

2 Terminology and scope of the review



Definition of early childhood interventions

For the purpose of the EECI project, early childhood interventions were defined as programs that attempt to improve child health and development during the period from conception to six years of age with the expectation that these improvements will have long-term consequences for child development and wellbeing.

Early childhood interventions include:

- Programs that focus on “health promotion”, or the prevention of onset of mental, social and behavioural problems by encouraging positive development and resiliency.⁴ Early childhood health promotion interventions may be *universally accessible*, targeting the general public or an entire population (also referred to as primary prevention programs), or *tailored* towards children or families believed to be at high risk of problems developing (also referred to as targeted or selective programs, or secondary prevention programs).
- Programs that focus on preventing the progression of problems that have already surfaced – also known as indicated programs, early childhood early intervention programs, or tertiary prevention programs.

Early childhood interventions may have one or more of the following outcome objectives or foci – parent–child relationships, parental knowledge, parenting skills, social support, the child’s cognitive, language and social development, school performance, and broader community and social conditions (for example, economic circumstances of the family) that interact with parental functioning and the child’s wellbeing.

Definition of cost-benefit analyses

In the current report, cost-benefit “methodologies” are analyses that include three estimations – present value, rate of return, and cost effectiveness. (There are several other common estimations such as the cut-off period and the pay-off period, but as these are mainly used in business where debt financing is used and risk of bankruptcy is an issue, they are not reviewed here.)

Scope of the review

The EECI project did not aim to provide an exhaustive review of early childhood interventions. Rather, its aim was to identify a combination of different types of early childhood intervention programs, where program efficacy had been well researched, or where a cost-benefit analysis had been undertaken. Large scale, well established public programs suggested by respected authorities were given priority. Clinical programs, case identification and treatment programs were beyond the ambit of the review.

Further, the project emphasised programs where the ultimate target population was the child, and, preferably, where the intervention was child-focused or oriented to child outcomes, such as the child’s cognitive, language and social development and school performance. A smaller percentage of the interventions were parent or family oriented. These types of interventions focus on positive changes for the parent (such as parenting knowledge or health and wellbeing) or family (such as economic self-sufficiency), on the assumption that these benefits will have an indirect impact on the child.

4 Resiliency refers to the ability to recover quickly from and adapt successfully to adversity (www.resiliency.com/html/whatisresiliency).

The review also focused on interventions based on an “ecological” model of child development, that is, interventions that are multidimensional, or seek to intervene at the level of the child, the parent or family and the community (sometimes referred to as two generation programs in the United States literature), or comprehensive interventions, which seek to promote a range of positive outcomes, such as enhanced health, school readiness and emotional and social wellbeing.

Selection of early childhood interventions

The first stage in selecting early childhood interventions for the current project involved a systematic literature review of early childhood interventions with published evaluation data. The World Wide Web, relevant electronic databases (for example, Psychinfo, ERIC), English language peer reviewed journals, and expert referrals formed the basis for the search.

This process yielded 108 early childhood interventions. A full summary of these programs appears in Appendix 1. These interventions were largely situated in the United States, and included interventions that are no longer running such as the Perry Preschool Project (1962-1967, Ypsilanti, US) and the Elmira Prenatal/Early Infancy Project (1978-1982, Elmira, US), but have followed up participants over a number of years, as well as interventions that are currently operating (such as Head Start and Early Head Start, both operated at multiple sites in the US).

Effort was also made to obtain information about interventions running in non-English-speaking countries. Information was gathered on interventions such as the Wasi Wasi Home Child care program (Peru), the Early Enrichment Project (Turkey), and the Colombia Promesa Program (Colombia). These interventions, most often run in developing countries, differ from interventions in Western countries in a number of ways. First, expenditure per child is lower; second, staff are generally less well trained; and third, nutrition and physical health is of primary focus, as opposed to developmental health more broadly (Behrman, Cheng and Todd 2004).

A number of Australian interventions were also found via the initial search, such as Best Start (DHS Victoria 2001), Good Beginnings (www.goodbeginnings.net.au) and Families First (Fisher, Kemp and Tudball 2002). Some interventions that were developed in other countries and later taken up in Australia were also found, such as the Home Instruction for Parents of Preschool Youngsters (HIPPY) program, developed in Israel.

Of these 108 interventions, many were demonstration or pilot programs that involved only small sample sizes. In addition, very few involved longitudinal follow-up. The majority of interventions were targeted, typically at children and families from disadvantaged backgrounds – for example, low socio-economic status, children at risk for child abuse and neglect, adolescent mothers, children with behavioural problems.

A variety of intervention strategies were represented – for example, home visiting, centre-based services, group meetings and workshops. Some of the interventions were operated at a single location, while others involved coordination of multiple initiatives at multiple sites. Evaluations of the interventions ranged from weak (small, qualitative studies without a comparison sample) to rigorous (large, randomised, longitudinal studies).

The outcomes measured included child outcomes (typically cognitive, behavioural and social), parent outcomes (typically parenting and parental wellbeing) and family outcomes (typically family relationships and economic self-sufficiency). The longitudinal outcomes examined were most often child outcomes and included crime and delinquency, education, employment and income.

The sample of 108 interventions was then reduced to a smaller subset of interventions that met the essential criteria for inclusion; as previously discussed, a strong evaluation component was essential. This process also aimed to identify a range of different programs in order to provide a broad representation of early childhood interventions. All but three of the interventions operating in Australia (the Positive Parenting Program (Triple P), Baby Happiness, Understanding, Giving and Sharing (Baby HUGS) and Support at Home for Early Language and Literacy (SHELLS)) were “screened-out” on this criterion. Interventions that were not appropriately “child focused”, or did not meet the definition of an early childhood intervention outlined above were also eliminated, as well as interventions that were determined to have inadequate evaluations due to very small sample sizes or inappropriate designs.