General guidelines for the evaluation were given by the DfEE, but they contained little direction on areas to be covered or methodological approach. The Centres were given autonomy to appoint their Local Evaluator, and limited funding was provided in most cases from the DfEE for the period up to April 1999. The Local Evaluators worked closely with the Centre staff to develop the Local Plan and agree its focus and evaluation methods. All Centres have now completed this initial evaluation phase and have published their initial evaluation reports. We shall draw on the evidence from these initial Local Evaluation Reports in our meta-evaluation of the early impact evidence which is presented in Section 9.

In the next phase of the EEC Evaluation there will be an agreed common evaluation framework and methodologies for all Centres in the programme. This review of Local Evaluation Plans, therefore, should be read with this context in mind.

4.1 Current Status of EECs

When reflecting on the Local Evaluation Plans it should be noted that the individual EECs are at different stages in their evolution. Some are newly established Centres or Networks and may be viewed as at a Foundation Stage in developing their integrated services. Some are extending or integrating existing services and so may be viewed as at an Intermediate Stage in developing their integrated services. Others are well established and their integrated approach has been functioning for a number of years prior to their designation as an EEC. These may be viewed as at an Advanced Stage in developing their integrated services. It should be noted that progression from one stage to another is not a linear process. The maturity of Centres is continually affected by the context and influences which act upon them. Radical changes in local and national circumstances require Centres to deconstruct and reconstruct their services and identity as part of an ongoing evolutionary process.

Whatever stage of maturity they are at, all the EECs are currently undergoing development and evolution of their services. Indeed, most are going through a period of intensive and radical change which involves rebuilding and restructuring as a result of their designation as an Early Excellence Centre. Some Centres have also undergone changes in the role and personnel of their senior management and this too is affecting the nature and rate of their progress. Taken together, these changes are impacting quite significantly on the current functioning of the Centres and the range of services they are able to offer at present. The Local Evaluation Plans have had to be responsive to this dynamic context and this is reflected in our review of their current coverage and methodology.
4.2 Review of Local Evaluation Plans

In this report we shall look across the initial phase of Local Evaluation Plans within the Pilot Programme as a whole and review:

- the coverage of the Local Evaluation Plans;
- the methodological approaches adopted in the Local Evaluation Plans;
- the scope and scale of the Local Evaluation Plans;
- the choice of Local Evaluator(s);
- the costing of the Local Evaluation Plans;
- how the current Local Evaluation Plans might be extended.

4.2.1 Coverage of Local Evaluation Plans

Table 1 below gives an overview of the coverage of the Local Evaluation Plans in the initial phase of the EEC evaluation, which in most cases ran from November 1998 to April 1999. From this table we can identify what areas the EEC Local Plans identified as significant to them during this initial evaluation phase. For the purpose of this review, we have organised the Local Evaluation Plan coverage into three domains. These domains reflect the three areas for evaluation which the EECs were advised to cover by the DfEE. The first domain focuses on the Context in which the EEC is operating. The second domain focuses on the Processes of early education, care, family support and adult education which go on within the EECs. The third domain focuses on the Outcomes or impact of the EEC services on children, families and the wider community. It should be noted that the issues covered within each domain in some cases are different to those proposed in this report for the National Evaluation strategy. In this initial phase, the EECs identified their areas for coverage independently, and were not guided by a common framework.

Nevertheless, our analysis reveals that in the initial phase of evaluation most Local Plans covered the three domains of Context / Process / Outcome to some extent, although almost a third did not address Process / Quality issues. This indicates a certain consensus on what the significant areas were for the local plans to cover at this stage in their development. At this time, most EECs were focused on the establishment of an enabling context for their integrated services, and their evaluations reflect this. Within the three domains, coverage of issues also varied. Local Plans frequently covered some areas of context, process and outcome and others were addressed very infrequently.

Within the Contextual / Enabling domain, frequently covered areas included the Identification of Children’s and Family Needs; the Range and Nature of Service Provision; and Staffing - Conditions, Roles and Responsibilities. About half the Plans looked at Management and Leadership; Accommodation and Resources; and Community Need and Responsiveness. Less frequently covered areas were Funding and Costing; Ethos, Climate and Culture; and Local Authority Support.
Table 1: Current Coverage of Local Evaluation Plans

<table>
<thead>
<tr>
<th>Contextual/Enabling Indicators</th>
<th>Process/Quality Indicators</th>
<th>Impact/Outcome Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and Families</td>
<td>Quality of Learning</td>
<td>Community</td>
</tr>
<tr>
<td>Child Educational Attainment</td>
<td>Quality of Practitioner</td>
<td>Adult Educational Attainment</td>
</tr>
<tr>
<td>Management/Leadership</td>
<td>Quality of Family Support</td>
<td>Uptake/Non-Uptake Rates</td>
</tr>
<tr>
<td>Ethos/Climate/Culture</td>
<td>Quality of Adult Training</td>
<td>Dissemination Rate</td>
</tr>
<tr>
<td>LA Support</td>
<td>Quality of Relationships</td>
<td>Self Esteem/Confidence</td>
</tr>
<tr>
<td>Staffing</td>
<td></td>
<td>Family Health/Stability</td>
</tr>
<tr>
<td>Service Range/Nature</td>
<td></td>
<td>Social Exclusion Rates</td>
</tr>
<tr>
<td>Accommodation/Resources</td>
<td></td>
<td>Employment Levels</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Funding/Costing</td>
</tr>
</tbody>
</table>

Total Number of Settings = 10 (data unavailable from one EEC)

Within the Process / Quality domain over half the Local Plans looked at the Quality of Learning; and the Quality of Educators. Less frequently covered areas were the Quality of Family Support; the Quality of Adult Training; and the Quality of Relationships.

Within the Outcome / Impact domain most Plans documented Uptake / Non-uptake Rates; and Dissemination Rates. Most also gathered evidence on Children and Adult Educational Attainment but this evidence will take more time to assess as EECs are currently establishing baselines. Some Plans also documented impact on Family Life; and on Self Esteem and Confidence. One Plan explored Exclusion Rates, and no plan documented local Employment Rates.

All the Local Evaluators we spoke to indicated that other areas of provision, process and outcome could be covered in future Local Plans with the right resources, time scale and guidance. However, Centre managers and staff expressed the desire to continue to have the autonomy to determine the priorities and focus of their Local Evaluation Plans according to their particular needs and stage of development. These early Local Evaluation Plans provide valuable evidence of individual EEC’s priorities and what they identified as the significant areas for their effective functioning and development. They also provide an important source of evidence on what common indicators might be appropriately included in the National Evaluation Framework.

The experience of the initial evaluation phase indicates that:

- there is agreement that issues of context, process and outcome should be covered in the local evaluations;
• that coverage of issues within these three domains is variable, with some issues frequently covered and others less frequently covered;

• that certain common issues had been identified as significant for the evaluation in all the EECs Local Plans;
• that coverage of issues could be extended in future Local Plans with appropriate resources, time scale and guidance;
• that EECs wish to retain a degree of autonomy to determine priorities and focus within their Local Plans according to need.

4.2.2 Methodological Approaches

In the initial phase of evaluation, all EEC Local Evaluation Plans adopted an approach to evaluation which was collaborative and incorporated data collected through the Centre’s own review and monitoring processes. Some Local Plans adopted an internally led, self-evaluation model, which was supported with external consultants. Other Centres adopted a more external, and outsider led, review process, with Centre staff working collaboratively with an external team or lone evaluator. Both of these approaches appeared to be effective in gathering useful evaluative evidence and both were perceived as beneficial for the EEC. They also supported the overall aim of ensuring the evaluation contributed to the Centre’s ongoing staff and institutional development. The evidence from these varied approaches convinced us of the advantages, in terms of validity, rigour and cost effectiveness, which an externally validated, self evaluative but systematic approach might offer to the Local and National Evaluation strategy.

All Local Plans incorporated both qualitative and quantitative data gathering procedures and adopted a multi-method approach to data gathering, with very similar evaluative methods adopted across the Plans. Most Local Plans also involved Centre staff in the collection of data and its analysis. Some Local Plans incorporated some very innovative evaluative methodologies, including the use of video, socio-mapping techniques, and narrative biographies, which we believe can be usefully incorporated across the EECs and within the National Strategy.

Our research also revealed a number of Local Authorities who are prepared to work very closely with the Local Evaluator and the Centre staff, within a National Evaluation Framework, to explore how far data sources from other local and national sources, (e.g. health, employment, social exclusion), might be linked into the evaluation. Others indicated the possibility of providing matched cohorts of children from non-EEC settings which could facilitate a longitudinal study of EEC impact set against a non-EEC control group. Others are very interested in exploring and developing rigorous and systematic ways in which Centre budgets and income flows might be mapped and used within a cost effectiveness analysis. The potential for extending the evaluation was therefore clear, and the shared commitment and cooperation of local colleagues was indicative of their interest and belief in the work of the Centres. The cooperation and support from EEC local authorities provides an opportunity for some more focused, intensive evaluation work to be done in targeted areas. For example, two local authorities were working closely with their EEC
to develop better costing analysis for integrated services. Another local authority was tracking its EEC pupil achievement through the school system, and developing systems to compare their progress with similar children from other forms of provision.

The experience of the initial evaluation phase indicates that:

- staff within EECs are committed to evaluation which contributes to their ongoing development;
- staff within EECs support a collaborative, inclusive approach to evaluation in which they can participate and help shape;
- staff within EECs are developing rigorous and effective self-evaluation processes which provide a useful foundation on which to build;
- an externally validated, self-evaluation approach at local level is the preferred and cost effective model for the Local Evaluation;
- Local Evaluation Plans should adopt a multi-method approach which generates both qualitative and quantitative evidence;
- Local Evaluators are using a range of appropriate and innovative evaluative methods;
- there is potential for collaboration with local authority officers to gain access to other local data, to develop focused impact studies and to facilitate cost effectiveness analysis at a local level.

4.2.3 Scope and Scale of Local Plans

The scope of the Local Evaluation Plans in the initial evaluation phase was limited by the short time scale in which they were set and by the limited resources that were available for the evaluation. With one exception, Local Evaluators had only 6-8 months in which to carry out the evaluation and less than 10 days to carry out the work and write up their findings. Some local evaluators had considerably less. This inevitably meant that the scope of the Local Plans in this initial evaluation phase was restricted. Most Local Evaluators were concerned primarily to establish a baseline of provision and outcome in a few key domains, from which future progress might be judged. In the case of the more established EECs, it was clear that more substantial and wider ranging evaluations were underway, which covered a longer time scale and could already be viewed against previous evaluative data. However, these data were not collected under an agreed framework and so would have to be viewed only in relation to development within their local context.

The uncertainty over future funding of the Local Evaluation also limited the scope and scale of the Local Plans. Some Plans do extend over 2 or 3 years, and so already provide a more comprehensive and wider scale strategy, but in most cases they covered the 6-8 month period for which funding was available. Local Evaluators indicated that extension of their Evaluation Plan to incorporate other elements was possible if required, but that this had time and costing implications.

Despite these limitations of time and resources all the Local Evaluators developed a Local Evaluation Plan for the year 1998-1999, implemented it and submitted an initial Local Evaluation Report. In many cases, this has been achieved by the Local Evaluator(s) committing considerable additional time to that for which
they have been contracted. It was also evident from a cost benefit analysis of the Local Evaluations that the Local Evaluator(s) had provided a stimulus, both for professional development of EEC staff and also institutional development of the EEC, during the period of their involvement in the evaluation. In this sense, for the same contracted time, the EECs were not only receiving support for their evaluation, but were also receiving specialist advice on their development. Although the costing of the Local Evaluations varied, we believe in most cases there was efficient and effective use of evaluator and practitioner time, and that the evaluation process provided value for money.

The experience of the initial evaluation phase indicates that:

- the Local Evaluation Plans require a longer and more certain time scale extending over a number of years in order to plan strategically for the generation of significant data, particularly in relation to impact evidence;
- that the scope and scale of the Local Evaluations is determined by the funding and time available;
- that the scope and scale of the Local Evaluations could be extended with appropriate funding;
- that the Local Evaluations provided value for money.

4.2.4 Characteristics of the Local Evaluators

In the initial phase of the evaluation the EECs were given the autonomy to choose their own Local Evaluator. In most instances the Centre manager, sometimes in conjunction with the senior management team, the local authority and/or the EEC management committee, made the choice. The Centre managers felt that the freedom to make their own choice was important in ensuring they identified an evaluator who would meet their individual Centre requirements. In four of the eleven EECs, they chose a Local Evaluator(s) who was already known to them and familiar with the work of the Centre and staff because they were involved in other developmental work together. This was seen to have advantages, as the Local Evaluator had already gained the trust and confidence of the Centre staff and had a good understanding of the way the Centre was functioning. The evaluation could therefore progress more quickly and the evaluator had valuable additional knowledge which could be brought to the evaluation process. However, in seven of the eleven EECs the Local Evaluator had not previously worked with the Centre and so had to familiarise themselves with the staff and functioning of the organisation before the evaluation process could begin.

In most cases, (seven of eleven EECs), the Local Evaluator(s) was located in the same regional area as the EEC. This facilitated ease of access and minimised travel and subsistence costs. However, the EEC managers stressed that finding the ‘right person (people) for the job’ was more important than convenience of access.

In total, there were sixteen Local Evaluators involved in the initial phase evaluation. Some worked with the EEC alone (6), some worked with the EEC as a member of a small team of 2 or 3 from one institution (4), and in one case they worked with the EEC as part of a group of multiple evaluators drawn from more than one organisation. The majority of Local Evaluators were based in an institution within the University
sector (eight of eleven EECs), and the others were drawn from specialist organisations or operated as a consultant in the field. Taken together, this group of Local Evaluators constitute a powerful body of expertise and experience in the field of early childhood and it’s evaluation. They include some of the most experienced early childhood researchers from the disciplines of education and social policy in the country. The level of professional expertise within this group will provide a major contribution to the rigour of the evaluation and, with further training, should ensure the Local and National Evaluation is of the highest standard and could operate as a model for wider dissemination.

All the eleven EECs had drawn in Local Evaluators who had expertise in the area of early childhood education. In six of the eleven EECs they also had Evaluators who had expertise in social care or health. This was achieved sometimes through the multi-sector experience of the lone evaluator, but more commonly it was achieved through commissioning a small team of evaluators to carry out the evaluation. It was evident that some Centre managers were reconsidering the background expertise of their chosen Local Evaluator(s) if they felt they had no access to multi-sector experience.

The experience of the initial evaluation phase indicates:

- that the EECs appreciate a level of autonomy in their choice of evaluators;
- that there are some advantages from choosing Local Evaluators from the local area but this may not always be possible or appropriate;
- that the Local Evaluator(s) should have access to multi-sector expertise;
- that small teams or multiple evaluators can bring a range of expertise;
- that some familiarity with the work of the EEC is an advantage for Local Evaluators;
- that Local Evaluators may be found in a range of locations - HE institutions, consultancies, specialist organisations;
- that the EEC evaluation has attracted Evaluators of the highest standard and credibility in the field.

4.2.5 Costing Local Evaluation Plans

Costing the Local Evaluation Plans is difficult. We can document the cost of the Local Evaluator’s time on a daily basis during the initial evaluation phase according to the number of contracted days and the total evaluation funding. In fact, this is the only costing calculation we can make for the initial evaluation phase as we have no other available information. However, even this basic calculation is difficult to do in some cases because the DfEE was not always the only source of the funding for the local evaluation and full information was not always available.

It is also difficult to ascertain whether the number of days allocated for the evaluation in each EEC was sufficient and exactly how they were used. The EECs are of different sizes and the quantity and nature of services offered vary, and so make different demands on the Evaluator’s time and resources. In some cases, the Evaluator’s days have been spent working with Centre staff developing their evaluation skills. Other days have been used for data gathering by the Evaluator within the EEC and beyond, and other days used for analysis and writing up. Each type of evaluative activity called for different resources and time
allocation from the Local Evaluators. What is evident in all cases is that the Local Evaluators had spent more time on the Local Evaluation than had been costed. It also appears that travel and subsistence had not been built into the costings in a number of cases.

A further complication was that while most Local Plans build on the EECs’ own review processes, they have clearly demanded an additional time commitment by the Centre staff and Local Authority staff. This time, too, is hard to quantify and build into the costing formula for the Local Plans, yet it has been quite significant in most cases and should be acknowledged.

Given these difficulties, we have attempted to analyse the available costing data for the Local Evaluations across the EECs during the initial evaluation phase. These data reveal that the daily rate of the Local Evaluators ranged from £300 - £767. The number of days (contracted) for the evaluation ranged from 5 days to 24 days. The total costs made available for the evaluation within each EEC ranged from £1200 to £8000. Sometimes this was totally DfEE funded, sometimes some of the funding came from additional sources. In no case was the time Centre staff spent on evaluation included in the evaluation costings.

Reflecting on the costing data available, and on the effectiveness and outcomes of the initial evaluation phase, we believe the EEC’s Local Evaluations have provided good value for money. The extent of evaluative activity, and the development that has flowed from the evaluation process within EECs in an extremely short period of time, is convincing evidence of the effectiveness of the current local evaluation strategy and the cost effectiveness of the approach adopted.

It should also be noted that most local authorities, and their Early Years Development and Childcare Partnerships, indicated their support for the evaluation and suggested that they would be willing to explore making a matched or shared financial contribution to the costs of the evaluation at local level. However, for a few local authorities, faced with financial constraints, this was viewed as an impossibility.

The experience of the initial evaluation phase indicates that:

- there was significant diversity in the funding and time available for Local Evaluation;
- the average daily cost for the Local Evaluator(s) was £357.00;
- the average number of contracted days of Local Evaluators for the evaluation was 10 days;
- the average total cost for the Local Evaluation was £3784.00 per EEC;
- the additional time spent by Centre staff on the extension of Centre self evaluation data for the National Evaluation should be acknowledged in the costings;
- the local evaluation strategy is effective and cost effective and provides value for money;
- that some local authorities may be willing to contribute financially to the local evaluation;
- that the costings for the Local Evaluations should be set on a more equitable and transparent footing.

4.2.6 Extension of Local Evaluation Plans
This review of the Local Evaluation Plans for the period November 1998 - April 1999 provides an illuminative and informed basis from which to plan the National Evaluation strategy. We should acknowledge that much has been put in place during this initial evaluation phase and much achieved by the EECs and their Local Evaluators in a short space of time. The National Evaluation strategy should build on these achievements and extend the Local Evaluation strategies in a constructive and developmental manner. The evidence from our review of the Local Evaluation Plans reveals a number of key issues to be addressed in the development of the National Evaluation.

1. The National Evaluation should ensure that the evaluative framework it adopts is flexible and responsive in order to incorporate Centres in the programme which are at very different stages in their evolution. The evaluative demands made on a newly established Centre in their Foundation Stage should be sensitive to the particular issues that such Centres are facing. The demands made on long established Centres in an Advanced Stage in their evolution should reflect their experience and maturity.

2. In all cases, participation in the EEC programme is new for all the Centres. Designation as an EEC has brought dynamic change and development in all the pilot Centres, with additional expectations and demands placed upon the staff and services provided. They are all operating in the public spotlight, with a high profile and visibility, at a time of change and innovation in their functioning. This inevitably adds a measure of sensitivity to the evaluation process for EEC staff, the local authorities and the sponsors of the national programme. The National Evaluation strategy should take account of this context and ensure it operates in an ethical, collaborative and protective manner for those involved in the process.

3. The Local Evaluation Plans in the initial evaluation phase were developed without the benefit (or constraints) of guidelines or an overall common evaluative framework. They have therefore developed a strategy which reflects individual EEC circumstances and needs, and which feeds their current development planning. However, if the National Evaluation is to be inclusive and comprehensive, providing evidence about the programme as a whole, with the necessary degree of continuity, comparability and cohesiveness to ensure validity and reliability of its findings, the existing Local Evaluation Plans will have to be extended and modified to incorporate a range of common indicators and methodologies. There may well be some tensions generated at this point between the evaluative needs of the individual EEC and the evaluative needs of the programme as a whole. The reconciliation of these needs will need to be negotiated and agreed locally by the Centre managers, the Local Evaluator(s) and the National Evaluator(s). The proposed evaluation strategy should support this negotiation, and provide opportunities for regular feedback and flexibility.

4. Taken as a whole, the coverage of issues in the initial evaluation phase was fairly broad and identified significant aspects of the functioning and impact of the EECs. However, there was clearly variability across the programme and between the individual EEC in their focus and emphasis. This reflected local needs and priorities. It is evident that if the National Evaluation is to achieve its aims it will need to ensure comprehensive coverage of the proposed framework of common indicators across the EEC programme. This will require some direction from the National Evaluator(s) as to
what should be covered, when and by what method. Obtaining agreement for the adoption of the National Evaluation framework within the Local Plans is vital to the success of the National Evaluation strategy. We believe that adopting an inclusive and collaborative approach in the development and implementation of the National Evaluation with the local EECs and evaluators will strengthen the likelihood of an effective and reliable National Evaluation.

5. There is great consensus for the development of a National Evaluation which builds on from externally validated, self-evaluation within the individual EECs. There is evidence that Centre staff are well able to provide rigorous and systematic evaluative data with appropriate support and validation. It is also clear that this model is the most powerful for facilitating further development of the Centres and the programme as a whole. The potential for extending the evaluation to explore matched cohort impact studies and detailed cost effectiveness studies might usefully be explored within some local authorities.

There is also consensus on the evaluative methods which might usefully be employed within the local evaluation, and the need to generate both qualitative and quantitative evidence. The cohesiveness of methodologies employed in the initial evaluation phase by the Local Evaluators could be further enhanced and enriched by the provision of opportunities to share the considerable expertise and innovative methods amongst those involved, particularly, the group of Local Evaluators.

6. The introduction of cost effectiveness analysis in the EEC Local and National Evaluation strategy will need to be supported and handled with sensitivity. The EECs will need to develop more transparent and sophisticated costing strategies, which cover the whole range of their service provision. They will also need to spend administrative time in developing the necessary systems for the collection of costing data and effectiveness data. Training in cost effectiveness methodologies and techniques will be essential if this aspect of the EEC National Evaluation is to be covered in a rigorous and reliable manner.

7. It is clear that the National Evaluation will need to adopt a time scale over several years if it is to generate significant and definitive evidence on the functioning and impact of the EEC programme. We believe early evidence will be available within twelve months from the start of the evaluation, particularly in relation to the effective functioning of the EECs, and should provide information of great utility to those in the field and with responsibility for developing the programme as a whole. However, it should be recognised in the National Evaluation strategy that the evidence of impact will require a much longer time scale to produce and will need to be phased over three to five years minimally.

8. The choice of the Local Evaluator(s) will be critical to the effective implementation of the National Strategy. They will need to have: the confidence of both the local EEC and the DfEE; to have expertise across sectors in the field; and to be responsive to the Local and National Evaluation agendas. They may also need to be prepared to commit time to the evaluation project over a number of years. The current group of Local Evaluators are of high status and have credibility in the field. We believe they could make a powerful and valuable contribution to early childhood evaluations,
both for the EEC programme and also beyond, if their expertise is tapped into effectively in the National Strategy. They will also need to be trained in the evaluation framework and methodologies required for the EEC National Evaluation.

9. Our cost benefit analysis of the evaluation strategy in the initial phase of evaluation indicates that it is cost effective and in most cases provides value for money. However, it is important that the costings for the Local Evaluation are put on an equitable and transparent footing. At present there is a degree of uncertainty and unevenness in the funding of the Local Evaluations and this has resulted in an inability to plan effectively and strategically for the longer-term evaluation at all levels. This uncertainty should be resolved quickly and clarity of funding arrangements and financial responsibilities at local and national level should be made evident.

The National Evaluation will be dependent on the generation of reliable and valid data gathered at a local level over a number of years. Participants in the evaluation process should be able to plan ahead securely and to have clarity about what funding will be available and for what purpose it should be used. The scope and quality of the evaluation at local and national level will reflect the resources made available for its implementation.

We believe the EEC programme has the potential to generate valuable, rigorous and significant long term evidence about the effective functioning of integrated early childhood education, childcare and family support services, their impact over time and their cost effectiveness. This will provide crucial information to inform the future development of services which are at the centre of national strategic policy. Costing the evaluation of this programme equitably and appropriately will ensure the evidence generated will be of high quality, reliable and value for money.
5. FRAMEWORK OF COMMON INDICATORS

A key objective of this research is the development of an agreed framework of ‘common indicators’ for implementation within the EEC National Evaluation strategy. The framework of ‘common indicators’ is intended to provide an agreed set of criteria against which the effects and effectiveness of the EEC pilot programme will be evaluated. It is also intended that the framework will provide a useful tool in the improvement and development of integrated early childhood services in all Local Authorities. In line with good practice in the development of ‘indicators’ in public services (Tichelar, 1997), the DfEE commissioned the research team to consult closely with the EEC service providers to ensure an agreed framework of ‘common indicators’ to be used in the evaluation was appropriate and sensitive to their work.

The use of ‘indicators’ in evaluation research is relatively new and rare to find in operation, particularly in relation to evaluation of early childhood services. The concept of ‘indicators’ appears to be derived from the introduction of performance measurement in public service provision (Tichelar, 1997). For the purposes of the EEC National Evaluation we have incorporated some of the underpinning principles and objectives of performance measurement in the proposed framework. However, we should make it explicit that the EEC evaluation has a different intention to that of performance measurement. It is focused primarily on identifying the effects and effectiveness of the EEC services as part of a wider policy programme and is not designed to measure the performance of one EEC against another.

In this Section we shall explore the concept of performance measurement in public services and consider the relationship of the proposed framework of ‘common indicators’ for the EECs with other public service assessment strategies and tools. The concept of ‘common indicators’ for the EECs will be defined carefully, and their development and application discussed. Finally, the framework of ‘common indicators’, which has been developed in close collaboration with the EEC staff, Centre users, Local Evaluators and DfEE officers, will be described in detail.

5.1 Measuring Performance in Public Services

We believe it is important to make clear the relationship between the proposed set of ‘common indicators’ for the EEC programme, and other instruments and methodologies which are currently being used to assess performance in public services. In particular, we shall explore the concepts of Performance Indicators, Best Value and Benchmarking and examine their relationship with the EEC programme evaluation.

5.1.1 Performance Indicators

‘Performance Indicators’ provide a specific statistical measure of service performance. They are not new to public services. Many Local Authorities developed them to assess performance in the 1980’s as part of their review and planning systems. Since then the use of Performance Indicators has become widespread in the management of public services (Tichelar, 1997). The Local Government Act 1992 made the introduction of indicators in the assessment of public service provision compulsory and empowered the Audit Commission to set a standard of Performance Indicators. Under this Act, Local Authorities are
obliged to measure their performance against these indicators, and publish them, on an annual basis. Since 1995, the Audit Commission has collated this data annually, allowing comparisons to be made between authorities. More recently however, there has been a growing recognition that the Performance Indicators currently in use have limitations (Tichelar, 1997). This has encouraged a number of new developments, including such methods as involving service users in the design of more sensitive ways of measuring performance, scrutinising indicators which deal with equality and quality, and developing ‘benchmarks’ for competitive tendering and other purposes.

The importance of Performance Indicators in public policy development and implementation, and the emphasis on indicators which measure quality and effectiveness, as well as cost effectiveness, are clear in the Government’s recent guidelines on the development of public services (Department of Environment, Transport and Regions, 1997). Performance Indicators are now viewed as a vital tool for service providers, offering a means of assessing how successful a service is in meeting its objectives, ensuring achievement is recognised and meeting demands for accountability.

Performance Indicators differ from the proposed framework of ‘common indicators’ for the EEC programme in a number of ways:

- they provide statistical measures only;
- they are intended to measure and compare performance between different service providers and of services over time;
- they are directed at ensuring accountability and improvement.

The ‘common indicators’ proposed in the EEC evaluation have a much broader and developmental remit than this.

5.1.2 Best Value

In June 1997 the Government issued detailed guidance on ‘Best Value’ for public service provision, in a document which set out twelve principles of Best Value (Department of Environment, Transport and Regions, 1997). These principles are primarily intended to support the development of competitive tendering in public service delivery. However, they have been incorporated into many quality and performance review systems in public services. Best Value is seen to be not just about economy and efficiency, but also about the effectiveness and quality of public services. Detailed guidance on Best Value principles is currently being developed by the Audit Commission as a guide for all public services. The intention of this guidance is to ensure that all public services meet their duty to provide a quality service which matches the needs of the local community in the most cost effective and efficient way possible.

The ‘common indicators’ proposed in this report do evaluate the EEC programme’s cost effectiveness, and in this sense Best Value is incorporated within the design. However, they are evaluating much more than the economic aspect of service provision in order to provide a comprehensive portrait of the effects and effectiveness of the EECs.

5.1.3 Benchmarking
‘Benchmarking’ is a relatively new concept in public service provision. Benchmarking can be described as fixing a point from which comparisons between similar services or providers of services can be made, as a means of achieving the ‘best’ service. It allows the measurement and comparison of an organisation’s processes and performance with the performance of others. It has been identified as an important tool for public service provision as part of the Best Value initiative. Benchmarking is also promoted by the Audit Commission (1995) as a means of improving performance through comparison with other providers. Performance Indicators are often an essential aspect of determining agreed benchmarking criteria.

In relation to the ‘common indicators’ proposed for the EEC programme evaluation, we believe Benchmarking will not perform a useful function in aiding the identification of what works, how it works and what effects it has. This concept is therefore incorporated neither in the proposed framework nor in the evaluation design.

5.2 What are Common Indicators?

A ‘common indicator’ is a pointer which directs attention to a significant aspect or element of a phenomenon. Defining common indicators for evaluating Early Excellence Centres is problematical. Each Early Excellence Centre is unique in its environmental setting and in its response to identified need in the local community. Therefore the pattern of services developing within each Centre is wide ranging and individual. Any set of common indicators must allow for this. Also, it should be noted that there are no ‘neutral’ indicators. A chosen set of indicators represent a set of values, preferences and choices about what is significant in facilitating effective integrated services for children and families. The appropriateness of these values might therefore legitimately be open to challenge, negotiation and discussion.

Despite these challenges, it is apparent that all the EECs in the pilot programme do seem to share certain common characteristics which focus on the provision of education, care and support services for children and families. We believe, therefore, that by working closely with the stakeholders within each EEC in the pilot programme, it has been possible to identify a number of core common indicators which have relevance and application for all pilot EECs.

Taken together, the set of identified common indicators provide an evaluative framework which draws attention to those aspects of the functioning and impact of the EECs that are significant to their effectiveness.

5.3 The Identification and Development of the Framework of Indicators

Our approach to developing and proposing a set of common indicators has been one which has been both developmental and collaborative. We have had rich discussions with EEC managers, practitioners, parents, local authority officers, EYDCP chairs and elected members. In addition, we have interviewed key civil servants and the Minister with responsibility for the EEC pilot programme. The aim was to arrive, through dialogue and reflection, at a consensus on what should be the core indicators for EECs. From analysis of
these data we have attempted to derive, and then validate, indicators which capture three key evaluative questions for the EEC programme:

1. What enables the EECs to function effectively, (i.e. the Context / Enabling Indicators)?
2. Within that context, how are the qualities of the services characterised, (i.e. the Process / Quality Indicators)?
3. As a result of those processes within that context, what are the outcomes of the programme, (i.e. the Outcome / Impact Indicators)?

Although identifying common indicators is problematic, we believe that a set of well-chosen and agreed indicators can play a significant part in:

- helping others to develop similar services;
- knowing what does and what does not work;
- identifying the impact of such services.

A good indicator can offer:

- relevant and appropriate information on the services provided;
- assistance in the identification of trends;
- a profile of services over time;
- illustration of internal and external factors which affect performance;
- a view of the cost effectiveness of the services;
- evidence of the impact of the services over time.

It should be noted that the common indicators identified in this research are not intended to identify relatively good or bad performance. They serve the useful purpose of locating areas which provide significant information about the way in which the EEC services are delivered and can be used to inform the further development of an EEC’s programme.

5.4 Conceptual Models

The proposed framework of common indicators is based upon a conceptual model which has been developed for the purpose of this evaluation. It draws on evaluative models from the fields of business management (Haynes and Reed, 1998); education (Kryiacou, 1994); health (Donabedian, 1992); local government (Tichelar, 1997); and social services (Munton et al, 1995); together with a model we previously developed (Bertram and Pascal, 1997) for assessing effectiveness in early childhood settings.

The EEC evaluative model outlined in Table 2, suggests three domains for which indicators should be designed: ‘Contextual’ or ‘Enabling’ indicators, ‘Process’ or ‘Quality’ indicators and ‘Outcome’ or ‘Impact’ indicators.

The contextual or enabling indicators group bundles of sub-indicators which explain the appropriate and necessary conditions for the development of integrated services within the Centres.
The process or quality indicators group bundles of sub-indicators which document the quality of the processes and interactions within the EECs.

The outcome or impact indicators group bundles of sub-indicators which identify the measurable impacts of the work of the Centres. These impacts will have short term (12 months), medium term (36 months) and long term (5 years or more) effects.

Table 3, gives an overview of the common indicators, and of their sub-indicators, within each of the three domains. They are explored in greater detail in Section 5.4 and are set out in Tables 4 to 6 later in this Section.

5.5 The Proposed Framework of Indicators

The framework of common indicators which forms the basis of the National and Local Evaluation has three key domains which we believe will provide comprehensive coverage of the factors which relate to the effective functioning of the pilot programme of EECs. The intention is that the three domains will not overlap and will reflect a particular aspect of a Centre’s functioning. However, we should also point out that the three domains are inter-related by a complex process of links which will ensure that each domain will influence, and be influenced by, the other domains.

We should also note that the selection of indicators and sub-indicators within each domain is also a complex process. There is no perfect number of indicators to include within an evaluative framework. We have attempted to be selective and to use significant multi-indicators, whilst attempting to cover all aspects of a Centre’s functioning as comprehensively as possible. In the proposed framework we have identified 10 Context Indicators with 29 Sub-Indicators, 5 Process Indicators with 19 Sub-Indicators and 7 Outcome Indicators with 24 Sub-Indicators, making a total of 22 Common Indicators with 72 Sub-Indicators for the EEC Programme as a whole. We should point out that we have not attempted to weight the indicators as we believe that all of them play a significant part in the effective functioning of an EEC. The emphasis on one or other domain or indicator might well vary from Centre to Centre and shift over time. However, we are aware that there may be some advantage in requiring a ‘core’ set of indicators to be included in every EEC local evaluation. This provides the Centre managers, and their Local Evaluators, with a common base and gives continuity across the EECs for the national meta-evaluation. Yet it also provides a degree of flexibility to EECs to set their own local evaluation priorities from the three domains of indicators, according to their specific development needs. We have, therefore, identified eleven of the twenty-two common indicators as ‘core’ indicators, (see Table 2). These will be discussed more fully in Section 5.6.

5.5.1 The Contextual or Enabling Indicators
The research has been able to establish that stakeholders in EECs perceive that there are key factors in their environment which are prerequisites for the successful functioning of their Centre. Drawing on these data, we propose a set of ten (C1-C10) contextual enabling indicators (see Table 4).

**C1. Children and Families**
This group of indicators will evaluate the Centre’s ability to identify and respond comprehensively to the needs of the children and families in the local community. This will include, in particular, a focus on the health, education, care and family support needs. They will look at the Centre’s procedures for making contact with, and involving, families with young children, and their collaboration with other professionals, including health visitors, doctors, social workers and other carers (childminders, playgroups, private nurseries) who support young children from conception and birth onwards. They will also provide evidence of the Centre’s strategies for identifying and responding to individual children’s needs, to ensure that children’s early development is supported and enhanced. They should be mindful of equal opportunity issues in addressing family and children’s needs.

**C2. Community**
This group of indicators will evaluate the Centre’s ability to identify and respond to the needs of its community in collaboration with other agency workers. They will look at the Centre’s outreach into all of its Community, without discrimination, and its contact with other providers of support for young children and families. The Centre’s links to local nurseries and schools in the community will also be evaluated. They will provide evidence of the Community’s understanding of, and attitudes to, the Centre and its functions, and the Community’s perception of the Centre’s accessibility, affordability and reputation.

**C3. Leadership and Management Structures**
This group of indicators will cluster issues related to management structures and lines of responsibility and accountability. They will also provide evidence of the nature and effectiveness of leadership style and the strategies used to communicate a shared vision, in which all involved are motivated and empowered to contribute. The organisational structures and systems to support the development and delivery of services will be evaluated. The effectiveness of mechanisms to facilitate joint working of staff and the further development of integrated services will be explored.

**C4. Climate, Culture and Equal Opportunities**
This group of indicators will seek to identify the commitment of those who work within the Centre to working in partnership and in support of integration. They will explore issues of professional standing, the degree of autonomy and self-determination for staff and their openness to innovation. They will provide evidence of attitudes within the Centre to the services it provides, their style of operation and the ethos and climate generated. They will also consider the culture and relationships generated within the Centre between different practitioners, adults and children and, in particular, ensure that equal opportunity awareness permeates.

**C5. Staffing**
This group of indicators will collate information about Centre staff. They will look at issues of staff stability and recruitment, equal opportunities, terms and conditions of service, job satisfaction and motivation. Other crucial issues to be evaluated will be joint staff development across the health, education and social service sectors, the development of private, public and voluntary staff partnerships and the delineation of roles and responsibilities. They will also evaluate the extent of joint working, where together staff from different sectors focus on a specific area of service delivery.

C6. Range and Nature of Services
This group of indicators will evaluate the scope of the services offered to the Community and other early years providers, and the strategies in place to maintain existing services. The extent of cross sector provision and the means by which a range of services are developed and delivered which are multi-faceted, addressing the needs of children and families comprehensively and coherently, will be evaluated. They will also make an assessment of the velocity of the Centre’s growth and the dynamic, not only of their responsiveness to need, but their proactive creation of it, and the development of new services accordingly.

C7. Accommodation and Resources
This group of indicators evaluates the Centre’s accommodation and resources and their accessibility and appropriateness for its work and growth. Facilities outside and inside the Centre will be assessed with regard to their appropriateness for supporting a range of integrated early childhood services for children and families. Issues relating to health and safety, accessibility, equality, conservation and ecological awareness will be identified.

C8. Funding and Costings
This group of indicators will cluster evidence which evaluates financial awareness and management. In particular, they will identify costing procedures and costing analysis for all services within the Centres. They will include such issues as the ability to locate adequate funding, to properly audit and account for monies received, the transparency of financial procedures and the links to cost effectiveness analysis for the Centre. Issues related to longer-term sustainability of the Centre and its range of services, and exit strategies from the EEC programme funding will also be assessed. Systems for fee charging, their complexity and affordability will be addressed.

C9. Local Authority Support
This group of indicators will seek to gather evidence on the Local Authority’s understanding of, and support for, the role of the Centre. They will provide evidence of the Local Authority’s recognition of the Centre as a crucial part of the development and coordination of provision in their area, and its inclusion in local health, social services and educational planning. It will also document the embeddedness of the Centre within the work of the Early Years Development and Childcare Partnership and the Early Years Development and Childcare Plan, and the Children’s Services Plan. The nature of Local Authority cross sector interaction with the Centre and the level of local authority resourcing for the Centre will also be identified.

C10. National Initiatives
This group of indicators will evaluate the awareness and responsiveness of the Centre to relevant national initiatives in the field of early education, care, health and family support. The involvement of the Centres
in such programmes as Sure Start, the National Childcare Strategy, the Quality Protects Initiative, Health Action Zones, Education Action Zones, Single Regeneration Programmes and the incorporation of such initiatives into Centre development planning will be documented. The extent to which the Centre conforms to National requirements and obligations for such programmes in terms of inspection (OFSTED, Children Act), evaluation and quality assurance will also be considered.

5.5.2 The Process or Quality Indicators

This group of five indicators (P1-P5) evaluates the quality of the processes which describe and encapsulate the Centre’s activities (see Table 5).

P1. Quality of Development and Learning
This cluster of indicators will evaluate the quality of children’s overall development (physically, socially, emotionally, cognitively) and learning evident within the range of services provided by the Centres. It will explore the programme of activities offered, their developmental and cultural appropriateness, the level of care and stimulation provided and the ‘involvement’ levels of children with the activities and programme offered (Laevers, 1996). Planning and assessment systems, which cover the range of children’s developmental needs, and the inclusion of parents in these processes will be evaluated. Systems for the creation of appropriate and relevant action plans for the provision of quality development and learning opportunities will be explored.

P2. Quality of Practitioners
This group of indicators will provide evidence of the quality of practitioner interaction with children and adults in the Centre. The style of interaction of the range of practitioners involved with children and adults, (including health, care and educational staff), and their professional skill in supporting children’s and adults development and learning, might focus on such elements as adult sensitivity, stimulation and the ability to give some degree of autonomy to the children and adults who use the Centre. The level of professional competence and confidence displayed by all practitioners in the service provision will also be addressed. Professional flexibility, and responsiveness, ability to work in an open way with parents/carers and children, awareness of equal opportunity issues and the strategies used to ensure continuity of experience for all Centre users are identified.

P3. Quality of Family Support and Partnership
This group of indicators will include the assessment of the quality of interaction with, and support offered to, families by the Centre and its associated agencies. The responsiveness of the Centre staff to family needs across a range of services, including health, welfare and education, and the strategies for developing and sustaining effective partnerships which encourage autonomy rather than dependency is explored. The indicators will also consider the cultural awareness and sensitivity of Centre practitioners to all the families they support and the ease of access to the support services offered. The extent of joint working between sectors in support of families is addressed.

P4. Quality of Training for Adults
These indicators will examine the characteristics and quality of training offered to all the adults who use the Centre. The indicators will be applied to the training opportunities offered for Centre practitioners, for
other early childhood practitioners, for parents/carers and the wider local community. Evidence about the nature of training on offer, its accessibility, its value, the progression offered and its applicability to a range of personal and work related needs are explored. The extent to which the adult training is open and inclusive for all, including men, is also identified.

P5. Quality of Relationships and Interactions
This cluster of indicators will assess the nature of relationships and interactions within the Centre. These would include relationships between the adults, between the children, and between the adults and children who use the Centre. The qualities of the relationships and the extent of teamwork, mutuality, respect and inclusion are explored. The abilities of the Centre staff to operate in ways which are empowering and democratic and which develop individuals who have a sense of self-direction, confidence and purposefulness are also addressed.

5.5.3 The Outcome or Impact Indicators

The kinds of indicators which might show effectiveness in outcome or impact are more difficult to determine for several reasons. Firstly, this radical, cross-sector initiative has never been realised before and there is no established pattern of what long term effectiveness indicators might be. The evidence for the effectiveness of this kind of initiative in the United Kingdom is not yet clear, although there are international studies which suggest that intervention strategies focusing on young children and families have dramatic effects on academic achievement and social cohesiveness (Sylva and Wiltshire, 1993; Schweinhart and Weikart, 1997; OECD, 1998). Nevertheless, it is possible to attempt to delineate some hoped for goals and intentions.

Secondly, outcomes for these Centres of Early Excellence with their multi-functional, cross sector aspirations, will need to incorporate outcomes for all the stakeholders. The weight given in terms of significance to each stakeholder outcome will be dependent on the value base of the evaluation. Is empowering parents and developing their self esteem or parenting skills, for example, seen as more important than their obtaining employment? Answers to such questions will be dependent on the value base of the evaluator and quickly bring us to issues of legitimacy and power.

Finally, it is necessary to set outcome indicators in a developing time scale. We know, for example, that some effects of quality educative provision on young children remain dormant until they reach secondary school age. Clearly, too, the development of communities will require much longer-term assessment of goals. We propose, therefore, to look at outcome measures against a short term (12 months), a medium term (36 months) and a long term (5 years and longer) span.

We are thus proposing a set of seven outcome indicators (O1-O7) which relate to those who might be expected to directly benefit from the long-term activity of the EECs (see Table 6). Many of these outcome indicators are in line with the Government's Objectives for Children's Social Services published in September 1999, as part of the Quality Protects Initiative. (Ref: see website http://www.doh.gov.uk/scg/objcss.htm)
O1 Children
This group of indicators will look at a range of outcomes for children over the short, medium and long term, including enhancement to their cognitive development, their dispositions to learn, their social and emotional skills, the reduction of risk factors and their health.

O2 Family
This group of indicators will document family take up of services, enhancement of their parenting skills, their social and health skills, including self confidence and self esteem, their employability and their quality of life.

O3 Practitioners
This group of indicators will evaluate the development in practitioners’ professionalism, qualifications, professional competencies and their practice. It will also explore the impact on their terms and conditions of work, their job satisfaction and motivation, and the development of their commitment to integrated practice and equality of opportunity.

O4 Setting
This group of indicators will evaluate developments in the management structures and systems, the culture and climate within a setting, the awareness and visibility of equal opportunity issues, the ongoing development and evolution of the Centre and its long term viability. It will also assess the role and impact of the Centre in disseminating integrated practice and models of good practice to a wider audience.

O5 Community
This group of indicators will evaluate the increase in take up of services offered within the local community, the community awareness of the services available and the involvement of the community in their planning and delivery. It will also explore levels of local educational achievement, local employment levels and links to local employers. Evidence on the regeneration of the community, widening of opportunity to all, lowered rates of social exclusion, better health and enhanced local services will also be identified.

O6 Local Authority
This group of indicators will evaluate developments in the provision of integrated early years services locally, it will document any displacement of other local services, the development of higher quality early childhood services, the evidence for cross sector partnership and the use of the EEC to provide enhanced and accessible training across the local authority.

O7 National
This group of indicators will evaluate the impact of the pilot programme of EECs nationally. Evidence on the development of more integrated services for young children and families, the enhancement of quality in services and the profile and status of such work will be documented. The impact on levels of social exclusion, employment, health and social regeneration at a national level will be explored. The cost effectiveness of the programme, the level of funding and viability of such services are included at this level, and will form a central element in this part of the effectiveness analysis.
The evaluative process is tabulated in the five tables at the end of this section:

Table 2: the evaluative framework, common indicators and core indicators,
Table 3: an overview of common indicators and their sub-indicators;
Table 4: the context indicators, sub-indicators and data sources;
Table 5: the process indicators, sub-indicators and data sources;
Table 6: the outcome indicators, sub-indicators and data sources.

5.6 Coverage of Common Indicators

The evaluation framework of common indicators has been developed in close collaboration with the EECs. They have agreed its applicability and relevance for the range of individual contexts in which they are operating.

However, our research has demonstrated that the Centres are at very different stages in their evolution. We are proposing that they might be classified as being at a Foundation Stage, an Intermediate Stage or an Advanced Stage in their evolution towards integration. This classification is helpful in determining what each Centre’s evaluation priorities might be at a particular point in time. For example, a Foundation Stage EEC might be centrally concerned with developing its accommodation and resources, its staffing structures and the lines of management, and will want to focus the evaluation particularly on these aspects of its development. An Intermediate Stage EEC might be focusing on improving the quality of new aspects of its integrated work with children and families and will want to look at this closely. An Advanced Stage EEC might be devoting considerable time to disseminating best practice in integrated services through national training initiatives and conferences and the evaluation would wish to focus here.

From our evidence it would seem sensible that the EECs should have some flexibility to respond to their individual priorities as they develop their services and identity over time. We are, therefore, proposing that within the framework of twenty two common indicators set out above, a core set of eleven indicators be identified, which all Local Evaluation Plans should address from Year 1 of the National Evaluation, annually, throughout the timetable of the evaluation process. These eleven core indicators are set out below.

Core Context enabling indicators:
   C1   Children and Families;
   C2   Community;
   C6   Range and Nature of Services;
   C8   Funding and Costings.

Core Process quality indicators:
   P1   Quality of Development and Learning;
   P2   Quality of Practitioners.
Core Outcome impact indicators:

O1 Children;
O2 Family;
O3 Practitioners;
O4 Setting;
O5 Local Authority.

We would suggest that data which addresses each of the remaining eleven indicators in the framework should be collected by the Local Evaluations from Year 1 to Year 3 of the National Evaluation. This would provide Local Evaluation Plans with some flexibility to determine local priorities within the remaining indicators and to map the data collection for these indicators over a more extended time period.

We believe the identification of these eleven core indicators would ensure that a central stream of data was being collected at all times from the three domains of the evaluation framework. These core data would provide a core of annual evidence on the progress of the pilot programme throughout the timetable of the evaluation. Evidence from the remaining eleven indicators would become available as individual EECs addressed them but would be comprehensively covered by Year 3 of the National Evaluation.
Table 2: The EEC Evaluative Framework: Common and Core Indicators

<table>
<thead>
<tr>
<th>Contextual Enabling Indicators</th>
<th>Process Quality Indicators</th>
<th>Outcome Impact indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1. Children &amp; Families*</td>
<td>Quality of:</td>
<td>Stakeholders:</td>
</tr>
<tr>
<td>C3. Leadership &amp; Management Structures</td>
<td>P2. Practitioners*</td>
<td>O2. Family*</td>
</tr>
<tr>
<td>C5. Staffing</td>
<td>P4. Adult Training</td>
<td>O4. Setting*</td>
</tr>
<tr>
<td>C6. Range and Nature of Services*</td>
<td>P5. Interactions and Relationships</td>
<td>O5. Community*</td>
</tr>
<tr>
<td>C7. Accommodation &amp; Resources</td>
<td></td>
<td>O6. Local Authority</td>
</tr>
<tr>
<td>C8. Funding and Costings*</td>
<td></td>
<td>O7. National Level</td>
</tr>
<tr>
<td>C9. Local Authority Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C10. National Initiatives</td>
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</tbody>
</table>

N.B. *Asterisked indicators are ‘core’ indicators and should be addressed annually by evaluators.
Table 3: An Overview of Common Indicators and their Sub-Indicators for Evaluating EEC

<table>
<thead>
<tr>
<th>CONTEXT INDICATORS</th>
<th>PROCESS INDICATORS</th>
<th>OUTCOME INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1 Children &amp; Families*</td>
<td>P1 Development &amp; Learning*</td>
<td>O1 Child*</td>
</tr>
<tr>
<td>C1a. Identification and mapping of children's needs;</td>
<td>P1a. Development &amp; Learning activities;</td>
<td>O1a. Cognitive development</td>
</tr>
<tr>
<td>C1b. Communication with families;</td>
<td>P1b. Planning and evaluation;</td>
<td>O1b. Enhanced dispositions to learn;</td>
</tr>
<tr>
<td>C1c. Links to health, education, social services &amp; other agencies.</td>
<td>P1c. Monitoring and assessment.</td>
<td>O1c. Social skills;</td>
</tr>
<tr>
<td>C2 Community*</td>
<td>P2 Practitioners*</td>
<td>O1d. Reduction of risk factors;</td>
</tr>
<tr>
<td>C2a. Access to Centre;</td>
<td>P2a. Adult style;</td>
<td>O1e. Health.</td>
</tr>
<tr>
<td>C2b. Attitudes to Centre;</td>
<td>P2b. Flexibility and integration in working practices;</td>
<td></td>
</tr>
<tr>
<td>C2c. Local involvement.</td>
<td>P2c. Partnership with parents;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>P2d. Adoption of key worker system;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>P2e. Proactive recruitment of men.</td>
<td></td>
</tr>
<tr>
<td>C3 Leadership &amp; Management Style</td>
<td>P3 Family Support and Partnership</td>
<td>O2 Family*</td>
</tr>
<tr>
<td>C3a. Terms of employment;</td>
<td>P3a. Partnership with parents;</td>
<td>O2a. Use of services;</td>
</tr>
<tr>
<td>C3b. Leadership style;</td>
<td>P3b. Responsiveness;</td>
<td>O2b. Social and health skills</td>
</tr>
<tr>
<td>C3c. Management structures &amp; systems, organisation;</td>
<td>P3c. Proactive involvement of male family members.</td>
<td>O2c. Parenting skills;</td>
</tr>
<tr>
<td>C4 Climate, Culture &amp; Equal Opportunities</td>
<td>P4 Adult Training</td>
<td>O3 Practitioner*</td>
</tr>
<tr>
<td>C4a. Cohesiveness of EEC;</td>
<td>P4a. Scope of training;</td>
<td>O3a. Increased professionalism;</td>
</tr>
<tr>
<td>C4b. Commitment to integration.</td>
<td>P4b. Characteristics of Training;</td>
<td>O3b. Improved terms and conditions;</td>
</tr>
<tr>
<td></td>
<td>P4d. Reflectiveness;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>P4e. Proactive recruitment of men.</td>
<td></td>
</tr>
<tr>
<td>C5 Staffing</td>
<td>P5 Interactions &amp; Relationships</td>
<td>O4 Setting*</td>
</tr>
<tr>
<td>C5a. Stability and recruitment;</td>
<td>P5a. Partnership and teamwork;</td>
<td>O4a. Management &amp; Integration;</td>
</tr>
<tr>
<td>C5b. Professional wellbeing;</td>
<td>P5b. Affective characteristics;</td>
<td>O4b. Dissemination.</td>
</tr>
<tr>
<td>C5c. Opportunities for integrated working.</td>
<td>P5c. Professional characteristics.</td>
<td></td>
</tr>
<tr>
<td>C6 Range &amp; Nature of Services*</td>
<td></td>
<td>O5 Community*</td>
</tr>
<tr>
<td>C6a. Varied programme of services for children and adults;</td>
<td></td>
<td>O5a. Services;</td>
</tr>
<tr>
<td>C6b. Inter-agency delivery.</td>
<td></td>
<td>O5b. Employment;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>O5c. Development.</td>
</tr>
<tr>
<td>C7 Accommodation &amp; Resources</td>
<td></td>
<td>O6 Local Authority</td>
</tr>
<tr>
<td>C7a. Accessible;</td>
<td></td>
<td>O6a. Early Years services;</td>
</tr>
<tr>
<td>C7b. Appropriate;</td>
<td></td>
<td>O6b. Integration;</td>
</tr>
<tr>
<td>C7c. Outside space.</td>
<td></td>
<td>O6c. Dissemination;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>O6d. Training.</td>
</tr>
<tr>
<td>C8 Funding &amp; Costing*</td>
<td></td>
<td>O7 National</td>
</tr>
<tr>
<td>C8a. Transparency;</td>
<td></td>
<td>O7a. Integration;</td>
</tr>
<tr>
<td>C8b. Income;</td>
<td></td>
<td>O7b. Social exclusion;</td>
</tr>
<tr>
<td>C9 Local Authority Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C9a. Understanding and commitment to integration at senior level;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C9b. Inclusion in EYDCP, EDP, Health Plan and Children Services Plans;</td>
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<tr>
<td>C9c. LA financial and professional support.</td>
<td></td>
<td></td>
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<tr>
<td>C10 National Initiatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C10a. Awareness;</td>
<td></td>
<td></td>
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<tr>
<td>C10b. Responsiveness;</td>
<td></td>
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<tr>
<td>C10c. Conforming.</td>
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</tbody>
</table>

* Core Indicators
Table 4: EEC Evaluative Framework: Common Indicators, The Contextual or Enabling Factors (C1-3)

<table>
<thead>
<tr>
<th>CORE INDICATORS</th>
<th>SUB-INDICATORS</th>
<th>DATA SOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C1. Children &amp; Families</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C1a. Identification and mapping of children’s needs, sensitivity to equal opportunities;</td>
<td>Primary Sources: Interviews with parents, children &amp; agency workers; Assessment Records; User Records; Narratives of children &amp; families.</td>
</tr>
<tr>
<td></td>
<td>C1b. Communication with families</td>
<td>Secondary Sources: Birth Weight data; Population Census data (OPCS); Health Visitor Records; Disabled Children Register; Special Educational Needs Register, Social Services Data.</td>
</tr>
<tr>
<td></td>
<td>C1c. Links to health, education, social services &amp; other agencies</td>
<td></td>
</tr>
<tr>
<td><strong>C2. Community</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C2a. Access to Centre: awareness, visibility, affordability, for all;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C2b. Attitudes to Centre: reputation, expectations, avoidance of stigma, awareness of equal opportunities;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C2c. Local involvement: identification of &amp; responsiveness to local needs, liaison with community groups and services, and with other providers, including local schools.</td>
<td></td>
</tr>
<tr>
<td><strong>C3. Leadership &amp; Management Structures</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>C3a. Terms of employment: permanence, salary, contract;</td>
<td>Primary Sources: Interviews with manager and staff; Testimony; Questionnaire, Professional Biography; Observation; Documentary Analysis, EEC policy documents, management documents &amp; job descriptions, terms and conditions; Narratives.</td>
</tr>
<tr>
<td></td>
<td>C3b. Leadership style: vision, commitment, communication skills, drive, ability to motivate, delegate &amp; empower, awareness of equal opportunities;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>C3d. Review and development strategies</td>
<td></td>
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</tbody>
</table>
### Table 4 (continued): EEC Evaluative Framework: Common Indicators
The Contextual or Enabling Factors (C4-6)

<table>
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<tr>
<th>CORE INDICATORS</th>
<th>SUB-INDICATORS</th>
<th>DATA SOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C4. Culture, Climate &amp; Equal Opportunities</strong></td>
<td>C4a. <strong>Cohesiveness of EEC</strong>: high degree of professionalism, self determination and autonomy, openness to innovation; awareness of equal opportunities;</td>
<td><strong>Primary Sources</strong>: Interviews with parents, children &amp; other agency workers; Narratives of Centre.</td>
</tr>
<tr>
<td></td>
<td>C4b. <strong>Commitment to integration</strong>: integrated team, integrated participation, respect and mutuality in relationships, sensitivity and responsiveness.</td>
<td><strong>Secondary Sources</strong>: Inspection Reports, Children Act &amp; Ofsted.</td>
</tr>
<tr>
<td><strong>C5. Staffing</strong></td>
<td>C5a. <strong>Stability and recruitment</strong>: staff turnover, clear and appropriate terms &amp; conditions of service, equal opps. adequate salaries, absenteeism and sickness;</td>
<td><strong>Primary Sources</strong>: Interviews with staff, parents, managers and LA officers; Questionnaire: Professional Biographies; Documentary Analysis: Job descriptions, terms and conditions; Policy documents &amp; management documents; Staffing data; Narratives of staff; Provision and take up of training; Appraisal records;</td>
</tr>
<tr>
<td></td>
<td>C5b. <strong>Professional wellbeing</strong>: high self esteem, motivation &amp; commitment, high qualification level, competence &amp; confidence level, access and take up of professional development, favourable ratios, good supervisory and appraisal processes, career opportunities and progress;</td>
<td><strong>Secondary Sources</strong>: Inspection Reports.</td>
</tr>
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<td></td>
<td>C5c. <strong>Opportunities for integrated working</strong>: joint training and team work.</td>
<td></td>
</tr>
<tr>
<td><strong>C6. Range and Nature of Services</strong></td>
<td>C6a. <strong>Varied programme of services for children and adults</strong>: flexible and responsive, innovative, culturally reflective, aware of equal opportunity issues;</td>
<td><strong>Primary Sources</strong>: Interviews with parents, staff and managers; Documentary Analysis: Centre documents; CI Service.</td>
</tr>
<tr>
<td></td>
<td>C6b. <strong>Inter-agency delivery</strong>: continuity between Education, Health and Social Services, joined up thinking.</td>
<td><strong>Secondary Sources</strong>: Child Care Information Service &amp; Child Care Audit.</td>
</tr>
</tbody>
</table>
### Table 4 (continued): EEC Evaluative Framework: Common Indicators
The Contextual or Enabling Factors (C7-9)

<table>
<thead>
<tr>
<th>CORE INDICATORS</th>
<th>SUB-INDICATORS</th>
<th>DATA SOURCES</th>
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</table>
| **C7. Accommodation and Resources** | **C7a. Accessible**: easy location, clear & welcoming entrance, equal opportunity access, access for pushchairs etc.; **C7b. Appropriate**: suitability, durability, attractiveness, sufficiency, and condition for all Services, Health & Safety, reflecting differing cultures; **C7c. Outside space**: stimulating, landscaped, storage, Health & Safety: security, ease of supervision, environment, conservation. | Primary Sources: Interviews with parents, LA officers, manager and staff; Observations; Documentary Analysis: Inventories; Building Plans; Environmental Reviews; Health and Safety Audit; Financial Data.  
Secondary Sources: Inspection Reports. |
| **C8. Funding and Costings** | **C8a. Transparency**: clear financial costing, planning & accountancy procedures; **C8b. Income**: fee levels and payment systems, income generation & fund raising, affordability, viability, sustainability & exit strategies; **C8c. Cost effectiveness calculations**: cost analysis, value for money, appropriate cost code headings. | Primary Sources: Interviews with Centre Manager, fund raisers, administration, LA finance officer & users; Documentary Analysis: Policy documents, Centre Accounts.  
Secondary Sources: Inspection Reports. |
| **C9. Local Authority Support** | **C9a. Understanding and commitment to integration at senior level**: involvement of Education/Social Services/Health, indications of coordination/unification of LA departments; **C9b. Inclusion in EYDCP, EDP, Health Plan and Children’s Services Plans**; **C9c. LA financial and professional support** | Primary Sources: Interviews with Chair EYCD Partnership, LA officers, elected members, manager and staff; Documentary Analysis: LA policy documents; EYDC Plan & ED Plan, Health Plan; Children’s Services Plan, Social Services Data.  
Secondary Sources: LA Inspection Reports, Audit Commission Reports. |
### Table 4 (continued): EEC Evaluative Framework: Common Indicators
The Contextual or Enabling Factors (C10)

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<th>CORE INDICATORS</th>
<th>SUB-INDICATORS</th>
<th>DATA SOURCES</th>
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</table>
| **C10. National Initiatives** | C10a. Awareness: other relevant national initiatives, Sure Start, Health Action Zones, National Child Care Strategy, Education Action Zones, Single Regeneration Programmes, Quality Protects Initiative etc;  
C10b. Responsiveness: identifying opportunities within, and incorporation of, the national agenda;  
C10c. Conforming: to national requirements and obligations, Ofsted, DoH inspections, etc. | Primary Sources: Interviews with Ministers, Civil Service, Ofsted and other cross sector departments.  
Secondary Sources: Documentary Analysis: Policy Statements, Documentary Sources, Select Committee Reports, White Papers and statutory instruments, Treasury spending statements, Research and evaluation reports; Statistical Data: Education, Health & Social Services, Employment & Income Data. |
Table 5: EEC Evaluative Framework: Common Indicators  
The Process Quality Indicators (P.1-2)

<table>
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<tr>
<th>CORE INDICATORS</th>
<th>SUB-INDICATORS</th>
<th>DATA SOURCES</th>
</tr>
</thead>
</table>
| P1. Quality of Learning and Development | P1a Development & Learning activities: developmentally and culturally appropriate experiences and caring, involvement levels, disposition to learn, equality of opportunity, consistency and continuity, responsiveness to individual health and development needs, early identification of special developmental & educational needs;  
P1b. Planning and evaluation: individual and groups, action planning;  
P1c. Monitoring and assessment: active involvement of parents, coverage of all aspects of children’s development; record keeping; | Primary Sources: Interviews with LA officers, staff, parents & children; Interview with critical friend & local evaluator; Observations, eg Child Tracking, Involvement Scales; Documentary Analysis of Policy Statements; Narratives.  
Secondary Sources: Inspection Reports; LA monitoring and advisory evidence. |
| P2. Quality of Practitioner | P2a. Adult style: sensitivity, stimulation, empowerment and ability to give a measure of autonomy, consistency, reliability of performance, openness, clarity, reflectiveness, awareness of equal opportunities;  
P2b. Flexibility & integration in working practices  
P2c. Partnership with parents  
P2d. Adoption of key worker system  
P2e. Proactive recruitment of men | Primary Sources: Interviews with manager, staff, parents, LA officers, manager and staff; Observations of staff, eg Engagement Scale; Documentary Analysis of Policy Statements; Appraisal; Training analysis; Narratives.  
Secondary Sources: Inspection Reports. |
### Table 5 (continued): EEC Evaluative Framework: Common Indicators

#### The Process Quality Indicators (P3-4)

<table>
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<tr>
<th>CORE INDICATORS</th>
<th>SUB-INDICATORS</th>
<th>DATA SOURCES</th>
</tr>
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<tbody>
<tr>
<td><strong>P3. Quality of Family Support and Partnership</strong></td>
<td><strong>P3a. Partnership with parents</strong> : Empowerment, negotiation, respect and mutuality, cultural &amp; eq. opp. awareness, non-judgemental, openness and empathetic, ease of access, parent participation in Centre planning &amp; operations; <strong>P3b. Responsiveness</strong> : joint working between all sectors, key worker scheme, individualised support, autonomy to parents not dependency, early identification of issues, outreach into the community; <strong>P3c. Proactive involvement of male family members</strong></td>
<td><strong>Primary Sources</strong> : Interviews with staff, parents &amp; managers; Observations of staff; Documentary Analysis: Narratives, Assessment Records, Policy documents. <strong>Secondary Sources</strong> : Inspection Reports; LA monitoring and advisory evidence.</td>
</tr>
<tr>
<td><strong>P4. Quality of Adult Training</strong></td>
<td><strong>P4a. Scope of training</strong> : appropriateness of training for: early years practitioners, within and outside the Centre; parents &amp; carers including parenting &amp; child care skills; other adults within the community. <strong>P4b. Characteristics</strong> of training for early years practitioners, parents and other adults: open access &amp; inclusionary &amp; eq. opps. aware, preferably accredited, linked to a climbing frame, flexible and responsive; <strong>P4c. Nature of training</strong> : real world, work related, models of good practice, multidisciplinary, empowering and confidence building, individualised; <strong>P4d. Reflectiveness</strong> professional and theoretical, not simply competence based; action based, research evidenced practice; <strong>P4e. Proactive recruitment of men</strong></td>
<td><strong>Primary Sources</strong> : Interviews with staff, other adults and students; Questionnaire for Centre Users; Observations of staff, eg Engagement Scale; Paired ‘buddy’ evaluations of training staff; Documentary Analysis; Appraisal Reports; Policy documents; Student evaluation of courses; Narratives. <strong>Secondary Sources</strong> : Inspection Reports.</td>
</tr>
</tbody>
</table>
Table 5 (continued): EEC Evaluative Framework: Common Indicators
The Process Quality Indicators (P5)

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<tr>
<th>CORE INDICATORS</th>
<th>SUB-INDICATORS</th>
<th>DATA SOURCES</th>
</tr>
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<tbody>
<tr>
<td>P5. Quality of Interactions and Relationships</td>
<td>P5a. <strong>Partnership and teamwork</strong>: respect and mutuality between sectors, inclusionary, professional commitment;</td>
<td>Primary Sources: Interview and testimony of children, staff, parents &amp; managers; Observations of staff and children; Document analysis of Policy Statements; Narratives.</td>
</tr>
<tr>
<td></td>
<td>P5b. <strong>Affective characteristics</strong>: welcoming, responsive, empathetic, genuine, sincere, warm, caring, enjoyment, open, sharing, eq. opps. &amp; cultural awareness;</td>
<td>Secondary Sources: Inspection Reports:</td>
</tr>
<tr>
<td></td>
<td>P5c. <strong>Professional characteristics</strong>: articulate, assertive, consistent and dependable, vitality, knowledgeable and advocate.</td>
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Table 6: EEC Evaluative Framework: Common Indicators, Outcome Impact Indicators (O.1-2)

<table>
<thead>
<tr>
<th>STAKEHOLDERS</th>
<th>SUB-INDICATORS</th>
<th>DATA SOURCES</th>
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<tbody>
<tr>
<td><strong>O1. Children</strong></td>
<td>Cognitive development: educational attainment, Baseline, National Curriculum Tests; Enhanced dispositions to learn: mastery, autonomy, exploratory drive and involvement, self organisation, self governance, raised expectations; Social skills: respect for self and others, awareness of equal opportunities, confidence and self esteem; Reduction of risk factors: reduced risk of abuse &amp; need for child protection, isolation and exclusion, regular attendance, low truancy, less drop out, resilience, behavioural dysfunction, and need for remediation; Health: early identification of special needs, improved physical and emotional well being, and quality of life.</td>
<td><strong>Primary Sources</strong>: Interviews with parents, children &amp; staff; Observations of children; Narratives; Assessment Records. <strong>Secondary Sources</strong>: Baseline assessment; KS 1 &amp; 2 National Curriculum Tests; Child Protection Register; SEN Register; Disabled Child Register.</td>
</tr>
<tr>
<td><strong>O2. Family</strong></td>
<td>Use of services: increased awareness and take up of services by different groups, less stigma attached to participation, sustained contact, regular attendance, male and female and equal opps., increased range of services used and progression in sophistication &amp; level of course, level of client satisfaction; Social and health skills: Enhanced self esteem &amp; confidence, empowered, equal opportunities, reduced isolation, increased social friendships and networks, less stress, more self determinism, improved family stability, healthy living, &amp; quality of life; Parenting skills: raised awareness, enhanced self esteem, greater involvement in children’s care &amp; learning, raised expectation and aspiration; awareness of equal opportunities; Employability: accumulation of accreditation, access for all to training and work opportunities, higher employment and qualification, education level.</td>
<td><strong>Primary Sources</strong>: Interviews of parents, children and staff; Narratives; Take up figures for service users; Socio-Mapping. <strong>Secondary Sources</strong>: Index of Local Deprivation; Health Data; Employment Data: Education Data; Population Census Data (OPCS); Income Data; Social Services Data.</td>
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### Table 6 (continued): EEC Evaluative Framework: Common Indicators, Outcome Impact Indicators (O.3-5)

<table>
<thead>
<tr>
<th>STAKEHOLDERS</th>
<th>SUB-INDICATORS (consider how these impact in the short, medium and long term)</th>
<th>DATA SOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>O3. Practitioners</strong></td>
<td><strong>O3a. Increased professionalism</strong>: development of training, training networks &amp; critical mass of motivated reflective practitioners sharing good practice, commitment to professional improvement; improved practice and expertise, raised ‘engagement’ &amp; ‘involvement’, raised qualification, awareness of equal opportunities; <strong>O3b. Improved terms and conditions</strong>: anomalies rationalised, career routes widened, increased job satisfaction; <strong>O3c. Development of ‘integrated’ practitioner</strong>: increased multi sector collaboration, understanding of, and commitment to, integration.</td>
<td><strong>Primary Sources</strong>: Interviews with staff &amp; managers; Testimony, Questionnaire, Professional Biography, Observations, adult engagement, Documentary Analysis: Appraisal Records; Job descriptions; Narratives; User Records, Training take up; <strong>Secondary Sources</strong>: Inspection Reports.</td>
</tr>
<tr>
<td><strong>O4. Setting</strong></td>
<td><strong>O4a. Management &amp; Integration</strong>: effective structures &amp; systems, successfully integrated services and staff, stability of staff, velocity and ongoing development and improvement, increased viability &amp; sustainability, openness to change and innovation, awareness of equal opps; <strong>O4b. Dissemination</strong>: Increased visitors and range, take up, service innovation and intervention in courses, improved learning opportunities for all, models of good practice.</td>
<td><strong>Primary Sources</strong>: Interviews of parents, staff &amp; managers; Documentary analysis; Policy Statements, Dissemination data; Narratives; User Records; Take up figures of service users; Socio mapping. <strong>Secondary Sources</strong>: Inspection Reports; Financial Statements.</td>
</tr>
<tr>
<td><strong>O5. Community</strong></td>
<td><strong>O5a. Services</strong>: increased awareness, use and support for EEC &amp; its services for all, availability of quality childcare, access to training, community use &amp; ownership, addressing local need, involvement of local representatives; <strong>O5b. Employment</strong>: higher levels of educational achievement, access to employment for all including within the Centre, links to local employers as sponsors and as partners; <strong>O5c. Development</strong>: economic regeneration, widening opportunity for all &amp; tolerance, increased expectations, autonomy &amp; empowerment, improved community health, literacy &amp; networks, lower social exclusion, reduced unemployment and welfare, enhanced local services.</td>
<td><strong>Primary Sources</strong>: Interviews; Testimony; Questionnaires; Documentary Analysis: EYDCP &amp; Children Service Plan &amp; Child Care Audit; Narratives of Community Development; User Records; Take up figures; Social Mapping. <strong>Secondary Sources</strong>: Income Data; Employment Data; Population Census; Health Data; Education Data.</td>
</tr>
<tr>
<td>STAKEHOLDERS</td>
<td>SUB-INDICATORS</td>
<td>DATA SOURCES</td>
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<tr>
<td><strong>O6. Local Authority</strong></td>
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<td></td>
<td>O6a. Early Years services : stimulation to social and economic regeneration, recognition and consensus on ‘good’ practice, enhanced quality of all early years services;</td>
<td>Primary Sources: Interviews with staff, manager, LA officers, EYDCP Chair, &amp; elected members; Documentary Analysis: LA Policy Documents; EYDCP &amp; EDP; Children’s Services Plan; Social Services Data; Child Care Audit;</td>
</tr>
<tr>
<td></td>
<td>O6b. Integration: increased cross sector partnership and networking, increased integration of local education, health and social services &amp; LA departments;</td>
<td>Secondary Sources: LA Inspection Reports; Employment, income, health &amp; educational data.</td>
</tr>
<tr>
<td></td>
<td>O6c. Dissemination: local and national publicity for Centre, visits by other providers, replication of model or some aspects of practice by others within the LA, income source but also enhanced status and visibility of EEC and LA;</td>
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<td>O6d. Training: increased access for all providers and personnel, taking note of equal opportunities, within the LA.</td>
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<td><strong>O7. National</strong></td>
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<td></td>
<td>O7a. Integration: provision of high quality models of integration, increased standards and innovative models, new training opportunities especially for relatively unqualified early years work force, profile and visibility of early years as a political issue, replication of EEC models and dissemination of effective integration;</td>
<td>Primary Sources: Interviews with Ministers, Civil Service, Ofsted, Select Committee; Documentary Analysis: Policy Statements; White Papers; Regulator advice etc.; Research and evaluation Reports;</td>
</tr>
<tr>
<td></td>
<td>O7b. Social exclusion: improved health, higher employment, national regeneration targeted at local level, increased achievement &amp; awareness of equality of opportunity;</td>
<td>Secondary Sources: Income, health, employment &amp; education national statistics; Treasury spending.</td>
</tr>
<tr>
<td></td>
<td>O7c. Cost effectiveness: reduced demand and lower cost of welfare safety net, cost benefit analysis from long term research which would allow most effective elements within the project to be expanded by appropriate and targeted funding.</td>
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6. SOURCES OF EVALUATION DATA

The proposed evaluation framework requires the gathering of certain data against the agreed common indicators. These data will be variously located and will be of different kinds. It is proposed that the evaluation strategy should encompass both qualitative and quantitative data. Both of these types of data may be located internally, within the individual EECs and its local community, and also externally, within a range of outside agencies and sources.

We shall term the internally generated data as ‘primary’ data and the externally generated data as ‘secondary’ data. The Local Evaluation Plans will need to identify how data from both of these sources will be accessed and then utilised within their evaluation strategy.

In the proposed evaluation framework we have indicated a range of qualitative and quantitative data that we believe will be helpful to Local Evaluators in addressing each of the three identified domains. Identifying these data sources has been an enormously complex and time-consuming process, as they are located in a wide range of local and national departments and organisations. Making our way through this mass of statistical data has demonstrated sharply to us that information must be selected and managed carefully if it is not to overwhelm. We believe therefore that Local Evaluators will need to be supported in accessing the wealth of useful but widely spread secondary data which they will need to carry out a comprehensive evaluation. They will have to plan a careful programme of data collection and analysis, which will require action both within the Centre and its community, and beyond to other local and national agencies. To assist with this a computer program is being developed, with the cooperation of EECs, to provide a basic 'cost per child hour' and 'cost per adult hour' (see paragraph 7.3.1.3)

Having pointed out the challenges of accessing these data, we shall attempt to present the main data sources in an accessible and meaningful way, with a suggestion of how accessing these data may be made easier for the Local Evaluator(s) and Centre staff.

6.1 Primary Data Sources

Primary data will be generated mostly from within the individual EEC and its local community. It will involve the mapping and tracking of various aspects of the Centres functioning, including context data, process data and impact data. These data may be of a qualitative or quantitative type, depending on the indicator being addressed. They should also build on and extend the Centres’ existing self-review and monitoring systems, which are part of Quality Assurance obligations for all public and private sector organisations. In this way, the generation of these required data should occur as part and parcel of a Centre’s normal management activity and should not demand too much additional resourcing and time commitment.
There is a wide range of evaluative methodologies and techniques which may be incorporated within the Centres’ internal review processes and also the Local Evaluation Plans. We believe Centre staff, and Local Evaluators, should be encouraged to be innovative in developing methodologies, as the Local Plan may be covering aspects of practice and service which have not previously been subject to detailed review and evaluation. Nevertheless, we are suggesting that there is a core set of internal data collection methods which the evaluations might adopt. This would aid a consistent and coherent evaluation approach within the EEC and also across the pilot programme as a whole. These core data sources and methods are summarised in Table 7 and detailed below.

6.1.1 Interview

Gathering qualitative evidence by focused interviews will form a major source of evaluative data. The perceptions of Centre staff, Centre users, (including parents and children), community representatives, local authority officers, the chair of the Early Years Development and Childcare Partnership and other involved providers and practitioners, will form an important element in the primary data set. The voices of these participants should be represented in the evaluation process, particularly if a central objective is to feed into the further development of the Centre. Tapping into this first hand knowledge and understanding of participants within the Centres in a systematic and focused way will ensure a broad based understanding of the Centre’s functioning, the issues in its smooth running, the perceived quality of the services provided and the impact of the Centre on its users. They will thus provide important evidence for indicators across all three domains of the evaluation framework.

It is important that the selection of individuals for participation in evaluative interviews should aim to be representative of the groups involved in the Centre. Also, interviewers should ensure that the interviews are carried out in an agreed location, using appropriate language and with a sensitivity to the well being of those participating. Issues of confidentiality will need to be respected.

6.1.2 Testimony

The use of testimony from those involved in the Centres at all levels provides a further useful qualitative tool. This method involves respondents being invited to provide a short oral or written account of an aspect of the Centre’s functioning in relation to their own experience. It can provide an accessible and vivid synthesis of the core elements of an individual’s experience of the Centre and its services. It is usually an accurate and reliable source of data which is viewed as having status by those involved. Similar issues of representation and ethics need to be addressed as outlined above. These data will be particularly useful in evaluating the Process / Quality indicators and the Outcome / Impact indicators.

6.1.3 Questionnaire
The use of surveys by questionnaire is also a cost effective means of gathering evaluative data from a wide cross section of Centre users. It can provide focused data on a range of indicators and can usefully identify issues which might merit further investigation. In order to get a good response the timing, return mechanism and language of the questionnaires need careful consideration.

The use of Professional Biography Questionnaires for Centre staff will also provide detailed and individualised evidence of the background, training, experience and qualifications of those who work in the Centre. They could also include issues to do with staff motivation, career progression and job satisfaction. These data will be useful across a range of indicators in all three domains.

6.1.4 Observation

The value of systematic observation as an evaluative tool is well acknowledged. It provides detailed and focused evidence of a service in action and can provide first hand evidence of how children and adults experience the Centre and the activities offered. We would recommend that observations are focused carefully, in order to document how a service operates with its users, or how an individual child or adult responds to the services provided. Again, these data will provide invaluable evidence for the further development of the Centre’s services and also for indicators in each of the three domains.

There are many well-used observation schedules, including the Child Tracking Schedule (Sylva, Roy and Pointer, 1980; Pascal, Bertram et al, 1998), the Leuven Involvement Scale for Young Children (Laevers, 1996), the Adult Engagement Scale (Bertram, 1996) and Narrative Observations (Bruce, 1999). Observation schedules may generate a wealth of qualitative and quantitative data but can be time consuming. Before embarking on a series of observations, the observer should be clear about who is to be observed, for how long, how the observational data is to be recorded and to what purpose it is to be put, ensuring the method is both effective and efficient. Issues of openness, ethics and propriety need to be addressed in the use of this evaluative method.

6.1.5 Documentary Analysis

There is a wealth of documents which relate to the effective functioning of an EEC at local and national level. These will include internal documents such as policy statements, evaluative reports, management documents, employment contracts, job descriptions, Centre Development/Action Plans, Centre financial accounts and budgetary planning documents. Other internally held documents might include local authority policy documents, the local Early Years Development and Childcare Plan, the local Education Development Plan, the local Children’s Services Plan, the local Childcare Audit and the Section 19 Review.

The location, selection and synthesis of these documents will be an important part of the evaluation process. The data collected will provide valuable qualitative and quantitative evidence against a wide range of the proposed indicators.
6.1.6 Narrative

The construction of detailed, longitudinal narratives of children, adults and the Centres, as they develop over time through their involvement with the Early Excellence programme, will form a rich and significant element in the evaluation process. Qualitative narratives, which may be constructed by one person, retelling their own experience, or by small groups of involved people, recording their shared progress and development, provide evidence of deep level development and impact over time. This method allows the experience of the Early Excellence Centre programme, and, importantly, its impact, to be viewed holistically in a way that other evaluative methods cannot capture. It also allows the complex interrelationship of the various processes which affect individuals and organisations as they progress over extended periods of time, to be mapped and recorded systematically. These type of data are therefore very helpful in mapping development over the whole range of proposed indicators.

The importance of ensuring accuracy and reliability in the reporting of these narratives cannot be over emphasised if they are not to become merely anecdotal. The evaluator needs to build in systems for recording the narrative systematically as it progresses. They also need to provide opportunities for the narratives to be shared and validated by a third party. The importance of acknowledging confidentiality and anonymity of participants should also be recognised.

6.1.7 User Records

Each of the services offered within the EECs will hold on going records of the children and adults who use the provision. These data are generally in the form of numbers attending each session but will often also contain more detailed personalised information about the users. These records are useful for mapping take up of the various services and tracking the use of the service over time. They may also enable individual family and child use of a range of different services within the Centre to be mapped over an extended period of time. These data will be useful in addressing the Context / Enabling and Outcome / Impact indicators.

6.1.8 Assessment Records

The practitioners who work within the Centres generally keep detailed records and assessments of the children and families with whom they work. This includes the health professionals, the educators, the social workers, the care staff and the trainers who work within the Centre and in the community. These records provide detailed qualitative and quantitative evidence of the development and progress of those who use the service. They will include data on educational progress, including Baseline Assessments, special educational needs, disablement, Child Protection, ethnicity, family circumstances, academic and developmental progress and health needs.

Although the use of personalised data must be carefully managed with regard to data protection, confidentiality and professional ethics, the aggregation of such data might provide illuminative evidence
of the functioning, quality and impact of the services within a Centre. They will be a valuable source of data for the Context / Enabling and Outcome / Impact indicators.

6.1.9 Inspection Reports

All providers of early education and childcare are subject to inspection either by the OFSTED Inspection system and/or registration and inspection under the Children Act 1989. These are carried out every two to four years by Registered Inspectors. Following inspection, each Centre is provided with an Inspection Report which identifies key issues for action. The Inspection Reports under both systems should be available within the Centres. The OFSTED Inspection Reports are also publicly available over the World Wide Web. These Reports provide useful evidence for the Context / Enabling and Process/Quality indicators.

6.1.10 Socio-Mapping

This evaluative technique has been developed by researchers at the Department of Applied Social Studies and Social Research at the University of Oxford (Smith, 1999). It uses post-coded income data to map the social and economic characteristics of a local area. It also maps the range of alternative provision for children and families within a given area, and then maps on this the catchments of Centre users. This provides valuable data on the social composition of Centre users and also local non-users of the Centre. These data are helpful in addressing Context / Enabling and Outcome / Impact indicators.

6.1.11 Locating Primary Data

These primary data required for the Local Evaluation will be mainly located within the Centre and its local community. Access to these data will therefore be most effectively achieved through negotiating and planning with the whole range of Centre staff how its collection and collation might be managed. Much of the required data will already be available through a Centre’s own internal QA systems. Agreement will need to be achieved to ensure it is available for the Local Evaluation process. Further development of staff to enhance their evaluation skills will facilitate a more effective and comprehensive coverage of the indicators. All the methods of data collection detailed are well within the competence of Centre staff, particularly if they are given some additional training and support.

6.2 Secondary Data Sources

The UK can be regarded as a data rich country and an enormous range of secondary data are available which can help in both the Local and National EEC Evaluation Plans. The challenge is in deciding what is relevant, reliable and useful in the evaluation process. Given the scale and range of these data available, the selection of what data to access will need to be done prudently and carefully. These externally generated data sources are mostly of a quantitative nature and relate to changing social, economic,
educational and health patterns within large and small areas of England and Wales. They are located in a wide range of national and local government departments and organisations. Exploring these for the purposes of this research has revealed a number of key issues which Local Evaluators and Centre managers will need to bear in mind when considering these secondary data sources for inclusion within their Evaluation Plan.

1. There are some areas of service provision for children and families which are relatively data poor, e.g. ethnicity data and health, while other areas appear to have much richer data, e.g. Social Services and Education. However, information services in all sectors are developing fast and instances of information sharing and cross sector initiatives are increasing.

2. Some of the data held nationally and at local authority level are aggregated down across districts and authorities, while other data held at a very local level may be modelled up, to obtain ward or small area data. This can make it difficult to obtain reliable and useful data at a ward level, which an EEC evaluation will need.

3. Some data sets vary over the years in terms of the geography and population they cover. For example, district and ward boundaries change over time, the eligibility criteria for benefits or the means by which statistics are gathered may also change, and this can distort data comparisons over time, particularly within a small area.

4. Some data are difficult to access. Issues of data protection have made those who gather and hold such data careful about releasing it. Also, separating out relevant data at ward level is time consuming and requires a certain amount of expertise if it is to be interpreted accurately and reliably. Those at national and local level who hold such data are therefore sometimes unable or unwilling to facilitate access for those operating at a local level.

5. Much of these data are post coded and so could be used in conjunction with other data sets to build up a complex and detailed picture of social and economic patterns within a local community. They provide an excellent tool for tracking, evaluating and targeting but need to be used with stringent safeguards to ensure the data cannot be personalised and so infringe the data protection laws.

6. Some of the data uses software systems which are not generally available at a local or Centre level. This may cause difficulties in using the data set and applying any analyses to it. The use of such data will therefore require IT skills and certain software and equipment to handle it effectively.

Nevertheless, the richness of some of the secondary data sources available convinces us that such evidence should be incorporated fully within the EEC Local and National Evaluation Strategy. We believe such data is particularly useful in evaluating the Context / Enabling domain and the Impact / Outcome domain of the proposed framework. Our analysis of these secondary or external data sources has indicated that the following data might be of particular use to the EEC evaluation. We have selected these particular data sources because they are usually easily available at a local level and provide relatively accurate data on a number of key indicators in the proposed evaluative framework. These data are summarised in Table 8 and detailed below.
6.2.1 Improvement and Development Agency Data Summaries

The Improvement and Development Agency provides an Information Service for England and Wales, which allows cross-reference between a wide variety of data sets and information sources. This Agency holds an enormous wealth of statistical information covering a wide range of social, educational, economic and health domains. They will provide area summaries of data sets if approached at a national level.

6.2.2 Index of Local Deprivation

The Index of Local Deprivation is the product of a project funded through the Department for the Environment, Transport and Regions (DETR) and based at the Department of Applied Social Studies and Social Research, University of Oxford. This Index is an annually published data base which provides key data on a range of domains of deprivation, including:

- Income Deprivation
- Work Deprivation
- Health Deprivation
- Housing Deprivation
- Education, Skills and Training Deprivation
- Crime and Social Disorder
- Access to Services.

The 1999 Index brings together data in these seven domains from a wide range of sources, subjects them to rigorous evaluation to ensure reliability, and publishes them in a comprehensive index.

6.2.3 Family Income Support Data

This is gathered locally and is available at ward level from Local Authorities or the DSS. It is up to date and provides an excellent measure of the extent of low-income households within a local community. It implicitly provides a measurement of child poverty. However, again it does not identify those on the margins of poverty. These data will be a useful data source for both the Context / Enabling indicators and the Outcome / Impact indicators.
6.2.4 Housing Benefit Data

These data again provide accurate, up to date data on the number of families in receipt of Housing Benefit within the immediate area of the EEC. It is published monthly and is available in all Local Authorities or the DSS. These data are a good indicator of poverty or low income levels in the local community and provide valuable evidence for the Context / Enabling and Outcome / Impact Indicators. It should be noted however, that it does not identify those groups in a community who are on the margins of poverty and low income but do not qualify for Benefit.

6.2.5 Child Benefit Data

These data provide a very accurate measure of the number of children at any one time in a local community as it is a benefit which is almost universally taken up by parents. It is published monthly and is up to date and available from Local Authorities or the DSS. It also allows the flow of children into and out of the local community to be measured over short periods of time. These data will help a Centre to locate and track its target child population and so will be helpful in addressing Context / Enabling indicators and Outcome / Impact indicators.

6.2.6 Employment Claimant Data

These data are widely available and provide useful evidence on the level of work deprivation in a community. The Unemployment Claimant Count is held by all Local Authorities and the DSS. These unemployment data are published at a ward level and so provide useful evidence of family income and circumstances, and also the impact of adult training and childcare opportunities. These data will be valuable for addressing both the Context / Enabling indicators and the Outcome / Impact indicators.

6.2.7 Labour Force Survey

These data are located within the Labour Force Survey which is available from Local Authorities and the DSS. They provide information about the level of academic and vocational qualifications in the adult population. The 1991 Census also provides some data about higher levels of qualification (degree, diploma or above). However, these data are only available at District level and would have to be modelled down to provide ward level data.

6.2.8 1991 Population Census Data (OPCS)

Data from the 1991 Population Census can provide useful data on the make-up of an EEC’s local community. It will identify the proportion of ethnic minorities, lone parent families and children within a local population, and is therefore helpful in addressing Context / Enabling indicators. However, the current Census data is now rather dated and does not provide an ongoing portrait of a Centre’s local population.
6.2.9 Birth Weight Data

Low birth weight (less than 2,500g) is linked to both increased mortality and morbidity in infancy, and an increased risk of cardiovascular disease in later life. This might also relate to aspects of mother’s health during pregnancy. Because of the relatively small number of births in a ward in any year, national data sources have aggregated the ward data over a number of years, and expressed this as a percentage of all live births in an area. These data provide a useful indicator of both adult and child health in local communities and so may contribute evidence to Context / Enabling and Outcome / Impact indicators. Birth weight correlates strongly with mothers’ general health and level of stress. However, it should be noted that certain ethnic groups have different distributions of birth weight and so the ethnic composition of an area will bias this data set.

6.2.10 Health Visitor Records

Health data is much harder to locate and its interpretation is difficult. Nevertheless, the quality of community health is a key element in the Government’s policy and forms an important element of the EEC programme. Some of the best and most relevant health data is kept by parents, in the form of the mother’s prenatal check up records and the child’s development records, completed by Health Visitors. However, these are not held centrally at all but are kept by the parent. This means that at present this valuable and detailed data on parent and child health at a key stage in their life cycle are not accessible unless parent users of an individual EEC make this available. Such data would provide excellent evidence for both Context / Enabling and Outcome / Impact indicators.

6.2.11 School Absenteeism Data

The DfEE holds data on the level of absenteeism in primary and secondary schools. Such data might be useful in addressing Outcome / Impact indicators.

6.2.12 Special Educational Needs and Disabled Children’s Register

The DfEE holds school level data for the proportion of pupils on the Special Educational Needs Register. This could be converted for ward level data. The DoH also holds data on children on the Disabled Children’s Register. Both these sources of data may be useful for addressing Context / Enabling and Outcome / Impact indicators.

6.2.13 Baseline Assessment, Key Stage 1 and 2 National Curriculum Test Data

There is a growing amount of school-based data on educational performance. The data on KS1 and KS2 National Curriculum test results are now viewed as a relatively reliable and accurate evidence of pupil
academic progress. They are held locally by local education authorities and the individual schools. In many local authorities these data are now tracked through a unique identifier for all children. Pupils are also post coded in an increasing number of authorities which allows the linking of performance data to local area. However, the availability of this data is variable across the country. A national pupil record system (UPN) is currently being developed which will provide this facility for tracking pupil performance at a local level but it will be approximately two years before it is available. Meanwhile, an estimation of ward level results may be achieved by converting school level data.

The use of Baseline Assessment data for individual children and schools is not so well developed and generally it is felt that at present it is insufficiently reliable to be used in analyses of pupil educational progress. QCA is currently undertaking an exploration of the relationship between Baseline Assessment data and other child assessment data to explore its reliability but the results of this have not yet been reported.

It would appear therefore that although most schools will have Baseline Assessment data available, we should be cautious in assuming its reliability as a measure of pupil progress. Key Stage 1 and 2 data may be more useful in the local evaluations over time, and we understand that the DfEE are in the process of providing individual level KS2 data on all pupils, initially for 1998. These data will be particularly useful for providing evidence for Context / Enabling and Outcome / Impact indicators, and the availability of data for other key stages should improve in the near future.

6.2.14 Locating Secondary Data

There are a number of issues to be faced in accessing secondary data from external sources. The diverse locations in which they are located mean that tracking data sources down and negotiating agreement to use data can take up much time and energy, even before the interpretation and application of these data begins. The best sources for the locally relevant data appear to be local authority officers, who usually hold much of the above data. However, identifying the relevant local authority department(s), and then the officers, can be a formidable task, as they vary from authority to authority. Some are located in Environmental Departments, some in Education and Social Service Departments, some in Planning Departments and so on. A number of Local Authorities are attempting to bring all their information and data handling systems together and this may help Local Evaluators to identify and access the range of data they might need.

At a national level there are also efforts being made to bring these diverse data sets together to facilitate a more ‘joined up’ approach to evaluation and planning. These initiatives include:

- a national project called ‘Quality Protects’ which is a Department of Health led audit of information available on children and families;

- an Information Sharing Group which has been established in the Department of Health to facilitate the sharing of information between Health and Social Services;
6.3 Accessing Secondary Data

The newly established Improvement and Development Agency is a national organisation which has been set up by the Local Government Association and is located in London. One of the key aims of this new Agency is to provide an Information Service for England and Wales, which allows cross-reference between a wide variety of data sets and information sources. This Agency currently holds all the secondary data sources which are detailed above, for each local area in England and Wales.

From our discussions with officers from the Improvement and Development Agency, it appears that they are able and willing to provide a comprehensive summary, (on disc or through a password on the internet), of the above information relating to the local community of each Early Excellence Centre. These comprehensive data summaries would be released to a DfEE appointed National Evaluator only, but the Agency officers are content for the relevant sections of these data to be passed on to the individual EEC Local Evaluator(s). This would seem to provide a unique and extremely cost effective mechanism for accessing such data for individual EEC. It would also ensure consistency of data and approach across the Local Evaluations.
## Table 7: Summary of Primary Data Methods for EEC Evaluation

<table>
<thead>
<tr>
<th>DATA METHOD</th>
<th>PARTICIPANTS</th>
<th>NATURE OF DATA</th>
<th>ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviews</td>
<td>Centre staff, Centre users, including parents &amp; children, community representatives, LA Officers, Chair of EYDCP, &amp; other providers.</td>
<td>Major data source; preferably should be systematic, focused &amp; evaluative; accesses first hand knowledge of participants, gives broad based understanding of participants perceptions of functions, issues and quality in context, process and outcome domains.</td>
<td>Including the voices of all participants encourages sense of ownership, democratisation &amp; aids development; relationship between interviewer and interviewee needs to be considered; appropriateness of time and location; group and/or individual; appropriate language and sensitivity.</td>
</tr>
<tr>
<td>Testimony</td>
<td>Centre participants at all levels.</td>
<td>A short oral or written account of an aspect of the Centre or its services related to their own experience. Useful for process &amp; outcome indicators</td>
<td>Similar issues as described above especially in regard to representation &amp; ethics.</td>
</tr>
<tr>
<td>Questionnaire</td>
<td>Centre participants at all levels.</td>
<td>A cost effective means of getting a wide cross section of data from Centre users. Can be focused on a range of indicators &amp; can identify issues for more detailed investigation, e.g. ‘Professional Biographies Questionnaires’ for staff give a survey of previous career, qualifications, training requirements, aspirations, experience &amp; job satisfaction</td>
<td>Level of response should be measured. Timing, layout, language of questionnaire and response mechanism need to be considered. Useful for context, process &amp; outcome domains.</td>
</tr>
<tr>
<td>Documentary Analysis</td>
<td>Not applicable</td>
<td>Wealth of documents, internal &amp; external, relating to the effective running of a Centre should be located, selected and synthesised. Useful evidence across a wide range of indicators for context &amp; outcome domains.</td>
<td>Documents might include: policy statements, evaluative reports, action plans, management documents, employment contracts, LA policy documents, EYDCP, EDP, Child Services Plan and Ch. Care Audit, Sect. 19 Review, etc.</td>
</tr>
<tr>
<td>Narrative</td>
<td>Children &amp; Adults</td>
<td>Holistic, detailed &amp; longitudinal. Constructed from a person’s experience overtime. Can capture complex developmental pattern of relationships with Centre. Useful evidence across a wide range of indicators for context, process &amp; outcome domains.</td>
<td>Should be accurate, systematic and not merely anecdotal. Consider representative range of sample. Look for third party collaboration and validation. Confidentiality and anonymity should be guaranteed.</td>
</tr>
</tbody>
</table>
### Table 7 (cont.): Summary of Primary Data Methods for EEC Evaluation

<table>
<thead>
<tr>
<th>DATA METHOD</th>
<th>PARTICIPANTS</th>
<th>NATURE OF DATA</th>
<th>ISSUES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>User Record</strong></td>
<td>Children and adult users.</td>
<td>EECs and their partners will hold records of number of users. These records may also contain more qualitative data. They can be used for general mapping of take up of services or tracking individual take up. These data will be useful indicators in the context, and outcome domains.</td>
<td>Data protection, confidentiality &amp; ethical considerations should be addressed.</td>
</tr>
<tr>
<td><strong>Assessment Records</strong></td>
<td>Children, families and adult users.</td>
<td>EECs and their partners in Health and Social Services usually have detailed records &amp; assessments of children &amp; families. These records may be useful evidence of development and progress of users. These data will be useful indicators in the context, and outcome domains.</td>
<td>Data protection, confidentiality &amp; ethical considerations should be addressed. This is especially true of data which contains evidence on special educational needs, disability, Child Protection Records, ethnicity family circumstances, health needs and academic development.</td>
</tr>
<tr>
<td><strong>Socio-Mapping</strong></td>
<td>Children and adult users and those who live in the local area but who do not use the Centre.</td>
<td>This technique uses post code data to map socio-economic characteristics of a local catchment area, other providers and take up of places. These data will be useful indicators in the context, and outcome domains.</td>
<td>Data protection, confidentiality &amp; ethical considerations should be addressed.</td>
</tr>
<tr>
<td>DATA SET</td>
<td>LOCATION</td>
<td>DESCRIPTION</td>
<td>INDICATOR DOMAINS</td>
</tr>
<tr>
<td>----------</td>
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</tr>
<tr>
<td>Improvement &amp; Development Agency Data Summaries</td>
<td>Information Service, I&amp;DeA, LGA</td>
<td>Provides access to a wide variety of data sets and information sources held at national and local level. This data can be supplied through the EEC national evaluator to local evaluators and EEC managers on disc &amp; could ensure consistency if adopted universally by EECs.</td>
<td>Context Outcome</td>
</tr>
<tr>
<td>Index of Local Deprivation</td>
<td>Oxford Univ. &amp; DETR</td>
<td>Key reliable data on deprivation in: income; work; health; housing; education skills and training; crime &amp; disorder; access to services.</td>
<td>Context Outcome</td>
</tr>
<tr>
<td>Family Income Support</td>
<td>DSS &amp; Local Auth.</td>
<td>Measure of extent of low income households within a community (and implicitly child poverty), published monthly.</td>
<td>Context Outcome</td>
</tr>
<tr>
<td>Housing Benefit</td>
<td>DSS &amp; Local Auth.</td>
<td>Measure of poverty and low income in a community, published monthly.</td>
<td>Context Outcome</td>
</tr>
<tr>
<td>Child Benefit</td>
<td>DSS &amp; Local Auth.</td>
<td>Measure of number of children in a community, published monthly.</td>
<td>Context Outcome</td>
</tr>
<tr>
<td>Unemployment Claimant Count</td>
<td>DSS &amp; Local Auth.</td>
<td>Evidence of work deprivation, family income and circumstances, impact of training &amp; ch. care opportunities, at ward level, pub. monthly.</td>
<td>Context Outcome</td>
</tr>
<tr>
<td>Labour Force Survey</td>
<td>Local Auth.</td>
<td>Level of academic and vocational qualification within adult population at district level, published annually.</td>
<td>Context Outcome</td>
</tr>
<tr>
<td>Population Census 1991</td>
<td>HMSO</td>
<td>Gives evidence of make up of local community</td>
<td>Context Outcome</td>
</tr>
<tr>
<td>Birth Weight Data</td>
<td>DoH, Regional Health Authority</td>
<td>Predicts mortality &amp; morbidity in infancy, incidence of cardiovascular disease in later life, mother’s health in pregnancy, expressed as a % of live births in an area, indicates adult/child health in a community, annually.</td>
<td>Context Outcome</td>
</tr>
<tr>
<td>Disabled Children's Register</td>
<td>DoH &amp; Local Auth.</td>
<td>Children and adults on register at ward level, annually.</td>
<td>Context Outcome</td>
</tr>
<tr>
<td>Health Visitor Records</td>
<td>Parent &amp; Health Visitors</td>
<td>Prenatal check up and child’s developmental records, not kept centrally.</td>
<td>Context Outcome</td>
</tr>
<tr>
<td>School Absenteeism Data</td>
<td>Schools &amp; DfEE</td>
<td>Primary and secondary school absenteeism, available annually.</td>
<td>Context Outcome</td>
</tr>
<tr>
<td>SEN Register</td>
<td>Schools</td>
<td>Gives proportion of child designated as having SEN, published annually.</td>
<td>Context Outcome</td>
</tr>
<tr>
<td>Inspection Records</td>
<td>Ofsted, Local Auth. &amp; Setting</td>
<td>Evidence of quality of services from Ofsted &amp; Children Act Inspections</td>
<td>Context Process Outcome</td>
</tr>
<tr>
<td>Key Stage 1 &amp; 2 Standard Assessment Tasks (SATs)</td>
<td>Local Schools, LEA &amp; DfEE</td>
<td>Evidence of pupils’ academic progress, increasingly post coded to link to local areas, published annually. A National Pupil Record system (NPR) giving children a unique identifier will be available in 2002.</td>
<td>Context Outcome</td>
</tr>
</tbody>
</table>
7. IMPLEMENTING COST EFFECTIVENESS ANALYSIS

7.1 What is Cost Effectiveness Analysis?

Identifying and assessing the costs and benefits to society of a particular programme has become increasingly important in a climate of limited resources and expanding services. Issues of ‘value for money’ and ‘cost effectiveness’ permeate the decision making process, and programmes must be able to respond to these requirements. The economics of all public programmes are coming under ever-greater scrutiny, and early childhood programmes need to embrace these notions if they are to justify the increasing amounts of money directed at them. Developing appropriate and manageable methodologies for ensuring and demonstrating the cost effectiveness of early childhood programmes is a priority for those in this field of public service.

Cost effectiveness analysis, and also cost benefit analysis, are techniques which enable the enumeration and evaluation of the total social costs and the total social benefits associated with a programme, and we shall draw on both these methodologies within the EEC programme evaluation. Before exploring and describing them in more detail, it is useful to clarify the meaning of these two terms.

**Cost effectiveness** is defined in Treasury Guidance as "The comparison of alternative ways of producing the same or similar outputs, which are not necessarily given a monetary value." (The Green Book, Treasury, 1998). However, the evaluation of the EEC pilot programme has not been designed at this stage to compare alternative policy options. Rather it aims to seek robust evidence on the impact and effectiveness of providing integrated early childhood service delivery, within a given resource level. Given these research design parameters, a more focused definition of cost effectiveness has been adopted within this evaluation. For the EEC evaluation therefore, cost effectiveness has been defined as the achievement of maximum impact or effect of a service from given quantities of resources or costs. Cost effectiveness analysis is often applied in a situation where service effects or impacts cannot all be valued in money terms, and so other quantitative and qualitative measures of effect must be adopted.

In relation to the EEC programme, the funding for the programme is limited and the Government wish to ensure the allocated money leads to maximum impact or effect on the children and families who use the services. Thus, cost effectiveness analysis would appear to be a useful methodology to employ within the evaluation strategy. It is also evident that some of the effects of the EEC programme cannot be valued in monetary terms, for example, reduced stress, increased self-esteem and stronger attachment. The application of the concept of cost effectiveness to an evaluation of the EEC programme would appear, therefore, to be appropriate.

**Cost benefit** is described within Treasury Guidance as a process "which seeks to quantify in money terms as many of the costs and benefits as possible, including items for which the market does not provide a satisfactory measure of economic value." This definition is adopted within the EEC evaluation. The Cost Benefit Analysis describes a process by which the monetary gains from the programme are assessed to determine whether and to what extent the benefits exceed the costs. This concept is used where it is
possible to estimate the monetary values of both inputs to and outputs from a programme. It is dependent on the enumeration of costs for all inputs (resources) and all outputs (effects or benefits). For example, the cost of staff time in supporting an underachieving child is less than the cost of later, specialist remediation.

The concept of cost benefit has relevance to the EEC programme, as we believe most of the inputs and many of the effects of the programme can be quantified in monetary terms. It also facilitates a judgment as to the relative costs and benefits of the programmes and provides data which might demonstrate an excess of benefits over costs, which will inform future funding decisions. However, we believe the concept of cost benefit has a more limited applicability to the EEC programme evaluation than does the concept of cost effectiveness, so for the purposes of the EEC evaluation we have preferred to focus on the latter concept. Nevertheless, we shall use some cost benefit techniques within the cost effectiveness analysis.

Cost savings are the monetary value of savings made by one mode of service delivery by the prevention of alternative and multiple service demand. In the EEC evaluation, cost savings are calculated by costing the service being evaluated and setting this against alternative forms of service, which it is judged the client would have needed.

7.2 Why Carry Out Cost Effectiveness Analysis?

The economics of early childhood services are not well understood or documented. Yet, to justify investment in quality early childhood programmes, it is important to design evaluation methodologies which make possible the quantification of the outcomes or impact of the programme. Unfortunately, this kind of analysis has rarely been carried out on early childhood programmes and services internationally (Moran, Myers and Zymelman, 1997). Yet, where this analysis has been done it indicates that the savings are greater than the costs of the programme. (Karoly, 1998). Early childhood services, like others in the field of education and care, have tended to be developed without a rigorous and systematic evaluation strategy designed into their implementation (Blau, 1991; Oliver, Smith and Barker 1998). Even those which have attempted to evaluate their effects and effectiveness have generally not tackled the issue of cost effectiveness within the overall evaluation design.

The absence of cost effectiveness analysis within early childhood programmes may be due to a lack of funds, a lack of time, and until recently, a lack of demand for these kind of data. However, it is also significantly hampered by a lack of expertise in this area. Methodologies for costing and analysing the effectiveness of early education and care are undeveloped and the concepts poorly understood by many in the field. There is little literature to support the development of such analysis in early childhood services and few well-developed methodologies for carrying it out. The lack of adequate cost effectiveness procedures leaves us in the dark about what sort of early childhood programmes produce the most benefits, and the costs of doing so.

The need to invest in early childhood programmes is now well accepted and there is a significant financial commitment from Government to support and expand such services. It is acknowledged that quality early childhood programmes are not cheap to provide, particularly those which attempt to address...
the needs of children and families in an integrated manner. Given the high cost of such programmes, we believe it is crucial that their design lends itself to evaluation so that the most efficient and effective interventions can be recognised and developed further. With limited government budgets, and fierce competition amongst programmes, new integrated programmes will not be implemented unless the benefits can be shown to exceed the costs by a significant amount. The understandable pressure on services to provide ‘value for money’, rather than cost minimalisation, also brings an expectation that the economic analysis of new programmes should be improved. Developing more sophisticated, yet easily understood, procedures for cost effectiveness analysis are therefore essential.

Cost effectiveness analysis can be seen to have a number of uses:

- it encourages the flow of funds to programmes;
- it supports selection among competing programmes;
- it aids the choice of modes of service delivery;
- it supports managerial control of income and expenditure;
- it improves efficiency and effectiveness through better allocation of resources.

We believe the EEC National Evaluation will be breaking new ground by the inclusion of cost effectiveness analysis in its design and methodology, and we have found that EEC staff believe it is important that it does so. There are many demands on the EEC pilot programme but a demonstration of its cost effectiveness will be central to the extension of the scheme. We also feel the programme could be used as a pilot of some key methods and strategies for cost effectiveness analysis which may be useful to other government schemes. We would therefore recommend some extra investment in this aspect of the National Evaluation, e.g. for the development of a dedicated computer software programme for cost effectiveness analysis of integrated services, and some additional training in cost effectiveness methodologies for EEC staff and Local Evaluators, which might stimulate and further support this important ‘trail blazing’ work.

7.3 An Introduction to Cost Effectiveness Concepts and Methodologies

In this section of the report we shall attempt to provide a short and user-friendly introduction to the basic terms, concepts and uses of cost effectiveness analysis in the context of the EEC pilot programme. Each of the terms and concepts that we believe might be useful to the economic analysis of the EEC programme are introduced and identified in bold print, and accompanied by an illustration from the EEC programme. The audience for this introduction is primarily non-economists working in the EEC programme, who are increasingly challenged to take these terms and concepts into account as part of their work. The intention is not to provide a definitive manual for carrying out cost effectiveness analysis, rather we hope to offer some useful terms, concepts and methodologies to support this strand of the local and national EEC evaluation strategy. The approach is not the only one possible, and EECs may wish to refine and adapt it. It will, however, be necessary to have a core of cost effectiveness data which is common to all Centres.
We have found that it is helpful to view cost effectiveness analysis as having three inter-related parts:

1. Cost Analysis
2. Effectiveness Analysis
3. Linking Costs to Effectiveness

7.3.1 Cost Analysis

In this discussion of cost analysis we have drawn from the Audit Commission documents (Audit Commission, 1996a, 1996b) and also from the Inter-American Bank work in this area (Barnett and Escobar, 1990; Barnett, 1996; Moran, Myers and Zymelman, 1997). Although our approach to costing draws data mainly from accounts of expenditure, its purpose is quite different from that of accounts. While accounts are designed to show how money has been spent in the past, these costings are designed to help in evaluating the effectiveness of spending, and to plan for future expenditure.

The costs of running early childhood programmes vary substantially. This was demonstrated in the Audit Commission Report, ‘Counting to Five’ (1996a), in which an analysis of the running costs of under-fives services was shown to vary substantially, both within and between types of service. The Audit Commission found a large amount of the variation was due to differences in children’s time spent at the setting. They found, therefore, that the most useful comparator for analysing costs was cost per child hour. Other cost analysis studies have also endorsed this unit of analysis and so we have incorporated this tool into the suggested costing methodologies in written form and as an interactive computer disc. The Audit Commission analysis also revealed that certain types of services were more expensive to provide than others, mainly because of differences in staff salaries and adult: child ratios (Audit Commission, 1996a, p27). In a companion document (Audit Commission, 1996b, p21-22) the Audit Commission also provided examples of how to cost early childhood programmes. However, it should be noted that their suggested methodology for costing is more geared to costing policy options rather than costing policy effectiveness, and so needs to be modified to support a cost effectiveness analysis. They too recommend the development of computer based costing systems as consistent calculations are necessary to explore policy effectiveness across settings, across services and over time.

7.3.1.1 Calculating Revenue or Income

The first step in any cost analysis of a programme or service is a clear and accurate assessment of the revenue of the programme. The revenue or income of an EEC refers to the total amount of income received by the Centre. This will include central and local government funding, fees, sponsorships, grants, donations and other revenue. In relation to the EECs, identifying total revenue is a complex task as the sources of income are multiple and diverse in nature. Some EECs have the bulk of their income for their core services from a single source, for example, a Local Authority Education and/or Social Service budget. Others obtain their core funding from a range of sources. This can include charities, grant awarding bodies, European Commission Schemes, fund raising events, sponsorship and donations. Most Centres also have some kind of fee income from their services, for example, from training courses,
conferences or extended day care charges. These different revenue sources may operate with differing accounting procedures, differing financial years, be of different lengths of duration and fluctuate in amount in any accounting period. The sources of income themselves may change over time as new policy initiatives begin and other income streams are reduced. It is also complicated by the fact that in some EECs the different services operating within them have their own income streams and their own accounting systems which may not be pulled into a central system for the EEC as a whole. For example, a preschool may operate within an EEC with some degree of financial independence from the Centre.

Identifying and making transparent the income sources for all Centre services and pulling them together into a coherent and unified accounting system, from which an accurate understanding of total revenue can be ascertained, is a priority for many of the EECs as a critical first step in the costing process. This may involve setting up a central spreadsheet for all Centre services which identifies all income streams on a monthly basis. From this, the total amount and pattern of revenue available to Centres over a common financial year will become transparent and available for further analysis. A suggested format for that analysis is included within the computer model.

7.3.1.2 Calculating Costs

Once the revenue or income for an EEC has been established, the costs or expenditure of providing the programme need to be identified and set against this for planning and evaluation purposes. The most common question asked of a programme is “How much does it cost?”. Not only is this information important for budgeting purposes but also it is essential if any value for money or cost effectiveness analysis is to be attempted. This question is particularly important for the EEC programme as the Centres are offering an alternative mode of service delivery; an integrated service. The question for them is therefore sharper; “How much does an integrated service cost?” Our research has revealed that many of the EECs have no overall accurate figures with which to answer the question of cost at present. Calculating these costs is a priority for the EECs in the first stages of their evaluation. In this short discussion of cost analysis we will set out some basic costing concepts and also some methods for calculating the costs of a system or service. It is hoped that using them will facilitate a more accurate and systematic costing of the provision of integrated early childhood services.

Service Cost Method: To calculate costs, we believe it is useful to view the EECs as a system of services and so we are proposing that a system or service cost method is the most appropriate approach to take in costing the EECs. The costs are the total value of resources used by a system to serve a common purpose. In this method the EECs are viewed as a system of services which take an input and transform it into an output. The EEC system is composed of managers, practitioners, support staff, buildings, utilities, materials and other resources. These components are combined in the provision of services to improve the development of children and adults. By improving their development, the chances of educational achievement, social inclusion, better health, and improved life chances are enhanced. In simple terms, the child or adult (input) enters the EEC service(s) (the system) and after a period of time, hopefully, is transformed into a healthier, physically, emotionally and educationally better developed child or adult than if they had not participated in the service(s). This process has a positive impact not only on the child and adult involved but also on families and communities, as well as on the economy and society for many
years to come. It is anticipated that successful EECs will produce children and adults who are not only fully functional and more productive, but who also make less demands on the exchequer.

It should be noted that ideally we would like to have precise measurements of the extent of development of the child and adult before entering the system (as an input) and on exiting it (as an output), and to relate that change to the characteristics and costs of the system. However, to do this would be enormously complex and would require a very intensive, matched sample evaluation design. It may also overlap with other matched sample, longitudinal, outcome studies that are already underway, such as the EPPE Project (Sylva et al, 1998). We cannot pretend to be able to provide this in the context of this evaluation.

As the system or service is put into operation it incurs costs. The cost of each of the different components of a service is the number of units of this component used in a given period of time, multiplied by its (unit) price. For example, the cost of nursery nurses in the service is the number of nursery nurses (or, more precisely, nursery nurse time) multiplied by their average salary. For budgetary reasons, costs are usually referred to on an annual basis.

Resource Cost Method: It should be acknowledged that there are other ways of defining costs that could be applied to the EEC programme. For example, economists have also used the resource cost method for costing public services. Here, the elements required for the EEC programme as a whole are viewed as ingredients (or inputs) into the programme and related to the output of the programme as a whole. The resource cost method provides an accurate, comprehensive analysis of the EEC provision and takes account of service overlap and duplication. Yet, it does not provide a view of the comparative costs of each element of the EEC programme. (For an example of the alternative resource cost method see Barnett, 1996.)

We therefore suggest that the service cost method is more appropriate given the multi-service nature of the EECs. We feel this method provides a clearer view of the value of each of the services within the Centres. It should be recognised, however, that this method is not perfect. For example, it does not capture the complexity of the interaction between the various programme services. It also treats the child and adult in a passive role operated on by the services. Despite these limitations we feel it can provide useful evidence for the evaluation strategy and our further discussion is based on this method, but EEC evaluators may wish to consider both methods.

Whichever approach to costing is adopted, there is a need to identify the different types of costs associated with operating a service. These can be usefully divided into two types; outlay or expended costs and imputable or donated costs.

Outlay Costs: Most cost data normally available for EEC programmes are outlay costs or expended costs. These are the actual financial expenditures paid for by cash, cheque or bank draft, registered in the EEC accounting records. They include actual expenses for staff, materials, building, maintenance, energy and such like. For staff costs, the data can usually be calculated from current pay and pay-related costs. However, sometimes costings for staff can be difficult to calculate. For example, a number of Centres have a Health Visitor who operates a service on site but is managed and funded outside the Centre accounting systems. It is acknowledged that in some Centres identifying these figures can be difficult if they are paid for from external budgets of which the Centre managers have no sight. Centres will need to
link with funding providers to identify precise costs in order to arrive at an accurate figure for the overall outlay costs of the programme. Other costs, such as those incurred for energy, cleaning and materials, may be extrapolated from the records of past expenditure detailed in the Centre’s accounts.

**Imputable Costs:** We believe it is important to acknowledge that outlay costs often leave out some important cost components of the programme of services. Although these costs are not included in the financial accounting systems they nevertheless represent a cost in making the service available. These imputable costs or donations include facilities, volunteer labour and other kinds of goods and services. Such costs are called imputable costs because they identify those costs which are assigned to a Centre in practice but which may not be formally charged to the Centre accounts. For example, if a local church donates part of a building for use by an EEC programme, this will not normally show in accounting records as an outlay, but nevertheless it represents a cost to the community in foregoing the opportunity to use that space for other functions, for example, to train unemployed youth. Another example is the ‘foregone wages’ of staff that work within a Centre. This is the difference between the wages a staff member could earn in another occupation (based on the person’s education, sex, age, race and marital status) and the individual’s wage received as an EEC staff worker. In one US study it was estimated that these costs could amount to as much as 25% of the total cost of the programme (Cost, Quality and Outcomes Study Group, 1995). The Audit Commission Report (1996a) on UK early childhood provision also acknowledged the significant contribution of volunteers and low paid staff to the under costing of certain forms of provision. They indicated that if the full costs were calculated for all types of early childhood provision then the costing comparisons would be dramatically altered (Audit Commission 1996a, p27). This indicates the importance of including imputable costs into any cost analysis. Ignoring these costs in any cost analysis would mean a narrow definition of costs had been taken, and the cost analysis would therefore be of limited use.

**Full Costs:** For many purposes it is therefore useful to have a full accounting of EEC costs. The full cost of a service refers to the amount it would take to operate the EEC services if all costs were included. These would include ‘outlay’ and ‘imputable’ costs i.e. **outlay costs + imputable costs = full costs.** We would suggest that the imputable costs should be included where they are judged to form a significant part of the service provision. These costs can be calculated according to the type of support donated. So a volunteer making a donation of their time should be costed at the ongoing wages for that kind of labour. These imputed costs are then added to the relevant outlay costs to form a total service or programme cost. Thus, the contribution of the family or community is properly taken into account and a more accurate view of programme cost will emerge.

It should also be noted that there may be certain costs associated with an EEC service which are paid for as outlay costs and recorded as such, but not by the EEC itself. For example, a local authority may assign staff to the Centre to carry out certain tasks and the cost of their salary will appear as an outlay cost on the local authority accounts but not appear on the EEC accounts. This would be a case of imputable cost to the EEC and outlay cost to the local authority. It is important that these costs are calculated in the total costs of the EECs, in order to get a more accurate costing of the services as a whole.

We have provided an example of **full costing** for an EEC using both the **resource cost method** (Table 9) and the **service cost method** (Table 10) as illustrations of the above discussion. The first table demonstrates the application of the resource cost method. Table 10 forms the basic format for the
computer 'Cost Analysis' program, which has the flexibility to adjust to the needs of each unit within a network or each centre, yet retain overall cohesion in producing a basic unit cost per hour of service.

Table 9: Costing An EEC By Resource Cost Method

<table>
<thead>
<tr>
<th>Component</th>
<th>Outlay Cost</th>
<th>Imputable Cost</th>
<th>Full Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Teachers</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Nursery Nurses</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Social Workers</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Health Visitors</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Day Care Officers</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Play workers</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Volunteers</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Staff Development</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training Courses</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Conferences</td>
<td>£</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Materials</strong></td>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Food</strong></td>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Supplies</strong></td>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Building</strong></td>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Energy</strong></td>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Transport</strong></td>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Etc...</strong></td>
<td></td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Full Costs</strong></td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
</tbody>
</table>

Alternatively, it might make more sense to reclassify the costs using the **service cost method** and present them in accordance with the various services provided within the EEC, as shown in Table 10.
Table 10: Costing An EEC By Service Cost Method

<table>
<thead>
<tr>
<th>Component</th>
<th>Outlay Cost</th>
<th>Imputable Cost</th>
<th>Full Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Office Supplies</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Utilities</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Nursery Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Consumables</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Day Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Consumables</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Family Support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Consumables</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Adult Education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Consumables</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Food</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Consumables</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Building and Facilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Personnel</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Rent</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Energy</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Transportation</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td>Etc....</td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
<tr>
<td><strong>Full Costs</strong></td>
<td>£</td>
<td>£</td>
<td>£</td>
</tr>
</tbody>
</table>
The costing shown in the second table allows for a better determination of the costs of providing particular services included in the EEC programme. It should be noted that Table 10 groups together the direct costs associated with each service offered within the EEC. It also groups together the overhead costs or joint costs of the services such as administration and building. A proportion of these can then be allocated to each of the services provided as indirect costs. This type of cost classification can be useful for analysing the cost effectiveness of particular services within an overall programme, as well as the cost effectiveness of the programme as a whole.

7.3.1.3 Calculating Cost Per Child Hour

This technique is described and promoted by the Audit Commission (1996b) for establishing the costing for different forms of early childhood provision. Although the Audit Commission applied this technique to non-integrated early childhood services, such as nursery classes, reception classes, preschools and home visiting schemes, we believe that with some adaptation this approach is useful in the cost analysis of integrated services for children and adults. The intention is to arrive at an easily applied calculation for costing a service by cost per child hour or cost per adult hour or cost per family hour. Each of these three cost calculations can be worked out using the same basic technique. We have found it is the most commonly used basic cost calculation promoted by a range of national and international bodies working in the field of cost effectiveness analysis. This includes the Audit Commission (1996b), the Inter-American World Bank (Barnett 1996; Moran, Myers and Zymelman 1997), and the Cost, Quality and Child Outcomes Study Group (1995).

This costing technique can be worked out using a cost tree (Audit Commission 1996b). A cost tree is a set of figures on costs of services and usage of services. It is called a tree because the figures are laid out on a page with links (or branches) showing their connections. An advantage of this approach is that it lends itself to being incorporated into a computer spreadsheet, which allows ongoing revision and updating, and comparison within and between services and EECs.

We have adapted the suggested cost tree methodology from the Audit Commission Report (1996b). The adaptations have had to incorporate the multi-user and multi-focus services provided within the EECs in order to demonstrate how the approach can be applied to the range of services for both children and adults which operate within the Centres. It may also be used to cost EEC services for families as a whole. We have described the basic methodology using cost per child hour within an EEC, focusing on those services within the EEC that cater for children. However, it should be noted that the same technique can be used for working out cost per adult hour or cost per family hour and the computer program is being developed to provide these options.

Table 11 sets out the cost tree for EEC children’s services and identifies five stages in the cost analysis, represented by Columns A, B, C, D and E of the table. Column E of the tree is used to enter basic financial and other data about the identified services provided for children within the EEC. These data should be the best available for describing the full range of services, their availability, take up and the costs of these services. Before the cost tree can be completed, the costing of the services for children must be calculated using the methods suggested earlier. Also, data must be available on the sessions offered...
within each of the services and their take up. Once these data are available, the figures may be entered into Column E of the cost tree. Column E has two main branches. The first branch stems from the total child hours per annum and calculates the hours of service offered by the Centre, the second branch stems from the total cost per annum and calculates the costs of the services. The analysis begins at the right hand end of the tree by entering the appropriate figures in Column E.

As Table 11 shows, the first figure in Column E is the weeks per annum the services are available. The next figure in the column is the actual average attendance at the services offered. Following this the number of child sessions per week offered for each service and the hours per session are entered.

The second part of Column E focuses on service costs. Methodologies for calculating the identified costs of the services have been described earlier in this section of the report. The first set of figures to be entered for each service is the outlay costs for each service. The next set of figures is the imputable costs for each service.

Once all data required for Column E have been entered the cost analysis may continue, working through the columns from right to left (E - A). Columns A to D show the results of the calculations made from the entered figures in Column E. The total hours per week in Column D is the result of multiplying the number of sessions per week in each service by the number of hours per session. These are then totalled to arrive at the total hours per week offered within the Centre. The child hours per week figure results from multiplying this derived figure by the actual average attendance. The total child hours per annum figure in Column B comes by straightforward multiplication. The other calculations in Columns B and D are additions. Total outlay costs are arrived at by adding up the outlay costs for each service. Total imputable costs are arrived at by adding up the imputable costs for each service. The sole figure in column A, cost per child hour, comes by dividing the total cost per annum by the total child hours per annum.

The basic structure of the cost tree and of the computer 'Cost Analysis' program is flexible. Simpler and more complicated structures may be appropriate for different circumstances and this may be done by adding additional branches of a cost tree or merging some together. The same structure and method of analysis can be used to focus on services for adults within the Centre, providing a cost per adult hour calculation. By grouping services for children and parents together, the analysis can focus on services for families and provide a cost per family hour calculation.

It should be emphasised that this example is intended to show the elements that might go into cost analysis, not to give precise indication of the actual costs that are incurred, or the definitive way to present a cost analysis. However, by providing a common methodology which might be usefully employed across the EEC pilot programme, we believe there is potential here for a systematic costing of integrated early childhood services. The initial Cost Analysis program is being developed and improved with the assistance of EECs.
7.3.1.4 Calculating Average Unit Cost

Another useful method of cost analysis is the calculation of the cost of the service per child or adult or family served. The concept of average unit cost (per child or adult or family) captures the crucial relation between full cost of the Centre and the total number of children or adults or families served by the programme as a simple ratio of the two (full cost divided by total children or adults or families served). It should be noted that there are several possible meanings of the term ‘children / adults / families served’. For example, the number of children who spend any amount of time in a particular service in the course of the year is a very inclusive definition; in contrast, the count of only those children/adults who graduate from the service is a very restrictive definition. We need to be clear when using the concept of average unit cost which definition we are applying. We would suggest the more inclusive definition is more appropriate. The utility of costing per child / adult / family (unit cost) is that it allows an assessment of how expensive (high cost) or economical (low cost) a programme or individual service is relative to another programme or service or against some broader norm.

An illustration of this costing method is provided in the cost effectiveness case study of Louise, presented in Section 9.5 of this report. The Centre to which Louise and her family were attached calculated that the full cost for running the EEC was £431,390.00 per annum. They calculated that they worked with a total of 300 families per year. By dividing the full cost (£431,390.00) by the total families (300) they arrived at the average unit cost for the families who used the Centre. This amounted to an average unit cost of £1,438.00 per family.

7.3.1.5 Other Useful Costing Concepts

Fixed and Variable Costs: Some costs increase when you add children to a Centre whilst other costs are static. For example, cost components such as buildings, maintenance, administration, will not change much when additional children attend a Centre operating below capacity. These are called fixed costs. Other costs, such as books, food and staff salaries, will increase as children are added to the Centre, and are called variable costs. These costing concepts may be useful when calculating the impact on the costing calculations of additional children or families admitted to services or Centres.

Investment and Operating Costs: Some costs for EECs fluctuate and so it is helpful to distinguish between investment costs and operating costs. Investment or capital costs such as buildings, equipment and training are depreciated over a long period of time. They are ‘lumpy’ in that they require a large commitment of funds up front and once in place will continue to contribute to the service over long periods. Operating costs, (or recurrent costs), refer to expenditures incurred for goods and services consumed over a fiscal period (normally one year) such as salaries, materials and food. Often, investment costs are funded from different sources to operating costs. Distinguishing these types of costs may be helpful when planning for fund raising, as some funding bodies will support certain types of costs and not others.
7.3.1.6 Use of Cost Analysis

One of the most important uses of cost analysis is in decisions about choice of mode of service operation or programme delivery. For example, is the provision of services in an integrated manner preferable to provision in a segregated manner? Should services be offered on one site or in multiple centres? Should services operate on site or off site? In circumstances where scarce resources are being allocated, this evidence may aid the identification of the mode of service which can do most in terms of child or family development at the best cost. It may also be used to assess and compare the costs of different services within an EEC and also between EECs and other forms of service delivery. However, for the purposes of the EEC evaluation, cost analysis is to be used as the first stage in a methodology for evaluating the cost effectiveness of the programme.

7.3.2. Effectiveness Analysis

The cost analysis should be viewed as just one stage in the process of evaluating the cost effectiveness of the EEC programme. The next stage is to carry out an analysis of the effectiveness of the EECs. This is probably the most contentious and complex element in the evaluation. As discussed previously, it is widely acknowledged that arriving at definitive outcomes or effects for early childhood programmes is enormously difficult. Some of the key effects are hard to identify, some are hard to measure and others may only emerge after some considerable time. Yet, there is a consensus that evaluating the effects of the EEC programme is essential to support further development. The difficulties in carrying out effectiveness analysis are highlighted in the Inter-American Bank study of the effectiveness of international early childhood programmes (Moran, Myers and Zymelman, 1997) where they point out,

“Moreover, as repeatedly mentioned, costs are only one side of the crucial problem of choosing which among possible modes of delivery of ECCD (Early Childhood Care and Development) services ought to be adopted or expanded. The other side is benefits (or effects), whose operational definitions are more controversial and their measurement more complex. Extending the framework for analysing costs, (to one) for analysing benefits or effectiveness of ECCD programmes, and relating the two sides for arriving at cost effectiveness comparisons for funding and related decisions, remain the task for work in progress” (p15)

This quote also reveals that researchers are at an early stage in the development of strategies to identify the effects or impacts of early childhood programmes, and in the development of methods for cost effectiveness analysis. Nevertheless, we believe it is important to tackle these next two stages in the analysis, and to develop methods and concepts which allow these calculations to be made.
7.3.2.1 Effectiveness Data

The first step in **effectiveness analysis** is to bring together data on the effects or outcomes of the EEC programme. We suggest that the common Outcome Indicators developed in this research, and set out in Section 5, identify the agreed items for the effectiveness analysis of the EEC programme. In our research, we identify 7 Outcome Indicators with 24 Sub-Indicators for the EEC programme, which together comprise a range of anticipated short, medium and long term effects. It might be useful at this point to list these again, but a fuller description of each outcome indicator is provided in Section 5.4.3. The outcome indicators include:

**O1 Effects on Children**
- O1a. Enhanced cognitive development and educational attainment
- O1b. Enhanced dispositions and attitudes to learning
- O1c. Enhanced social skills
- O1d. Reduction of risk factors
- O1e. Improvements in health

**O2 Effects on Family**
- O2a. Increased use of services by hard to reach families
- O2b. Enhanced social and health skills
- O2c. Enhanced parenting skills, reduced family breakdown, reduced exclusion
- O2d. Enhanced training levels and employability of family members

**O3 Effects on Practitioners**
- O3a. Increased professionalism, qualifications and skill base
- O3b. Improved terms and conditions for integrated settings
- O3c. Development of integrated working practices

**O4 Effects on Setting**
- O4a. Unified management and more developed integration
- O4b. Dissemination of good practice to ensure continuity and coherence

**O5 Effects on Community**
- O5a. Enhanced service availability and accessibility for all user groups
- O5b. Increased training and employment levels for adults
- O5c. Community development and reduced social exclusion

**O6 Effects on Local Authority**
- O6a. Improved early years services
- O6b. Increased commitment to integration of services
- O6c. Dissemination of good practice across service providers
- O6d. Increased training access for multi-sector practitioners

**O7 Effects on National Policy and Provision**
- O7a. Increased integration of services
- O7b. Reductions in social exclusion and enhanced educational attainment
- O7c. Reductions in welfare costs
These **outcome indicators** accord well with the effects identified by other international studies of the impact of early childhood intervention programmes (OECD, 1999). These agreed outcome indicators provide a usable and systematic framework by which both qualitative and quantitative data will be gathered to analyse and measure the effectiveness of the EECs. We believe both are essential for providing a full and accurate picture of the effects of the programme.

We have also suggested a range of data sources and methods for collecting evidence for each of the outcome indicators in Section 6, Table 8. For example, data on children’s attainment can be obtained from Baseline Assessment and National Curriculum tests; data on reductions in child poverty and social exclusion can be obtained from the Index of Local Deprivation. It is envisaged that these range of outcome data will provide a rich and reliable base of evidence for the next step of the effectiveness analysis to proceed.

### 7.3.2.2 Analysis of Effectiveness Data

From the effectiveness data gathered against the range of outcome indicators, the Local Evaluations should be able to identify the key effects of the EEC programme for each group of stakeholders within their community. This analysis should identify and synthesise the key effects of the EEC programme on the children, adults, families and communities they serve. These effects should be presented in a succinct and condensed format to facilitate the next stage of analysis. As far as possible, it is desirable to reduce the full data to quantifiable results. It should be noted that much of the qualitative data may be reduced to quantifiable figures, but not all of it.

We shall illustrate this ‘reducing’ and ‘quantifying’ process with some of the results from the effectiveness analysis we undertook for this research. For this analysis we drew on the quantitative and qualitative data gathered in the initial evaluation phase of the EEC programme on a range of outcome indicators. This analysis is presented in full in Section 9. Some illustrative examples from this analysis include both quantitative and qualitative effects of the EEC programme which have been reduced to quantifiable figures. They include:

- quantifiable increases in children’s educational attainment using National Curriculum Test data;
- quantifiable increases in the qualifications and training of adults using Labour Force Survey data;
- quantifiable reductions in welfare payments using Family Income Support data;
- quantifiable increases in employment levels using Unemployment Claimant count data;
- qualitative increases in children’s emotional well being using an emotional well-being scale;
- qualitative improvements in the quality of family life using measures of attachment;
- qualitative reductions in stress levels in families using reductions in medicinal prescriptions as a measure;
- qualitative increases in the self-esteem and confidence of adults and children using interview and observation data.
The results of the effectiveness analysis will form the basis for the final stage of the cost effectiveness analysis.

7.3.3 Cost Effectiveness Analysis

The final stage in the cost effectiveness analysis is achieved by relating costing data to effectiveness data. Again, we have found no one definitive methodology for doing this but can suggest some techniques and approaches which may be useful. One approach is based on calculating cost savings generated by the EEC programme, and focuses on quantifiable, costed effects on individual, family and community lives. The other approach is based on calculating improvements to the quality of life for participants in the programme at individual, family and community level. Here the focus is on qualitative, assessed effects on a range of aspects of the quality of life.

7.3.3.1 Calculating Cost Savings

One of the most successful cost effectiveness studies was that carried out in the US by the High/Scope Project in Ypsilanti, Michigan (Schweinhart, Barnes and Weikart 1993). This study identified the effects of the High/Scope Programme on a group of young children and tracked them from the ages of 3 to 27 years. They found the sample of children who benefited from the High/Scope Programme over time caused less criminal damage, were less likely to fall under the criminal justice system, were more likely to be in employment, required less remediation and were successful on a range of other important outcome measures. For each of these effects the High/Scope team costed the savings to the community carefully and set these against the costs of the programme. This allowed them to claim that for every dollar spent on the High/Scope Programme, seven dollars had been saved in other social and welfare costs. They used this information to calculate a cost saving ratio of 1:7. As these children have grown older, the continued cost effectiveness analysis revealed that these savings multiply over time and the cost saving ratio increases (Schweinhart and Weikart, 1997).

We believe that this approach of identifying cost savings will be very useful to the EEC cost effectiveness analysis. However, it should be noted that in the EEC evaluation we are mapping cost effectiveness for adults and practitioners as well as children. In the High/Scope study the effectiveness analysis focused just on the children who benefited from the programme. Nevertheless, the basic approach works and it is illustrated in the case study of Louise in Section 9.5 of this report. In this case study the cost savings identified for Louise and her family were:

1. Social Service foster care for two children: £70 per week per child for three children for six months (26 weeks); £5,460.00

2. Possible psychiatric counselling for parent: NHS psychologist £40 per hour once a week for a year; £2,080.00
3. Likely referral to School Educational Psychology Services for Behaviour Management: minimum £25 per hour for six months for 2 children £1,300.00

These cost savings totalled £8,840.00. This **cost saving** was set against the **cost per family** of providing support at the EEC for a year, which amounted to £880.00. This demonstrated that for this family the **cost saving ratio** was approximately 1:10 revealing savings more than the cost of the programme.

This kind of cost effectiveness analysis may be applied to a wide number of the effects identified in the common framework of outcome indicators. A list of some of the key benefits and service costs that need to be considered in calculating cost savings for EEC programmes, can be found in Appendix 3.

The quantification in monetary terms of the cost savings of early childhood and family intervention strategies reveals the considerable amounts of money which are involved in each one of these social consequences. For example, one of the EECs over six years has helped 30 long term unemployed adults back into training and employment. The saving in Jobseekers Allowance alone over one year for this group of adults could be from as much as £80,184.00 to £173,082.00, depending on the family circumstances.

We believe this list of cost savings could be usefully extended to encompass more of the common outcome indicators which are amenable to quantification. These savings can be totalled for individual adults, children, families and communities and set against the cost of providing the services. This can then be expressed as a **cost saving ratio** of the cost of the EEC programme as a whole.

### 7.3.3.2 Quality of Life Calculations

It is important to recognise in the evaluation strategy that some of the outcome indicators identified in the common framework are not amenable to quantification in numerical or monetary terms, yet still form an important part of the cost effectiveness analysis. For example, if a child and family live a happier and more stress free life, leading to enhanced health and well being, and more inclusion in society, then this may be a critically important finding in the calculation of money effectively spent. Here it is important to identify some key measures of the quality of life. This could include qualitative measures of such things as happiness, emotional and physical well-being, contentedness, family security, empowerment and attachment. It may also be possible to develop numerical measures of some of these qualitative states which could be linked back to the cost analysis of the programme. Some measures do exist, for example, a scale for the emotional well being of young children (Laevers et al, 1997), and an empowerment scale for parents (Pascal, Bertram and Gattis, 1999), but more need to be developed. These multiple indicator, measures of the quality of life effects of early childhood services on children, adults and communities, need further work before a comprehensive strategy for cost effectiveness in early childhood services can be delineated. The National Evaluation strategy will attempt to develop some of these measures as it progresses.
7.4 Cost Effectiveness Within The EEC National Evaluation

The cost effectiveness analysis within the EEC Evaluation will need to be implemented at both individual Centre and national programme levels. Once Centre level data on cost effectiveness has been documented and analysed, these data need to be collated together to allow an analysis of the cost effectiveness of the EEC programme as a whole. This will require all the EECs costing data and effectiveness data to be drawn together into a central analysis, to arrive at a view of the cost effectiveness of the EEC programme as a whole.

If cost effectiveness analysis is to form a key element in the EEC programme evaluation, there are a number of issues to considered.

1. Each EEC will need to be trained in cost effectiveness methodologies and supported in developing their internal systems for costing analysis and effectiveness analysis.

2. The Local Evaluators will need to be made familiar with the cost effectiveness analysis methods to be utilised within the EEC programme evaluation, so that they can incorporate it in their Local Evaluation Plan.

3. The development of a dedicated computer programme to handle the cost analysis and effectiveness analysis for the EECs might facilitate reliability and comparability of individual Centre’s calculations and analysis.

It should be emphasised that this introduction to cost effectiveness analysis in the EEC National Evaluation strategy provides a starting point only. We are aware that the proposed concepts, methods and strategies need to be trialled and developed further in the EECs as the evaluation progresses. The trail blazing nature of the EEC services and the ambitious targets set for the programme provide a huge challenge to the evaluators. Mapping effectiveness and attempting to cost it will not be easy but it should be done. We would recommend that some additional work be commissioned on this important aspect of the National Evaluation, particularly for the development of a dedicated software package which could support Centres in their cost effectiveness calculations and analysis. At this stage the cost effectiveness strand of the EEC programme evaluation should be acknowledged as developmental and formative. However, we believe it will also be capable of generating some valuable and insightful evidence for all those involved in the programme.
TABLE 11: Cost Tree for EEC Children’s Services

(Adapted from the Audit Commission, 1996b)
8. DESIGN OF LOCAL AND NATIONAL EVALUATION STRATEGY

8.1 Evaluation Aims

The evaluation of the EEC pilot programme has four aims:

- to document how different forms of integrated provision work in different environments;
- to identify and disseminate good practice in the delivery of quality integrated services;
- to identify the impact and outcomes of integrated services for children and families;
- to demonstrate the cost effectiveness and value for money of the EEC pilot programme.

These aims are to be addressed through the implementation of a National Evaluation of the EEC pilot programme. It is intended that the National Evaluation will build on from the ongoing Local Evaluations of the individual Early Excellence Centres.

8.2 Evaluation Principles

We suggest that the EEC National and Local Evaluation should operate according to a clear set of ethical principles. These should be set out for all participants at the start of the evaluation process and be adhered to stringently by those carrying out the evaluation at local and national level. These principles have guided the approach and methodology adopted in our research to inform the evaluation. We believe they have resulted in a process which has been inclusive, empowering and developmental for those involved. They have ensured that the resulting evidence has fed directly back into the improvement of practice within the EECs. In addition, the principles acknowledge the wealth of expertise of those involved in the pilot programme and allow this expertise to feed into the developing evaluation process.

We therefore propose the following set of guiding Evaluation Principles which require that the National and Local Evaluation should:

- be done with participants not done to them;
- be ethically conducted in an open and honest manner with the consent of all participants;
- be collaborative and inclusive;
- be empowering, developmental and illuminative for all participants;
- have utility for all participants;
- respect the values and wishes of all participants;
- protect the participants from risk of any harm or threat to their personal or professional activity;
- respect the confidentiality and anonymity of participants at all times unless agreed otherwise by all parties;
- respect the professional and personal well being of the individuals involved in any data gathering and reporting process;
• feed back any resulting evidence to participants in the research process.

### 8.3 Evaluation Methods and Data Sources

Once a framework of common indicators for the evaluation has been established, the methodology for gathering evidence relating to them must be agreed. Such methods should provide clear and robust evidence of a qualitative and quantitative nature. The chosen evaluation methods also need to consider:

- the **reliability** and **validity** of information collected;
- the **coverage** of the range of identified indicators;
- the **utility** of the information collected for different audiences;
- the **propriety** and **ethics** of the process;
- the **feasibility** of their application;
- the **cost effectiveness** of their implementation.

Our research has demonstrated a consensus that to provide coverage and rigour in the EEC evaluation, a range of methods and data sources are required. The need for qualitative and quantitative evaluative evidence was emphasised by participants in the research. The full range of data sources and methods which might be incorporated into the National and Local Evaluation strategy have been detailed in Section 6 of this report. The issues surrounding access, implementation and interpretation of these data sources have also been highlighted.

In summary, we propose that the Local Evaluations will draw on a range of primary and secondary data sources to ensure comprehensive and reliable coverage of the framework of common indicators. Primary data sources are generally located internally, within the EEC and its local community. Secondary data sources are generally located externally, in a range of local and national departments and organisations.

Primary data sources include:

- Interview;
- Testimony;
- Questionnaire;
- Observation;
- Documentary Analysis;
- Inspection Reports;
- Narrative;
- User Records;
- Assessment Records;
- Socio-mapping.
Secondary data sources include:

- Improvement and Development Agency Data Summaries;
- Index of Local Deprivation;
- Family Income Support;
- Housing Benefit;
- Child Benefit;
- Unemployment Claimant Count;
- Labour Force Survey;
- Population Census 1991;
- Birth Weight Data;
- Disabled Children’s Register;
- Health Visitor Records;
- School Absenteeism Data;
- Special Educational Needs Register;
- Inspection Reports;
- Baseline Assessments, KS1 and 2 National Curriculum Test Results.

Once these data have been gathered and collated, the evidence will need to be brought together against the defined framework of common indicators, in an analysis of the EECs context, processes and outcomes. We believe that this will provide a systematic and reliable evidential base on the functioning and impact of the EECs individually and the EEC programme as a whole. In addition, these data will also support the incorporation of cost effectiveness analysis into the evaluation process.

### 8.4 Evaluation Design

The proposed evaluation design (Table 12 can be characterised as a layered model of evaluation. It is intended that each evaluative layer builds on from, and extends, the other. The design is not hierarchical, as each layer supports, informs and interacts with each other. It promotes a model of ‘validated self evaluation’ within each EEC, and ‘meta-evaluation’ at a national programme level.

The proposed design embraces the notion of partnership in evaluation. We strongly believe that evaluation should be a process which is done with participants not done to them. In this way, all those involved are empowered by the process and have a sense of ownership of the results. This is likely to enhance the validity and credibility of the evaluative evidence and facilitate consequent improvements in practice.

The design therefore rests on a three-sided partnership, in which Centre staff, the Local Evaluator(s) and the National Evaluator(s) are brought together and interact in a mutually supportive and informative evaluative relationship. Firstly, the partnership is between the EEC staff, working together, with support from the Local and National Evaluator(s) to self evaluate their provision. Secondly, the partnership is between the Local Evaluator(s), working together with the EEC staff and the National Evaluator(s), to coordinate and validate the primary and secondary data relating to their EEC. Thirdly, the partnership is between the National Evaluator(s), working together with the EEC staff and the Local Evaluator(s) to ensure the Local Evaluation covers the agreed common indicators and the resulting data is fed through for
meta-evaluation of the EEC programme at a national level. The relationship between the three partners in the evaluation process is therefore mutually supportive and informative, ensuring the efficacy of the proposed design.

The evaluation design is presented in Table 12. The design incorporates a three-layered process in which the three-sided evaluative partnerships operate. The evaluative procedures and partnerships which are suggested for each layer are intended to be for guidance. We think that each Centre should have the autonomy to develop an evaluation which works for them on the ground, as well as contributing a key part of the national programme evaluation. We believe that offering Centres a degree of flexibility of method, within a common evaluative framework, will result in a more effective evaluation at both local and national level. Further flexibility for the Centres in developing their Local Evaluation Plans is provided through the mapping over time of data collection on the eleven non-core common indicators, according to individual Centre development priorities.

8.4.1 First Layer Evaluation

The first layer of evaluation rests on the self-evaluation processes that operate within the EECs as part of their ongoing monitoring and review systems. We anticipate that this layer of evaluation will be carried out largely by the Centre practitioners themselves and should come within the normal systems for Quality Assurance (QA) which are adopted in public and private sector organisations.

We are aware that there is no one QA system which fits all early childhood organisations. Some adopt nationally developed systems such as ISO 9000, Investors in People, PLA Accreditation and The Effective Early Learning Programme (Pascal, Bertram et al, 1998). Others have evolved their own QA review and improvement systems. Most QA systems follow a fairly standard set of steps in an ongoing cycle of evaluation, action planning, improvement and review. They are supported in doing so by the national inspection requirements. Such systems are generally accompanied by a set of appropriate methods for collecting evidence, collating it, analysing the results and feeding this into action planning for the improvement of practice.

It is anticipated that all such systems would be covering many of the common indicators identified within the proposed evaluation framework. Minimally, such areas as Leadership and Management; Staffing; Child and Family Responsiveness; Programme Content and Implementation; Management of Care and Learning Processes; Accommodation and Resources should be covered. It therefore seems a sensible and cost effective strategy to view the existing QA systems within the EECs as forming the basis for the first layer evaluation.

In particular, the Centres will also need to review their costing procedures to ensure accurate and reliable financial data on which to base their costing analysis, as part of the evaluation of cost effectiveness. We are aware that this may require additional training, administrative time, and support from computerised cost analysis systems. This has been addressed in the costing for the National Evaluation strategy.
The Centres should liaise closely with their Local Evaluator(s) and the National Evaluator(s) to develop their internal self evaluation systems to ensure coverage of the agreed framework of indicators, and for advice and support on their proposed evaluative methodology. The role and desired professional expertise of the Centre staff in relation to the National Evaluation are detailed in Section 8.6. We would suggest that in order to link into the National Evaluation strategy effectively, the EEC management teams consider a number of evaluation action steps:

**EEC Evaluation Action Steps**

*Step 1:* Review existing QA systems and methods against the framework of common indicators.

*Step 2:* If necessary, enhance these systems to ensure coverage of core and additional indicators, and the collection of accurate costing data.

*Step 3:* Identify Local Evaluator(s) who can aid in the coverage of these indicators.

*Step 4:* Working with Local and National Evaluator(s) develop a Local Evaluation Plan, which maps evaluation strategy in detail for Year 1, but demonstrates progression through to Years 3 and 5. Agree responsibilities with Centre staff and Local Evaluator(s) for primary and secondary data collection against each identified indicator.

*Step 5:* Begin collection of primary evaluation evidence against core and additional indicators.

*Step 6:* Pass evaluation data on to Local Evaluator(s) for collation and analysis with secondary data.

*Step 7:* Monitor and support the production of Annual Evaluation Report on core and additional indicators.

*Step 8:* Use this Report to feed into Action Plans for Centre development.

*Step 9:* Disseminate Annual Evaluation Report findings to all involved parties, including parents and local community users.

**8.4.2 Second Layer Evaluation**

The second layer of evaluation is provided by the Local Evaluator(s) who will co-ordinate the collection of the primary evaluation data within the Centre and its community, validate it and add the secondary evaluation data, to ensure comprehensive coverage of the core and additional indicators. The Local Evaluator(s) are likely to be working as a small team, and will need to liaise with each other, the Centre management team, and the National Evaluator(s), in agreeing the Local Evaluation Plan and each participant’s particular responsibilities.
The choice of the Local Evaluator(s) is critical in ensuring that the Centres have access to the range of expertise required to carry out a comprehensive and longitudinal evaluation of their work, which includes an evaluation of cost effectiveness. The role and desired characteristics of the Local Evaluator(s) are detailed in Section 8.6. We would suggest that in order to link into the National Evaluation strategy effectively the Local Evaluator(s) consider a number of evaluation action steps:

**Local Evaluator(s) Evaluation Action Steps**

**Step 1:** Liaise with Centre management to review existing QA systems and methods against the framework of common indicators, and Centre costing systems, and develop the annual Local Evaluation Plan.

**Step 2:** Agree roles and responsibilities within Local Evaluation Plan.

**Step 3:** Liaise with National Evaluator(s) to agree annual Local Evaluation Plan and obtain relevant secondary data.

**Step 4:** Support Centre staff in the collection of primary evaluation data against the core and additional indicators. Validate primary evaluation data.

**Step 5:** Begin analysis of primary and secondary evaluation data.

**Step 6:** Produce the Annual Evaluation Report, ensuring coverage of core and additional indicators, and cost effectiveness analysis.

**Step 7:** Submit this Report to EEC management team for internal dissemination and action.

**Step 8:** Submit the Annual Report to National Evaluator(s) for moderation and meta-evaluation of the pilot programme.

**Step 9:** Support the local dissemination of the Local Evaluation findings to a wider audience.

### 8.4.3 Third Layer Evaluation

The third layer of evaluation is provided at a national level. The annual Local Evaluation Plans are agreed with the National Evaluator(s) to ensure coverage and appropriateness. This is achieved through liaison with the EECs and the Local Evaluator(s). The secondary data relevant to each EEC is accessed by the National Evaluator from the appropriate national organisation(s) and passed on to the Local Evaluator(s) for application and analysis within the Local Evaluations. The annual Local Evaluation Reports are received and moderated nationally, then subjected to a meta-evaluation by the National Evaluator(s).

In addition, the National Evaluator(s) gathers primary and secondary evaluative evidence about the functioning of the EEC pilot programme as a whole, using the relevant indicators and data sources identified in the evaluation framework. This will provide annual evidence about the progress of the pilot programme and its cost effectiveness.
The choice of the National Evaluator(s) is critical in ensuring the EEC programme participants and the Local Evaluators have access to the expertise required to lead, support and manage a comprehensive and longitudinal evaluation of the EEC pilot programme. The role and desired characteristics of the Local Evaluator(s) are detailed in Section 8.6. We would suggest that in order to implement an effective National Evaluation strategy the National Evaluator(s) should consider a number of evaluation action steps:

**National Evaluator(s) Evaluation Action Steps**

*Step 1:* Liaise with relevant national organisations to access secondary evaluation data for individual EECs.

*Step 2:* Liaise with EECs and Local Evaluators to agree annual Local Evaluation Plans and pass on relevant secondary data.

*Step 3:* Support EECs and Local Evaluators in the implementation of the Local Evaluation Plans.

*Step 4:* Gather primary and secondary data annually on the national indicators within the evaluation framework.

*Step 5:* Receive the annual Local Evaluation Plans from Local Evaluators and moderate.

*Step 6:* Subject the annual Local Evaluation Reports to meta-evaluation.

*Step 7:* Produce an annual National Evaluation Report, ensuring coverage of core and additional indicators, and an evaluation of cost effectiveness.

*Step 8:* Support the dissemination of national evaluation findings for a wider audience.

### 8.5 Development of Local Evaluation Plans

We envisage the Local Evaluation Plans will be developed annually through a partnership of the Centre staff, their chosen Local Evaluator(s) and the National Evaluator(s). These Plans should provide a phased strategy for evaluating the Early Excellence Centres at a local level. We are suggesting that the Local Plans should have a five-year overall time scale, but that an annual Local Plan should be developed each year. This annual Local Plan should not be lengthy, but contain a detailed and timed programme of evaluation action to be undertaken, the key participants in the evaluation process, the common indicators to be covered, the cost effectiveness methods to be used, a schedule for the production of findings and a costing of the evaluation process. This Local Plan should be submitted each year to the National Evaluator(s) for agreement.
As stated, we believe it is sensible that the EECs should have some flexibility in their Local Plan to respond to their priorities as they develop their services over time. We are therefore proposing that Local Plans should cover the set of 11 core indicators annually from Year 1 of the National Evaluation. These core indicators include:

C1  Children and Families;
C2  Community;
C6  Range and Nature of Services;
C8  Funding and Costings;
P1  Quality of Development and Learning;
P2  Quality of Practitioners;
O1  Children;
O2  Family;
O3  Practitioners;
O4  Setting;
O5  Local Authority.

We suggest that data which addresses each of the other eleven indicators in the framework should be collected by the Local Evaluations from Year 1 to Year 3 of the National Evaluation. This would provide Centres with some flexibility to determine their local priorities within these remaining eleven indicators and to map the data collection for these indicators over a more extended time period. The Local Plans should ensure that evaluative data on the whole range of common indicators will have been collected and analysed by Year 3 of the National Evaluation.

8.6  Role and Characteristics of Evaluation Partners

The design of the National and Local Evaluation rests on an effective partnership between Centre staff, the Local Evaluator(s) and the National Evaluator(s). To operate effectively the evaluation must be supported by individuals who have a clear understanding of their role and have the professional expertise and experience to carry it out. We believe the choice of evaluators at all levels needs to be carefully made, with reference to the particular demands of each layer of the evaluation process.

8.6.1  Centre Staff

We would support an approach to self-evaluation within the Centres which is inclusionary and democratic. It should provide opportunities for all Centre staff and Centre users to participate in the evaluation process and share the development opportunities which follow. However, involvement in evaluation which is rigorous and systematic requires training and support and Centre management teams will need to plan for this carefully. It is recommended that Centres should consider devoting some staff development sessions to providing Centre staff with training in evaluation processes and methods. This should give staff the competence and confidence to develop a rigorous approach to evaluating the quality of their service provision and to generate reliable evidence to demonstrate its impact. The role of Centre staff is to:
1. gather first hand primary data on the functioning, quality and impact of the whole range of Centre services, and its cost effectiveness;
2. work with the Local Evaluator to validate and share this data;
3. support the analysis and dissemination of this data;
4. feed this evidence into Centre action planning and future practice.

The expertise required within the Centre staff team is:

1. competence in gathering a range of qualitative and quantitative evaluative evidence;
2. understanding of, and competence in, cost effectiveness analysis;
3. ability to organise and manage this information so it is accessible and understandable;
4. professional confidence to participate in an evaluative partnership;
5. openness to review and improvement of existing provision and practice.

8.6.2 Local Evaluator(s)

The Local Evaluator(s) provides a crucial link in the National Evaluation strategy. They will be required to move between local and national evaluation priorities and link their work in at both levels.

The role of the Local Evaluator(s) is to:

1. work with the Centre staff in the development and implementation of the Local Evaluation Plan;
2. liaise with the National Evaluator(s) to ensure coverage and appropriateness of the Local Plan and the methods of cost effectiveness analysis, and to access secondary data;
3. submit the annual Local Evaluation Plan to the National Evaluator(s) for approval before implementation;
4. support and validate the self-evaluation process within the EEC;
5. analyse comprehensive local data on all the Centre services;
6. produce an annual Local Evaluation Report;
7. pass on the local evaluation data to the National Evaluator(s);
8. participate in a local dissemination process.

The expertise required is:

1. experience and expertise of work in multi-sector contexts;
2. competence and experience in evaluation;
3. understanding of, and competence in, cost effectiveness analysis;
4. ability to organise and manage a complex range of primary and secondary evaluation data;
5. ability to produce written reports and work to tight time schedules
6. professional confidence and willingness to participate in an evaluative partnership;
7. ability to support a dissemination programme;
8. ability to give a commitment to the evaluation strategy over an extended period of time.
A suggested format for an agreed contract between the EEC and the Local Evaluator(s) is set out in Appendix 2.

8.6.3 National Evaluator(s)

The National Evaluator(s) will lead the National Evaluation strategy and ensure the Local Evaluations develop in conjunction with this. They will be required to liaise with Government representatives to ensure that national evaluation priorities are met, and also support and monitor the progress of the Local Evaluations.

The role of the National Evaluator(s) is to:

1. work with the DfEE and other Government departments to ensure the effective progress of the National Evaluation;
2. access the secondary data required for the individual EECs at national level and pass it on to the Local Evaluator(s);
3. liaise with the Local Evaluator(s) to ensure coverage and appropriateness of the Local Evaluation Plan, and its methods for cost effectiveness analysis;
4. receive annual Local Evaluation Reports from all EECs and subject the data to meta-evaluation;
5. produce an annual National Evaluation Report;
6. participate in a national dissemination process.

The expertise required is:

1. experience and expertise of work in multi-sector contexts;
2. competence and experience in large-scale evaluation projects;
3. understanding of, and competence in, cost effectiveness analysis;
4. ability to organise and manage a complex and large-scale database;
5. ability to produce written reports and work to tight time schedules;
6. professional confidence and willingness to participate in an evaluative partnership with EEC staff and Local Evaluators;
7. sensitivity to, and an understanding of, the demands placed on EEC staff and the Local Evaluator(s);
8. ability to link with DfEE and other national organisations to access and interpret data of a qualitative and quantitative nature, including cost effectiveness data;
9. ability to support a national dissemination programme;
10. ability to give a commitment to the evaluation strategy over an extended period of time.
8.7 Evaluation Timetable

It should be recognised that any evaluation against a given set of indicators for the EEC pilot programme will take time to properly address the development and impact of the programme. There is therefore a tension between providing something immediate, more superficial and of likely lower reliability and validity, and a better quality, more extended, and reliable evaluation, which might carry the disadvantage of being too late to inform important decisions about the future development of the programme.

To some extent the evaluation strategy has to operate in ‘real time’, and in the ‘real world’, and has to take account of the practical and political constraints on the evaluation timetable. However, it should also acknowledge that longer-term evaluation will provide much deeper and more significant evidence, particularly on the impact of the programme on the people and communities involved.

The proposed timetable (Table 13) therefore attempts to meet both these agendas and provides for the generation of short, medium and long-term data, which can inform the development of the programme at all stages. The evaluation is therefore located on a time map which has three Phases. The three Phases each have a major reporting point, at which key data on the effects and effectiveness of the EEC programme will become available.

The First Phase accords with a need to provide short-term impact data (within 12 months) against the core common indicators, and also useful information on the effective functioning of integrated services. The Second Phase will cover the development of the EEC programme until the end of its currently defined life span, to March 2002 (thirty six months), and will offer reliable medium term data on the impact and functioning of the EEC services against all of the identified common indicators. We have also proposed a Third Phase, which runs for two years beyond the current life span of the programme to August 2004 (60 months). This Phase will provide the evaluation with a long term view of the development of the EEC integrated services, and enable the mapping of deeper level impacts on children, families and communities over an extended time period; a vital feature of early childhood programme evaluations.

We are aware that this timetable may involve an extension of the evaluation for a further two years beyond the official EEC pilot programme life span. However, we feel that this extension should be supported, as it will provide the evaluation with longer-term impact data. We believe these data will be crucial to a deep level, comprehensive and more reliable evaluation of the effectiveness and cost effectiveness of the EEC programme. It should be noted that each of the three Phases are free standing, but build upon each other to deepen and extend the evaluative evidence. In this way, the third and final stage, although we believe it is crucially important, could be differently funded and focused, following the formal end of the EEC pilot programme. The focus and outcomes of each of the three proposed Phases are discussed in more detail below.
8.7.1 First Phase of National Evaluation

September 1999 - August 2000

It is proposed that the first phase of the National Evaluation will be completed in 12 months. The First Phase seeks to provide reliable and useful early evidence on the development of EECs’ responses to the Contextual Indicators and the Process Indicators. Data on the Outcome Indicators will be mainly of a baseline nature, indicating the starting place from which the EECs’ impact over time might be mapped. It will also provide some medium term impact evidence on Outcomes, drawn mainly from the evaluations of the more Advanced EECs. In addition it will give early evidence about the cost effectiveness of the EEC pilot programme.

It is envisaged that this First Phase will provide reliable short term evidence which will support the further development of integrated early childhood services, the dissemination of good practice in integrated provision and an early indication of the potential impact of the EEC programme on children and families.

8.7.2 Second Phase of National Evaluation

September 2000 - August 2002

It is proposed that the Second Phase of the National Evaluation will be completed in 36 months. It seeks to provide more detailed and longer-term evidence about the development and functioning of the EECs, detailed confirmation of the quality of the full range of EEC services and documentation of their impact on a range of stakeholders over time. This Phase will cover the current life span of the EEC pilot programme and supply reliable medium term evidence about the outcomes of the programme and its impact on children, families and communities. It will also provide a longer-term perspective on the cost effectiveness of the EECs.

It is therefore envisaged that this Second Phase will provide reliable medium term evidence which will demonstrate how integrated early childhood services function effectively, indicate the qualities and processes of integrated service provision, and provide robust and comprehensive evidence of the impact of the EEC programme on children, families and the wider community over time. It will also provide more detailed evidence on the cost effectiveness of the EEC programme.

8.7.3 Third Phase of National Evaluation

September 2002 - August 2004

It is proposed that the Third Phase of the National Evaluation will be completed in 60 months, and so take the evaluation beyond the official end of the pilot programme. It seeks to provide comprehensive, deep level and longitudinal evidence on the development of the EECs, the quality of their services and their effect over an extended period of time on children and families, the local community, and the wider development of services nationally. It will also provide a thorough and long-term understanding of the cost effectiveness of the programme and its performance against other forms of provision.
It is envisaged that this Third Phase will provide robust and rigorous evidence on the implementation and long-term impact of an innovative early childhood policy strategy. It will allow an extensive and thorough understanding of the benefits and costs of this integrated social, educational, health and employment initiative. It will also offer a deep understanding and documentation of the processes which can break cycles of poverty, dependency, under achievement, ill health and social exclusion in our society.

8.7.4 Proposed Start Date

A preliminary phase of Local Evaluation has already taken place from November 1998 - April 1999. Early evidence from the 1998 - 1999 EEC Local Evaluation Reports is presented in Section 9. It would seem sensible that the more comprehensive National Evaluation begins as soon as possible. Many EECs have their Local Evaluator(s) in place and wish to continue their Local Evaluations as soon as possible. We therefore recommend that the National Evaluation should begin by September 1999 and run until August 2004, incorporating three clearly defined Phases of implementation and reporting. The timetable for the National Evaluation is further detailed in Table 13.

8.8 Evaluation Outcomes and Dissemination

The National Evaluation strategy will put an emphasis on the regular production of accessible findings. These will be published and disseminated at regular intervals throughout the proposed five-year evaluation process. Both the Local and National Evaluations will produce Annual Evaluation Reports, which will build up to form a comprehensive profile of the functioning, effectiveness and impact of the EEC pilot programme over time.

8.8.1 Local Evaluation Reports

During the course of the National Evaluation, five Local Evaluation Reports will be produced from each EEC; three Phase Reports and two Interim Reports. These will provide ongoing evaluative evidence of the development, functioning and impact of the individual EECs.

Each of these Local Evaluation Reports will provide emerging data on the eleven core indicators.

These include data on:

- the children and families benefiting from the EEC;
- the communities served by the EEC;
- the developing range and nature of services within the EECs;
- EEC financial viability and costings;
- the quality of development and learning;
- the quality of practitioners;
• the impact on children;
• the impact on families;
• the impact on practitioners and provision;
• the impact on the local community;
• the impact on other local provision;
• the cost effectiveness of the services.

Evidence on each of the other eleven common indicators will be available over the first three annual Local Evaluation Reports. The final two Local Evaluation Reports will comprehensively map the impact of the EEC on all the stakeholders and the cost effectiveness of the services.

8.8.2 National Evaluation Reports

During the course of the National Evaluation, five national Evaluation Reports will be produced; three Phase Reports and two Interim Reports. These will provide ongoing evaluative evidence of the development, functioning and impact of the EEC programme as a whole, and its cost effectiveness. These Reports will draw on evidence from the Local Evaluation Reports and add a national perspective on the development, functioning and impact of the EEC pilot programme nationally.

The five National Reports will provide comprehensive annual evidence against all the common indicators in the framework. In particular, they will emphasise:

• how different forms of integrated provision work in different environments;
• good practice in the delivery of quality-integrated services;
• the impact and outcomes of integrated services for children and families;
• the effects and effectiveness of the EEC programme at a national level;
• the cost effectiveness and value for money of the EEC pilot programme.

8.8.3 Dissemination

Dissemination of the emerging evidence will be a priority for the National and Local Evaluation. This dissemination will be at three levels:

Centre Level: the findings of the annual EEC Local Evaluation Reports will be shared with Centre staff and users, including parents and local community members. The Report will be used as the basis for Action Planning the further development of the EEC.

Local Authority Level: the findings of the annual EEC Local Evaluation Reports, which will support the further development of integrated services locally, will be shared through local publications, conferences and training. It will link directly into the annual Early Years Development and Childcare Plan and the Children’s Services Plan, to support all providers of education and care for young children and families. Evidence of good practice will also be disseminated locally.
National Level: the evidence presented in the annual EEC National Evaluation Report will be widely disseminated to policy makers and practitioners at all levels to support and enhance the development of quality integrated services for young children and families. It will also be used to inform the further development of the EEC pilot programme and other similar national initiatives. This will be achieved through a series of publications, conferences and training opportunities.

8.9 Evaluation Costing

The costing of the EEC pilot programme will be presented in two parts:

- Local Evaluation;
- National Evaluation.

It should be noted that the total costing for the EEC National Evaluation will be dependent on:

- the number of EECs included in each Phase of the Evaluation;
- the number of Phases to be implemented.

We have therefore costed the EEC Evaluation at two levels. The Local Evaluation has been costed for each EEC. The National Evaluation has been costed for the overall project direction and analysis plus an additional cost for each EEC included during each Phase of the Evaluation.

8.9.1 Local Evaluation Costing

The costing of the Local Evaluation is difficult to calculate accurately for a number of reasons:

- settings are at different stages of development in their self-evaluation strategies;
- local evaluators charge variable daily rates;
- the EECs are of different sizes and offer different services which results in individual demands on the evaluation process;
- EECs have variable and different sources of financial support for evaluation.

It is important to emphasise that the proposed evaluation strategy builds on from the EEC’s existing self-evaluation processes and so should not demand too much additional work or resourcing. This also ensures that the strategy is cost effective in terms of staff time and funding. However, it is inevitable that meeting the additional demands of the National Evaluation will involve extra effort and resources, both from the Local Evaluator and from EEC staff. We believe it is important to acknowledge and support the input required at all three layers of the evaluation for the National Evaluation to provide rigorous, reliable and comprehensive evidence.
It is proposed therefore that the Local Evaluation be resourced at the following levels:

**First Layer:**

- 2 days per year (EEC staff evaluation training @£150 per day) £300.00
- 8 days per year (EEC staff time for evaluation @£150 per day) £1,200.00
- Administrative and IT support £400.00
- **Total per year** £1,900.00

**Second Layer:**

- 2 days per year (Local Evaluator evaluation training @£350 per day) £700.00
- 9 days per year (Local Evaluators work within EEC @£350 per day) £3,150.00
- 1 day per year (Local Evaluator meet National Evaluator @£350 per day) £350.00
- **Total per year** £4,200.00
  (plus travel)

**Total Costing per year per EEC:** £6,100.00
  (plus travel)

**Total Costing per EEC for three years:** £18,300.00
  (plus travel)

**Total Costing per EEC for five years:** £30,500.00
  (plus travel)
8.9.2 National Evaluation Costing

The costing of the National Evaluation is easier to ascertain as there are not so many unseen variables, but the total cost will depend on the number of EECs included in the National Evaluation. Again, it is important to emphasise that the proposed national evaluation strategy builds on from the EEC’s Local Evaluations and so should be cost effective in its ability to tap into the expertise at a local level.

It is proposed therefore that the National Evaluation be resourced at the following levels:

**Second Layer:**

- 2 days per year
  (National Evaluator evaluation training @£450.00 per day x 4) £3,600.00

- 10 days per year
  (National Evaluator to meet with national data holding organisations to access secondary data @£450.00 per day) £4,500.00

- 10 days per year
  (National Evaluator meets DfEE and other government officials @£450.00 per day) £4,500.00

- 100 days per year
  (Meta-evaluation of local EEC data @£450.00 per day) £45,000.00

- 20 days per year
  (Dissemination meetings @£450.00 per day) £9,000.00

Administration
(.5 Administrator) £5,000.00

**Total per year** £71,600.00

(plus travel)

Total Costing for three years £214,800.00

(plus travel + EEC Meetings)

Total Costing for five years £358,000.00

(plus travel + EEC Meetings)
Table 12: EEC Evaluation Design

<table>
<thead>
<tr>
<th>Evaluation Layer</th>
<th>Evaluation Methodology</th>
<th>Evaluation Partners</th>
<th>Evaluation Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Layer</td>
<td>Self Evaluation</td>
<td>Centre Staff</td>
<td>* Review and enhance internal systems for self evaluation;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Evaluate provision against common indicators;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Develop Action Plans.</td>
</tr>
<tr>
<td>Second Layer</td>
<td>External Validation &amp; Evaluation</td>
<td>Local Evaluator(s)</td>
<td>* Coordinates primary and secondary data collection;</td>
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<tr>
<td></td>
<td>Analysis</td>
<td></td>
<td>* Validates data;</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>* Analysis of data against common indicators.</td>
</tr>
<tr>
<td>Third Layer</td>
<td>Meta-Evaluation</td>
<td>National Evaluator(s)</td>
<td>* Accesses secondary data for Local Evaluators;</td>
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<td></td>
<td></td>
<td></td>
<td>* Coordinates data collection from Local Evaluators;</td>
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<td></td>
<td></td>
<td>* Collects national primary and secondary data;</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>* Meta-Analysis of programme data against common indicators.</td>
</tr>
</tbody>
</table>

Lines of Communication
Communication between Evaluation Partners is not hierarchical but direct
Table 13: National Evaluation Timetable

<table>
<thead>
<tr>
<th>PHASE</th>
<th>DATE</th>
<th>EVALUATION ACTION</th>
<th>EVALUATION OUTCOMES</th>
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<tr>
<td>Phase 1</td>
<td>Sept 1999</td>
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<td>Oct 1999</td>
<td>Local Evaluation Plan implemented</td>
<td></td>
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<tr>
<td></td>
<td>July 2000</td>
<td>National Meta-Evaluation</td>
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<tr>
<td>Sept. 2000</td>
<td>Oct 2000</td>
<td>Local Evaluation Plan agreed</td>
<td>Phase 2 Interim Local Evaluation Reports</td>
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<td></td>
<td>July 2001</td>
<td>National Meta-Evaluation</td>
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<td>Oct. 2001</td>
<td>Local Evaluation Plan implemented</td>
<td></td>
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<td></td>
<td>July 2002</td>
<td>National Meta-Evaluation</td>
<td>Phase 2 Local Evaluation Reports</td>
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<td>Phase 3</td>
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<tr>
<td></td>
<td>Oct. 2002</td>
<td>Local Evaluation Plan implemented</td>
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<tr>
<td></td>
<td>July 2003</td>
<td>National Meta-Evaluation</td>
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<td></td>
<td>Aug. 2003</td>
<td>National Meta-Evaluation</td>
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<td>Oct. 2003</td>
<td>Local Evaluation Plan implemented</td>
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<tr>
<td></td>
<td>July 2003</td>
<td>National Meta-Evaluation</td>
<td>Phase 3 Local Evaluation Reports</td>
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9. EARLY IMPACT EVIDENCE

9.1 The Demands of ‘Impact’ Evidence

The intention of the Early Excellence Centre Pilot Programme is transformative. It aims to offer models and strategies by which the lives of children and families may be enhanced and changed. The intention is to raise educational standards and, in so doing, break cycles of poverty, dependency and social exclusion by widening opportunities for, and access to, development and learning for both children and adults. Although primarily focused on young children and their families, the agendas which the programme addresses are multi-dimensional and uniquely complex, bringing together a range of education, health, welfare and employment initiatives to address a range of needs. Thus, the Centres are not only concerned with children and early education and care, they are also addressing the needs of parents and carers, providing adult education and support for a wide range of community members, and professional development for early childhood practitioners.

The rationale for the ‘joined up’, integrated nature of the provision offered within the EECs is supported by the increasing international evidence which demonstrates that strengthening children and families can lead to profound and multiple benefits (Cost, Quality and Outcomes Study Group, 1995; OECD, 1998). The alleviation of stress, ill health, frustration and lack of opportunity within families can lead to a better quality of life, higher aspirations and achievement, more creative job prospects and a more inclusive, productive life span. This in turn leads to a reduction in the social costs posed by divorce, family break up, teenage pregnancy, school drop out, unemployment, juvenile delinquency and crime.

These are long term and wide-ranging ambitions but they certainly form a key part of the agenda for each individual EEC and for the pilot programme of EECs as a whole. Providing definitive evidence of the impact of such services against such society wide agendas is challenging but necessary. Those who make decisions about the future funding of such programmes need to know that the programme is having the desired effect and is providing value for money. Those who implement the programme need to know that their professional actions are worthwhile and that they are targeting them in the most effective way to support the children and families they work with. There is a general acceptance of the need for evidence on impact from all sides and participants in the evaluation process express enthusiasm for the identification of such evidence.

However, while local results on the impact of the EECs may look promising, their transferability and generalisability must be treated with caution due to a number of methodological limitations in the evaluation processes. For example, the use of experimental design within the evaluation strategy is very limited; the total sample of Centres, children and families is relatively small and the selection process for the Centres was not scientifically operated; there are limited assessment measures in some of the key domains of impact; and there is at present little cost benefit data available. In particular, ascertaining the cost effectiveness of any particular EEC service brings its own set of challenges, which will have to be addressed as the National Evaluation strategy progresses. It should also be noted that each EEC is individual and located in its own unique community context against which its impact can be judged, but
making comparability between the services offered within Centres, between the Centres, and between the EECs and other types of early childhood services, very difficult.

9.2 Sources of Evidence

Nevertheless, through their early evaluations, all EECs are documenting evidence of the impact and effectiveness of their services. From November 1998, the DfEE offered the EECs limited funding to appoint a Local Evaluator(s) to carry through a more focused evaluation strategy for the period November 1998 - April 1999. It is the evidence from this first phase of evaluation which is presented in this report. It should be acknowledged that during this initial phase of evaluation, the EECs and their Local Evaluator(s) were operating without a common framework of evaluation indicators or recommended methods. This means that each EEC first phase Evaluation Report was individually focused and adopted a self-chosen design and methodology. However, our meta-evaluation of these Reports indicates that there was a degree of commonality in:

- the design of the local evaluations;
- the chosen evaluation methods;
- the foci of the evaluation.

This means that we are able to look across the evidence presented in the eleven Local Evaluation Reports and draw out some early impact evidence for the pilot programme as a whole. At this stage the evidence is inevitably limited to certain aspects of the context, process and outcomes of the EEC programme, but it should be noted that over time this early evidence will be extended and enhanced to cover all of the indicators identified in the National Evaluation strategy in a deeper, more systematic way.

In the first evaluation phase (1998-1999) most local evaluations were establishing starting points for the newly developing Centres and services. The initial Local Evaluation Reports therefore concentrated heavily on contextual indicators, with some evidence on the process or quality indicators for the services provided. The evidence we have on outcome or impact indicators is therefore patchy at this early stage in the evaluation process. Centres are establishing procedures to document impact over time, but what is available at present is early baseline data in core areas, from which impact in the medium and long term might be assessed. We have also supplemented this evidence with observational, interview and documentary data available from the research we undertook to inform the development of the National and Local Evaluation strategy.

We should also acknowledge that some of the deeper, more fundamental outcomes of the work of the EECs will take some time to emerge. We already know from research in the US that many outcomes from early childhood interventionist programmes are dormant and do not become apparent until the later years of childhood and early adulthood (Schweinhart and Weikart, 1997). To capture these fundamental and substantial changes it essential that evidence from the EEC pilot programme is collected systematically over an extended time scale. The proposed National Evaluation is therefore phased over five years to enable this longer term and deeper level impact evidence to be documented and disseminated.
9.3 Reliability of Early Evidence

As indicated above, in the initial evaluation phase the EECs and their Local Evaluator(s) were not operating within a common evaluative framework and so adopted a range of evaluative methods and foci for their evaluation. There were no formal external reliability checks on the evaluation evidence presented in the Local Evaluation Reports, apart from the visits of the Worcester Team to the Centres, where the main focus was to collaborate in the development of the Local and National Evaluation strategy. Given this context, the reliability of some of the early evidence emerging from this initial evaluation phase should be treated with caution, particularly when making generalisations across the EEC pilot programme and beyond. However, there are a number of substantiating factors which make us reasonably confident in the reliability of the evidence presented in this report:

- the Worcester Team collected additional evidence during their visits which corroborates the Centre’s evidence;
- the Local Evaluator(s) were external to the Centres, and, in most cases, were well experienced researchers who would address issues of reliability in their evaluation design;
- the evidence for each indicator was generally drawn from a number of local sources, which would triangulate and strengthen reliability;
- there were further reliability checks on the evidence presented by the Centres through OFSTED inspection reports and local authority monitoring documents.

We have only presented the evidence which satisfies our assessments of reliability and which we believe has some generalisability across the pilot programme.

9.4 Early Evidence

The available early evidence is presented below in three sections. Firstly, we shall report early evidence about five of the context or enabling indicators identified in the framework of common indicators. Secondly, we shall report early evidence about one of the key process or quality indicators. Thirdly, we shall report early evidence about four of the outcome or impact indicators. Finally, we shall report a case study which provides a detailed example of the cost effectiveness of the EEC programme.

9.4.1 Context (C) Evidence

Evaluating the conditions under which the EECs are operating locally and nationally will provide important evidence of the Centres’ ability to respond appropriately to identified need. Our research has identified a number of key factors or indicators in the environment of the EECs which appear to be prerequisites for the successful functioning of their integrated services. There is emerging evidence on five of these indicators which identifies them as either facilitating or inhibiting the development and impact of the services.
9.4.1.1 Children and Families (C1)

The first context indicator on which we have evidence, focuses on systems for the identification of the needs of children and families served by the EECs. These needs include education, health, care and family support. All of the EECs are developing their systems to identify the needs of children and families in their local community and monitor how these change over time. These systems provide important data from which Centres can plan their activity. Evidence from the meta-evaluation of the EECs responsiveness to the needs of local children and families reveals two key findings.

i) The behavioural, social and emotional needs of children and families are increasing

In line with other national evidence (Mental Health Foundation, 1999), Centres are identifying an increasing number of children and adults in their communities who have behavioural, emotional, social and learning needs, and are developing their services to offer specific support and guidance for individual children and families accordingly. They are demonstrating their ability to draw together information from a range of multi-agency workers, including health and social workers, to map the complex web of needs and to shape a coordinated response. There is some emerging evidence that adopting an integrated approach in addressing these needs allows an earlier and more effective diagnosis of problems and prevents more serious breakdown later. The benefits from a closer early monitoring of children and family needs and the ability of Centres to respond in an holistic way, are evident in the testimonies of both the Centre practitioners and the families. For example,

“Two siblings attend the Nurture Group whose mother is suffering from depression. The level of support offered to the mother and the provision for the children has prevented family breakdown and the children are thriving with the mother who is now able to cope.”

Local Evaluation Report

The cost effectiveness of this kind of early identification of need, aided by close professional links with Health Visitors and Social Workers, is evident in a number of the EECs. It facilitates the development of a coordinated response in the form of family support, which prevents family breakdown and the further development of mental and emotional problems within the family. A careful cost benefit analysis of these early interventions will be carried out in the next evaluation phase and one detailed example is given later in this section (Section 9.5.2).

ii) The importance of increasing male involvement in children’s care and education

While it is evident that the EECs are successfully identifying and supporting the needs of children and women, they are having limited success supporting the needs of men in relation to their family responsibilities. The exclusion of men from family support systems is an important issue as early childhood services aim to enhance both parents’ abilities and opportunities to support their children’s early development and learning more effectively. This may be a contributing factor in raising the achievement of boys in the education system.
The extent of this challenge is apparent when we examine the evidence of adult take up of services offered within the EECs. For example, in one Centre 352 adults are currently using its services, but of these, only 3% are male. This pattern is similar in most of the EECs. However, two of the EECs have engaged in sustained, intensive and informed work on ways of addressing men’s family and life agendas in terms which men find accessible. By doing so they have managed to attract a significantly higher proportion of males into their Centres. In one of them, 47% of nursery children’s fathers are now actively involved. Targeted work to encourage more involvement of fathers carried out in the Centres has the following features:

- the use of ‘male’ values in advertising;
- sensitivity to the different shift work patterns among fathers;
- a focus on gender specific areas of children’s learning such as, science and technology, outdoor activities;
- the use of male family workers.

The experience of these two Centres in developing their work with men demonstrates the practicalities of addressing men’s needs and also the very real benefits to children, families and communities from doing so. As one Centre points out,

“Engaging fathers is a more complex issue than engaging mothers. Fathers may see themselves as ‘experts’ or be interested in more gender specific areas of children’s learning e.g. Science and Technology. Going on a trip to the Science Museum in London entails taking a day off work and leaving nursery at 9.30am and returning at 8.00pm. It is a very intensive experience and not an easy option, yet seven fathers chose to spend time with their child in this way.”

Local Evaluation Report

The benefits to fathers and children of supporting male participation are clearly displayed in these two fathers’ responses about their involvement.

“Coming to the Centre and joining a discussion group gave me a greater insight into understanding children’s play and the relevance of it. As a result I gave the children a bit more freedom and also became more involved in their play.”

Local Evaluation Report

“(I have) used a number of groups and Centre forum. The groups here are excellent. It’s brought (my son) out of his shell. He’s more confident, he’s just a nicer child and it’s all down to the Centre really... the general feel of the nursery... I like the feeling of it too. You can walk in through the doors and people will talk to you in the morning. You can have a cup of coffee and chit chat... We’ve got an excellent family worker - we’ve built up a lot of trust and everything seems to be going well at the moment.”

Local Evaluation Report

The dissemination of this successful work with fathers is encouraging. Other EECs are currently actively developing their strategies to become more responsive to the needs of male members of their communities.
9.4.1.2 Leadership and Management Structures (C3)

The second context indicator on which we have evidence focuses on the key aspects of leadership and management within the EECs. Management of these complex organisations is demanding and presents a particular challenge to those involved in developing effective integrated services. The EECs are ‘trail blazers’ and have had to develop a management structure capable of bringing together multi-agency working practices with little local or national guidance over a number of issues, such as, terms and conditions of employment. In fact, in many ways they have been inhibited by the inflexibility of some current management policy and systems. They have also had to identify leaders who can transcend professional boundaries and operate across a range of social, educational and health domains in order to provide the Centres with vision, inspiration and direction. Evidence from the meta-evaluation of the Centre’s leadership and management systems reveals two further key findings.

iii) The key contribution of visionary and capable leaders.

The critical role of leadership within the EEC programme is well acknowledged by local authority officers, Centre practitioners, parents and other Centre users. Often, the success of an EEC is seen as crucially dependent on the particular vision and energy of a dedicated manager, or small team of managers, who have led the development of the Centre. Staff within EECs identify with clarity the professional and personal qualities demanded of leaders of effective integrated services. These included:

• the ability to inspire and energise those with whom they worked;
• the skills to bring together a diverse group of practitioners from a range of sectors into a multi-professional team;
• an openness to innovation and a commitment to their own, and the organisation’s, learning;
• a sensitivity to the social and emotional life and purpose of the organisation;
• the interpersonal skills to relate to, and communicate with, a wide range of Centre staff and users;
• the self confidence to tackle innovative and complex organisational issues;
• the professional and presentational skills to disseminate the work of the Centre to a wide audience, locally and nationally; and importantly,
• a grounded credibility from their own professional training and experience.

Interestingly, staff and parents within the EECs feel that these qualities could be found in leaders with an education, health or social service background, but they are less sure of the professional credibility of a leader who may not have this professional training or experience. There are clearly leaders of strength, vision and enormous capability within the EEC pilot programme and their effectiveness and working practices will be documented as the evaluation progresses.

iv) The importance of a unified management structure.

The management structures currently operating within the EECs are diverse. In all cases the Centres have a range of different core services within their organisation, which the management structure has to
coordinate and bring together. The various management structures evident in the EECs may be seen to reflect the extent to which the Centres have implemented the concept of ‘integration’. Clearly, all are at different stages of evolution in respect of their realisation of this concept. We can group the management structures found in the pilot programme EECs into three main types.

The first group might be viewed as adopting a ‘coalition’ approach to integration (Bradley 1982), and this is reflected within their management structure. Here, the joint development of services occurs within a broad cooperative approach, with some pooling of resources and sharing of information. However, services continue to function largely as individual and separate units. In these EECs the structure comprises of a set of parallel, but independent management systems for each service, linked together through some kind of overall management committee.

The second group might be viewed as reflecting a ‘federation’ approach to integration (Bradley 1982). In this management structure, separate services work together, accepting each other’s goals and developing their provision. This is realised through a shared senior management team on which all services have representation, often with an overall Centre Director.

The third group might be viewed as embodying a ‘unification’ approach to integration (Bradley, 1982). In this model, all the services within the Centre have a single management structure with a small senior management team with inclusive responsibility across all services, and led by a Centre Director.

In all cases, the management structures in the EECs are developing as their services expand and evolve. Evidence is being gathered on the effectiveness of the various management models but at this stage it is too early to see how the models function in relation to each other, and which might be more effective. However, the early evidence does seem to indicate that whatever the management structure adopted, certain core features facilitate more effective functioning of the services. These core features include:

- clear and strong overall leadership;
- well demarcated roles and responsibilities;
- representation at senior management level of all staff within the Centre;
- well defined line management systems within the Centres, and also beyond into local authority departments and the local EYDCP;
- an open and inclusive approach to management decision making;
- a close and visible relationship between the Centre Director(s) and all staff, with regular whole staff meetings and individual supervisions.

9.4.1.3 Range and Nature of Services (C6)

The third context indicator on which we have emerging evidence focuses on the range and nature of services currently operating in the EECs. This evidence focuses on the extent of cross sector provision found within the pilot programme and the extent to which it is addressing the needs of children, families, other adults and early years practitioners. The velocity of the Centres’ growth and the development of services is also addressed. Evidence from the meta-evaluation of the range of services provided in the EECs reveals two more key findings.
v) The range of services provided in the EECs is extensive and diverse.

Analysis of the range and nature of the services currently on offer within the EECs reveals an extensive and diverse range of provision. The Centres are attempting to meet the needs of those in their local community in a comprehensive and inclusive manner. Some services are directed primarily at children, some at parents/carers, some at families, some at adults within the local community and some at early years practitioners drawn locally and nationally. They are all focused on developing human potential and supporting adults and children in an holistic way. There are also structures and systems within the Centres by which the services link and liaise with each other, and other local providers and multi-agency workers. Looking across the range of services provided in the pilot programme, it is clear that many are very similar in focus but vary in the means by which they meet the particular needs of the target group within their community.

An analysis of the range of services provided by the EECs in October 1998 revealed the wide range of service provision as set out in Table 14.

Although this extensive and wide ranging list of services provides an overview of the kinds of support to children, families and local communities provided within the EEC programme, it masks the extent to which these services operate as a cohesive and integrated support and development mechanism for all those who have access. It should be emphasised that these services do not operate in isolation. They provide a comprehensive and unified attempt by the Centres to bring together the resources located in a range of service providers into an integrated package of support, which may be more effective when linked in this way.

Many of the services also offer the opportunity for the adults involved to gain accreditation and qualifications and these opportunities are increasing within the programme as a whole. Centres are monitoring take up of these services very closely and developing profiles of Centre users. The benefits in cost, and the impact from providing such an impressive array of services within an integrated overall programme, will be carefully documented and assessed as the evaluation progresses.

vi) The EECs are developing innovative services to meet the changing needs of children and families

It should also be noted that the EECs are dynamic, developing organisations and any picture of service provision is a snapshot in time. The Centres are responding to the changing needs of children, families and other adults continuously, and the range of services they provide reflects this dynamic. Services are being created, growing and dying all the time, and this should be viewed as part of the healthy velocity of a developing and thriving EEC. What is clear is that demand for their services is increasing steadily. All Centres report that the number of children and adults they are serving, and the range of needs they are responding to, is multiplying and changing. In fact, service provision generates increased service demand, and managing this demand effectively, whilst maintaining quality, is already an issue for a number of the Centres, particularly in relation to certain of their services.
Table 14: The Range of Services Provided by EECs

<table>
<thead>
<tr>
<th>Focus of Services</th>
<th>No. of Centres</th>
<th>Percentage of the Total Number of Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Services for Children</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursery Class/School</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>Holiday Play scheme</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>Extended Day Care</td>
<td>10</td>
<td>91%</td>
</tr>
<tr>
<td>Parent and Toddler Group</td>
<td>10</td>
<td>91%</td>
</tr>
<tr>
<td>Extended Year</td>
<td>9</td>
<td>82%</td>
</tr>
<tr>
<td>Full Day Care 0-3</td>
<td>9</td>
<td>82%</td>
</tr>
<tr>
<td>Full Day Care 3-5</td>
<td>9</td>
<td>82%</td>
</tr>
<tr>
<td>Childminder Network</td>
<td>7</td>
<td>64%</td>
</tr>
<tr>
<td>SEN Unit/Specialist Staff</td>
<td>6</td>
<td>55%</td>
</tr>
<tr>
<td>Crèche</td>
<td>6</td>
<td>55%</td>
</tr>
<tr>
<td>PLA Preschool</td>
<td>5</td>
<td>45%</td>
</tr>
<tr>
<td>Toy Library</td>
<td>5</td>
<td>45%</td>
</tr>
<tr>
<td>After School Club</td>
<td>4</td>
<td>36%</td>
</tr>
<tr>
<td>Section 11 Support</td>
<td>4</td>
<td>36%</td>
</tr>
<tr>
<td>Reception Class/Primary School</td>
<td>3</td>
<td>27%</td>
</tr>
<tr>
<td>Babies into Books Programme</td>
<td>3</td>
<td>27%</td>
</tr>
<tr>
<td>Forest School</td>
<td>2</td>
<td>18%</td>
</tr>
<tr>
<td>Children’s Library</td>
<td>1</td>
<td>9%</td>
</tr>
<tr>
<td>Mobile Preschool Unit</td>
<td>1</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Services for Families</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Outreach/Support</td>
<td>10</td>
<td>91%</td>
</tr>
<tr>
<td>Health Visitor</td>
<td>6</td>
<td>55%</td>
</tr>
<tr>
<td>Doctor on Site</td>
<td>2</td>
<td>18%</td>
</tr>
<tr>
<td>Parent Library</td>
<td>2</td>
<td>18%</td>
</tr>
<tr>
<td>Healthy Living Family Centre</td>
<td>1</td>
<td>9%</td>
</tr>
<tr>
<td>Lone Parent Advice Worker</td>
<td>1</td>
<td>9%</td>
</tr>
<tr>
<td><strong>Services for Adults</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Education</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>INSET for Other Providers</td>
<td>10</td>
<td>91%</td>
</tr>
<tr>
<td>Further Education</td>
<td>9</td>
<td>82%</td>
</tr>
<tr>
<td>NVQ Assessment Centre/Officer</td>
<td>6</td>
<td>55%</td>
</tr>
<tr>
<td>Outreach Worker to Other Providers</td>
<td>4</td>
<td>36%</td>
</tr>
<tr>
<td>Group Work/Counselling/Therapy</td>
<td>3</td>
<td>27%</td>
</tr>
<tr>
<td>Literacy Worker</td>
<td>2</td>
<td>18%</td>
</tr>
</tbody>
</table>
Some of the new services currently planned for introduction within the EEC programme include:

- literacy and numeracy support;
- physical fitness and healthy living activities;
- teenage parent support;
- bereavement support;
- stepfamilies support;
- counselling services;
- childminder networks;
- citizen’s advice;
- debt counselling.

The evaluation will monitor the impact and effectiveness of these new services as they come on stream.

9.4.1.4 Accommodation and Resources (C7)

The fourth context indicator on which we have evidence focuses on accommodation and resources within the EECs. A key element in the EEC pilot programme has been an investment in capital projects to facilitate the enhancement of service provision within the Centres. The cost effectiveness, and impact, of this investment in the enhancement of accommodation and resources, will be a key feature of the National Evaluation. Whilst emphasising the importance of this dimension of the evaluation, it should be noted that at the time of the initial evaluation phase many of the EECs were actually going through a period of rebuilding. Much of the newly developed accommodation was not functional and, indeed, may have temporarily reduced the availability of existing accommodation and resources. However, there was some evidence from the meta-evaluation which indicates the effects and effectiveness of developing the accommodation and resources within the Centres. This evidence provides two further findings on contextual effectiveness.

vii) Upgrading the accommodation and resources within the EECs can dramatically enhance service provision

A number of the EECs have benefited from a substantial rebuilding or refurbishment programme to facilitate the extension and enhancement of their work. The detailed costings involved in upgrading the accommodation and resources within each EEC are available and, over time, a detailed cost benefit analysis should be possible to reveal the cost effectiveness of this important aspect of the pilot programme. There is already some early evidence of the benefits and impact of the programme of building work on the quality and range of services provided in a number of EECs.

For example, in one Centre housed in an old building, the building programme included internal adaptations, improvements to the outdoor area, the development of a creative play area and other internal improvements and upgrading. The total cost of this work was £125,000.
This investment provided:

- a transformation in colour schemes to create a warm, welcoming effect;
- the introduction of warm, soft furnishing in the Family Room to provide the effect of a living room’ and a more intimate quality to remove the institutional feel;
- a dramatic change to outdoor facilities to provide an inviting recreational centre for all ages;
- a new telephone system which is networked for all the services in the Centre.

Within nine months of this work being completed there is evidence that it has impacted on the work of the Centre in the following ways:

"The outdoor area: From an unattractive, fairly barren outside yard, this area now has an adventure trail, a multi-tower climbing frame, a cycle track of synthetic grass, a shed, a doll’s house, a mini-climbing frame, a small sand pit, a wall with a painted target for goal shooting practice. This outdoor area was originally demarcated in terms of ages for children, and is now a fully integrated area of collaborative play and this has increased team working amongst the staff. It provides a daily rendezvous for all the children, who are encouraged to use it every day, regardless of weather, as well as the focus for the After School Club. It also provides a rich curriculum for the children, for example, when snow covered the ground the children and staff explored the properties of the snow and the growth of bulbs.

The indoor area: Improvements included an extension to the building which created a new Family Centre with its own entrance so the adults using it do not have to walk through the whole building. The facilities are also used by the After School Club, which now has a kitchenette, office, toilets, entrance and hall with a door to the outdoor area."

Local Evaluation Report

In another Centre the development of the outdoor area provided an outside garden and an extensive adventure playground facility which provides children with opportunities to excel in physical skill. There is a very clear benefit to the local, inner city children, many of whom spend hours in high-rise apartments with a lack of opportunity for physical exercise and development. In addition, the large children’s rooms were provided with doors to the outdoor area, which gave a feeling of extensive space which is denied to most of the children in their home environment. The expansion of space also helped a disabled child’s mobility, enabling him to move around all the nursery equipment with ease and with ready adult support.

Yet another Centre is working on all aspects of its ‘pedagogic architecture’, in relation to its indoor and outdoor space, in order to ensure the environment supports and stimulates children's learning and development in all domains. For example, the outdoor area has been transformed into an area of scientific exploration with water tunnels and slides, large sand areas and a range of sensory and physical experiences.
9.4.1.5 Funding and Costings

The fifth context indicator on which we have evidence focuses on the funding and costings of the EECs. The need for Centres to be able to locate adequate funding, to properly audit and account for monies received, to display transparency of financial procedures, and to carry out the cost analysis required for an evaluation of the cost effectiveness of their services has been emphasised in the development of the pilot programme. The long-term sustainability of Centres and their services, and Centres’ exit strategies from the EEC programme are key issues in the evaluation. Although in the initial evaluation phase, funding and costing issues are not comprehensively addressed, there is some evidence from the meta-evaluation which indicates the crucial importance of this aspect of the EECs functioning. The next evaluation phase will provide further and more comprehensive evidence in this domain but two additional key findings can be identified.

viii) The importance of a stable stream of core funding to the long-term viability and sustainability of the EEC programme

The financial situations of each of the EECs vary enormously. Some have their core services funded by stable income streams, usually through local authority education, social service and health departments. For other Centres the funding for their core services is dependent on short term, multiple and, sometimes, unreliable income streams, such as charities, donations, grants or fund raising. Some of the Centres are very successful at fund raising and have generated high levels of income in this way. Others have employed salaried fundraisers whose sole task is to raise the funds required to sustain the Centre’s core services. However, the early evidence reveals that for Centres located in very disadvantaged communities, the opportunities for income generation are very limited. Some Centres have made persistent attempts to attract funding from the private and commercial sector in their area but their success is limited.

It is evident that the Centres could often obtain grants to start up services e.g. After School Clubs, but they believe that obtaining the finance to sustain these services over time will be a serious problem. Some Centres are finding that with cuts in local authority spending, even some of their core funding is being withdrawn. It is also evident in some cases that services which are operating at full capacity and meeting a key need in the community, are under threat of closure due to the uncertainty of income sources. Managing this level of uncertainty about the financial viability of services, and their long-term sustainability, is a dominant issue in a number of the pilot EECs. The Centre managers are well aware of the need to locate funding streams and are looking at a range of additional funding sources e.g. Sure Start, Countryside Agency, sponsorship, DfEE, national and local charities and their local authority, but they feel that these income sources which require bids will continue the uncertainty and so affect their ability to plan in the long term.

At this stage in the evaluation it is difficult to definitively provide full costings for each Centre and the programme as a whole. This should be available in time as Centres are clarifying and making transparent the flow of their income and expenditure for each service provided, and developing their systems for cost analysis. This will facilitate a cost effectiveness analysis as these calculations emerge. However, on the figures currently available we can see that some services within the Centres operate at a deficit, while...
others make a healthy surplus. Over time the viability of the Centres, and the services they offer, will become clearer but at present Centres are exploring funding possibilities and costing realities.

9.4.2 Process (P) Evidence

Evaluating the quality of the development processes which go on within the EECs provides important evidence of the Centres’ ability to offer excellence in their integrated services. In particular, it assesses the effectiveness of the educative and developmental interactions which lie at the heart of the Centres’ objectives. It should be noted that during this early stage many of the EECs services were not yet fully up and running, or were significantly disrupted by building work. Given this context, the initial Local Evaluations offer limited evidence of the quality of the whole range of service provision in the EECs. This means that the early evidence on quality and processes within the EEC programme is fairly narrowly focused and does not really reflect the whole range of quality issues which will be addressed in future phases of the evaluation. We acknowledge this shortcoming but feel it is important to present a partial view of processes and quality using the evidence available.

From the initial Local Evaluation Reports, we found some evidence on the quality of the services operating in the EECs with a focus on the development and learning of children. These Local Evaluation data are supplemented in this meta-evaluation by observational and interview data gathered by the Worcester Team during their research visits. The next evaluation phase will provide further and more comprehensive evidence in this domain.

9.4.2.1 Quality of Development and Learning (P1)

The process indicator on which we have evidence focuses on the quality of development and learning opportunities for children within the EECs. This evidence focuses on the quality of the programme offered, its developmental and cultural appropriateness, and the level of care and stimulation provided. It also documents the level of ‘involvement’ of children with the activities available (Laevers 1996). All Centres have internal (self review) and external (inspection) systems in place to monitor the quality of development and learning in their provision. This evidence is further supplemented by the Local Evaluator(s) data and the Worcester Team research data. The meta-evaluation of this range of local evidence reveals two additional findings.

ix) There is identifiable good practice within the EECs

The evidence from external (inspection and Local Evaluation) and internal (self review) provides many examples of good quality provision for early learning and development within the EEC services, particularly in the nursery education elements of the Centres. Centre staff plan their curriculum carefully and provide a wide range of learning activities and opportunities reflecting the diverse needs of children who attend. Careful evaluation and assessment of children’s progress is also made a priority. There are also many examples of excellent support for children through the development of productive and respectful partnerships with parents.
For example, one Centre has a project which is directed at increasing and enhancing parents’ involvement in their children's learning. They have run workshops on key learning concepts such as schemas, involvement and well being and have encouraged parents to record videos of their children learning at home. They are also encouraged to keep a diary account of what their children do at home. These videos and accounts are shared at regular meetings with the child’s key worker and other nursery staff and a rich dialogue is generated about how their children's learning might be more effectively supported (Local Evaluation Report).

Another Centre nursery demonstrated the following quality in its processes of learning,

“The observations suggest that the key concepts in this Centre are active learning, children’s choices and self initiated activities. The rich and varied provision of materials, the purpose built environment, the spacious classroom and well developed outdoor area all demonstrate the educators’ focus on key characteristics of young children’s learning. There is ample evidence of attention to, and support for, children’s schematic play, and of the structured observation of individual children.... During the sessions observed, children were using a wide variety of materials, both indoors and out, and there was evidence of their sustained engagement and involvement, particularly in small groups of children supported by a nursery officer. The presence of Turkish and Somali speaking nursery officers is a valuable asset in this multi-ethnic community.”

Local Evaluation Report

Careful observation of children in action over an extended period of the nursery programme in another Centre illustrates the quality of learning support offered.

“There were good quality learning moments throughout the day... in particular the examples of role play with Nicholas and Clint. A lot of children looking at books with careful focus. Joanne being extended in her enjoyment of, and understanding of, number and counting in particular... I could go on, in the afternoon there was very good collaborative work in the soft play area. Involvement levels were also high when Mark was involved in scientific experimentation making waterfalls with Marion.. there is some very good quality learning going on.”

Local Evaluation Report

Development opportunities for the youngest children were also of good quality.

“In the provision for the youngest children (under 2.5 years) there are many strengths. One of these is the well developed key worker system, which demonstrates a profound understanding of attachment theory, its practical implications, and the relationship between children’s attachments and their developing autonomy.... The provision for heuristic play is another strength, as is the development work that has gone into the construction of the under threes curriculum, which emphasises the key concepts of choice, structure and empowerment.”

Local Evaluation Report
The ‘involvement’ levels of the children in the EECs demonstrate quality-learning experiences.

A well-accepted measure of the quality of learning processes within early childhood settings is the Leuven Involvement Scale for Young Children (Laevers, 1996). Involvement is a quality of human activity, which can be recognised by,

- a child’s concentration and persistence
- is characterised by motivation, fascination, an openness to stimuli and an intensity of experience both at the physical and cognitive level, and a deep satisfaction with a strong flow of energy,
- it is determined by the ‘exploratory’ drive and the child’s individual developmental needs,
- as result of involvement there is evidence to suggest that development occurs (Laevers 1996).

It is recognised from a list of signals displayed in children’s response to the activities offered within an early childhood programme, i.e. Concentration, Energy, Creativity, Facial Expression and Posture, Persistence, Precision, Reaction Time, Language and Satisfaction. Involvement has been demonstrated to be an indicator of deep level learning processes going on within a child and to be a reliable tool for assessing the quality of the learning process (Laevers, 1996, Pascal, Bertram et al, 1998).

Involvement is assessed on a five-point scale:

Level 1 - No activity
Level 2 - A frequently interrupted activity
Level 3 - Mainly continuous activity
Level 4 - Continuous activity with intense moments
Level 5 - Sustained intense activity

The levels of involvement of a range of children in each of the 11 EECs were recorded during a series of Child Tracking Observations (see Appendix 1) undertaken by the Worcester Team on research visits to the EECs from January to April 1999. In total 254 child observations of five minutes duration were made, giving 1,270 minutes of observational data from the 11 Centres.

Analysis of these data reveals that across the EEC services, children are mainly involved at Levels 3 and 4 (Table 15). This indicates high levels of involvement in the Centre programmes, in some cases, during what was a time of rebuilding and considerable disruption within the EECs. The mean Involvement level across the pilot programme is 3.63 (on a scale of 1-5). This compares favourably with the national mean of 3.54 from the Effective Early Learning Project data for early childhood settings (Pascal, Bertram et al 1998). Involvement means for the Centres, calculated from the whole range of EEC services provided for children, ranged from 3.25 to 4.05, demonstrating that all Centres are providing a stimulating programme for children and, in most cases, the services are offering high quality, developmentally appropriate, learning opportunities for children.
Table 15: Involvement Means in EEC

<table>
<thead>
<tr>
<th>Centre</th>
<th>Involvement mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>EEC 1</td>
<td>4.05</td>
</tr>
<tr>
<td>EEC 2</td>
<td>3.60</td>
</tr>
<tr>
<td>EEC 3</td>
<td>3.65</td>
</tr>
<tr>
<td>EEC 4</td>
<td>3.75</td>
</tr>
<tr>
<td>EEC 5</td>
<td>3.25</td>
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<td>EEC 6</td>
<td>3.60</td>
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<td>EEC 7</td>
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<td>3.39</td>
</tr>
<tr>
<td>EEC 9</td>
<td>3.78</td>
</tr>
<tr>
<td>EEC 10</td>
<td>3.80</td>
</tr>
<tr>
<td>EEC 11</td>
<td>3.75</td>
</tr>
</tbody>
</table>

9.4.3 Outcome (O) Evidence

Evaluating the outcomes of the services provided through the EECs, and of the EEC pilot programme as a whole, will provide important evidence of the ability of integrated early childhood services to effect change within their local communities and beyond. It must be recognised that identifying comprehensive and measurable evidence of the impact of the EEC services will require an evaluation over an extended period of time. Some of the deeper, developmental outcomes of these integrated services on children, families and communities will only emerge as the benefits of bringing together a range of services progressively builds over time. Nevertheless, we also acknowledge the importance of monitoring the impact of the services from the outset and recording how the ongoing development progresses.

In this evaluation strategy we have therefore attempted to make provision for the collection of short term, medium term and long-term impact evidence. In the initial evaluation phase, Centres have been mainly concerned with mapping baseline impact data, from which longer term outcomes and effectiveness may be identified. It is anticipated that the next evaluation phase will provide further and more comprehensive evidence in this very important domain. However, even at this early stage in the evaluation process, there is emerging evidence on four of the outcome indicators which indicates the early impact of the EEC programme.

9.4.3.1 Children (O1)

The first outcome indicator on which we have evidence focuses on the impact of the services on children. Centres are gathering systematic evidence of the impact of their services on children’s cognitive development, their dispositions and attitudes to themselves as a learner, on the reduction of risk factors in children’s profiles and on their health and well-being. The meta-evaluation of the early impact evidence on children reveals five further key findings.
xi) **EEC children’s ability to learn is enhanced**

There is emerging evidence from the Local Evaluations that children who attend the EECs are demonstrating an enhanced openness and receptivity to learning. This receptivity increases the effect of the learning experiences offered within Centres, and supports the child’s educational progress into school. Although at present definitive evidence on educational attainment and progress is not available, it will begin to emerge through the Local Evaluations in late 1999, as EEC children begin to move into primary school and results from Baseline Assessment and National Curriculum testing come through.

However, even in their initial evaluations, Centres are able to show that children’s learning is being enhanced through access to their services, particularly if they have had extended contact with the child since babyhood. As parents and External Evaluators commented on the development of the children,

> “Heather really enjoys her time at the nursery and seems incredibly secure and stimulated at the ripe old age of 10 months!”
> Local Evaluation Report, Parent

> “It’s brought Sean out of his shell. He’s more confident, he’s just a nicer child and it’s all down to the Centre. ...we have built up a lot of trust and it’s also good for Sean who’s really blossomed. I hope it continues when he’s at school.”
> Local Evaluation Report, Parent

> “The children in the nursery are deeply involved and confident in their attitude to tasks. They are articulate in talking about what they are doing and are keen to relate to visitors and to inform them of what they are doing. ...Children have a clear expectation of routines and what is required of them. Instances of friendly and supportive interaction between children are frequent and there is much imaginative play taking place.”
> Local Evaluation Report

xii) **EEC children are demonstrating enhanced social skills**

Several of the Local Evaluations provide evidence that children who attend their services are developing enhanced social skills and increased self confidence, key factors in supporting children’s ability to develop and learn (Goleman, 1997). As one Local Report documented,

> “All the children who have attended Nurture Group have shown a significant improvement in their self esteem and sense of well being. This is reflected in their record of achievement files, feedback from social workers and verbally from parents during home visits.”
> Local Evaluation Report

The EECs are demonstrating that their ability to offer children with a range of different supportive environments, with the flexibility to be responsive to individual needs, provides children a secure and
stimulating social network within which to explore and grow. Another factor in the enhancement of social skills in children appears to be their access to the extended network of different adults and differently aged children within the Centres. Children are attending the Centres from babyhood onwards, and groups are often mixed with some free flow between them. This means that children have the time and opportunity from an early age to develop deep, meaningful and extended relationships with others in the Centres. The impact of this social environment is evident in the developmental progress of children in the area of social competence.

xiii) There is a reduction of risk factors in EEC children.

Many of the EECs have targeted their services at supporting children who are ‘at risk’ in their early lives from threats to their well-being and development. This will include such risks as child abuse, family breakdown, social exclusion and isolation, drop out, behavioural dysfunction and ill health. There is reliable evidence emerging that the EEC support services are reducing these risk factors.

For example, in one EEC during one year (1998-99), a support group for just nine children and their parents demonstrates the following effects:

" • one child was removed from the Child Protection Register and the Case Review Conference indicated that attendance at the group was a significant factor in this;
• one child was on the Child Protection Register and was temporarily accommodated under the Children Act following an incidence of physical abuse within the family, but the child was returned home and placed back on the Child Protection Register on condition they attended the group;
• one child was placed for adoption and the group provided a supportive setting for contact with child and mother during this process, as well as providing some stability for the child;
• two siblings and their mother (who was suffering from depression) were supported in the group. The level of support offered prevented family breakdown and the children are now thriving with the mother now able to cope."

Local Evaluation Report

It should be noted that the reduction in social costs, (financial as well as human), was significant through just this one intervention service. In future evaluations we shall attempt to cost such interventions, assess their effectiveness and measure the consequent savings.

xiv) EEC children benefit from early identification of, and support for, their special needs

One of the advantages of offering services which cater more comprehensively for children from birth is the early identification of, and support for, children with special needs. This early identification enables Centres to respond quickly, appropriately and with continuity, enhancing the chances of the child being fully integrated into the school system later. There is evidence from some EECs that the incidence of children going on to nurseries with identified special needs has been reduced due to the early intervention and support offered by the EEC services (Local Evaluation Report).
There are also vivid examples of children who have physical disability being well integrated within the EEC services and benefiting enormously from this inclusion. This has been shown to have dramatic benefits in terms of the quality of the child’s life, the opportunities available to the child, the quality of family life and the reduced costs over time of supporting that child within the local community. The story of Brian, a young child with profound deafness currently attending a Centre in the pilot programme, provides convincing narrative evidence of the impact of the integrated services within an EEC on one child and his family, who were going through a time of deep personal trauma and stress.

“At 14 months, Brian, a lively little boy, developed meningitis and totally lost his hearing. It was as if the world had suddenly been switched off. There was no response to a brain scan and, apparently, no answer to his problem. Brian was profoundly deaf.

The family were left confused and shocked. This, their first child, had suddenly been struck down by a mysterious and, apparently, untreatable disability. But the Health Authority persevered, and Brian became the first case in the area of a cochlea implant which, by-passing the normal ear, sends messages picked up by a transmitter strapped to his back straight into the inner ear, where is has to be ‘translated’ into messages by the brain, relating to language.

With this new technology, Brian came to the Centre with his personal teacher of the deaf. He was two years old, and now had a baby brother. He sat in a corner and did not respond to any signals. Withdrawn, he was looking for a more active environment than his home could provide, to make sense of the signals which were coming into his brain. Gradually, coming twice a week, he began to respond. First, he began to make eye contact, something that he had avoided before. Then he began to make responses to stimuli put before him. Today, he is vocalising, and plays.

In September 1999, Brian will be moving out of the day nursery to go to the nursery school - a door away from his present centre. He laughs. He jokes. He is having fun. And, he is making progress. Once he has fully mastered the technology of his disability, he will move forward. His specialist teacher of the deaf wrote in February 1999,

‘Brian is profoundly deaf, and the environment of the nursery is providing for learning through play, with lots and lots of hands on experience, plus the chatter of his peers is invaluable. This journey into the world of hearing is being aided very professionally in this setting.’”

Local Evaluation Report

The effects on this child and his family of the integrated support offered in the Centre is hard to capture and reduce to measurable data. It is evident from this case that it is the ability of the Centre to respond in a holistic way to both Brian’s needs and also his parents need for support at this difficult time in their family history, which enabled the support to be so effective. The relief of emotional and social stress within the family was enormous. The opening up of social opportunities for Brian and the chance to access educational provision within a mainstream nursery will have long term and deep level implications for Brian’s future progress. Assessing these outcomes and providing a cost benefit analysis of the support given to children like Brian and his family will form a focus for the next evaluation phase.
9.4.3.2 Family (O2)

The second outcome indicator on which we have evidence focuses on the impact of the services on adult family members. This evidence documents the impact of Centre services on parenting skills, the growth in parents’ self confidence and self esteem, the development of their life skills and employability, and the enhancement of the quality of family life. The meta-evaluation of the early impact evidence on family life reveals three key findings.

xv) EECs are preventing family breakdown and enhancing parenting skills

There is emerging evidence that the EECs are providing a broad base of support to families at critical times when the stability of the family unit is under pressure. The collaboration between the multi-agency workers within the Centres means that families can be supported in a variety of ways including child care, counselling, primary health advice and general emotional and social support. For a full example of this integrated support in action see Section 8.5.1. This support is sometimes informal (e.g. Drop In, Family Rooms), sometimes structured through participation in groups (e.g. Parent Support Groups, Special Needs Support Group, Step Family Support Group, Lone Parent Advice, Bereavement and Separation Support Group), and sometimes part of a formal, statutory process (e.g. Nurture Groups, Counselling Programme, Debt Advice Service). Offering this range of responses is crucial in providing an effective and flexible support system which can cater for individual families needs and so prevent family breakdown. The multi-functional aspects of the Centres’ work means that parents do not feel stigmatised in accessing particularly sensitive services.

There are also a whole range of different support groups on offer within the EECs which will enhance parenting skills and ensure that parents have access to advice and support for their role as a parent from conception through birth and beyond. These groups include Breast Feeding Groups, Post Natal Classes, Parent and Baby Group, First Steps, Parents Involvement in Children’s Learning, Growing Together and many more. Evidence from the Local Evaluation Reports illustrates the impact of this support for parents vividly.

“I have learned such a lot about how to be with children and people. ...I think the biggest impact it had on me is not jumping to conclusions - in my family - in my life. I learned to talk about things, it stopped me being so judgmental about myself and others.. I can listen and hear better. ..I think I can help make positive changes for my children.”
Local Evaluation Report, Parent

“Through home visiting and staying with their children during the Nurture Group session the parents have said how beneficial the group has been for their child and themselves. They have become more confident in their own parenting and seen the benefits of their children attending the group.”
Local Evaluation Report
“The level of support offered to the mother and the provision for the children has prevented family breakdown and the children are now thriving with the mother able to cope.”
Local Evaluation Report

xvi) EEC parents are developing self-esteem and confidence through their involvement in Centre services

There is evidence from the Local Evaluation Reports that a major impact of the EEC parent support services has been the development of self-esteem and confidence for parents. In many cases, parents have come into the Centres with a great deal of anxiety and uncertainty about their role as a parent and the contribution they might make. They are also often isolated through their social circumstances and have little access to support systems within the community. They often begin their contact through a single, one off group or meeting, and gradually their greater involvement in the groups and support services in the Centre can be traced. This involvement is generally accompanied by a growth in confidence, a greater sense of self worth and stronger self-esteem. Centre staff believe that this provides the springboard for greater inclusion and increases the ability of the parents to access training and further employment opportunities. Local Evaluation Reports demonstrate the powerful impact of these processes on parents’ lives.

“I left school with nothing... I liked school then but it was more just having fun than learning. I didn’t have qualifications and I wasn’t very interested.... I joined (the Centre groups) to gain more confidence and find out what I really wanted to do. ...If it hadn’t been for the Centre I wouldn’t be anywhere. I am a lot more confident. I’ve passed my driving test, bought my house, am doing a sign language course at college. I am looking to move on to another job in the future as I would like to work with deaf children.”
Local Evaluation Report, Parent

“Well, now I have these qualifications but more than anything it has given me confidence. That’s the most important thing.”
Local Evaluation Report, Parent

xvii) EEC parents are better able to access training and employment opportunities

There is evidence emerging from the Local Evaluations that the EECs are providing parents with more opportunities to access training opportunities and employment. Centres are capitalising on the opportunities for inter-generational learning that occur when children and parents come together on one site. Many of the EECs are developing the provision of accredited adult training on their premises. An increasing number of parents of children who attend the Centre services are enrolling for these adult courses and developing their skill base and qualification levels. There is also evidence that providing wraparound child care gives parents the confidence and practical support they need to take up employment and training opportunities that otherwise would be denied to them.
The Local Evaluation Reports provide evidence of the increased access to training and employment facilitated by the EECs.

“I was hoping to be a nanny and go on to college but I met John and wanted money in my pocket.... I left school with ‘O’ levels... and got a job as a lab assistant for eleven years. I got the job on the understanding I would do chemistry and maths - I failed them both and left early - I didn’t like them. I’m alright at basic maths and I do like figures now but not then. I still always had a longing to work with children and felt cheated but I wanted the money... I was using a support group at the Centre and Clare said about the Wider Opportunities Group and I thought I would go along and have a look. I went for a coffee morning and I went onto the Introduction Course four mornings a week for ten weeks. Here was an opportunity for me to fulfil my dreams. After the course I knew I wanted to carry on.”

Local Evaluation Report, Parent

“If Wider Opportunities wasn’t there I wouldn’t have been qualified now. I wouldn’t have had time because I was also working a twilight shift. It has helped me look forward now I have that under my belt and can think about what next - a management course or something.”

Local Evaluation Report, Parent

“I wasn’t really expecting anything I was just inquiring... I was told to come and sit in on the Underpinning Knowledge Session to see what I thought and if I liked it, I could come on the next course - well I just stayed on. Christopher at school and Dan in the crèche - concern at the beginning with Dan if he didn’t settle he could join me. That took the pressure off. I enjoyed it, all of it was common sense... I achieved NVQ Level 2.... I got offered a job from the placement as Nursery Worker.”

Local Evaluation Report, Parent

“From a parental perspective, having personal development and training opportunities on the site of a nursery, where they already feel comfortable, is a great motivating factor. One parent who was doing NVQ Level 3 training expressed the view that, “it is easier to do training here rather than having to go to college”. Her reasons were linked to her own confidence in the Centre and to the availability of child care (crèche facilities) she knew and trusted. Another parent said she was now attending college and was working in the Centre crèche as a direct result of gaining confidence through attendance at the Step Between Group at the Centre.”

Local Evaluation Report

9.4.3.3 Practitioners (O3)

The third outcome indicator on which we have evidence focuses on the impact of the services on the professionalism and training of early childhood practitioners both within the Centres and from early childhood providers in the local area and beyond. The EECs are offering training and professional development opportunities for a range of multi-agency workers and providing a model of integrated services in action. The key role of the Centres in training and disseminating good practice in integrated early childhood service provision is achieved through courses, conferences and a developing visiting

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programme. EEC staff are also participating in local Early Years Development and Childcare Partnership training programmes. The impact of the training offered through the Centres on the quality of early childhood practice will take time to assess but Centres are gathering evidence of what training they offer, who is accessing it and how practitioners are evaluating its utility and effectiveness. The meta-evaluation of the early impact evidence on practitioner development reveals a further four findings.

xviii) EECs are offering an extensive range of courses and conferences for early childhood professionals

The Local Evaluation Reports document the increasing range and take up of courses and conferences offered by the EECs. Some of these courses and conferences are locally focused for practitioners within other neighbouring early childhood settings, and others have a national and international focus and take up. For example, in its first year of operation one EEC has run 11 full day courses, involving 164 early years workers from a varied range of local settings. They have also led off site courses for other establishments. The evaluation of these courses is very positive and there is evidence of the training having an impact on practice, particularly the opening up of segregated early years provision to an integrated mode of operation.

“It has helped us as a staff team develop our planning, activities and long term plan for the nursery. This has also been reflected in our recent OFSTED report - 2-4 years.”
Local Evaluation Report, Private Day Nursery Manager

“The course ‘Heuristic Play’ was particularly helpful to us. We care for children from 6 weeks to 5 years and as a result of the course have established Heuristic play boxes, which have proven most popular.”
Local Evaluation Report, Private Day Nursery Worker

Other Centres have organised a series of local and national conferences on a variety of themes. An example of one sequence of conference events illustrates the range of issues covered.

<table>
<thead>
<tr>
<th>November 1997</th>
<th>Parents and Children Learning and Growing Together</th>
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<tr>
<td>March 1998</td>
<td>Excellence in the Early Years</td>
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<tr>
<td>July 1998</td>
<td>Quality Learning for All Children</td>
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<tr>
<td>October 1998</td>
<td>International Developments in the Early Years: Working With Schemas</td>
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<tr>
<td>November 1998</td>
<td>Giving Children a Sure Start</td>
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<tr>
<td>March 1999</td>
<td>Effective Assessment and Evaluation in the Early Years</td>
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<tr>
<td>June 1999</td>
<td>Boys Underachieving in Early Childhood Education?</td>
</tr>
<tr>
<td>November 1999</td>
<td>United Kingdom, United Curriculum?</td>
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<tr>
<td></td>
<td>What is a Developmentally Appropriate Early Childhood Curriculum?</td>
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These conferences were well attended, with between 100 - 200 participants from a wide range of early childhood services. The promotion of integrated services and the development of professional knowledge are evidenced in the participants’ conference evaluations.

xix) EEC staff are contributing to EYDCP training and support programmes

A number of EECs are supporting local Early Years Development and Childcare Partnership training and quality improvement programmes. This is achieved through the release of key EEC staff to participate in local initiatives e.g. Mentor Teacher Networks, and through their membership of the local Partnership. For example, in one Centre, three of the staff were part of a local team of early years’ specialists who were supporting a range of local settings under the remit of the local Partnership Standards Fund training. This had not only offered the Centre staff professional development opportunities through access to other forms of local provision, but had provided a vehicle for the extension of integrated practice throughout other Partnership funded settings.

xx) Early childhood practitioners are enhancing the level of their qualifications through the EECs

Most of the EECs are offering a range of child care and education courses for early childhood workers, and developing their accreditation systems. These courses generally take practitioners from NVQ Levels 1 to NVQ Level 3. In some Centres practitioners can also embark on more academically oriented courses up to Higher Degree level. Links with FE and HE institutions are common and the Centres are increasingly being used as placements for professional training courses at all levels and across all sectors e.g. teachers, social workers, nursery nurses, health professionals, childminders.

As these vocational and academic courses expand, and Centres develop their training provision, evidence on the contribution of the EECs to raising qualification levels of early childhood workers will become available. Indeed, there is already emerging evidence of practitioners successfully achieving qualifications and accessing higher levels of training. In one Centre a course offered at Masters level is heavily oversubscribed. In another, the NVQ 3 course had to close its books because of lack of space. Centres report a high level of demand for their training, indicating that they are meeting an untapped need for professional training in the local community and beyond.

xi) EECs are attracting a significant number of visitors locally, nationally and internationally

All the EECs have attracted a considerable amount of local and national publicity since their designation. This has stimulated a national and international demand to visit the Centres to observe integrated services in action. The role of the EECs in disseminating good practice in the provision of integrated services is well accepted, and the evidence reveals that the number of visitors to each Centre is increasing steadily. This indicates a developing interest in the provision of integrated services and an intention to extend this type of provision elsewhere.
Centres have had to develop a strategy, and a carefully managed visitors’ programme, so that the demand for visits does not overwhelm the Centre staff and children, and so that the visits remain a developmental process for all involved. Many EECs are introducing a fee for visitors to cover costs and ensure funds are not diverted away from the core Centre services. Examples of EEC visiting programmes are provided by Local Evaluation Reports.

“An effective and well planned programme of visits has been devised for the range of local, national and international visitors to the Centre. The programme starts with an introductory talk about the administration of the Centre, and the work and projects it undertakes. A pack (which visitors can purchase) includes an informative and detailed booklet, and a range of policies, including areas of the curriculum, learning from birth to three, planning, assessment, equal opportunities and the Centre’s approach to special educational needs and partnership with parents. There is no charge for the visits, which have taken place every fortnight, and last for two hours.”

Local Evaluation Report

All EECs are monitoring the number and origin of their visitors. Again, an illustration of the take up of the visiting programme is provided by just one Centre's Visitor Profile.

“During six sessions over a three month period the following visitors have attended:

Local Council members 1
Local authority officers 3
Local nursery educators 14
Nursery educators from other areas 14
Local primary educators 3
College/universities outside area 5
Overseas visitors 21

TOTAL 59”

Local Evaluation Report

The wide range of local, national and international visitors is evident in all Centres’ Visitor Profiles. The pattern of take up of visits, and its impact on both the visitors and the visited, will be closely monitored as the evaluation progresses.

9.4.3.4 Community (O5)

The fourth outcome indicator on which we have evidence focuses on the impact of the EEC services on the local community. This includes the raising of expectations and aspirations of local community members, the widening of training and employment opportunities to community members, the reduction of social exclusion, better health and the enhancement in the quality of local community life. It should be acknowledged that this wider impact evidence from the EEC programme will take some time to emerge. However, the meta-evaluation of the early evaluative evidence on community life reveals two early findings.
xii) EECs are providing increased access to training for local adult community members

A number of the EECs provide adult education courses on basic skills which carry accreditation e.g. City and Guilds. These basic courses provide adult community members, particularly the long term unemployed, with their first step towards accessing other training opportunities provided in the Centre or by other local training organisations. In most cases, the Centres provide individually tailored training plans to raise the level of confidence and competence of an adult so that they can continue with further study independently. The success of the basic skills courses offered in the EECs is increased by the ability of the Centres to provide:

- a crèche for adult learners’ children;
- financial assistance with travel and possible child care costs;
- group support;
- individual tutor support;
- individually tailored study plans;
- support in Basic Literacy Skills;
- a welcoming and well resourced environment;
- close links with local FE colleges and local Adult Education department;
- close links with Basic Skills Agency and local employment agencies.

The demand from local community members, many of whom may not be parents of children attending the Centre, for adult training and employment guidance services is increasing. In one Centre, this service was now in its sixth year and has helped 30 long term unemployed adults in the local community to increase their basic skills and gain accredited City and Guilds vocational qualifications. Many of these adults have moved into employment as a direct result of the services offered in the Centre.

The following accounts demonstrate the potential impact of extending these services within the EEC programme. These services may be particularly powerful for those who have failed within the school system but come into contact with the Centres as ‘learning organisations’ which can not only support children’s learning needs effectively, but also adult learning needs, without the stigma of remediation.

“I left school two months before my 16th birthday. I left school thinking regardless what was wrong with me I was going to achieve something and I still feel that today. I wished that I could spell and believed that if I could spell I could be someone really important because I felt I had that in me.

I went into loads of different jobs. I wanted to be a PE teacher but I couldn’t be one because I didn’t have the ‘O’ levels so I just did loads of different things, receptionist - answering phones. I managed to bluff quite well there. I just used to write everything down, take it home, get my best friend to rewrite it, take it back in. Messages were only picked up the next day. I carried on like this, doing things with the local college through Adult Basic Education. Its a lot better today than it was. There was a real mixed bunch there with physical and mental disabilities. No disrespect to them but I felt I shouldn’t be there.
I was teaching swimming at the local pool and I started bringing my daughter to the Centre. I think it was the atmosphere, people didn’t judge you and your problems weren’t used negatively.... someone said, “Why don’t you do the NVQ?” But I even went on the NVQ not telling anyone I was dyslexic. I wasn’t able to say in the group but now I can... I think it was the self-awareness group that did it... That’s why I’d rather come here. The college may be the same but I don’t think it is.... I went on and achieved the NVQ... the NVQ helped me with my employment opportunities working in a local preschool, where I now work.”

Local Evaluation Report, Adult Learner

Further evidence of the benefit of the training opportunities to a wide range of adults in the community is provided by the account of Basil’s experience.

“Basil is a mechanic by trade who left school at the age of 14 and has been a familiar figure in the locality, as he and his wife drove their mobile fish and chip van around the community. For ten years they travelled around the countryside, selling cod and plaice (and chips!) with a turnover of more than £40,000. Yet, there was never a till on their van - “The wife did it all in her head.”

But when Basil turned 60, his wife died, and he began to explore a new life. He started swimming, and earned himself a gold medal. He bought a typewriter, because he had never been able to type. And he enrolled for a computer course at the Centre. He began with a basic course and then, having passed it, did it again, “Although I passed it, I really wanted to understand it!” Unlike many people who are wary of computers, Basil was driven by a curiosity about them which led him not only to buy a computer of his own, but to enrol at the centre on Integrated Business Technology 2, the follow up to his initial course. Again he is doing it twice. He has even bought a financial computer programme, “No more doing it in the head!”

Local Evaluation Report, Adult Learner

The demand for locally based, accessible and flexible adult training is clearly demonstrated in the Local Evaluation Reports. The EECs appear to offer an ideal location for such training, as they are within the local community, unthreatening and provide flexible, individually tailored, all year round provision. They also provide adult learners with a social community which draws in a wide range of local adults and children engaged in a range of activities. The social world which surrounds the serious educational activity which is going on in the Centres appears to be attractive to isolated and vulnerable members of the local community. There is evidence of Centres beginning to make contact with the hard to reach and socially excluded within their local communities. As the evaluation develops, the mapping of community need by Centres and the success of their services in responding to this, will provide important evidence of the wider impact of the EEC programme.

xv) EECs are increasing access to employment for adults in the local community

Some of the EECs appear to be particularly successful in supporting long term unemployed adults and those with a disadvantage in the labour market to make informed choices about their employment future. Centres are developing well-structured and articulated pathways through training modules which include vocational guidance and work placements. These training and employment support services are working
within the National Training Targets and by doing so making a significant contribution to enhancing employment prospects within their local community. The accounts of adult learners at the Centres provide clear evidence of the impact of these support services on adult employment opportunities.

“I left school with nothing. ..I didn’t have any qualifications and I wasn’t very interested. I suppose it was just the crowd I was hanging around with. I did a couple of YTS schemes - one was in a shop, and the other in a clothing factory. Then I got married and had Joseph and left work altogether.

..I saw an advert in the paper for Wider Opportunities for people interested in Social Care. I joined to get more confidence and find out what I really wanted to do, I had always had an interest in the caring field. The Centre is really supportive and there’s always lots of courses. If you phone up, there is always someone there you can get help from.

I enjoyed the NVQ Level 2, doing work placements was the best way for me to find out what I wanted to do and I started working at Wood End. I had always been interested in working with special needs children, I just didn’t know how to go about it. ..I also enjoyed the NVQ training programme. I had Donna and then got the job at Hopfields School as a classroom assistant in the special needs unit. I think this was greatly helped by everyone knowing me and my work as I had a work placement there. I then went on and did Level 3 and as a result got promoted to nursery nurse... If it hadn’t been for the Centre I wouldn’t be anywhere.
Local Evaluation Report, Adult Learner

Another adult learner who has enhanced her employment prospects through taking qualifications at her local EEC, provides further evidence of the contribution of the EECs to local community opportunities.

“Sandra, who had her third child in Autumn 1998, has lived in the local community for fourteen years. Until she became a mother, she was working as a secretary, though she had no qualifications. Her second child, Matthew, was poorly as an infant, and so she had to give up her secretarial work to look after him at home..... Because her partner works in the local town, she is very much on her own. She wanted to upgrade her existing secretarial skills, so she enrolled at the Centre for the basic RSA WordPerfect Computer Literacy and Information Technology course . With a computer at home she completed Word processing courses 1, 2 and 3. Not content with that she now works at the Centre once a week and works in the reception class of her child’s school one day a week. What she really wants to do when the children are older is go back to secretarial work with a fully equipped set of skills and qualifications as well as practical experience.”
Local Evaluation Report, Adult Learner

Further evaluation phases will document patterns of adult development and employment within the EECs. It will also provide a cost benefit analysis of their impact on the quality of community life and the reduction of dependency on welfare benefits.
9.5  A Study of Cost Effectiveness

In the initial evaluation phase for the EEC pilot programme, the Local Evaluators were not operating under a common evaluation remit which required them to gather evidence on the cost effectiveness of the EEC pilot programme. This means that detailed costing evidence and cost effectiveness data at this stage is not available in a systematic format. However, it is intended in further phases of the evaluation to undertake a comprehensive and detailed analysis of the cost effectiveness of the EEC pilot programme. To facilitate this, the individual EECs are beginning to gather detailed costing evidence on their services and to develop systems by which the effects of their programmes might be more accurately costed. Further guidance on these methods is provided within Section 7.

Cost effectiveness methodologies, and the kind of evidence they can generate, are illustrated in the following case study of a family who are benefitting from the support and services offered within one Centre. We believe the case study provides powerful and convincing evidence of the effectiveness of the Centres in financial terms, and, perhaps more importantly, in terms of their effect on the quality of this families’ life. Louise’s narrative is lengthy but it is presented in full as it encapsulates many of the realities and pressures of current family life in the communities served by the EECs (Rutter, 1996).

9.5.1  Louise’s Case Study

At fourteen Louise was in care. She had been going through a really bad patch with her mum and dad who were divorced and she didn't want to live with either parent. She hated school and resented being there but felt forced into going to work. At eighteen she met her partner. In the same year her father died and she became pregnant with her eldest child Liam. When her father died Louise started taking anti-depressants.

Louise was happy to be pregnant. She moved into a council house with her partner and found that she was expecting a boy. Her Great Aunt died leaving an inheritance, which she shared with her brother and used to get married to her partner. Louise gained valuable support from her Health Visitor during her pregnancy and came to trust her. She developed epilepsy and had a very difficult birth. She haemorrhaged after the birth and had to have a blood transfusion. Louise became depressed and vulnerable during this post-natal period and went back onto anti depressants. Liam had long periods of time each day when he would scream. This was diagnosed as colic but Louise’s depression was made worse. Her Health Visitor suggested that she should come to [name of Centre] although she lived some distance from it. She took Louise to Baby Massage, a support group for parents, which parents attend with their babies and where they are encouraged to learn to massage their babies. They can also chat and have coffee. At first Louise found it daunting but it proved to be very helpful for Liam.

Louise was diagnosed as having post-natal depression. She was very isolated during this period as she had no close friends and she had split up with her husband. She went to stay with her mother for a few weeks but moved back to her house when her husband moved out. She had started working part time at Kentucky Fried Chicken and would leave Liam with friends she had made at the pub where she had previously worked. She continued to use Baby Massage and the drop in at
Louise was nineteen. On her son, Liam's first birthday she got back together with her husband and in a few weeks she was pregnant. It wasn't a planned pregnancy but for Louise it was a relief to be pregnant again. She was receiving support from a Home Start volunteer based at the Centre and went back to work full time. Louise was able to talk to her Home Start volunteer about her father’s death. Liam and Louise had started attending Parent and Toddler groups, which she found good fun and Louise attended a support group for pregnant women.

Matthew's birth was much easier, and three hours after having him she had her first visitor, her Home Start volunteer. She left hospital three days later, got home at 7.00 pm and went to work at the local pub by 8.30 pm. Liam by this time was two and it was hard work for Louise with a new baby although she found Matthew much easier to handle than Liam. Liam started attending Educare, the registered playgroup on the Centre campus. Almost immediately Louise became pregnant again. She attended the Great Expectations group at the Centre, in which a midwife and a parent volunteer support other parents who are pregnant for the second or third time. The midwife supported Louise before and after the group. Louise had a very difficult birth haemorrhaging once again. Once again Louise suffered from post-natal depression and was put back on anti-depressants. At twenty Louise now had three children under three. After Caitlin was born Louise's Grandmother died and serious allegations were made against Louise's husband and all three children were put on the Child Protection Register. Louise had been going through a difficult time with Roy and had involved the domestic violence unit on a number of occasions. She found attending case conferences very traumatic. She blamed herself because by letting the agencies know that in addition to the allegations placed against her husband there was also domestic violence in the home, she was unintentionally putting her own children at risk. Her depression increased.

After the children were put on the CPR and Louise was offered additional support. Liam was offered individual support in the Centre Nursery in the Nurture Group where the ratios are 1:2. funding from Social Services. Matthew was offered two half days in Educare and this additional childcare support made it possible for Louise to spend time with her baby Caitlin and take her to the Baby Massage or go to the Craft Group or the Computer Course.

Louise continued to use the Home Start organisation as an important part of her life rather than phoning her social worker. She now sees one occasion as a turning point, when, by asking for help she had to recognise that there was a problem and by avoiding an instant reaction, was able to begin to turn the situation around with positive outcomes.

Louise is currently living on her own. She struggles with a weekly benefit of £118.32 with income support and child benefit. She recently applied for a job at Asda and passed her interview. She felt this was an important step. She still uses Educare and the childcare support at the Centre and her children are very attached to their key workers. She uses the crèche so that she can go to Cooking Group and have an hour and a half on her own. Through attending baby massage for several years she has now become a volunteer in Baby Massage and helps support other parents. Louise attends a
'Caring For Yourself Group' which gives her time for herself and takes Matthew and Caitlin to the drop in. She is hoping to embark on some personal counselling before attending Choices, a Centre run weekly support group for women survivors of sexual abuse. Despite having taken up her new job she is still a regular attender at the evening study group where parents share information about their children's learning at home and at nursery.

Centre Evaluation

This emotive story is presented so that the true extent of needs within this family, and one Centre’s response to them, is understood. It demonstrates the multiple stress factors with which many families are dealing (Rutter, 1996; Fthenakis, 1998). The courage of Louise in sharing her story for analysis and dissemination should be acknowledged and respected. Centre staff have worked together with Louise to calculate accurately how much the support provided by the Centre cost during this period in her life, and how much this saved in terms of prevention of further social, psychological and health damage to her and her children.

9.5.2 The Cost Effectiveness Analysis

The cost effectiveness of Louise's case study provides impressive evidence of the value for money of such integrated modes of family support. The cost effectiveness calculation reveals:

Baseline costs of support to Louise and her family:

Centre annual budget: £440,000
(inc Early Excellence Centre Programme Funding)

Whole range of integrated work with approx 500+ families per year = £440,000 ÷ 500 which gives a baseline of approximately £880 per year.

Costed Interventions Over One Year

1. If Liam, Matthew and Caitlin had gone into Social Services foster care for short or long term placements when Louise felt unable to care for them:

   Cost: £70 per week per child x three children for 6 months (26 weeks): = £5,460

   During this period Louise had nurture group places for Liam and for Matthew and used Educare and Crèche sessionally.

2. Possible psychiatric counselling for Louise's depression and sexual abuse issues:

   Cost: NHS Psychologist £40 per hour once a week for a year = £2,080
Louise received support from the Home Start Project on the Centre campus, and some counselling and support from the centres community social worker. She is now planning to attend the psychotherapeutic support group for women survivors of sexual abuse at the centre.

3. Likely referral to school Education Psychology Services for Behaviour Management:

Cost: Minimum £25 / hour x six months x two children = £1,300

Although Liam has needed additional report from the local SEN team Louise has been very involved with the education and care of Matthew and Caitlin. She has spent time with each of them in parenting support group and has made sure that they have received appropriate childcare in a registered setting.

TOTAL SAVING FOR THE YEAR: £8,840

We agree that although this case study is not remarkable, it demonstrates clearly the multiple stress factors with which families who attend EECs are dealing. As both Rutter (1996) and Fthenakis (1998) point out, many families at certain points in their history face multiple stress factors which put them under intense pressure. Rutter’s work demonstrates that it is not one of these factors alone, but the combination of multiple stress factors, which leads to family breakdown, unless support is given at this critical time. The range of stress factors in any one family will be individual, and different to Louise’s, but the consequences and costs will be the same, in terms of lost lives and lost opportunities for the adults and children involved. It is also important to note that both Rutter (1996) and Fthenakis (1998) assert that all families at certain times in their life history have to deal with a stressful experience, for example, bereavement, illness, separation, drug misuse. He shows that the support given to families at these times will determine a ‘causal network’ of consequences which may strengthen those involved or lead ultimately to breakdown. The ability of Centres to have multiple responses to the multiple needs of families is further emphasised in these cost saving calculations.

The careful costing of the range of support given by EECs, and the costs saved by their preventative action, provide a vivid example of the enormous financial savings that such targeted interventions can make when provided in an integrated and non-threatening manner. We would also point out that over time the savings demonstrated in Louise’s case study are likely to multiply as the on going costs of social exclusion, family breakdown, educational underachievement and health risks would have multiplied as Louise and her children got older (Rutter, 1996; Schweinhart and Weikart, 1997; Fthenakis, 1998).

There are many benefits that will flow from the cost of investing in support for Louise and her family. These benefits cross the whole range of educational, social, health and economic aspects of life, and Louise’s narrative points up just some of the short and medium term benefits which can be identified. Longer-term benefits may be even more substantial and wide-ranging. The savings for this family shown were over one year only, but in that year alone for every £1 spent on support it saved £10 in more expensively provided services which may not have been as effective. (In other cases, the ratio has been shown to be as much as 1:50 i.e. for every £1 spent, a saving of £50 has been made.) Multiplying these sort of calculations by the number of families currently being supported by the EEC pilot programme, who are operating under similar duress, makes persuasive impact evidence. As the Centre manager...
pointed out, a Centre only needs to help eight families under this level of stress and they have paid for themselves. Yet, they also support a whole range of needs for many more members of their community. This cost effectiveness analysis will be developed across more Centres and more families in the next evaluation phase.

In conclusion, this study of cost effectiveness has demonstrated that:

- EECs are providing value for money;
- EECs can have a considerable effect for relatively low costs;
- EECs integrated service provision can be as much as 10 times cheaper than other forms of service delivery.

### 9.6 Summary of Early Evidence

We believe the early evidence drawn from the initial evaluation phase in the 11 pilot EECs is impressive. Although we should acknowledge that the evidence presented is drawn from a relatively small sample of Centres, operating at an early stage in the evolution of the EEC programme, we believe it is reliable and provides convincing evidence of the potential longer-term impact of the EEC programme. The evidence is also in line with that of other international evaluation studies of the effects of early intervention strategies to support children and families (OECD, 1998). The early findings from the EEC programme evaluation are summarised below.

Early evidence on the contextual indicators, which enable EECs to function effectively, reveals:

1. the behavioural, social and emotional needs of children and families are increasing;
2. the importance of increasing male involvement in children’s care and education;
3. the key contribution of visionary and capable leaders in the EECs;
4. the importance of a unified management structure in the EECs;
5. the range of services provided in the EECs is extensive and diverse;
6. the EECs are developing innovative services to meet the changing needs of children and families;
7. that upgrading the EEC’s accommodation and resources can dramatically enhance service provision;
8. the importance of a stable stream of core funding to the long-term viability and sustainability of the EEC programme.

In short, EECs are addressing the needs of an increasing number of children and families in our communities who are dealing with multiple stress factors. They are offering multiple responses to these needs and are developing innovative and creative strategies to support those who are difficult to reach. Strong management and leadership, appropriate accommodation and resources, and a stable funding stream are key factors in the sustainability of this work.
Early evidence on the process indicators, which signal the quality of services provided in EECs, reveals:

9. there is identifiable good practice within the EECs;
10. the ‘involvement’ levels of the children in the EECs demonstrate quality learning experiences.

In short, the EECs are providing quality learning experiences for children, and offering models of good practice in integrated services from which others are learning.

Early evidence on the outcome indicators, which signal the impact of EEC services reveals:

11. children’s’ ability to learn is enhanced by the EECs;
12. EEC children are demonstrating enhanced social skills;
13. there is a reduction of risk factors for EEC children;
14. EEC children benefit from early identification of, and support for, their special needs;
15. EECs are preventing family breakdown and enhancing parenting skills;
16. EEC parents are developing self-esteem and confidence through their involvement in Centre services;
17. EEC parents are better able to access training and employment opportunities;
18. EECs are offering an extensive range of courses and conferences for early childhood professionals;
19. EEC staff are contributing to EYDCP training and support programmes;
20. early childhood practitioners are enhancing the level of their qualifications through the EECs;
21. EECs are attracting a significant number of visitors locally, nationally and internationally;
22. EECs are providing increased access to training for local adult community members;
23. EECs are increasing access to employment for adults in the local community.

In short, children are benefiting socially and educationally from the EEC services and are at reduced risk. Parents are being supported and developing enhanced parenting skills, increased self esteem and confidence, and are more able to access training and employment opportunities. As a result, family breakdown is being prevented. Other adults in the community are also accessing training and employment opportunities through involvement in the Centres. The work of the EECs is being widely disseminated.

Early evidence on cost effectiveness reveals:

24. EECs are providing value for money;
25. EECs can have a considerable effect for relatively low costs;
26. EECs integrated service provision can be as much as 50 times cheaper than other forms of service delivery.
In short, the EEC programme is a relatively low cost, multi-faceted, intervention strategy which has the potential to offer considerable cost savings over a range of social, educational, health and employment services.

The early evidence from the EEC programme evaluation is promising. It demonstrates that such integrated, early childhood and family programmes, which offer inter-generational learning combined with family support, could be a powerful means of addressing some of the most pressing social, health and educational issues which we currently face. These include the increases in child poverty, ill health, underachievement, teenage pregnancy, male disaffection, social exclusion and long-term unemployment. The next Phases of the EEC programme evaluation will provide longer term, more comprehensive evidence, which will reveal how such cycles of poverty and exclusion may be broken, and the costs and consequences of doing so.
PART C

THE WAY FORWARD

SECTIONS 10 - 11
10. EMERGING THEMES

This research has identified a number of emerging themes which the pilot programme EECs are facing and solving, and to which the National Evaluation will need to respond. At this relatively early stage in the evolution of the pilot programme and its evaluation strategy, these themes should be viewed as tentative. However, they do indicate some of the key challenges and successes of the EECs in the pilot programme as they establish their identity and plan for long term development. The emerging themes seem to cluster primarily around those enabling or context factors which appear to facilitate the development of integrated services for children and families. They also identify areas where the National Evaluation could helpfully focus in an attempt to inform the extension of the pilot programme and disseminate examples of good practice.

10.1 Funding, Financial Viability and Sustainability

The funding of these high profile Centres of integrated services for children and families is complex and multi-sourced. The income streams and funding levels between the EECs are not uniform. Some have very straightforward and generous funding from public sector finances. This ensures that their core services are fully funded and, therefore, likely to be sustainable over time. Other Centres obtain their core funding from many different sources, some of which may be unreliable and unpredictable. These sources of funding are also often on a short-term basis. This means that a number of the EECs appear to be struggling with issues of financial viability and are anxious about the long term sustainability of some of their core services and staff.

However, many of the Centres are accessing additional funding successfully from their local authorities, from other new local and national initiatives, and from income generation and fund raising. This success, and the strategies that appear to work, should be documented and shared across the programme. Yet, it must be recognised that the EECs are not all on a level playing field with regard to their access to financial support. Securing new monies is extremely difficult in some cases due to social and geographic limitations. The impact of the local context, and the opportunities available for generating income to sustain EEC services over time, will certainly need to be explored in the National Evaluation.

The themes of funding, viability and sustainability were therefore strongly evident in the discussions with all EEC staff. Financing Early Excellence in the future is a key issue facing the pilot programme. This theme needs to be addressed quickly as in some of the Centres the programme funding comes to an end in a matter of months. We believe these financial issues are central to the viability of the EEC programme itself and early evidence of how these issues might be addressed will be invaluable.

10.2 Local Authority Support

The level of support for individual EECs from their local authority varied. In most cases local authority departments were extremely active in supporting the Centres, both with expertise and finance. They were fully involved in the evolution of the Centre and had the work of the Centre firmly embedded into their
development planning across education, social services and health sectors. However, there were some cases where little support was offered by the local authority and even animosity existed. This situation was also replicated with regard to the local Early Years Development and Childcare Partnerships.

It was evident that there was also a difference between local authority departments in their support for the EECs. In most cases the local education authority was fully conversant with the work of the Centre and had supported it fully. Obtaining a similar level of commitment and support from local social services and health authorities was generally much more difficult.

The theme of local authority support was strongly evident throughout this research. The success of some of the Centres was clearly due to them receiving the full backing of the local authority and its elected members. The role of the local Early Years Development and Childcare Partnerships was also becoming more critical in ensuring the progress of the EECs locally. It is understood that the effectiveness of the EECs will be greatly influenced by their ability to feed into the further development of services across their local area.

Obtaining the recognition and full support of local authority officers, elected members and local Partnerships at the highest level was a key item on the agenda of most of the EECs. The effectiveness of the support at local level will be a key factor in ensuring the impact of the pilot programme as a whole and is worth investing in. The pilot programme could therefore benefit from an exploration of how this local support might be more effectively harnessed at a national level.

10.3  Management Structures

The management structures and lines of responsibility operating in the EECs were not uniform. The EECs have developed a number of solutions to the issue of multi-sector management structures. This theme was very evident as a key issue, particularly for newly established EECs. Although there were many examples of good practice developing in relation to this theme, at present, there is little consensus or evidence on what constitutes an effective management structure for Centres or Networks of integrated services.

The innovative nature of the integrated service provision in EECs generates real challenges for those involved in managing and leading the pilot Centres. The organisational structure, systems and management of the EEC’s will be a key factor in their effectiveness and impact. The experience and expertise embodied in the pilot programme in relation to solving these management and leadership issues will be of enormous interest and help to those considering the development of integration. This theme will deserve careful attention from the National Evaluation.
10.4 Terms and Conditions of Service

The theme of terms and conditions of service for EEC staff recurred throughout this research. Many staff were working in Centres alongside staff from other sectors who were on very different terms and conditions. Other staff were being asked to change their existing terms and conditions to facilitate the work of the Centre. The Centre staff were having to work around many anomalies in contracts, conditions of service and salaries.

A number of local authorities were attempting to clarify and modify EEC staff contracts to bring some equity and parity into the working relationships. However, this was proving very difficult for them to resolve at a local level. It was evident that this theme would figure in the National Evaluation as a key factor in enabling effective integration. Action at a national level on terms and conditions of work for staff working in integrated services was clearly required to support the work at a local level.

10.5 Links to Other National Initiatives

Many of the EECs were clearly aware of, and some were very involved in, other national initiatives in the field of early childhood or family policy. These included Sure Start, Health Action Zones, Education Action Zones, Childcare for Teenage Parents Pilot and Single Regeneration Programmes. In fact, some EECs were located in what might be termed a ‘super zone’ in terms of the number of national initiatives underway. The proliferation of initiatives, and the place of the Early Excellence Programme within them, was an emerging theme in this research.

In most cases the EECs saw these initiatives as a wonderful opportunity, providing them with the support and impetus to launch a much more broadly based programme to meet the needs of the children and families in their community. However, there was some uncertainty expressed about how the range of initiatives should be managed and coordinated at a local level, and where the responsibility lay for linking these initiatives. The extended possibilities and additional benefits of adopting a more coordinated approach between the various national programmes within local communities were clearly recognised by the EECs. It would seem that clarifying the relationships between these different initiatives and the EEC pilot programme, particularly with regard to the accompanying evaluation strategies, would facilitate the process of mutuality and enhance the cost effective gains to be made.

10.6 The Benefits of Integration

The EECs are operating as exemplars of integration or ‘joined up thinking’ in action. At this early stage in their development they can already be seen to be impacting substantially on the lives and experiences of the children and families who use their services. They embody an holistic approach to the needs of children and families, and as such they are making a particular contribution to our understanding of what the impact of integrating services is and how integration works.

Understanding the concept of integration and how it might be operated in service provision was a strong and unifying theme in this research. There were many ways in which the concept was interpreted and
applied to the services offered within the EECs. However, what was evident at all levels were the real benefits to children, families and communities from delivering services in an integrated manner. The evaluation will be able to tap into a rich source of evidence on how integration works on the ground and the benefits of working in this way. These benefits may be viewed qualitatively, in terms of the enhancement to the quality of life for children, families and practitioners; and quantitatively, in terms of cost savings and cost effectiveness.

10.7 The Changing Status of Early Childhood

A constant theme during the research was how the EEC pilot programme had enhanced the status of work with young children and families. The high national profile of the initiative, and the substantial investment that was being made in the EEC programme, had clearly sent an effective message out to the public that this work was significant and should be valued. This changing perception of early childhood work was evident at local and national level and there was an indication that it was leading to a shift in priorities in policy and practice.

There was also a perceived change in the self-concept and well being of those who were involved in the Centres, including practitioners, parents and children. A sense of empowerment and self-direction was emerging, and a belief that they could make a real contribution to an improved family and community life. There was also a feeling that nationally, the programme could contribute to an enhanced sense of inclusion in society.

These themes were evident throughout the many conversations we had with policy makers, providers, practitioners and parents, and were also displayed in the actions of the children we observed. We believe monitoring the development of this sense of enhanced status, and documenting its impact on the progress and contribution of the programme, will be an important theme for the National Evaluation. It is such impacts on attitudes and values in a society that provides the possibility of fundamental and significant long-term change.
11. ISSUES FOR ACTION

This research has:

- explored the context for the EEC National Evaluation;
- provided a rationale for its implementation;
- reviewed current Local Evaluation Plans;
- developed a framework of common indicators;
- reviewed primary and secondary data sources;
- proposed a timed National Evaluation strategy;
- developed a strategy for analysing the cost effectiveness of the EEC programme;
- offered an analysis of early impact evidence from the initial local evaluations;
- suggested several emerging themes for consideration.

This report provides detailed proposals for further action in relation to the development and implementation of the National Evaluation of the EEC pilot programme. In order to move forward on these proposals there are a number of key issues for action which will need to be addressed.

**Key Issues for Action:**

1. Agreement on a start date for the National Evaluation.
2. Agreement on levels of funding for the Local and National Evaluation.
3. Appointment and contractual arrangements for Local and National Evaluator(s).
4. Adoption of a set of working principles and procedures for the evaluation process at local and national level.
APPENDIX 1:

RESEARCH AND DESIGN METHODOLOGY FOR
RESEARCH TO INFORM THE EVALUATION OF THE
EEC PILOT PROGRAMME
Research to Inform the Evaluation of the EEC Pilot Programme:  
Research Design and Methodology

i) Research design

A summary of the research design is presented in Figure 1. Fieldwork was conducted at a local and national level. At a local level the research focused on the eleven designated EECs and the range of local authority officers involved in the provision and monitoring of early education and care at a local level. At a national level the fieldwork focused on the government departments who have responsibility for developing and monitoring the provision of education and care nationally, including DfEE, DoH, OFSTED and Social Services Inspectorate. The local and national fieldwork was carried out concurrently due to the short time scale of the Project. It also facilitated the planned research analysis, which has the twin and interrelated, foci of local and national development of policy and practice.

ii) Research participants

The project involved the commissioned research team working primarily with:

- staff and management of the EECs,
- DfEE policy makers and analysts,
- OFSTED and Social Services Inspectorate representatives.

It also involved working with:

- Local Authority, Health Authority and other personnel working with the Centres,
- users of the EECs,
- those responsible for, or conducting, local evaluations.

The participating EECs were all those designated in the early phases of the EEC pilot programme. These eleven EECs are:

The ACE Centre, Chipping Norton, Oxfordshire;
Ashbrow Infant and Nursery School, Kirklees;
Bridgewater College Children’s Centre, Somerset;
Coquet Early Years Centre, Northumberland;
Dorothy Gardner Nursery Centre, Westminster, London;
Ganneys Meadow Early Years Centre, Wirral;
Haringey Early Excellence Centre Network, Haringey, London;
Hillfields Early Years Centre, Coventry;
Pen Green Centre for Under Fives and their Families, Corby, Northamptonshire;
Randolph Beresford Early Years Centre (formerly White City);
Reddish Vale Early Years Centre, Stockport;
iii) **Methodology**

The methodology employed in this research provided both quantitative and qualitative data. The multi-method approach brought both rigour and sensitivity to the research process. It allowed the evaluation evidence generated to be responsive to, and reflective of, the individual mode of operation of each of the EEC’s. It also provided robust and rich data on the operation and effectiveness of the pilot programme as a whole. The application and credibility of such data, which are reflective of ‘real world’ practice, were emphasised in the proposed research approach. The research methodology generated data that enabled the five key research objectives to be addressed directly.

The local fieldwork was carried out using four methods of data collection:

i) **Interview**;
ii) **Questionnaire**;
iii) **Observation**;
iv) **Documentary Analysis**.

The national fieldwork was carried out using two methods of data collection:

i) **Interview**;
ii) **Documentary Analysis**.

**a) Local Fieldwork**

**Research Method 1: Interview**

Focused interviews were carried out with Centre and Local Authority personnel, including:

- Centre Manager
- Centre Staff
- Evaluation Coordinator
- Local Authority Early Years Inspector
- Local Authority Social Services Inspector
- Chair of Local Early Years Development Partnership/ Childcare Development Partnership
- Local Authority Data Analysts.

**Research Method 2: Questionnaire**

A questionnaire was competed by Centre users, distributed either by hand post or at an open meeting for Centre users put on especially for this purpose. The Centre users included:

- parents;
• other providers of child care and education;
• health visitors;
• social service workers;
• community groups;
• adult education teachers.

**Research Method 3: Observation**

Up to 20% of the Centre children were observed over two days of their programme using a timed interval Child Tracking Observation Schedule (Pascal and Bertram 1997) to gather up to 200 minutes of child observation data in each Centre.

**Research Method 4: Documentary Analysis**

A Content Analysis of Centre and Local Authority documentation and evaluation data which relates to the provision, processes and outcomes of the EECs operation was undertaken. These documentation and data included:

• EEC Evaluation Plans and Reports;
• Local Early Years’ Development Plans and Childcare Development Plans and reports;
• Local Childcare Audit;
• Local inspection reports;
• Local Authority early years evaluation reports.

**b) National Fieldwork**

**Research Method 1: Interview**

Focused interviews were carried out with DfEE ministers, policy makers and analysts, OFSTED and Social service Inspectorate representatives, and officers from a range of national organisations, including:

• Under-Secretary of State for Education;
• DfEE policy makers;
• DfEE analysts;
• OFSTED officers;
• Social Services officers;
• Rural Development Commission officer;
• Data analysts from national organisations.

**Research Method 2: Documentary Analysis**
A Content Analysis of national and government documentation, evaluation data sets and published policy statements relating to the provision, processes and outcomes of the pilot programme of EECs operation was undertaken. These documentation and data included:

- relevant government policy documents;
- published statements on the EEC pilot programme;
- DfEE guidelines for EECs;
- OFSTED inspection documents;
- Social Service inspection documents.

iv) Analyses

The research design and methodology generated a bank of qualitative and quantitative data. Some of these data were drawn from local data sources and had a local focus. Others were drawn from national data sources and had a national focus.

An analysis of the interrelationship of these data sources was undertaken, and emerging findings on the impact or effects of the pilot programme were highlighted.

These data were processed, coded and linked using manual and computer assisted methods of analysis. These methods have been well developed by the Worcester Research Team and used in a range of other large scale evaluation projects carried out at the Centre for Research in Early Childhood at University College Worcester.

The Research Team employed two major software programmes for the analysis.

a. NUD.IST

The interview, questionnaire and documentary qualitative data were subjected to analysis using a programme called the 'Non-Numerical Unstructured Data Indexing Searching and Theorising’ Programme (NUD.IST). NUD.IST operates by supporting indexing, searching and theorising processes and it allows the user to manage, explore and search large banks of textual data efficiently and speedily.

b. SPSS

The second statistical programme employed in the analysis was the well-utilised ‘Statistical Package for the Social Sciences ’(SPSS) Programme. This programme facilitates the speedy and effective analysis of the quantitative data generated by the observations and documentary analysis.

v) Research timescale and targets
The proposed Research Project ran for 7 months, from November 1998 - May 1999. A detailed timetable of the research is presented in Figure 2.

**Target 1: November 1998**
- National and local fieldwork underway

**Target 2: January 1999**
- National and local fieldwork underway
- Steering Group meeting
- Progress Report to DfEE

**Target 3: March 1999**
- National and local fieldwork completed
- Steering Group meeting
- Progress Report to DfEE
- Interim Report on emerging evidence to DfEE

**Target 4: April 1999**
- Collation, analysis of data completed
- Steering Group meeting
- Progress Report to DfEE

**Target 5: May 1999**
- Preparation of evidence and writing up completed
- Final Report to DfEE.
1998 THE TIMETABLE 1999

October  November  December  January  February  March  April  May

Presentation of Interim Report

LOCAL & NATIONAL FIELDWORK

COLLATION & ANALYSIS OF DATA

WRITING UP

Steering Group Progress Report

Pascal & Bertram Dfee Tender, 1998
## RESEARCH DESIGN

<table>
<thead>
<tr>
<th>INTERVIEWS</th>
<th>QUESTIONNAIRE</th>
<th>OBSERVATION</th>
<th>DOCUMENTARY ANALYSIS</th>
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<tr>
<td><strong>LOCAL FIELDWORK</strong> (11 EEC Settings)</td>
<td>• Centre Manager • Centre Staff • Evaluation Coordinator • Local Authority Education, Health &amp; Social Services Inspectors • Chair of local EYDP/CDP • Local Authority Analysts.</td>
<td>• Centre Users e.g. parents • Community groups</td>
<td>• Children • Adult users</td>
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<tr>
<td><strong>NATIONAL FIELDWORK</strong></td>
<td></td>
<td></td>
<td>• EEC Evaluation Plans &amp; Reports • Local EYDPs &amp; CPDs • Local Childcare Audit • Local Inspection Reports • Local Authority Evaluation Reports</td>
</tr>
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### Analysis
- INTERVIEWS
- DOCUMENTARY ANALYSIS

### Writing
- WRITING

### Final Report
- FINAL OF REPORT

### Data & Dissemination
- DATA
- DISSEMINATION

Pascal & Bertram: DfEE Tender, 1998
APPENDIX 2:

PROPOSED LETTER OF AGREEMENT

FOR LOCAL EVALUATORS
Evaluation of Early Excellence Centre Pilot Programme
Proposed Letter of Agreement for Local Evaluator(s)

The Local Evaluator(s) provides a crucial link in the National Evaluation strategy of the Early Excellence Centre Pilot Programme. They are required to move between, and link their work with, local and national evaluation priorities. This Letter of Agreement lays out the role and responsibilities of the Local Evaluator(s) and indicates the expertise required to fulfil these responsibilities effectively. The Letter of Agreement provides a contractual basis for the Local Evaluator(s) with the Early Excellence Centre, to whom they are responsible.

Role and Responsibilities of Local Evaluator(s)

The Local Evaluator(s) agrees to:

1. work with the Centre staff in the development and implementation of the Local Evaluation Plan;
2. liaise with the National Evaluator(s) to ensure coverage and appropriateness of the Local Plan and to access secondary data;
3. attend Evaluation training for the National Evaluation strategy as required;
4. support and validate the self-evaluation process within the EEC;
5. analyse comprehensive local data on all the Centre services;
6. produce an annual Local Evaluation Report;
7. pass on the local evaluation data to the National Evaluator(s);
8. participate in a local dissemination process.

Expertise Required of Local Evaluator(s)

The expertise required of the Local Evaluator(s) is:

1. experience and expertise of working in multi-sector contexts;
2. sensitivity and interpersonal skills to facilitate collaborative evaluation with a range of partners;
3. professional confidence and willingness to participate in an evaluative partnership;
4. competence and experience in evaluation;
5. ability to implement and support cost effectiveness analysis;
6. ability to organise and manage a complex range of primary and secondary evaluation data;
7. ability to produce written reports and work to tight time schedules;
8. ability to support a dissemination programme;
9. ability to give a commitment to the evaluation strategy over an extended period of time.

Signed:  
Local Evaluator  Centre Manager
APPENDIX 3:

CALCULATING COST SAVINGS - EXAMPLES OF

BENEFITS AND COSTS
These figures are accurate at the time of writing - June 2000

School remediation: £31,000.00 per year per child for dedicated SEN teacher support; £24.50 per hour for specialist SEN teacher support.

Special school admission: £8,403.00 average per child for special school support.

Care admission: £150.00 per week per child for foster care in Social Services' foster home; £150.00 per day per child for private foster carers.

Mental health support: £55.00 - £729.00 day care/out patient.

Ill health: £50.00 per hour for specialist NHS treatment (NB. individual cases may vary considerably).

Criminality: £1,224.00 to identify each young offender; £2,550.00 for prosecution leading to arrest.

Teenage pregnancy: £58.05 a week for income support if in parent's home; £73.95 a week for income support if living independently; £290.00 a week if in foster care with baby; £249.00 per day for special care baby unit; £400.00 - £1,000.00 per day for baby receiving intensive care/specialist care: £25.00 per hour for home tuition for teenage mother.

Unemployment: £135.15 a week for Jobseekers Allowance for an adult with a wife and two children; £81.95 a week for a couple; £52.20 a week for an adult living alone.

Housing Benefit - Personal Allowance

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<th>Category</th>
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<td>Single 16-24</td>
<td>£41.35</td>
</tr>
<tr>
<td>Single 25+</td>
<td>£52.20</td>
</tr>
<tr>
<td>Lone parent under 18</td>
<td>£41.35</td>
</tr>
<tr>
<td>Lone parent 18+</td>
<td>£52.20</td>
</tr>
<tr>
<td>Couple both under 18</td>
<td>£62.35</td>
</tr>
<tr>
<td>Couple one or both over 18</td>
<td>£81.95</td>
</tr>
</tbody>
</table>

Dependent children:
- Birth - September following 16th birthday £26.60
- 16+ to day before 19th birthday £31.75

Working Families Tax Credit:
Parent or partner work 30 hours per week or more - tax credit 70% for single child, £105 for 2 or more children and for children age 8+, where an accredited organisation/provider provides care.
BIBLIOGRAPHY


