Department for Education

Evaluation of the Early Years Experts and Mentors programme

Research report

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Ecorys UK with Professor Kathy Sylva

Government Social Research

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Glossary of terms

CACE	Complier Average Causal Effect
CECIL	Coaching Early Conversation Interaction and Language
CPD	Continuing Professional Development
DfE	Department for Education
EEF	Education Endowment Foundation
EHCP	Education Health and Care Plan
EY	Early Years
EYCDT	Early years child development training (online)
EYFS	Early Years Foundation Stage
EYPP	Early Years Pupil Premium
ICC	Intracluster Correlation Coefficient
IPE	Implementation and Process Evaluation
ITT	Intention-to-treat
IV	Instrumental Variable
LA	Local Authority
MCAR	Missing Completely at Random
MDES	Minimum Detectable Effect Size
MI	Monitoring Information
MNS	Maintained Nursery School
NPD	National Pupil Database
OR	Odds Ratio
PSED	Personal, Social and Emotional Development
PVI	Private, Voluntary or Independent
RCT	Randomised Controlled Trial
RI	Requires Improvement
RSC	Regional Schools Commissioner
SAP	Statistical Analysis Plan

SEND	Special Educational Needs and Disabilities
ToC	Theory of Change
URLEY	Using Research Tools to Improve Language in The Early Years
VfM	Value for Money

Key findings summary

The mixed method evaluation of the Early Years Experts and Mentors programme comprised a Randomised Control Trial (RCT), implementation and process evaluation (IPE) and assessment of cost and value for money. A small-scale process evaluation of the Childminder Mentor Programme was also undertaken.

- The Expert and Mentors programme evaluation found:
    - a positive, statistically significant impact of the on practitioners' confidence in supporting children's personal, social and emotional development (PSED)
    - strong evidence that the programme had a positive impact on practitioners' confidence in supporting children's communication and language development, but this was not wholly conclusive.
- Through the programme, experts, mentors and area leads wanted to share their knowledge and support settings and the sector. Despite some challenges engaging with the programme, generally, settings had a strong appetite to be involved.
- Experts, mentors and areas leads had a good understanding of the programme aims but setting staff were not always clear. Setting staff did not always understand the difference between the 3 roles and this negatively affected some settings' engagement in the programme.
- The programme's hybrid delivery approach was valued. Some questioned the need for the 3 roles and felt the expert and area lead roles were sufficient. There were mixed views on the optimal academic term or duration of support.
- Due to time, some setting staff found it difficult to do the online Early years child development training, but, mostly, it was considered a valuable resource.
- Experts, mentors and area leads reported a range of improved outcomes including enhanced professional development and creating new networks. Setting leaders and staff reported improved skills and knowledge and greater confidence. Improvements to settings were also reported. It was too early to evidence improved outcomes for children, but some examples were given.
- Overall, the programme was assessed to provide good value for money.
- Findings from the Childminder Mentor evaluation resonated with those from the Experts and Mentors programme evaluation. Childminders valued the bespoke

and flexible support offer and gained knowledge, confidence, motivation and enhanced wellbeing from being involved.

Executive summary

About the programmes

In June 2021, the Department for Education (DfE) announced the Early Years Education Recovery funding, a £180m package of support to help the sector recover from the COVID-19 pandemic. It comprised training programmes, qualifications, guidance and targeted whole setting support, delivered through a series of complimentary work programmes, including:

- The Early Years Experts and Mentors programme
- The Childminder Mentor programme

Both interventions offered targeted support and coaching to early years practitioners (setting leaders, practitioners and childminders) by experienced early years professionals – experts,[1] mentors and area leads - who had received programme-specific training. Support was provided across an academic term and included face-to-face and remote delivery.

Participants on both programmes were also able to access new Early years online child development training, which sought to upskill early years practitioners and improve their knowledge of child development and pedagogy to enable them to better support children.

The Early Years Experts and Mentors programme was piloted between April and July 2022 and rolled out nationally from September 2022 to July 2024. The Childminder Mentor programme ran from April 2023 to July 2024.

About the evaluations

In April 2022, DfE commissioned Ecorys and Professor Kathy Sylva to evaluate the Early Years Experts and Mentors programme. The evaluation comprised 3 components:

- a process evaluation of the pilot programme
- a feasibility of impact assessment for the programme's roll out and, subject to the outcome of the feasibility assessment
- a robust impact, process and value for money evaluation of the programme.

[1] The expert role (supporting settings/setting leaders) was not part of the Childminder Mentor Programme

Following the pilot evaluation, and feasibly study, a Randomised Controlled Trial (RCT) was selected to assess impact, accompanied by an implementation and process evaluation (IPE) and value of money (VfM) assessment. Mixed method data collection began in winter 2022 and concluded in spring 2024.

A small-scale evaluation of the Childminder Mentor Programme was conducted alongside the core Early Years Experts and Mentors programme evaluation. The evaluation team collected quantitative (survey) and qualitative (interview and observation) data with participants to understand how the programme had been implemented and to explore perceived impacts. The Childminder Mentor Programme evaluation was not part of the core programme's randomised control trial.

Methods

The evaluation team designed a robust mixed method evaluation for the Experts and Mentors programme to explore programme impact, how the programme was implemented and worked in practice, and an assessment of cost and value for money.

The impact strand used an experimental method (an RCT) to assess whether the programme made a difference to early years practitioners' outcomes, for example, practitioner confidence. This meant that early years settings were randomly allocated to 1 of 2 groups: the intervention or control group, with around half of the participating settings receiving the programme during an academic term (the intervention group), and the other (the control group) 2 terms later.The impact analysis was complemented by an implementation and process evaluation, which comprised refining the programme theory of change (ToC), observing training sessions, qualitative interviews with stakeholders (including those delivering and receiving the programme), and surveys with experts, mentors and area leads. IPE data offered a detailed description of how the programme was delivered in practice, how it was received by participants as well as any perceived outcomes.

The cost and VfM analysis brought together elements of both the impact evaluation and IPE, assessing the programme's value for money, exploring cost per setting, per child, and per outcome.

The small-scale evaluation of the Childminder Mentor programme comprised observations of mentor training, online surveys of childminders, mentors and area leads and interviews with childminders, mentors and the training and delivery partner.

Impact evaluation results

The impact evaluation explored 2 primary outcomes:

1. practitioners' confidence in supporting children's personal, social and emotional development (PSED)

2. practitioners' confidence in supporting children's communication and language development.

The evaluation identified a positive and statistically significant impact of the programme on practitioners' confidence in supporting children's PSED.

There was also strong evidence that the programme had a positive impact on practitioners' confidence in supporting children's communication and language development, but this was not wholly conclusive.

However, the programme did not seem to have any meaningful impact on practitioners' self-reported likelihood of staying in the early years sector. This may have been partly driven by limitations in the design of the secondary outcome measure.

Further sub-group analysis found:

- The programme had a positive impact for practitioners working in settings with higher levels of disadvantage, although the positive effect was slightly smaller for those working in settings with the highest levels of disadvantage.

- Of the 3 cohorts involved in the impact evaluation, there was a particularly positive impact for practitioners involved in the first evaluation cohort who participated in the programme between January and April 2023.

- There was some indicative evidence to suggest that among the practitioners who engaged in the Early years online child development training, the programme had a positive impact on both primary outcomes. However, due to small sample sizes these results should be interpreted with caution.

Implementation and process evaluation findings

Experts, mentors and areas leads had a good understanding of the programme aims. However, setting staff were not always clear about the programme's aims or the difference between the expert, mentor and area lead roles. This lack of early understanding was felt to negatively affect engagement.

Experts, mentors, areas leads and setting staff joined the programme to share and gain knowledge; to support early years providers, practitioners and children recover from the effects of the COVID-19 pandemic, and for some settings to support preparations for Ofsted inspections.

The process of matching experts, mentors and area leads with settings was generally positive. Important factors for successful matches were location, setting type and having prior knowledge of a setting or staff. Experts, mentors and areas leads would have appreciated receiving details of their matched settings earlier.

Common areas of support related to helping children with special educational needs and disabilities (SEND); speech, language and communication needs; behavioural issues and emotional wellbeing.

Stakeholders valued the hybrid delivery approach however, some questioned the need for the expert *and* mentor role, arguing a single role may have been enough.

There were mixed views on the optimal term or duration of support needed. Some felt a term was not long enough.

Although it was difficult for setting staff to find the time to undertake the online Early years child development training, generally, it was considered a valuable resource.

Improved outcomes for experts, mentors and area leads included enhanced professional development and creating new networks. For setting leaders and staff, reported outcomes included improved skills and knowledge and enhanced confidence. Improvements to settings included improved physical environments, curriculum development and minor adjustments to help children's engagement in learning.

While it was too early to talk about improved outcomes for children, some examples were reported relating to improvements in children's PSED, behaviour and speech and language.

Cost breakdown and cost per child analysis

Overall, the programme was assessed to provide good value for money. It falls within the low-cost category using the Education Endowment Foundation's classification. Based on the total estimated programme cost of £4,709,074.61 for the main Experts and Mentors programme; there was an average estimated cost of £3,488.20 per setting and an estimated cost of £75.33 per child over the year (January to December 2023 – the 3 evaluation cohorts). Qualitative feedback from programme participants also suggested that the programme's value for money was at least in line with similar programmes.

Childminder Mentor Programme evaluation findings

The Childminder Mentor evaluation had small sample sizes, but the findings were similar to the wider evaluation findings.

Mentors were motivated to join the programme to share their knowledge and skills. Childminders wanted to get involved to develop their knowledge around the Early Years Foundation Stage (EYFS), SEND, PSED and speech and language development; create networks and improve their confidence and help their business recover from the effects of the pandemic.

The process of matching mentors and childminders was challenging at times, particularly for the early cohorts, but most participants were positive about the match.

The delivery format of working in clusters (area leads and mentors, and mentors supporting a small group of childminders), hybrid (face-to-face and remote) support, and flexibility worked well with one-to-one support being valued more than small group work.

It was difficult for some childminders to find the time and capacity to engage in the programme, but they appreciated the flexible, collaborative approach to session scheduling, and an appreciation of the need for support to be provided outside the working day. Childminders welcomed the 6 hours of support time, and felt this met their needs. Mentors, however, would have welcomed the opportunity to deliver more support.

Childminders engaged in the online child development training to varying degrees, but where they did engage, feedback was generally positive.

Reported outcomes from being involved in the programme included:

- For mentors: an opportunity to share *and* gain knowledge, and new networking opportunities
- For childminders: improved confidence; receiving bespoke support and feeling reassured about own practice; enhanced motivation; improved practice (for example for children with SEND); enhanced wellbeing and morale; local networking
- For children: childminders' enhanced confidence and focus on children's individual development would benefit children in time.

Conclusion and recommendations

Results from the impact analysis showed the Early Years Experts and Mentors programme had positive impact on practitioners' confidence in supporting children's PSED and (less conclusively) communication and language development. Value for money analysis suggests that this positive impact was achieved at a reasonably low cost.

Alongside positive messages from the impact and VfM analysis, discussions with participants showed the programme had been well received by practitioners, who found it beneficial and of high quality.

Positive findings were mirrored in the evaluation of the Childminder Mentor Programme, where participants highlighted the value of reflecting on practice with an experienced peer and having access to a (professional) network, tackling isolation and providing professional reassurance. Underlying the success of both programmes was having a positive relationship with a supportive professional who was able to offer tailored help and advice.

Recommendations from the evaluation included:

- Providing early information about the programme and how it operates to participants, as well as those delivering the programme, to help manage expectations and alleviate any concerns.
- Providing settings with staffing backfill, or financial support to further support them to engage with the programme.
- LAs had potential to raise awareness and facilitate programme delivery and could be further encouraged to support the programme.
- Raising awareness of the online Early years child development training among all early years practitioners.
- Building further flexibility into the programme's duration, extending the standard delivery period beyond a single term.
- Simplifying and streamlining the programme's administrative processes to reduce its burden.
- Ensuring regular and effective communication with participants.

Overall, and most importantly, there was strong support for the two programmes to continue, and strong evidence that continuation (perhaps in a streamlined form) would benefit staff, settings and, in time, children.

Introduction

About the Early Years Experts and Mentors programme

During the COVID-19 pandemic (in 2020 and 2021), young children, particularly those living in deprived areas, lost crucial time in early education and childcare settings. This had significant implications for their development and learning. Well-evidenced as the most crucial stage of child development, the early years and early education is known to support children's social and emotional development as well as lay the foundation for lifelong learning. Research showed that the COVID-19 pandemic set back children's learning and development and may have exacerbated the outcomes gap: one longitudinal study found that, during 2020, disadvantaged 0- to 3-year-olds fell further behind their peers in age-expected language development.[2]

In June 2021, the Department for Education (DfE) announced the £180m Early Years Education Recovery funding to help the sector recover from the effects of the pandemic through training programmes, qualifications, guidance and targeted whole setting support. The package of support expanded existing early years professional development programmes and aimed to help practitioners develop key skills to promote children's early language development and personal, social, and emotional development (PSED).

The Early Years Experts and Mentors programme was part of DfE's wider package of support.[3] DfE appointed a delivery partner to support the administration and roll out of the programme. A training provider was also appointed to train professionals (known as 'areas leads', 'experts', or 'mentors') to enable them to provide support to early years settings.

Following a pilot programme between April and July 2022, the programme was rolled out nationally from September 2022 to July 2024.[4] The programme offered face-to-face or virtual early years support from trained professionals (the experts, mentors and area leads) to early years settings, leaders and practitioners. This included targeted support and coaching for setting leaders, mentoring for practitioners, and whole-setting support where needed:

[2] UK lockdown linked to widening disadvantage gap for babies and toddlers, Department of Experimental Psychology (ox.ac.uk)
[3] Further information about the wider package of support can be found at: https://www.gov.uk/government/publications/early-years-education-recovery-programme/early-years-education-recovery-programme-supporting-the-sector
[4] The pilot programme was delivered in Lancashire and West Yorkshire and the North of England.

- **Area leads** provided guidance and support to experts and mentors. Area leads were expected to be available for 3 days per term to support experts and mentors and 3 days per term to support one early years setting.

- **Experts** provided advice and on the ground support on leadership to setting leaders as well as whole setting support. Experts were expected to be available for 6 days per term, and to support 2 settings, including 3 days of face-to-face support per setting.

- **Mentors** offered advice and guidance to practitioners, as well as supporting practitioners to complete the online Early years child development training (see section: Early years child development training (online)). Mentor support was originally intended to be delivered remotely, with fortnightly meetings taking place online or by telephone, but the scope was revised early in the programme to allow some face-to-face delivery. Mentors were expected to provide 6 hours of support for each of their 4 matched settings. This amounted to one hour, per fortnight, per setting over a term.

In early 2022, experienced early years professionals,[5] could apply for the expert, mentor and area lead roles via the programme's delivery partner website. Those selected for the roles received bespoke, programme-specific training delivered by the contracted training provider. Following the training and allocation of early years settings, experts, mentors and area leads provided support to settings.

DfE intended for the majority of participating settings to be private, voluntary or independent (PVI) nurseries, but the programme was also open to school-based nurseries and maintained nursery schools (MNS) across England. Settings could self-refer to the programme or could be referred by their local authority (LA).[6]

All settings referred to the programme were expected to meet at least one of the following eligibility criteria to:

- have been judged as Requires Improvement (RI) or Inadequate by Ofsted in the last 3 years

- have high numbers of children in receipt of EY Pupil Premium (EYPP)

[5] Experts, mentors and area leads were expected to have at least 3 years' experience, hold a level 6 (or above) early years qualification and to be currently working in an early years setting rated by Ofsted as 'good' or 'outstanding'.
[6] In the pilot programme, settings based in either Lancashire and West Yorkshire or the North of England Regional School Commissioner (RSC) regions were referred by their local authority (LA). However, not all LAs in the 2 RSC regions took part in the pilot or referred settings.

- have high numbers of children with special educational needs and disabilities (SEND)
- have high numbers of children taking up the disadvantaged 2-year-old offer.

There was also flexibility for LAs to refer settings that did not meet the above eligibility criteria (this could apply to up to 20% of the settings in each LA).

In 2023, the programme was expanded with childminders being offered a similar range of support services through the Childminder Mentor Programme.

About the Childminder Mentor Programme

The Childminder Mentor Programme ran from April 2023 to July 2024 and was designed as a peer-to-peer support programme. Childminders were supported by experienced early years professionals who had current or recent experience of childminding.[7] Mentors were expected to provide remote support, but there was some flexibility to allow childminders to meet face-to-face. Childminders were eligible for the programme if they cared for at least one child aged 0-5 years.

The main aims of the programme were to:

- support childminders to identify strengths and weaknesses within their practice and to provide advice, guidance and suggestions to enable improvements in their practice
- encourage and support childminders to engage with DfE's online Early years child development training
- identify children most impacted by the COVID-19 pandemic, including those with significant time out of an early education setting (or with limited home learning support) and advising how they can be best supported
- implement the revised Early Years Foundation Stage (EYFS) Framework 2021, including reducing unnecessary tracking and paperwork
- provide advice for supporting children with Special Educational Needs and Disabilities (SEND) and/or English as an Additional Language (EAL)
- build strong relationships with parents and carers.

[7] Early years professionals were expected to have at least 3 years' experience in the childminder sector, with a focus on children aged between 0-5 years, and either be a current or former childminder. Current childminders needed an Ofsted rating of 'Good' or 'Outstanding' to take on a mentor or area lead role in the programme. Area leads were required to hold a Level 3 early years qualification.

As part of the Childminder Mentor Programme, there were 2 support roles: mentors and area leads. Both provided mentoring support for childminders, with area leads also working with a group of 4 or 5 mentors in a cluster. Mentors and area leads were provided with programme-specific training which was designed and delivered by a training and delivery partner. Mentors and area leads supported a cluster of 2-4 childminders per term, although this varied depending on levels of demand.

Mentors were allocated 6 days per term to provide support. This comprised up to 4 days support per term per cluster of childminders, up to a day per term to plan and prepare and up to a day per term to meet with their area lead. This time excluded training days. Mentors were expected to provide up to 6 hours support to each childminder. Area leads were allocated 7 hours (6 hours to support childminders and an hour for supporting mentors), reflecting additional responsibilities.

The programme covered 4 academic terms. A new cohort of childminders was supported during each term which were as follows:

- Summer term (April-July) 2023 – cohort 1
- Autumn term (September-December) 2023 – cohort 2
- Spring term (January-March) 2024 – cohort 3
- Summer term (April-July) 2024 – cohort 4.

Early years child development training (online)

In addition to the dedicated support for setting leaders, practitioners and childminders, participants in the Early Years Experts and Mentors and Childminder Mentor programmes had access to new Early years online child development training. The online training has been designed to upskill early years practitioners and improve their knowledge of child development and pedagogy to enable them to better support children. A pre-release (Beta) version of the training was available to those taking part in the pilot programme comprising 3 modules. From autumn 2022, the online training was expanded and made available to all early years practitioners. Eight modules were available at the time of writing this report.[8]

[8] The pilot programme included a Beta version of the Early years online child development training, consisting of 3 modules: Understanding child development and the EYFS; Brain development and how children learn and Supporting children's personal, social and emotional development. Further modules were released over the course of the evaluation. The training is available at: Early years child development training: Home page (education.gov.uk)

About the Early Years Experts and Mentors programme evaluation

In April 2022, DfE commissioned Ecorys and Professor Kathy Sylva to evaluate the Early Years Experts and Mentors programme. The evaluation comprised 3 components:

- to evaluate the pilot programme
- to undertake a feasibility of impact assessment for the programme's roll out and, subject to the outcome of the feasibility assessment,
- to undertake a robust impact, process and Value for Money (VfM) evaluation of the programme.

Between April and July 2022, the Early Years Experts and Mentors pilot programme evaluation explored practitioner engagement with the programme and early perceptions of effectiveness in the two participating Regional School Commissioner (RSC) regions: Lancashire and West Yorkshire or the North of England. The evaluation team surveyed over 104 experts, mentors and area leads, 57 setting leaders and 11 practitioners. In addition to the online surveys, the evaluation team carried out qualitative interviews, see Table 1.

Table 1: Summary of interviewees participating in the pilot evaluation

Participant groups	Number of interviews
Training provider and delivery partner	2
LA representatives	31
Areas leads	15
Experts	15
Mentors	15
Setting leaders	13
Practitioners	10
Total	**101**

Interviews were conducted between April and July 2022.

The evaluation of the pilot programme explored awareness and understanding of the pilot programme, getting involved (including motivations, sign-up and referrals), pilot programme delivery, perceived outcomes, and suggestions for improvement. Findings from the pilot study were shared with DfE in late 2022 to inform the national roll-out.

Alongside the pilot evaluation, the evaluation team undertook a feasibility of impact assessment for the national roll out of the programme. With DfE, the evaluation team concluded a Randomised Controlled Trial (RCT) of the programme, supported by an implementation and process evaluation (IPE) and value of money (VfM) assessment, was the preferred approach.[9]

Further information about the evaluation approach is covered in Experts and Mentors programme evaluation methods and in Annex A.

In 2023, the evaluation was extended to include a small-scale and separate process evaluation of the Childminder Mentor Programme.

About the Childminder Mentor Programme evaluation

The evaluation of the Childminder Mentor Programme was conducted alongside the evaluation of the core Early Years Experts and Mentors programme from autumn 2023 to autumn 2024. The evaluation team collected quantitative (survey) and qualitative (interview and observation) data to understand how the programme had been implemented and to explore perceived impacts. The Childminder Mentor Programme evaluation was not part of the core programme's randomised control trial (RCT).

Due to time constraints and availability of resources, the evaluation team focused the evaluation on two (of four) programme cohorts: Autumn term 2023 and Summer term 2024. This approach gave time for the training and delivery partner to set up and embed processes (with the evaluation team collecting data during cohort 2) while enabling the evaluation to capture data towards the end of the programme (during cohort 4).

Experts and Mentors programme evaluation methods

The evaluation team designed a **robust mixed method evaluation** for the roll out of the programme to explore programme impact, how the programme was implemented and worked in practice, and an assessment of cost and value for money (VfM).

Figure 1 shows the programme theory of change which underpinned the evaluation design.

The **impact strand** adopted an experimental method (a randomised control trial or RCT) to assess whether the programme made a difference to early years practitioners' outcomes (see Impact evaluation for further details). A RCT meant that early years settings were randomly allocated to 1 of 2 groups: the intervention or control group. For this programme evaluation, it was possible to adopt a waitlist design whereby the

[9] Following the feasibility of impact report, the evaluation team prepared and published an evaluation protocol and statistical analysis plan (SAP), both are available on the OSF website here.

programme was offered to control settings at a later date. Around half of the participating settings received the programme during one academic term (the intervention group), while the other settings (the control group) received the programme 2 terms later.[10] The random allocation of settings was essential to the research design; it provided a rigorous way to find out whether or not the programme had an impact. Outcomes were collected via pre-test and post-test surveys to early years practitioners in intervention and control settings. Practitioners who responded to both the pre-test and post-test surveys were given a £5 e-voucher for their contribution.

The impact analysis was complemented by an **implementation and process evaluation** (IPE). The IPE comprised refining the programme theory of change (ToC), qualitative interviews with stakeholders (including those delivering and receiving the programme), and surveys with experts, mentors and area leads. IPE data offered a detailed description of how the programme was delivered in practice, how it was received by participants as well as any perceived outcomes.

The **Cost and VfM** analysis brought together elements of both the impact evaluation and IPE. The analysis aimed to assess the programme's value for money, exploring cost per setting, per child, and per outcome.

[10] For example, settings that applied to the programme in the Spring term 2023 and that were randomly allocated to the control group, could take part in the programme from the Autumn term 2023.

Figure 1: Early Years Experts and Mentors programme theory of change

Programme rationale

The Early Years Experts and Mentors Programme aims to support Early Years (EY) professionals (setting leaders, practitioners and childminders) and enrich practice by improving understanding of the EY curriculum, pedagogy and child development and tackling the negative impacts of COVID-19.
Research has shown that better EY practice leads to better child outcomes, particularly amongst the most disadvantaged.

Context

A pilot programme ran in 2 English regions in the Summer term of 2022, and the programme was rolled out across England in September 2022.
Delivery of the childminder strand began in the Summer term 2023.

Inputs and activities	Outputs	Short term outcomes	Medium term outcomes	Impacts
Inputs Department for Education programme funding (£33m) + online training (£4m) Content and delivery of Early years online child development training Commissioned delivery partners to support recruitment of experts, mentors and area leads as well as programme implementation Commissioned training partners to design and deliver training for mentors, experts and area leads **[Childminder strand]** Commissioned delivery and training partner to support recruitment and training of mentors and area leads as well as programme implementation with childminders	Experts*, mentors and area leads encourage EY professionals to complete online child development training 700 mentors, experts and area leads deliver support to participating settings Mentors provide 6 hours of online and face-to-face support to 4 EY settings each term Experts provide 6 days support to 2 EY settings each term (3 days support per EY setting)	EY professionals (/training participants) have an improved understanding of child development and appropriate pedagogy aligned with the EYFS EY professionals (/training participants) have an improved understanding of the evidence base that underpins the EYFS EY professionals increasingly	EY professionals feel more confident in their understanding of child development EY professionals feel more confident to meet the developmental needs of individual children in their setting EY professionals and settings can more effectively identify and feel better able to respond to children's developmental issues connected to COVID-19, in particular speech and language and PSED delays EY professionals' pedagogical practice is aligned with the EYFS Setting leaders have put in place mechanisms that will enable	The negative impact of COVID-19 on speech and language and PSED is reduced, particularly for disadvantaged children Children show improved school readiness Some evidence of narrowing the development gap between more and less advantaged children

Inputs and activities	Outputs	Short term outcomes	Medium term outcomes	Impacts
Activities Build and continuous user testing of online child development training course (by DfE) Recruitment of mentors, experts* and area leads (by delivery partners) Delivery partners match mentors, experts* and area leads to EY professionals/ settings Training partners design and deliver evidence-based training to mentors, experts* and area leads Mentors, experts* and area leads provide support to EY professionals and/or settings (with a focus on COVID-19 recovery) **[Childminder strand]** Area lead and mentor have direct link to Stronger Practice Hubs for networking promotion	Area leads provide 3 days of support to 1 EY setting each term, and to allocated mentors and/or experts* for 3 days each term **[Childminder strand]** Mentors and area leads provide up to 4 days of support to 1 cluster of 2-4 childminders each term Area leads provide up to 3 days of support to allocated mentors	access/engage in high quality CPD EY settings and leaders increasingly support professionals to access high quality CPD and training	ongoing and high quality CPD for their staff EY professionals report increased job satisfaction resulting from the training and support EY professionals report increased intention to remain in the sector Creates a network of EY professionals to utilise after the end of programme	Some evidence of increased retention of EY practitioners due to improved morale and status of the workforce Contributing to a more experienced EY workforce

Influencing factors

- Local Authority (LA) and EY settings' awareness of the programme
- Local Authority and EY settings' willingness to (self-)refer to the programme
- Capacity of LAs to engage/level of engagement by LAs
- Level/quality of engagement by EY professionals/settings
- Level of support and protected time to take part in the programme and to integrate learning
- Wider EY education sector challenges e.g. falling/fluctuating demand for childcare, high stress working environment and high staff turnover
- Wider EY Education Recovery Programme including EY SENCO, Stronger Practice Hubs, EY PDP3
- Children's home learning environment

*The expert role is not part of the Childminder strand of the programme

The following section provides an overview of the evaluation methodology, covering the impact, IPE and VfM strands. A more detailed and technical discussion of impact design and analysis is presented in Annex A.

Impact evaluation

The main aim of the impact evaluation was to **understand whether the Early Years Experts and Mentors programme resulted in higher levels of confidence among early years practitioners to support**:

- children's **personal, social and emotional development** (PSED)
- children's **communication and language development**.

All research questions and hypotheses can be found in the trial protocol.

The evaluation was designed as a **2-group, stratified, cluster-RCT**. Early years settings were randomised by the academic term in which they applied for the programme and allocated to the intervention or control group. The programme comprised 6 cohorts of early years settings, which spanned 6 terms. Three of these 6 programme cohorts were included in the evaluation:[11]

- Spring term (January-April) 2023: **evaluation cohort 1**
- Summer term (April-July) 2023: **evaluation cohort 2**
- Autumn term (September-December) 2023: **evaluation cohort 3.**

Participant selection

Early years settings

Settings which met the **eligibility criteria** (see About the Early Years Experts and Mentors programme) either self-referred or were referred to the programme by their LA and recruited by the delivery partner (further information about why settings signed up to the programme is discussed in Motivations for getting involved). The delivery partner shared the list of settings with the evaluation team for recruitment to the evaluation. In keeping with its aims, the programme supported mainly Private, Voluntary and Independent (PVI) settings but also included school-based nurseries and Maintained Nursery Schools (MNS).[12]

All settings that participated in the evaluation were asked to sign an **Evaluation Agreement** (also known as a Memorandum of Understanding) which outlined the roles

[11] The first cohort of early years settings to receive the programme (in Autumn term 2022) were not included in the evaluation. In part, this was due to the timings associated with agreeing and setting up the evaluation, and to enable time for the programme to embed.
[12] From spring 2023, childminders were eligible to take part in the Childminder Mentor Programme but were not included in the RCT.

and responsibilities of all parties involved (for example, the delivery partner; the evaluation team; experts, mentors and area leads; setting leaders and practitioners). The Evaluation Agreement made it clear that once settings agreed to participate in the evaluation, the expectation was for practitioners to take part in evaluation activities; this included 2 surveys (at pre-test and post-test) even if the setting withdrew from the programme and/or evaluation as part of the intention-to-treat (ITT) approach to the trial and analysis.[13]

Practitioners within settings

As part of the programme design, **setting leaders could nominate one or more practitioner/s to receive direct support from a mentor**. The evaluation team sent the online pre-test survey to all practitioners named in the evaluation agreement 4 weeks prior to settings being randomised. The post-test survey was sent within one term after the cohort's programme end date. More detailed timings can be found in the trial protocol.

For the duration of their participation in the evaluation, setting staff[14] in **control group settings** were asked not to receive any expert or mentor support but were able to engage with the online Early years child development training. Pre-test and post-test surveys were sent before practitioners started the programme to collect outcome data. These control settings were then able to receive the programme 2 terms after randomisation.

Outcome measures

To evaluate the impact of the programme in line with the ToC, the evaluation measured practitioner-focussed outcomes around confidence in supporting children's development and meeting their developmental needs, as well as the likelihood of remaining in the sector (see Figure 1). All outcomes were measured using a **bespoke practitioner outcomes survey** developed specifically for this evaluation. The questionnaire included adapted questions from similar existing surveys (see trial protocol and statistical analysis plan (SAP) for more details).

The evaluation included **2 primary outcome measures** related to practitioners' confidence in supporting children's development:

1. personal, social and emotional development (PSED)

[13] The ITT approach meant that all settings/practitioners would be analysed in the groups they had been randomly allocated to, regardless of the treatment received in practice, withdrawal from the intervention post-randomisation, and/or any deviation from the intended programme implementation. This principle was essential to ensure an unbiased analysis of the programme effects.
[14] Throughout the report, 'setting staff' refers to setting leaders and practitioners. Where findings relate to specific roles, this is made clear.

2. communication and language development.

These were selected based on key areas specified in the programme ToC. Both scales comprised 13 questions, each with 5-point Likert scale[15] response options (ranging from 'not at all' to 'very much'), yielding possible scores between 13 to 65, with a higher score indicating a higher level of confidence in the relevant domain.

In addition to the primary outcomes, a **secondary outcome** focused on staff retention in the early years sector.[16] In the pre-test survey for evaluation cohort 1, there were some issues with the question measuring staff retention. Originally, the pre-test survey included a single question, however, preliminary exploration of the data showed strong ceiling effects.[17] Following this, the evaluation team redeveloped the question into a 4-item scale (see Annex A). The updated outcome measure yielded possible scores between 4 to 20, with a higher score indicating a higher likelihood of remaining in the sector.

Primary and secondary outcomes were measured at 2 timepoints for each cohort:

- Within one month of the evaluation cohorts' start date (pre-test)
- Within a term of each evaluation cohorts' end date (post-test).

Survey response rates by timepoint and evaluation cohort are presented in Table 2. The overall response rate was 46% at pre-test and 37% at post-test. In total, responses across pre-test and post-test could be matched for 413 practitioners, representing 50% of all pre-test completions.[18] These figures were in line with the survey response rate assumed for the power calculations throughout the evaluation (see Sample size section).

[15] A Likert scale is a survey tool measuring attitudes or opinions by asking respondents to rate their level of agreement or feeling on a scale, for example ranging from "strongly disagree" to "strongly agree."
[16] A wider aim of DfE's education recovery support package was to retain early years staff within the sector.
[17] A ceiling effect occurs when an outcome measure has a limited range and many study participants score at or near the maximum, reducing the ability of the measure to detect differences or improvements in the outcome being measured.
[18] There were 2 mechanisms for matching practitioners' responses at pre-test and post-test: (i) using a unique ID generated by the survey software used, where the same unique link were used at both pre-test and post-test, and (ii) fuzzy matching on individual (e.g., names, emails) and setting information (e.g., name, postcode) provided in the surveys where open links were used at pre-test and/or post-test.

Table 2: Practitioner survey response rates (overall and by cohort)

	Evaluation cohort 1	Evaluation cohort 2	Evaluation cohort 3	Overall
Pre-test Invitations	506	833	491	1,830
Pre-test Completions	378	296	174	848
Pre-test Response rate	**75%**	**36%**	**35%**	**46%**
Post-test Invitations[19]	534	404	509	1,447
Post-test Completions	234	156	136	526
Post-test Response rate	**46%**	**39%**	**27%**	**37%**
Matched responses (pre-test and post-test)	184	135	94	413
	49%	**46%**	**54%**	**50%**

It is important to note that response rates could be inflated because, in addition to the evaluation team sending unique links directly to practitioners, open links were sent to setting leaders for cascading to practitioners in their setting. While unlikely, it may be that some respondents completed the survey more than once. This did not however affect the impact analysis, as all duplicate responses were identified and removed from the analytical sample.

Sample size

Detailed sample size calculations were undertaken at key stages in the trial to estimate the statistical power of the study.[20] At randomisation stage, the trial was estimated to be powered for a minimum detectable effect size (MDES) of g = 0.305. This increased to g = 0.384 at protocol stage due to a reduction in the setting level sample size in evaluation cohort 2. However, the parameters used for the sample size calculations were conservative, which led to a final MDES at analysis stage of g = 0.279. More information on the sample size calculations can be found in Annex A.

[19] For evaluation cohorts 1 and 3, the number of invitations sent at post-test is higher than at pre-test. This is because at pre-test, some practitioners responded to the survey via an open link. They were asked for their email address in the pre-test survey, which was then used to administer a unique link at post-test, increasing the overall number of invitations sent.

[20] Statistical power refers to the likelihood of detecting a true effect rather than an effect due to chance. A lower minimum detectable effect size (MDES) enables the detection of smaller effects, while a higher MDES indicates that only larger effects can be reliably detected. Achieving a lower MDES typically requires a larger sample size.

Randomisation

The evaluation team randomised settings into the intervention or control group for each evaluation cohort. In total, 458 settings were randomised:

1. Evaluation cohort 1 (January to April 2023) randomised 187 settings, with 94 allocated to the intervention group and 93 to the control group.

2. Evaluation cohort 2 (April to July 2023) randomised 153 settings, with 78 allocated to the intervention group and 75 to the control group.

3. Evaluation cohort 3 (September to December 2023) randomised 118 settings, with 58 allocated to the intervention group and 60 to the control group.

Impact analysis

In line with best practice, the evaluation team undertook **ITT primary analysis**. This meant that analysis included data from all randomised settings and practitioners based on allocation to intervention or control settings regardless of whether they received the programme or how much support they got. The ITT approach provides a conservative estimate of the impact of the programme as it captures the average effect of *being offered* the programme, rather than participation in it.

The analysis assessed **changes between pre-test and post-test** in the 2 primary outcomes (practitioner confidence in supporting children's development in PSED, and communication and language) between the intervention and control groups. Two-level **multilevel models** were used to estimate the impact of the programme on the 2 primary outcomes. Multilevel models were used to explicitly account for the clustered nature of the outcomes data (in other words, more similar practitioners within the same setting) to produce more accurate and reliable estimates of the treatment effect. Multivariate linear **regression models** were used as an intermediary modelling stage, and Tobit regression models were used to estimate the impact of the programme in the presence of potential ceiling effects in the outcomes data.

Secondary analysis explored practitioners' self-reported likelihood of remaining in the early years sector. The outcome measure was originally a single-item scale. However, ceiling effects were observed in the pre-test data for evaluation cohorts 1 and 2, so an updated 4-item scale was developed during the evaluation to address this. Evaluation cohorts 1 and 2 had been baselined using the original secondary outcome measure, while evaluation cohort 3 was baselined using the updated secondary outcome measure. The updated measure was used for all 3 cohorts at post-test. The different pre-test measure for evaluation cohort 3 required an adapted approach to the secondary analysis. Full details of the approach can be found in Annex A and the SAP.

In addition to the primary and secondary outcomes analysis, the impact evaluation included **additional analytical components**. The evaluation team undertook analysis as follows:

- **Subgroup analysis** to explore whether the programme had a different effect on the primary outcomes among practitioners working in settings with a higher level of disadvantage based on the proportion of children receiving the early years pupil premium (EYPP). This analysis was exploratory in that it was not statistically powered to detect differences between subgroups.

- **Cohort analysis** to explore whether impacts on the primary outcomes varied across the 3 evaluation cohorts. Specifically, whether any changes/improvements in the delivery of the programme led to differential impacts over time. This analysis was also exploratory.

- Analysis to explore **potential interaction effects between the programme and the online Early years child development training**. This was based on the rationale that practitioners taking up the online training offer may experience improved levels of confidence, separate from mentor support.

- **Compliance analysis** to complement the ITT approach. While the ITT analysis captured the average effect of being *offered* the programme (regardless of whether the programme was actually taken up by the intervention group), the compliance analysis captured the average effect of *participating* in the programme by measuring the completion of core programme activities and explicitly including this in the statistical modelling.

- **Missing data analysis** to report on and explore the extent of missingness at post-test and any patterns in the missing data by practitioner and setting characteristics. If missingness in primary outcome data at post-test was found to be higher than 5% of the overall sample, sensitivity analysis accounting for missingness at post-test while estimating the treatment effect on the primary outcomes was to be undertaken.

More details on each of the impact analysis components can be found in Annex A and the SAP.

Implementation and process evaluation

The implementation and process evaluation (IPE) strand aimed to explore practitioner engagement with the programme and perceptions of effectiveness. The mixed methods IPE included several strands of data collection. These are summarised in Figure 2.

Figure 2: Overview of the implementation and process evaluation activities

Observations	Management information	Surveys	Qualitative interviews
• Training sessions for experts, mentors and area leads	• Data collection and analysis of programme monitoring data	• Short proforma to control and intervention settings • Surveys of experts, mentors and area leads	• Training provider and delivery partner • Experts, mentors and area leads • Setting leaders • Early years practitioners

Further information about the IPE activities is summarised below.

- The evaluation team reviewed and refined the programme's ToC (see Figure 1). This was originally developed by DfE, and the evaluation team updated it through consultation with and via a dedicated ToC workshop between DfE and the evaluation team.
- The evaluation team **observed training sessions** for experts, mentors and area leads. This included developing an observation schedule, attending and observing 2 face-to-face training days for experts, mentors and area leads (sessions 1 and 2) and for area leads (session 3) in November 2022.
- **Management Information** (MI) data collection and analysis on:
    - settings' sign-up and diagnostic information
    - delivery monitoring forms from experts, mentors and area leads
    - sign-up and completion rates for the online child development training.
- The evaluation comprised a **short proforma survey of control and intervention settings** to explore what, if any, continuing professional development (CPD) activities had taken place during the evaluation timescales. The evaluation team also collected data on any associated costs for settings.
- During spring, summer, and autumn 2023, the evaluation team administered **surveys** to experts, mentors and area leads. This short online survey was sent in 3 waves to all experts, mentors and area leads. The first survey wave (March/April 2023) included questions about background information, experiences of the training, and views on the matching process and programme delivery as well as perceived impacts for participants. The 2 follow-up surveys (waves 2 and 3) were

administered in June/July and November/December 2023 focused on programme delivery and perceived impacts and included a set of standard questions to allow for comparison across cohorts. Both follow-up surveys also captured basic information from experts, mentors and area leads who had left the programme.

- The evaluation team carried out **interviews** with training and delivery partners; experts, mentors and area leads as well as setting leaders and practitioners: these were conducted online via MS Teams or telephone, depending on participant preference, and video/audio recorded with the participants' permission. Setting leaders and practitioners were given a £20 e-voucher in recognition for their contribution. To enable sufficient time for the programme to have been delivered, interviews with experts, mentors, area leads, setting leaders, and practitioners were carried out towards the end of each term. Table 3 includes further details.

Table 3: IPE interviews[21]

Interview group	Number of interviews	When the interviews took place
Training provider and delivery partner	4 (2 at baseline and 2 at follow-up)	February 2023: baseline interviews with the training partner and delivery partner. March 2024: follow up interviews with the training partner and delivery partner.
Experts, mentors and area leads	45 (15 per cohort, for 3 cohorts)	March, June/July and November/December 2023: interviews with 5 experts, 5 mentors and 5 area leads. The evaluation team recruited interviewees belonging to the same expert, mentor and area lead clusters, wherever possible. Interviewees were selected from English LAs with different characteristics (for example, urban/rural/coastal) and across regions.
Setting leaders and practitioners	39 (8 setting leaders and 5 practitioners per cohort, for 3 cohorts)	March, June/July and November/December 2023: interviews with 8 setting leaders and 5 practitioners Interviewees were from a mix of PVI, MNS, school-based and other settings. They were selected, proportionate to the wider sample, and located in the same local authorities as the experts, mentors and area leads invited to interview.

IPE data analysis

All qualitative interviews were carried out via MS Teams or telephone and were video/audio-recorded with the participant's permission. The evaluation team used the recordings and auto-generated transcripts to write detailed interview notes. The interview data was managed and analysed thematically using NVivo (a qualitative analytical software tool) to deductively and inductively develop themes and sub-themes. Data was triangulated across the data collection methods and participant groups to identify cross-cutting themes.

Data from the IPE surveys (3 waves of the expert, mentor and area lead surveys and the short proforma to control and intervention settings) was checked and prepared for analysis in Excel. The evaluation team produced descriptive statistics using RStudio (a statistical analysis software package).

The delivery partner collected and securely shared the MI data relating to programme delivery with the evaluation team. This data was used to measure compliance and other aspects of programme delivery informing the impact evaluation (such as the number of terms of support received by settings in the intervention group between pre-test and post-test). The use of this data to inform the impact evaluation is detailed in Annex A.

DfE provided the evaluation team with data on the use and completion of online Early years child development training (see Analysis of the online Early years child development data discussed in Early years child development training (online)- MI analysis methods). The Department also provided the evaluation team with details about the programme's costs; these are discussed in the section below.

Costs and value for money

To assess the programme's value for money, the evaluation team **examined cost per setting, per child, and per outcome**. The evaluation team only included outcomes that the impact strand analysis found to be significantly affected by the programme. Information on the outcomes (or benefits) of the programme were collected and quantified through the RCT analysis.

Costs were considered over a **1-year period between January-December 2023** (the evaluation cohorts). Costs related to the Childminder Mentor Programme were excluded from the VfM analysis.

Interview and survey data, and analysis of available MI on costs faced by DfE in delivering the programme informed the VfM analysis. Furthermore, any additional costs

[21] The data collection activities for the Childminder Mentor programme evaluation are discussed in Childminder Mentor Programme methods.

for the delivery partner and training provider; experts, mentors and area leads and settings, were collected for the intervention group.

The cost collection exercise built on the qualitative information collected in the pilot evaluation, which found that whilst experts, mentors and area leads were compensated for their time, settings had to fund staff cover for those taking part in the programme. Administrative burdens (for example, organising visits) was highlighted as a cost. The interviews and surveys conducted for this evaluation explored whether settings were still facing these additional costs, if stakeholders experienced any other additional costs, and if so, the approximate scale of these costs. This included examination of direct costs (such as staff training and other set-up costs), indirect costs (for example, in-kind resources such as buildings/other facilities), additional costs to participants (such as for travel), and any costs resulting from the outcomes achieved.

The evaluation team's early cost exploration process indicated that **delivery costs were, in the main, covered by DfE funding for the programme** (including DfE reimbursing experts, mentors and area leads for costs such as travel to training). Where additional costs were noted, stakeholders were often able to estimate the broad scale of these or provide a possible range but were typically not able to provide a total additional cost figure. As such, the type of additional costs faced were explored qualitatively in the VfM analysis, with ranges provided in pounds (£) where available. These costs were not included in the total cost figure stated in the VfM analysis, due to a lack of robust data to estimate the total value of these additional costs. This meant the total cost figure presented is likely to be slightly underestimated, due to the exclusion of additional relatively small-scale stakeholder costs.

Childminder Mentor Programme methods

In summer 2023, the evaluation of the Childminder Mentor programme began with observations of the mentor training. This included observations of 2 face-to-face training days (the orientation and the final sessions), and 3 of the online sessions. Training days took place at venues across England, with most day-long events scheduled for Saturdays. These were accompanied by shorter 'bite-sized' online evening sessions. In addition, online surveys were conducted with childminders, mentors and area leads.

Table 4: Summary of survey respondent groups

Respondent groups	Survey period	Achieved sample (N)	Response rate
Childminders from cohort 2	January – February 2024	165	57%
Childminders from cohort 4	July – August 2024	155	47%
Mentors and areas leads	July – August 2024	154	72%

Source: Ecorys evaluation data

In addition to the online surveys, the evaluation team carried out a small number of interviews with programme participants and key stakeholders (see Table 5).

Table 5: Summary of interviews by participant group

Participant groups	Interview period	Number of interviews
Training and delivery partner	May 2023	1
Training and delivery partner	August 2024	1
Mentors and area leads	Autumn 2023 (cohort 2)	2
Mentors and area leads	Summer 2024 (cohort 4)	2
Childminders	Autumn 2023 (cohort 2)	3
Childminders	Summer 2024 (cohort 4)	4
Total		**13**

Source: Ecorys evaluation data

Qualitative interview and observation data was analysed thematically in NVivo. Survey data was prepared in Excel and analysed descriptively using RStudio software. The team triangulated data across data collection methods and participant groups to identify cross-cutting themes.

Impact evaluation results

Key findings

The evaluation explored 2 primary outcomes: firstly, practitioners' confidence in supporting children's personal, social and emotional development (PSED) and, secondly, practitioners' confidence in supporting children's communication and language development.

For practitioners' confidence in supporting children's PSED, the evaluation team found a positive and statistically significant impact of the programme for participating practitioners.

For practitioners' confidence in supporting children's communication and language development, there was strong evidence that the programme had a positive impact for participating practitioners, but this was not wholly conclusive.

Finally, the evaluation explored the impact of the programme on practitioners' retention in the early years sector as a secondary outcome. The programme did not seem to have any meaningful impact on practitioners' self-reported likelihood of staying in the early years sector. This may have been partly driven by limitations in the design of the secondary outcome measure.

Further sub-group analysis found:

- The programme had a positive impact for practitioners working in settings with higher levels of disadvantage across both primary outcomes, although the positive effect was slightly smaller for those working in settings with the highest levels of disadvantage.
- Of the 3 cohorts involved in the evaluation, there was a particularly positive impact for practitioners involved in the first evaluation cohort who participated in the programme between January and April 2023. This result was consistent across both primary outcomes.
- There was some indicative evidence to suggest that among the practitioners who engaged in the Early years online child development training, that the programme had a positive impact on both primary outcomes. However, due to small sample sizes these results should be interpreted with caution.

The report authors encourage readers to engage with the detail of these findings as presented below.

Overview of participant numbers

This section presents the participant flow diagram (see Figure 3) to show that:

- a total of 1,309 Early Year settings were approached to take part in the RCT[22]
- 458 were randomised
- 230 were allocated to the control group
- 228 were allocated to the treatment group.

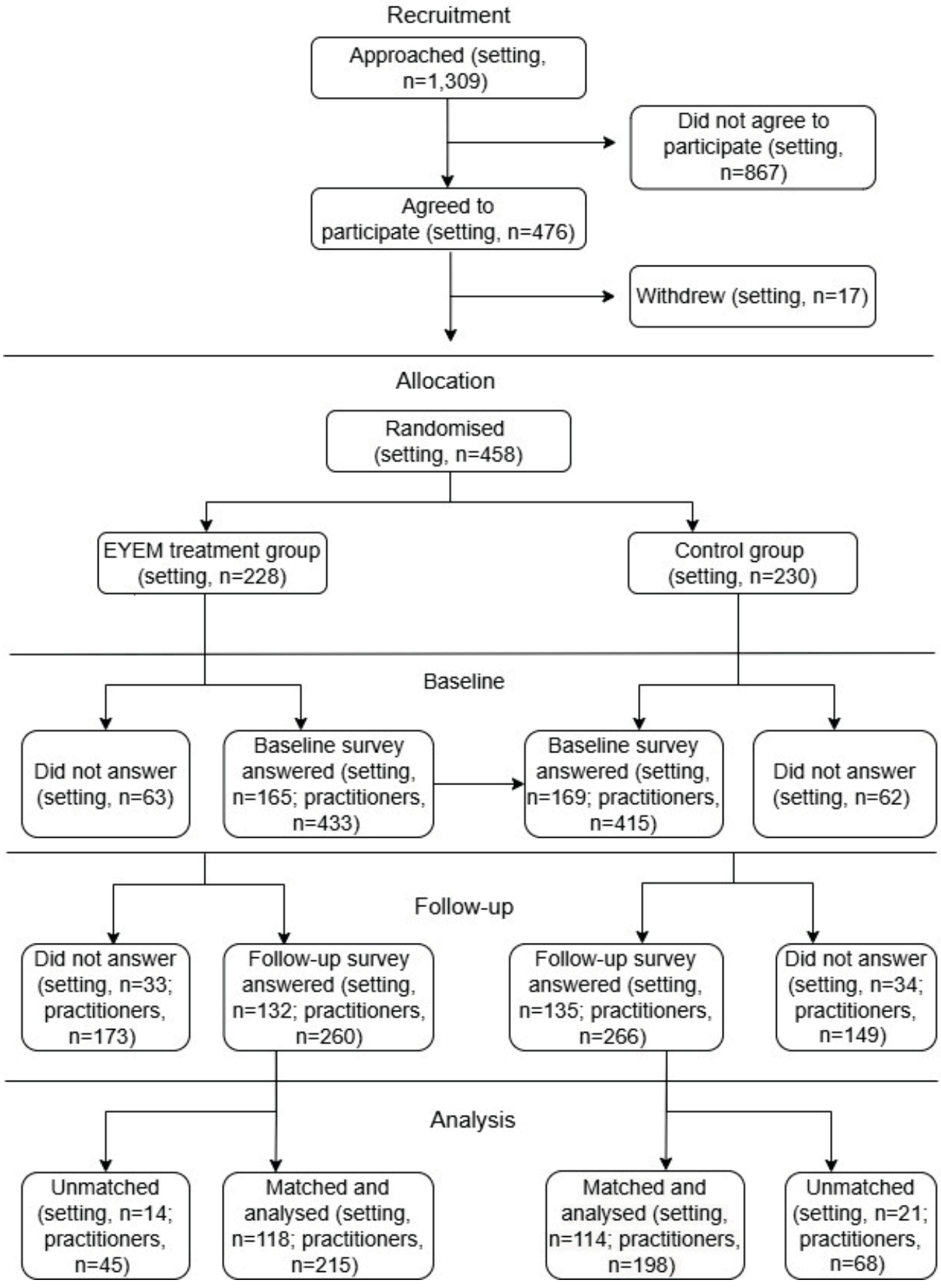
Pre-test data was collected for 848 practitioners, and endline (post-test) data was collected for 526 practitioners.

After cleaning the data for duplicates and matching, **413 valid pre-post matches** (198 for control and 215 for treatment) practitioners remained for the analysis sample. This was across 230 settings, 114 in the control and 116 in the treatment group.

Settings that declined or withdrew from the evaluation most often cited lack of capacity when giving a reason for their decision.

[22] The n=867 settings that did not agree to participate in the RCT could still receive the programme outside of the evaluation.

Figure 3: Participant numbers by trial stage (Jan-Dec 2023)



Attrition

The main source of attrition between pre-test and post-test in this trial was a result of survey non-response at a practitioner level. Table 6 summarises the attrition of practitioners between randomisation and analysis. **The overall rate of attrition between randomisation and analysis was 52%**. This was similar across the control group (53%) and the intervention group (50%).

Table 6: Practitioner level attrition from the trial (primary outcome)

		Intervention	Control	Total
Number of practitioners	**Randomised**	433	415	843
Number of practitioners	**Analysed**	215	198	413
Attrition (from randomisation to analysis)	**Number**	218	217	435
Attrition (from randomisation to analysis)	**Percentage**	50%	53%	52%

Source: Evaluation data

Practitioner and setting characteristics

The evaluation team ran descriptive statistics to assess the balance of the settings' and practitioners' characteristics at pre-test. This determined if any imbalances occurred for each characteristic, using differences in mean. Effect sizes were also calculated for the primary outcomes to explore the magnitude of any differences between the intervention and control groups at pre-test. Given that there was attrition at setting and practitioner levels between pre-test and post-test (driven mainly by practitioner level survey non-response), this section focuses on key areas of imbalance identified in the analytical sample. This informed the sensitivity analyses which the evaluation team used to verify the results of the impact evaluation.

In Annex D: Impact analysis data tables, Table 13 and Table 14 show and analyse the pre-test distribution of settings and practitioners' characteristics across the intervention and control groups at randomisation and analysis stages, using data from the National Pupil Database (NPD) and pre-test survey data. Since the evaluation team followed appropriate randomisation procedures, any imbalances at pre-test would have occurred

by chance. As such, statistical significance tests were not carried out as their premise does not hold in RCTs.

The results indicate that while the randomisation procedure was largely successful in producing balanced intervention and control groups across practitioner and setting characteristics, **attrition between pre-test and post-test introduced some imbalance requiring sensitivity analysis to supplement the primary analysis**. Specifically, the primary ITT analysis was adapted to include the following variables where imbalance was identified:

- number of years working in the early years sector (practitioner)
- age of children the practitioners work with (practitioner)
- Ofsted rating (setting)
- proportion of children taking up the disadvantaged 2-year-old offer (by setting).

The sensitivity analysis examined how the inclusion of these covariates affected the treatment effects estimated in the primary ITT analysis, assessing the robustness of the findings to potential confounding.

Practitioners' highest qualification level was omitted from the sensitivity analysis to mitigate the risk of model over-adjustment, as it was highly correlated with the number of years practitioners had been working in the early years sector (in other words, practitioners with more years' experience were also more qualified). The evaluation team prioritised number of years working in the sector as previous research found it to have a stronger correlation with practitioner confidence than highest qualification level.[23]

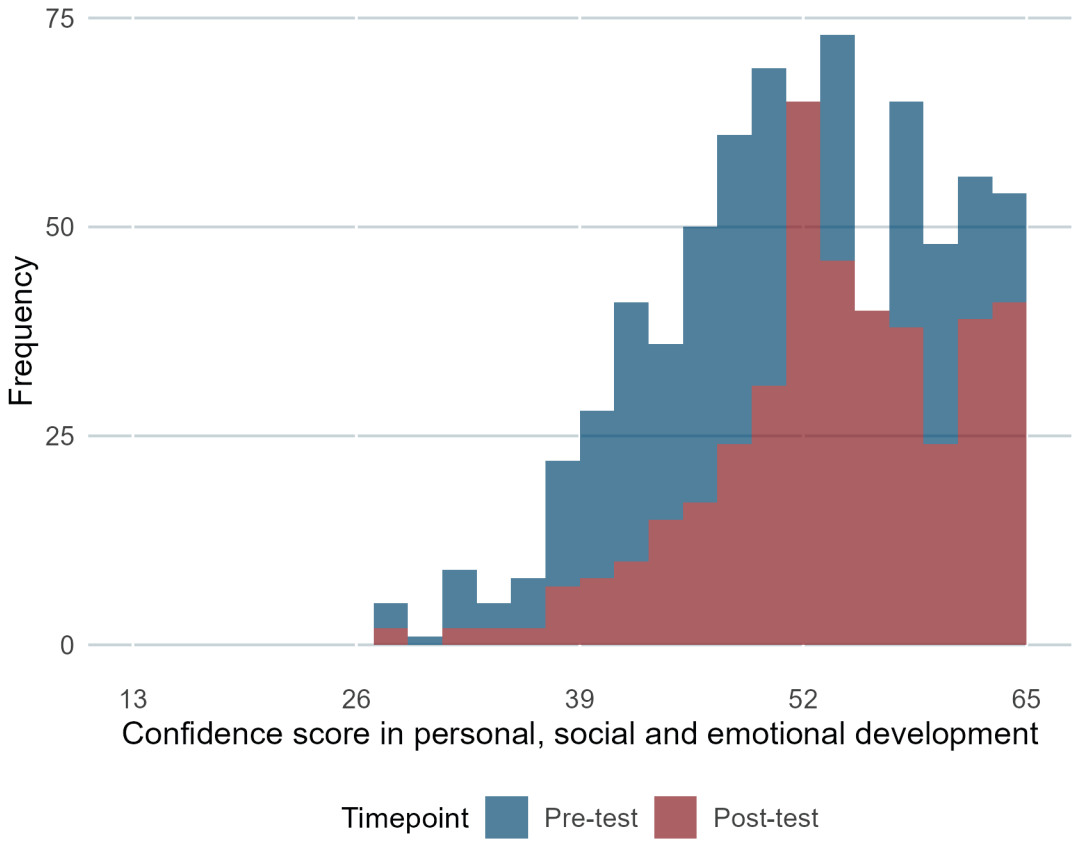
Primary intention-to-treat analysis

The analytical sample comprised practitioners who had completed the outcomes survey at both pre-test and post-test, and where their responses could be matched by the evaluation team (n=413 practitioners). For practitioners in the analytical sample, the confidence scores in PSED and communication and language both had a mean of 55 and a standard deviation of 7 at post-test.

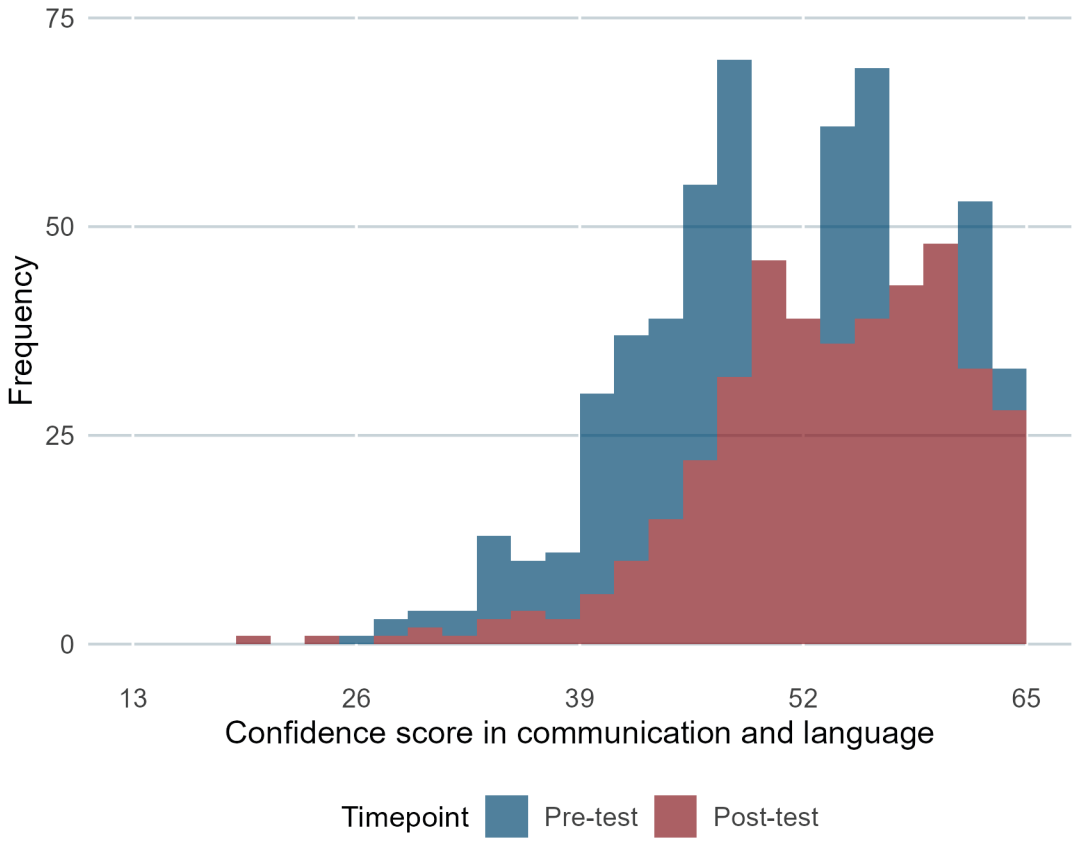
[23] See pg. 16 of the Coaching Early Conversation, Interaction and Language (CECIL) Impact evaluation. Available at: https://www.suttontrust.com/wp-content/uploads/2022/03/Cevaluation cohortIL-Evaluation-Oxford-14.02.2022.pdf

The distribution of the primary outcomes at post-test can be found in Figure 4. The evaluation team had concerns about a potential ceiling effect[24] in both primary outcomes at post-test following preliminary exploration of pre-test data. These figures illustrate that when the sample was pooled across cohorts, there was no strong ceiling effect in either measure. Nonetheless, as a robustness check, the evaluation team applied Tobit regression modelling to ensure that any results were robust to any potential ceiling effects, as specified in the SAP.

Figure 4: Distribution of primary outcomes: personal, social and emotional development (top) and communication and language (bottom) by timepoint



[24] A ceiling effect occurs when an outcome measure has an upper limit, and a substantial proportion of study participants score at or near this maximum value. This limits the measure's ability to detect differences or improvements in the outcome, as (in this case) practitioners cannot exceed the upper range of the scale, even if their confidence improves.



The primary outcomes were positively correlated to their equivalent pre-test measures as follows: PSED (r = 0.558) and communication and language (r = 0.605).

The primary ITT analysis was undertaken as specified in the SAP and methods section. Detailed results can be found in Primary analysis, Table 15. The main analysis showed that the **programme had a positive impact on practitioners' confidence in supporting children's PSED, and this result was statistically significant**. After statistical adjustment in the modelling, the difference in means was 1.9 (55.5 in the intervention group, 53.6 in the control group). This difference equivalised to an effect size of g = 0.266, similar to that which the study was powered to detect. This result was statistically significant (p = 0.003). **This result was robust to the sensitivity analysis** with additional adjustment for practitioner and setting characteristics where imbalance was detected in the analytical sample (adjusted difference in means = 1.6, p = 0.016). The result was also robust to the Tobit regression modelling which accounted for any potential ceiling effect in the outcome measure. This also found a positive and statistically significant effect on practitioners' confidence in supporting children's PSED (adjusted difference in means = 1.7, p = 0.005). In other words, even after accounting for imbalances at pre-test between groups, the programme improved practitioners' confidence in supporting children's PSED.

With regards to other primary outcome measure**, the main analysis showed that the programme had a positive impact on practitioners' confidence in supporting children's communication and language development, and this result was statistically significant**. After statistical adjustment in the modelling, the difference in means was 1.4. This equivalised to an effect size of $g = 0.190$. This result was statistically significant ($p = 0.023$). However, the **sensitivity analysis indicated that while a positive treatment effect remained, this was no longer statistically significant albeit still close to the significance threshold**. When the primary analysis model included additional adjustment for covariates imbalanced in the analytical sample, the size of the positive effect was smaller and no longer statistically significant at the pre-defined threshold (adjusted difference in means = 1.2, $p = 0.065$). Similar results were found when the same covariates were included in a Tobit regression model to account for any ceiling effects in the outcome measure (adjusted difference in means = 1.1, $p = 0.067$). However, it is worth noting that the results do not change direction, and the p-values remain close to the pre-defined significance threshold. These results are therefore still indicative of a positive impact of the programme on this primary outcome.

Summary of primary intention-to-treat analysis

Overall, **the primary ITT analysis has generated evidence of a positive impact of the early years Experts and Mentors programme on practitioner confidence** in supporting children's PSED and communication and language development. The evidence is particularly robust in relation to **practitioners' confidence in supporting children's PSED**, where the effect size is larger, and the results remain statistically significant across the main analysis and sensitivity analyses undertaken. With regards to practitioners' confidence in supporting children's communication and language development, the main analysis identified a positive and statistically significant treatment effect. However, while the positive treatment effect remained present for this primary outcome in the sensitivity analysis, it was no longer statistically significant albeit close to the pre-defined significance threshold still. As discussed in Conclusion and recommendations, it may be that the effects of the COVID-19 pandemic on children's PSED required early years practitioners to prioritise PSED rather than communication and language skills.

Secondary analysis

The secondary analysis indicated that **the programme did not have any meaningful impact on practitioners' likelihood to remain in the early years sector (retention)**. The model results indicated very small and non-statistically significant impacts on the secondary outcome measure, indicative of a null effect. Detailed results are presented in

Table 16.

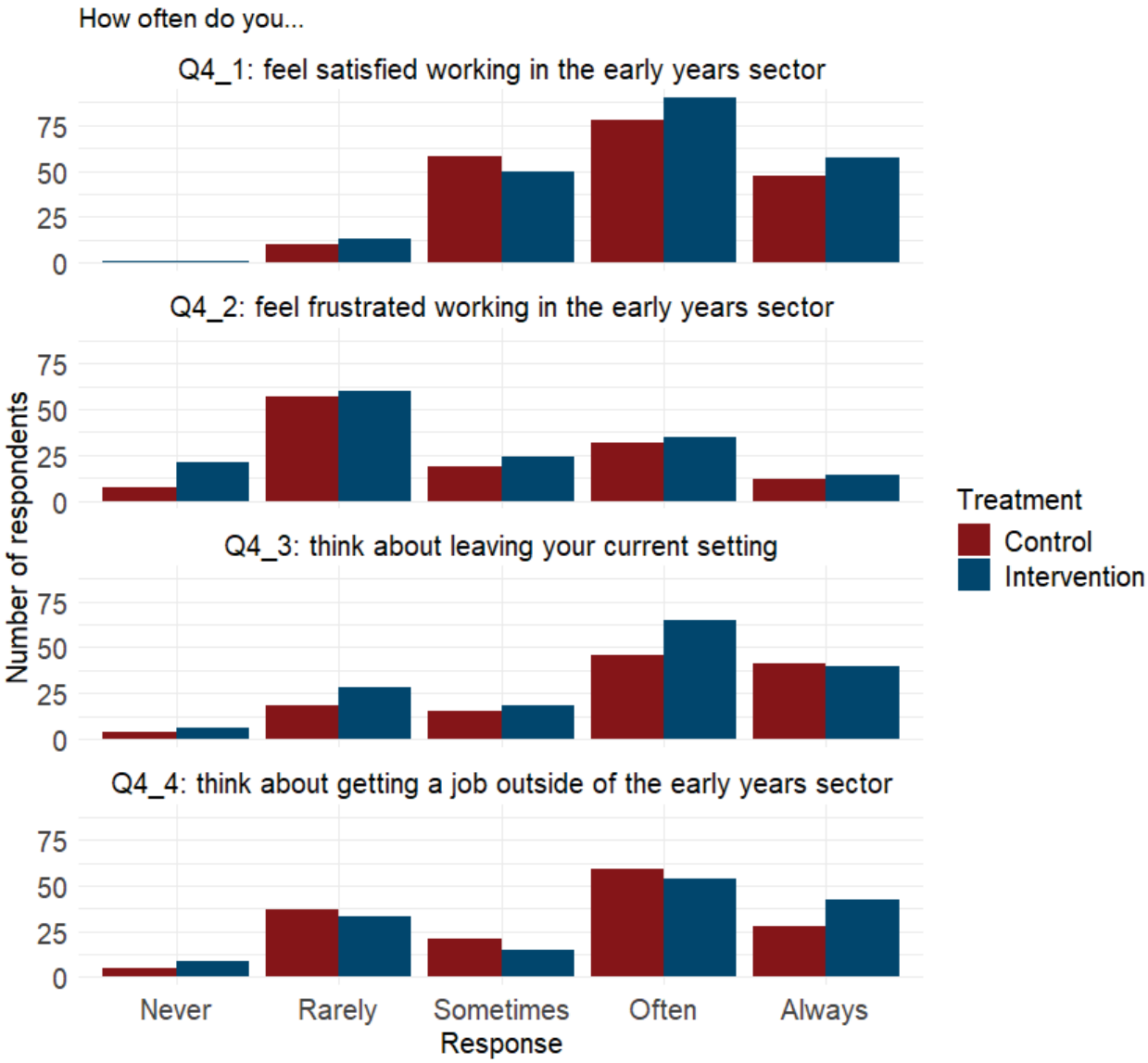
For the model including evaluation cohorts 1 and 2, there was no statistically significant difference (p = 0.244) in the adjusted mean of the retention composite scale in the intervention group (14.6) and the control group (15.7) at post-test. When converted to an effect size, the adjusted difference in means was equivalent to g = -0.224. For the model including evaluation cohort 3 only,[25] there was also no statistically significant difference (p = 0.511) in the adjusted means in the intervention group (11.9) and the control group (12.3). When converted to an effect size, the adjusted difference in means was equivalent to g = -0.158.

In addition, a model which did not include a pre-test score for practitioner expectation to remain in the early years sector was estimated, so that the sample from across all 3 cohorts could be pooled. The results observed were similar, with a small and non-statistically significant difference (p = 0.216) in the adjusted means of the retention composite scale in the intervention group (13.5) and the control group (14.3) at post-test. When converted to an effect size, the adjusted difference in means was equivalent to g = -0.212.

As mentioned above, the results of the secondary analysis indicate that the programme did not have any meaningful impact on practitioners' likelihood to remain in the early years sector. Additionally, **the design of the secondary outcome measure had certain limitations that may have constrained the analysis** which are worth noting. Given the potentially sensitive nature of the questions in the scale, practitioners were given the option to select 'prefer not to say' for any of the 4 questions. However, to maintain the validity of the composite scale, any respondent who selected 'prefer not to say' for at least 1 of the 4 questions was excluded from the analytical sample which limited the power of the analysis and potentially biased the sample. The adjustments required for the change in pre-test between evaluation cohort 2 and cohort 3 further reduced statistical power. Finally, the measure itself was complex, capturing different components of retention, for example, likelihood to leave the current setting, likelihood to leave the Early Years sector. The distribution of the individual items by treatment allocation is presented in Figure 5. Given the different distributions in each individual item, it perhaps is not effective as a composite scale measuring retention in the sector and would require further testing and adaptation in future evaluations.

[25] As a reminder, a separate secondary analysis model was implemented using data from evaluation cohort 3 only as the updated secondary outcome measure was used at pre-test for practitioners in this cohort, while the original measure was used for practitioners in evaluation cohorts 1 and 2.

Figure 5: Descriptive analysis of updated secondary outcome measure items by treatment group



Summary of secondary analysis

Overall, the secondary analysis indicated that **the programme did not have any meaningful effect on practitioner retention,** as there was no statistically significant effect identified across all 3 secondary analysis models. Additionally, **the design of the secondary outcome measure had certain limitations that may have constrained the analysis**.

Summary of additional impact analyses

For the full results and analysis from the additional components of the impact evaluation, please refer to Annex C. This section summarises the key findings from each of these components.

A compliance analysis was undertaken to estimate the impact of *participating in* (or *complying with*) the programme, in addition to the primary ITT analysis which estimated the impact of *being offered* the programme (see Annex A for more information). The compliance analysis results indicated that, overall, **there was positive and statistically significant effect of complying with the programme on both primary outcomes**. As with the primary outcomes analysis, this indicates a positive impact of accessing the early years experts and mentors programme on practitioner confidence in supporting children's PSED as well as communication and language development. There was a stronger estimated impact on practitioner confidence for PSED than communication and language, which was consistent with the results of the primary analysis. Detailed results of the compliance analysis can be found in Table 17.

The missing data analysis showed that there were some **clear patterns associated with missingness at post-test, particularly at the practitioner level**. The evaluation team undertook robust methods to adjust for missingness given the high degree of attrition at post-test. This included multilevel logistic regression modelling and pattern mixture modelling. Results from the pattern mixture modelling were largely consistent with the primary analysis; **once missingness at post-test was accounted for, a positive treatment effect remained across both primary outcomes** (with a larger treatment effect observed for practitioner confidence in supporting children's PSED), although the results fell just outside the pre-defined significance threshold. Detailed results of the missing data analysis can be found in Table 18 to Table 28.

An exploratory and underpowered subgroup analysis was undertaken to assess the impact of the programme on settings with 'higher' disadvantage[26] and settings with the 'highest' disadvantage.[27] While the study was not powered to detect effects between subgroups, the analysis found a **positive treatment effect of the programme on practitioners working in settings with 'higher' and the 'highest' levels of disadvantage**. As per the primary analysis, a larger effect size was observed with regards to practitioner confidence in supporting children's PSED across both subgroups. Additionally, it is worth noting that **the impact of the programme appeared to be particularly pronounced for practitioners working in settings with 'higher' levels of**

[26] Settings with 'higher' disadvantage were defined as settings in the top half (i.e., above the median value) of the sample according to the proportion of children receiving the EY Pupil Premium (EYPP). This therefore captures settings also included in the subgroup with the 'highest' disadvantage, as defined below.
[27] Very disadvantaged settings were defined settings in the top quartile of the sample according to the proportion of children receiving EYPP.

disadvantage, where larger effect sizes were observed across both primary outcomes (PSED: *g* = 0.408, communication and language: *g* = 0.375) when compared to the primary ITT analysis. This finding may be explained by these settings having greater capacity to engage with the programme than those with the highest levels of disadvantage. Detailed results of the subgroup analysis can be found in Table 29 to Table 31.

The results of the cohort additional analysis were consistent with the primary analysis in that **a positive treatment effect was identified across all 3 evaluation cohorts for both primary outcomes**. However, this analysis indicated that **the results of the primary analysis were largely driven by a particularly large positive treatment effect observed in evaluation cohort 1** for both primary outcomes. The size of the effect of the programme decreased substantially in the following 2 evaluation cohorts, across both primary outcomes. It may be that settings involved in evaluation cohort 1 were particularly eager to be involved, which is why this result was found. Detailed results of the cohort analysis can be found in Table 32 and Table 33.

Finally, the evaluation team explored the interaction between the programme and the online Early years child development training. The analysis showed some indicative evidence to suggest that, **among those who engaged with the online child development training, the programme had positive effect on both primary outcomes**. Practitioners in the intervention group that completed the first module (Understanding child development and the EYFS) and at least one other module appeared to benefit from greater increases in their confidence across both primary outcomes. The same was found for those that engaged with the module related to children's PSED (module 3) when looking at the equivalent primary outcome. However, among those who engaged with the module related to children's communication and language development (module 4), there was only a negligible effect of the programme on the equivalent primary outcome. Given the small sample size and absence of a robust modelling approach, these results should be interpreted with caution. Detailed results of this analysis can be found in Table 34 to Table 37.

Implementation and process evaluation findings

Key findings

Overall, experts, mentors and area leads valued the training they received at the start of the programme to help them to complete their role, particularly its face-to-face delivery. Some would have liked follow-up sessions.

Experts, mentors and areas leads had a good understanding of the programme aims. However, setting staff were not always clear about the programme's aims or the difference between the expert, mentor and area lead roles.

Experts, mentors, areas leads and setting staff got involved in the programme to share and gain knowledge; to support settings, staff and children recover from the effects of the COVID-19 pandemic, and for some settings to support preparations for Ofsted inspections.

The process of matching experts, mentors and area leads with settings was generally positive. Important factors for successful matches were location, setting type and having prior knowledge of a setting or staff. Experts, mentors and areas leads would have appreciated receiving details of their matched settings earlier.

Common areas of support related to helping children with SEND; speech, language and communication needs; behavioural issues and emotional wellbeing.

Stakeholders valued the hybrid delivery approach however, some questioned the need for the expert and mentor role, arguing a single role may have been enough.

There were mixed views on the optimal term or duration of support needed. Some felt a term was not long enough.

Although it was difficult for setting staff to find the time to undertake the online Early years child development training, generally, it was considered a valuable resource.

Improved outcomes for experts, mentors and area leads included professional development and creating new networks. For setting leaders and staff, reported outcomes included improved skills and knowledge and enhanced confidence. Improvements to settings included improved physical environments, curriculum development and minor adjustments to help children's engagement in learning.

While it was too early to talk about improved outcomes for children, some examples were reported relating to changes in PSED, behaviour and speech and language.

This section presents the IPE strand findings. Drawing on interviews with the training provider and delivery partner; experts, mentors and areas leads; and setting staff, it explores stakeholders' views of the programme. Throughout, it also draws on findings from the surveys with experts, mentors and areas leads. The section explores:

- Awareness and understanding of the programme
- Motivations for getting involved
- Programme delivery
- Perceived outcomes.

Awareness and motivations

This section explores stakeholders' understanding of the programme and its aims from the perspective of those receiving and delivering the programme. It also discusses clarity around the different roles and participants' expectations for the programme.

Awareness and understanding of the programme and different roles

Views from experts, mentors and area leads

The majority of survey respondents agreed that they had **received enough information about the programme**.[28] Typically, experts, mentors and area leads reported becoming aware of the programme through their LA, DfE newsletters, and/or sector press. In some cases, they were directly approached by the DfE or their LA as part of the recruitment process looking for experienced professionals to sign up to the programme.

The evaluation data showed that experts, mentors, and area leads generally had a **good understanding of the programme** and its aims. They understood that the overarching aim of the programme was to help settings recover from the COVID-19 pandemic, focusing on settings operating in more disadvantaged areas. For the most part, experts, mentors and area leads felt the training they received as part of the programme had enhanced their initial understanding of it. They reported that the handbooks for each role were particularly useful as a blueprint and reference point throughout their time delivering support to settings and staff.

[28] More than three-quarters of experts, mentors and area leads responding to the cohort 1 survey 'agreed' or 'strongly agreed' that they had received enough information about in the programme (77%).

> It was very clear how it fitted in with the COVID recovery programme and the research that sat behind it. This explained why [the training providers] were focusing on areas of learning and development. – *Expert*

Several experts, mentors and area leads involved in the interviews explained that they had undertaken similar (mentoring and/or peer support) roles previously. This had helped them to understand and transition into their role for this programme. One area lead, for example, was an EY team leader within their LA; this provided a valuable foundation for undertaking an advisory role. Others felt that the training for experts, mentors and area leads offered sufficient information about the different roles. It also provided valuable opportunities for experts, mentors and area leads to reflect on and further understand the different roles. However, some experts, mentors and area leads reported difficulties understanding the distinction between their different roles, in particular the expert and mentor roles.

Views from setting staff

LAs often played a pivotal role in recruiting settings to the programme, either by directly making referrals or raising awareness about the programme locally. Although important to the referral process, the level and method of awareness raising and referrals varied considerably between LAs. Once aware of the programme, settings were able to self-refer. Typically, settings that self-referred had a clearer understanding of the programme and its aims than those referred by their LA. Indeed, some setting leaders who were referred to the programme reported a lack of communication and clarity about its aims, with some unsure as to why they had been put forward. Similarly, some experts, mentors, and area leads reported that setting staff did not always fully understand the remit of the programme. However, **setting leaders often welcomed the broad scope of the programme** as they felt it offered an opportunity to shape the support to suit their needs. As settings started to work with their expert, setting staff began to better understand the programme.

The evaluation team also found that some **setting staff were confused about the different roles** of experts, mentors and area leads. Specifically, some setting staff reported being unaware that they would receive support from both an expert and a mentor and were unsure how the 2 roles related. They felt there was a lack of clarity among some settings about the nature, purpose and value of the mentor role over and above the expert role. Any confusion was usually resolved through communication and by experts and mentors adapting their roles to better suit the settings' needs.

Despite these challenges, setting leaders often **welcomed the broad scope of the programme** as they felt it offered an opportunity to shape the support to suit their needs. As settings started to work with their expert and mentor, setting staff began to better understand the programme.

Settings' expectations

As some setting staff lacked clarity about the programme and roles of experts, mentors and areas leads, several setting leaders and practitioners reported entering the programme with **few expectations** about what it would involve and/or achieve. Where setting staff were able to articulate their expectations for the programme, they spoke about opportunities to:

- explore and discuss new ideas for practice
- better support for children with SEND/specific developmental needs
- provide specific support for setting leaders (for example, with leadership practice)
- help boost staff confidence and motivation.

Some setting leaders expressed initial concern that the programme would feel like an Ofsted inspection. However, in most cases, this was dispelled once experts and mentors had contacted and/or visited settings.

Motivations for getting involved

Views from experts, mentors and area leads

When asked what motivated them to participate in the programme, experts, mentors, and area leads offered a range of reasons. Primarily, these centred on **supporting the early years sector and helping it to thrive**. Other key themes from the interview and survey data are outlined below.

- **Sharing knowledge and expertise** within the sector: It was common for experts, mentors and area leads to report a desire to share their knowledge and expertise within the early years sector as the primary motivator for joining the programme. They also expressed a strong belief in the programme's ethos and felt they could use their experience of working in the early years sector to support and enhance the practice of others. In particular, area leads felt they could use their leadership skills to help setting leaders navigate the post-pandemic period and ongoing challenges the sector faced.

- Helping the sector **recover from the COVID-19 pandemic**: Another key motivator for experts, mentors, and area leads was to support settings to recover from the negative effects of the pandemic. They wanted to negate the effects on children's development, particularly children from disadvantaged backgrounds. Some experts, mentors and area leads felt that settings were struggling to develop innovative and creative solutions to support children in the post-pandemic period;

they wanted to offer their expertise and share learning from their own experiences during this time to help improve children's outcomes.

- Experts, mentors and area leads also said they wanted to **support setting leaders and practitioners who were feeling isolated** and demotivated in the wake of the pandemic. One mentor explained:

  > I felt very passionately about coming back after the lockdown to support. I just felt as though I was in a very fortunate situation, I had an extremely strong management team around me, and we stayed super tight over COVID. But I knew, from experience, and a lot of the forums, that many owners were on their knees. And that staff weren't returning as we wanted them to. They were getting jobs elsewhere. And I think the passion had dropped out of the early years sector and that, to me, was horrifying. – *Mentor*

- Supporting **professional development opportunities**: The data showed that experts, mentors and area leads were deeply passionate about their profession and developing their own practice and that of others within the sector. For some, the programme provided an opportunity to take on a mentoring/supporting role for the first time and to work with different types of settings, and understand the challenges they faced (for example, those from school-based settings providing expert support to a PVI). Interviewees also felt that the programme would provide them with the opportunity to network with other professionals and learn from them; an opportunity they were denied during the pandemic.

  > As a senior leader, any opportunity that you have to support settings that are outside of the school sector is really, really important, because they don't have the same level of access to things that we have. - *Area lead*

  As well as their own professional development, experts, mentors, and area leads were keen to support other early years professionals' CPD.

- Other motivations for experts, mentors and area leads included **financial remuneration** for their own setting and to gain new perspectives and fresh ideas from the programme materials.

Views from setting staff

Whilst a lack of clarity about the programme made it difficult for some setting staff to articulate exactly what motivated them to take part (beyond being keen to make use of any support on offer), the reasons cited during interviews reflected those of experts, mentors, and area leads. Setting staff's key reasons for getting involved in the programme are summarised below.

- **Helping children in their setting recover from the impact of the COVID-19 pandemic**. Setting staff explained that they felt children's development had been negatively affected during the pandemic, in part, due to the time children spent away from early years settings. Furthermore, setting staff regularly reported a perception that the pandemic had directly or indirectly led to an increase in the number of children with SEND.
    - Setting staff wanted guidance from an experienced early years professional to help them provide effective support for all children but in some cases, this was focused on supporting children with SEND or those with particular developmental needs.
- Opportunity to **gain new and fresh insights**.
    - Setting staff welcomed the opportunity to gather fresh perspectives and new ideas from other practitioners in the sector. They were keen to reflect on and seek reassurance from a knowledgeable colleague who was independent of their setting. Some setting staff wanted reassurance about their professional practice and how they were supporting children.
- Support with forthcoming **Ofsted inspections**.
    - While many setting staff wanted support to improve their setting's practice, in some cases setting leaders wanted help specifically around improving the Ofsted rating.
- A **CPD opportunity** for staff.
    - Setting leaders expressed a desire to provide their staff with learning and development opportunities. Prior to the programme, setting leaders said that they lacked the capacity to release staff for training and/or the financial resources to do so. Setting leaders welcomed the programme as it provided an opportunity to upskill staff with no direct cost to the setting.

Matching experts, mentors and areas leads with settings

A core element of the programme was matching experts, mentors and area leads to the settings and practitioners they would be supporting. The matching process took place for each programme cohort shortly before the new term began and was overseen by the delivery partner.

On the whole, experts, mentors and area leads reported **positive experiences of the matching process**, as did setting staff. Interviewees explained a number of **factors that**

were important to them when being matched. Experts, mentors and area leads tended to favour settings that:

- were located nearby, that was easy to travel to and not too far away
- were the same setting type as their own setting or where they had most knowledge and experience, for example, whether settings were a PVI, school-based or MNS
- they were aware of, had some familiarity with, or had some contact with previously.

Despite the positive feedback, some interviewees reported **issues with the matching process and/or the match itself**. The matching process involved linking experts and mentors with settings and setting staff. Early in the programme, the delivery partner led the matching process but, over time, area leads had more involvement in the matching process. The large numbers of settings involved in the programme coupled with experts and mentors being located across the country, created logistical challenges for the matching process.

These challenges tended to be a feature in earlier evaluation cohorts when the programme was still in its infancy and processes were being refined. The **main challenges** with the matching process, as reported by experts, mentors and area leads, related to:

- the **timeframes** for communicating details of the match. This evaluation caused a further delay in the matching process for experts, mentors and area leads and settings in the 3 evaluation cohorts. This was due to the need to collect pre-test data and randomise settings once they had signed up for the programme.
- a geographical mismatch, which resulted in experts, mentors and area leads travelling long distances to visit settings; this was particularly an issue for settings and experts (and later mentors) who wanted face-to-face contact (see Delivery for further details).
- a mismatch of setting type with an expert, mentors or area leads' expertise; there were some examples of this leading to some settings not fully engaging with the programme.

> I think it's possibly quite daunting if you're in a PVI for suddenly a headteacher to come in and start mentoring you … I wonder if that might be the reason for lack of engagement. – *Mentor*

- **a misalignment of experts, mentors and area leads areas of expertise with settings needs**; for example, one setting leader reported a need for support with SEND but had been matched with an expert who did not have SEND expertise. In another example an area lead had reviewed and amended which settings were matched with an expert and mentor. They felt this was needed to better match experts' and mentors' skills and experience with the needs of the settings.

As noted above, **area leads had more responsibility for the matching process** as the programme progressed. Area leads felt this was a positive development as they were able to use their knowledge of the experts and mentors alongside local knowledge to optimise the match with the needs of each setting. That said, some area leads found the additional responsibility difficult. These difficulties often related to working in an unfamiliar geographical area, working with experts and mentors newly recruited to the programme and whom they did not know, or wanting more support from their LA. Some area leads would have welcomed additional guidance and support with the matching process, from the LA and/or the delivery partner including having a criterion for the match.

In other instances, area leads found experts and mentors **disagreed with or were disappointed by the match**. Where this happened, area leads had to invest further time smoothing relationships. Similarly, where 2 area leads shared responsibility for matching, this sometimes resulted in disagreements and a souring of professional relationships.

Where LAs were involved in the matching process, experts, mentors and area leads were very **positive about the LAs' involvement** in the process. For others, where LAs had not been involved, a desire was expressed for more LA involvement in the matching process.

Whilst the speed and efficiency of the matching process improved over time, interviewees continued to stress the importance of a timely match and sharing settings' diagnostic information quickly. Any delays in the matching and/or notification process (including receiving setting diagnostics during the delivery period) left experts and mentors reporting they had insufficient time to formulate effective action plans with the settings. Consequently, delivering support in line with the plans were delayed. Experts, mentors, and area leads also reported that delays with matching made it more difficult to support and work with settings who were less engaged and open to receiving support. Experts, mentors, area leads and setting staff were clear that time was key to building good relationships and building trust before support activities started.

Experience of training and readiness for role

In summer 2022, experts, mentors and area leads' training took place. The content was bespoke to the programme, and was prepared, coordinated and delivered by the training

provider. It included online and face-to-face delivery, and combined pre-recorded presentations, facilitator-led activities, and group discussions.

Overall, experts, mentors, and area leads valued the training. Survey findings indicated that a majority of participants found the training to be 'very' or 'quite effective' across a range of outcomes (see Table 7).

Table 7: Proportion of experts, mentors and area leads who found the training very or quite effective

Training outcomes	%
Knowledge of the aims and objectives of the Experts and Mentors programme	85%
Awareness of key developments in the early years sector	76%
Confidence in coaching and mentoring	74%
Confidence in supporting settings through change	72%
Knowledge of the online Early years child development training	61%
Knowledge about young children's development	66%
Leadership skills	70%
Mentoring skills	76%
Preparedness for my role overall	67%
Base	*420*

Note: Survey response options ranged from very effective to very ineffective.

During the interviews, many experts, mentors and areas leads explained that the **training content was high-quality, informative and suited the different roles**. They found the training to be well structured and offered a range of sessions to support knowledge development across a range of topics. Interviewees described the training providers as experienced and well-informed and valued the high-quality training resources. In particular, these were useful for informing experts, mentors and area leads' approach to supporting settings.

> I thought the training was well put together, especially as they were offering it to quite a wide range of people with different experiences and who have worked in different settings. - *Expert*

Experts, mentors, and area leads **appreciated the opportunity to take part in face-to-face** training, citing the benefits of being able to interact with other participants and ask the trainers questions. For earlier evaluation cohorts, the opportunity to work

collaboratively was reported to be particularly important due to the limited opportunities for networking during the COVID-19 pandemic.

> The training is really good in terms of networking and making very clear what my roles and responsibilities were. It was really useful sitting down with other area leads. We got an idea of what we had to do and what that was going to look like in practice. - *Area lead*

Several experts and mentors highlighted the value of the role-playing activity as part of the coaching and mentoring session. They felt this gave them a good understanding of how to develop positive relationships with mentees.

While the **training was viewed positively** by most, some experts, mentors and area leads felt the training could have benefitted from being more practical. Specifically, some interviewees felt there was a disconnect between receiving information about the programme and the day-to-day practicalities of delivering support to settings. One area lead, for example, felt that participants should have been given more guidance on dealing with challenging situations. Others reported that if they had not taken on similar roles before, they would have struggled with delivery, despite taking part in training. Indeed, some felt that their prior experience had prepared them more for their role than the training had.

Other experts, mentors, and area leads felt that the training was pitched at the wrong level. For some, the **content and pitch** was too high, but for others it was deemed too low. In particular, area leads argued the training had covered topics and aimed to build skills that the participants already had so provided little value. However, these views were very much in the minority.

Some interviewees felt that **follow-up training sessions** would have been very useful to reflect on delivery and discuss best practice. They explained that although they found the training helpful, it was difficult to anticipate what issues might occur in practice. A reflective session would offer an opportunity to discuss and share experiences with peers.

> Sharing practice is so important, it’s quite good to come back, reflect, and look at what’s really working. - *Mentor*

Programme delivery

Drawing on the interview and survey data, this section explores how the programme was delivered in practice. It covers setting staffs’ experiences of receiving support including examples of programme delivery and what they said worked well and less well. This

section also includes practitioners' reflections on the online Early years child development training.

Focus of delivery

In line with the programme's aims, expert, mentor and area lead support for settings primarily focused on COVID-19 recovery. Setting leaders stressed the importance of getting **targeted support** specific to their setting, which sometimes extended beyond the impacts of the COVID-19 pandemic.

> Whilst the underlying objective is with regard to post COVID and the problems that those children are still having, [our expert] has been able to also help us with additional topics, which will still support those children. - *Setting leader*

When they signed up to the programme, setting leaders were asked to provide information about their areas of need via a **diagnostic tool**. This information helped to inform the match between experts, mentors and settings. It also provided experts, mentors and area leads with information about the setting's needs and priorities before they began working with them. In practice, it was common for settings needs to change and evolve over time. Typically, the scope and focus of support was decided between the expert and the setting leader using a combination of settings' diagnostic information, initial conversations, in-person observations, and, in some cases, recent Ofsted reports to further inform the focus of the support the setting would receive.

The evaluation data showed that the focus of support delivered varied between settings and was closely linked to each settings' particular needs. Commonly, settings received **support to help children with**:

- SEND, including support processes around applying for Education Health and Care Plans (EHCPs)
- speech and language/communication
- behavioural issues
- emotional wellbeing

Some settings also wanted support to help improving children's readiness for school.

In addition to supporting children, setting leaders frequently requested help with **upskilling staff**. In particular, staff training sessions provided by experts, developing staff knowledge of the early years foundation stage (EYFS), curriculum development, and enhancing engagement and communication with parents and carers. A small proportion of interviewees in evaluation cohort 3 referred to wanting support with PSED. Although

the IPE sample sizes were small, this may help explain the differences reported between evaluation cohorts for the primary outcome (see Primary intention-to-treat analysis).

Key activities

Experts, mentors and area leads used a range of tools and activities when supporting settings. Setting-level action plans were commonly used which listed the main activities and actions to be delivered as part of the programme. Action plans were usually produced with setting leaders and, at times, included practitioners to help ensure the support was tailored to the settings' needs. Experts and some setting leaders indicated that **action plans were crucial to ensuring tailored support was delivered effectively** and that actions remained specific and focused. Key actions were tracked, with experts, mentors and area leads regularly reviewing progress with settings.

> At the end of every session, there was always quite a detailed action plan which was really helpful for us to go back to. – *Setting leader*

Action plans informed (and were informed by) other key activities delivered to settings, such as **in-person observations**. This involved experts, mentors and/or area leads visiting settings or specific rooms, sometimes in a pair, to observe staff practice and interactions with children. Interviewees explained that observations were incredibly valuable for understanding more about how a setting worked in practice and for informing areas for development (see Outcomes for settings).

There were some instances where setting leaders and practitioners **visited experts, mentors or area leads' own settings**. This provided an opportunity for them to demonstrate their own practice. Observations often prompted further dialogue between practitioners and leaders from different settings and encouraged them to share feedback and good practice.

> [The expert] has been really helpful. I went and visited her and her setting, which was really nice to see another setting and how they work. I had a chat with their manager, and she gave me a lot of support with things that were new to me. – *Practitioner*

Several settings wanted advice and guidance about **improving the indoor and outdoor environments**. They wanted to make these spaces more accessible to children and enhance the spaces so staff could better meet children's developmental needs. Experts, mentors and area leads reported several examples of working with settings to create or repurpose gardens and outdoor play areas, as well as indoor reading and quiet spaces. For example, a calm environment to support wellbeing, emotional resilience and reading, where staff could support children's early literacy.

Case study: Supporting children's meaningful outdoor experiences

A setting with limited resources had a small outdoor play area and had been struggling to use it to its full potential. The setting leader wanted support from the expert to make it a space where children could have better outdoor experiences and provide better learning opportunities.

The expert initially observed how the children in the setting were engaging with and using the outdoor space. This informed their discussion with the setting leader, where the expert suggested new and cost-effective ideas and meaningful approaches that the setting could adopt to improve children's outdoor learning and experiences, and support practitioners' delivery of their curriculum. This included getting the children to collect fallen leaves, count them, describe their shapes and colours and then use them to make collages. The expert shared further ideas such as getting the children to make 'mud boards' and encouraging them to engage in messy outdoor play.

The setting leader took these ideas and the experts' advice forward and spoke with practitioners to implement them. Consequently, children began having more meaningful interactions in the outdoor area consisting of play and learning about nature.

As per the programme design, **coaching and mentoring underpinned the support** delivered to settings. Typically, coaching was targeted at specific setting staff. For example, one expert gave the example of working with a setting leader to develop their leadership skills, focusing on task delegation and team management. In some cases, mentors worked with a small number of practitioners; in other instances, all staff members participated in mentoring sessions. Experts, mentors and area leads reflected that offering support to those that needed it most worked well and made best use of available resources.

Reflections on support received

This section discusses feedback on support received through the programme, bringing together findings from interviews with setting leaders and practitioners.

Format and mode of support

Most frequently, support was delivered via a combination of **face-to-face visits and virtual communication** (for example, MS Teams or Zoom meetings and phone calls). Mentor support was initially delivered online only (in line with DfE guidance) but moved to

a hybrid delivery model when the guidance was updated in response to findings from the pilot evaluation. This change was welcomed by both mentors and practitioners.

> You can go in [now] and do a face-to-face visit with the setting, which is great, because how can you expect to build relationships with these people and help and support them if you never fully meet them? – *Mentor*

The evaluation team's analysis suggests that a **hybrid approach to delivering support worked best** for experts, mentors, area leads and settings. This enabled delivery to be tailored to meet the needs of those involved. Face-to-face delivery worked particularly well during the first few sessions because it facilitated relationship building, established clear communication channels, and helped build context to the support needed. Setting staff were happy to continue to receive support virtually or via phone calls for the remainder of the delivery period with in-person visits when needed.

Communication between settings and experts, mentors and area leads

Overall, **setting staff were satisfied with the level of communication** from experts, mentors and area leads. They appreciated regular ad-hoc communication via phone calls and emails and felt confident to reach out to ask questions or discuss support. A small number of setting leaders and practitioners reported problems contacting their expert, mentor or area lead. Where this occurred, they tended to have a negative experience of the programme. It was more common for experts, mentors and area leads to find it difficult to contact setting leaders and practitioners. Whilst they understood the pressures settings were under, experts, mentors and area leads said some settings' lack of engagement limited opportunities for them to benefit from the programme. This finding suggests that regular contact and communication between settings and experts and mentors, coupled with a motivation to engage, was key to the programme's success.

Time for supporting settings

As part of the programme (see **About the Early Years Experts and Mentors programme**), experts and areas leads were expected to provide up to 6 days of support per term. For mentors, this was up to 4 days. Interviewees had **mixed views about the most appropriate term in which to deliver and receive support**. Some suggested that the Autumn term was not ideal due to it being a busy term, particularly in the run up to Christmas. However, others argued the Summer term was extremely busy and would have preferred to have received support in the Autumn and Spring terms. As discussed in the Summary of additional impact analyses, this may help to explain the particularly large positive treatment effect observed in evaluation cohort 1 for both primary outcomes (cohort 1 received the programme in the Spring term (January-April 2023)). Interviewees explained that receiving support earlier in the term tended to be preferable to the end of term.

The evaluation data suggested that the **amount of support provided varied** in practice. Experts, mentors and area leads' survey data, for example, indicated that the number of hours mentors spent delivering support varied between evaluation cohorts, but with more than two-thirds of mentors spending at least 5 hours supporting settings across the 3 cohorts.

Finding time to take part in the programme was often a challenge for setting staff. Primarily, this was due to settings having limited capacity and the need to juggle competing priorities. As setting leaders had responsibility for ensuring staff-child ratios were met, and wanted to make sure staff were not overworked, it was sometimes difficult for them to meet with experts and mentors. On occasion, this led to last minute cancellations and/or non-attendance, which was a cause of frustration for those delivering support. Some setting leaders said they used their own time for programme activities.

The survey and interview data from experts, mentors, area leads and setting staff suggested that **1 academic term was not always considered to be long enough** to deliver support to settings. Many experts, mentors and area leads explained that it took time to build trusting relationships with setting leaders and practitioners. Furthermore, sufficient time was needed for setting staff to implement changes and allow these to embed before meeting with the expert or mentor again.

> You were trying to provide support to a setting, get all the visits in, do as much as you can in terms of an action plan and see the process through, but within a very short time frame. – *Area lead*

Many setting staff also raised concerns about the short delivery period. Several interviewees, regardless of role, suggested the support might usefully be extended by a term. The qualitative data suggested that some received support across 2 terms; this was not supported by the data collected via the impact evaluation. It may be that some settings received support later than intended and that this went over 2 terms. For example, the evaluation team heard reports of the matching process being delayed and experts being unable to make initial contact with settings until weeks into the delivery period. Some experts, mentors, area leads and setting staff argued that having a longer timeframe in which to deliver and receive support would be beneficial for both settings and experts and mentors. Indeed, some experts, mentors and area leads found it difficult to balance their role on the programme with their wider professional commitments (for example, working in the LA or another early years setting).

> I think the programme itself was very late. So, we were due to have this term [January to April] ... but it didn't start until 6 weeks into the year. So, we have lost the first half. – *Setting leader*

Relationships between setting staff, experts and mentors

Setting staff typically reported having a **positive relationship** with their experts or mentors. Where relationships worked well, these tended to be:

- built on mutual understanding and trust
- facilitated by setting staff being from the same local area and/or the same type of setting as the experts and mentors
- when experts' and mentors' knowledge and expertise aligned with settings' needs.

Some setting staff also felt experts' and mentors' personalities played a role in building relationships. Setting staff valued experts and mentors who were professional, polite, approachable, reliable and trustworthy. They praised the 'peer support' approach to the programme which they felt fostered informal yet professional relationships.

> She [the expert] is very knowledgeable, really knew her stuff and gave really good advice. I've been lucky. I do feel lucky that she was very approachable, and she really knew her stuff. – *Setting Leader*

Experts, mentors and area leads reflections on delivery

This section explores experts' and mentors' views of programme delivery. Overall, the data showed that those responsible for delivery enjoyed taking on their respective roles and supporting settings.

Programme administration

During the earlier stages of programme implementation, experts, mentors and area leads who were involved said the **early administration of the programme could be improved**. They reported that the programme was administratively burdensome and that this took valuable time away from supporting settings. In response to these concerns, **DfE and the delivery partner made several changes to the programme** during the evaluation period. Feedback from interviews during evaluation cohort 3 suggested that these **changes had led to improvements**. For example, initially the programme used Excel spreadsheets to record time spent delivering support to settings and this later moved to an online portal. Experts, mentors and area leads reported that the online system was easier to navigate and enabled faster data submission. Despite these improvements, a small number of interviewees would have liked further support and guidance with the online portal.

A further common frustration that experts, mentors and areas leads shared with the evaluation team related to **delays in being remunerated** for time spent delivering the programme. This was particularly frustrating for experts, mentors and area leads that

wanted to use these payments to support their own setting, having signed up to the programme on the understanding they would be remunerated. Both survey and interview data from experts, mentors and area leads showed that some considered leaving the programme as a direct result of these delays. A small number of area leads also gave examples of experts and mentors with whom they worked who had left the programme. DfE were aware of the issues and sought to address this by investing additional staff time in resolving any claims promptly. DfE's actions appeared to have been successful as **fewer participants involved in evaluation cohort 3 reported problems with renumeration delays**.

Working with other experts, mentors and area leads

Experts, mentors and area leads worked in clusters to deliver support to settings. For the most part, **working in clusters worked well**. On the whole, experts, mentors and area leads quickly developed positive working relationships and agreed ways of working. Some experts, mentors and area leads created WhatsApp groups to communicate about the programme, share ideas, and discuss issues that emerged during delivery support to settings.

Interview data suggested that area leads worked proactively to engage experts and mentors. For example, they set up regular calls to discuss progress and coordinate support to settings which experts and mentors appreciated. The data from the surveys of experts, mentors and area leads across all 3 evaluation cohorts showed that around three-quarters were either 'very well' or 'extremely well' supported by their area leads.[29]

> The area leads that I was working with were really good at giving me information and keeping in touch. – *Mentor*

Where there was a clear understanding of the separate roles and how they were intended to work in parallel, clusters worked effectively to support settings. However, where clusters were less effectively managed by their area lead and/or had less well-established communication channels this could lead to role overlap and caused confusion for settings. For example, some **questioned whether the programme needed both an expert and mentor to be involved in delivery**, and others whether there needed to be an area lead, or whether responsibilities could be managed collectively by experts.

[29] For evaluation cohorts 1, 2 and 3, 73%, 72%, 74% of respondents respectively indicated that they were 'very well' or 'extremely well' supported by their area leads. Very few respondents indicated that they were not well supported (2% of respondents for evaluation cohorts 1 and 3 respectively, and 1% for evaluation cohort 2)

Early years child development training (online)

The online Early years child development training (EYCDT) is part of the wider Early Years Recovery Programme and was a key part of the role of mentor in the Experts and Mentors programme. Mentees were encouraged to complete the training and discuss it with their mentor, although this was not mandated. The training was rolled out over time and by the end of the evaluation (in September 2024), the following modules were available:

- Module 1 – Understanding child development and the EYFS
- Module 2 – Brain development and how children learn
- Module 3 – Supporting children's personal, social and emotional development
- Module 4 – Supporting language development in the early years
- Module 5 – Supporting physical development in the early years
- Module 6 – Mathematics
- Module 7 – Effective curriculum and assessment
- Module 8 – Supporting individual differences and needs[30]

The online Early years child development training was (and still is) freely available to any early years practitioner via a simple sign-up process, regardless of whether they were taking part in the Experts and Mentors programme. The training aims to help early years practitioners build and strengthen their knowledge and understanding of child development so they can best support the children in their setting.

Administrative data detailing registration for and completion of the child development training was supplied by DfE and analysed as part of the evaluation. The results of this analysis, along with a summary of methods, can be found in Annex . The text that follows is based on IPE data only.

Awareness and sign-up for the online Early years child development training

Setting staff were **commonly made aware of the online Early years child development training by their mentor**, however, some settings knew about the training before their involvement in the programme. Practitioners reported finding the sign-up

[30] Module 8 – Supporting individual differences and needs was released after the evaluation data collection period.

process straightforward and where they struggled, they often received support from their mentor. In keeping with the programme aims, the evaluation findings suggested that mentors often played a key role in supporting practitioners to access the training, in addition to guiding them through the modules.

Not all practitioners were aware of the online Early years child development training or had been made aware of it by their mentor; a finding that is supported by interviews with mentors. Where this was the case, during the evaluation interviews, practitioners expressed an interest in learning more about the training.

Setting leaders typically decided which practitioners should sign up to do the online training, with some leaders selecting less experienced staff members for the training. Practitioners reported being pleased that free professional development was available to those who wanted it.

Reflections on the Early years child development training

Setting staff were generally positive about the online child development training. Practitioners said the content was engaging, topics were interesting and the format user-friendly (for example, they found the system easy to navigate). This was supported by survey data where over two-thirds of mentors either 'agreed' or 'strongly agreed' that practitioners engaged with the content and found it informative.[31] Where practitioners were either less experienced or newly qualified, the training was typically reported to have supported their learning. For more experienced practitioners, the training was usually viewed as an effective way of refreshing existing knowledge.

Not all the feedback about the online Early years child development training was positive. Some practitioners reported that the content was too text-heavy and with too few audiovisual aids (such as videos).[32] Furthermore, some setting leaders and mentors suggested that the training would be challenging for those who did not have formal early years qualifications as it required a good foundation-level knowledge of child development. In contrast, others reported that the training was too basic and covered material that they were already familiar with and felt they did not need to cover again.

Practitioners **appreciated the guidance their mentor provided** to support their engagement with the online Early years child development training. In particular, the regular catch-up calls were useful as this provided a forum to discuss specific modules' content. Practitioners also valued the flexibility to complete the training modules in line

[31] Seventy-eight per cent of respondents from evaluation cohort 1, and 63 per cent of respondents from evaluation cohort 2 agreed that practitioners found the content informative. Please note, survey data for this question was only available for evaluation cohorts 1 and 2.
[32] It is important to note that the content of the child development training was evolving over the course of the evaluation, with the gradual introduction of more interactive features, including videos.

with their own needs and knowledge gaps, rather than having to complete each module sequentially.[33]

Some practitioners found it **difficult to find the time** to complete the online training. Survey data showed that around half of practitioners who progressed with the online training felt they did not have enough time to complete it. Interviewees explained this was linked to competing work priorities with some setting leaders expressing concern that the training added unnecessary pressure on practitioners' time; a finding supported by some practitioners. On a practical level, setting leaders struggled to release practitioners from working with the children so they could access the online training during working hours. Some noted that there was often a cost associated with releasing staff as staff-to-child ratios needed to be maintained but staffing costs were not covered by the programme.

Setting leaders were keen for practitioners to complete modules during working hours rather than in their own time. This was in part to help ensure they were able to maintain a good work-life balance. There was a reluctance to risk overwhelming practitioners with additional training, particularly those engaging in other CPD activities. Some practitioners managed to overcome time pressures by doing the training during less busy periods.

Case study: Supporting practitioners with the online Early years child development training

One mentor applied the same approach with all practitioners they worked with to support progression with the online child development training. The mentor had an initial discussion with each practitioner to better understand their strengths, areas for development and what they hoped to get out of the training.

To further tailor the support to practitioners' interests and knowledge gaps, the mentor supplemented the online training by sharing other DfE resources and visual aids. These were focussed around adult interactions with children and were designed to build children's self-esteem. In turn, practitioners were able to make links across themes relevant to their practice.

The key to this mentor's approach was being flexible and adopting a practitioner-led approach. This included exploring with practitioners how they would apply learning from the online training in practice by prompting them with specific questions.

[33] The functionality of the online Early years child development training was updated during the implementation (and evaluation) period, giving practitioners the option of completing training modules in any order rather than in sequence.

Applying the online Early years child development training in practice

The small number of practitioners interviewed who had accessed the training said that it had given them an **opportunity to reflect on their own practice and pedagogy**, whilst being supported by a mentor to think about how to apply learning in practice. The practitioner survey data showed that around half of practitioners who made progress with the online training felt they had opportunities to apply what they learnt.[34] During the interviews, one mentor shared that a practitioner they supported with the online training used the knowledge gained to reflect on what they could do to make improvements in their setting. The training gave them new ideas and supported them to create a dedicated reading space in the setting as well as changing some of the wall displays.

The setting leaders who were familiar with the online Early years child development training often saw it as a **valuable resource**. For example, one setting was planning to embed components of the training modules into their CPD offer and practitioner induction processes. Another planned to use the training to encourage practitioners to reflect on their own practice, and to cascade knowledge to other staff (who were not being supported by a mentor as part of the programme). Survey data from evaluation cohorts 1 and 2, suggested that around half of practitioners who engaged in the online training had opportunities to share their learning with other practitioners.[35]

Perceived outcomes and benefits of the Experts and Mentors programme

The following section summarises experts', mentors', areas leads' and setting staffs' views on the perceived outcomes from being involved in the Experts and Mentors programme. It also explores wider outcomes for the early years sector.

Outcomes for experts, mentors and area leads

In line with their motivations for joining the programme, experts, mentors and area leads commonly reported that the programme had **supported their own professional development**. This was due to the knowledge gained from their training, enhanced confidence in their own practice and the development of new skills and knowledge. One area lead said:

[34] Of the respondents from evaluation cohort 1, 53% agreed they had the opportunity to apply learning from the training. In evaluation cohort 2, 59% of respondents agreed with the statement. Please note, survey data is only available for cohort 1 and cohort 2.
[35] 51% of practitioners from cohort 1 and 44% of respondents from cohort 2 reported having opportunities to share their learning with other practitioners. Please note, survey data is only available for cohort 1 and cohort 2.

> I think the CPD [training] at the beginning is good, to go back over it as a refresher and to learn new things. I've seen different practices in settings that I can now share to other settings or with my own team, particularly around how they use the environment or how they've used resources. – *Area lead*

Experts, mentors and area leads also appreciated the chance to **build relationships with other early years professionals** involved in the delivery of the programme and to benefit from their experience and expertise. For example, an expert had learned about administering a new strategy for developing children's physical development by changing the layout of a room following support from their area lead.

Beyond learning from each other, experts, mentors and area leads valued the opportunities for **networking and knowledge exchange** that working with settings provided. Those who visited settings in person and had become familiar with the challenges faced, tended to recognise the benefits of this collaborative approach.

> Everything's changing in the sector all the time. So being on top of current changes and seeing the way other people work has been useful. It helps to evaluate your own practice. - *Expert*

Additionally, they appreciated the **opportunity to work with different types of settings**; gaining a broader understanding of how settings were operating and the challenges they faced. For example, one expert with a background in school-based early years had learned about the challenges a PVI setting faced. They reported gaining a greater appreciation of how to support child development within different setting contexts.

> I think you come back with a different appreciation of what it's like […] to work in a setting that doesn't have a lot of parental support or a setting that is struggling financially. I think there's quite a lot of appreciation there, and it's good to have those conversations around child development with professionals in those [different types of] settings. – *Expert*

Where experts, mentors and area leads had been able to successfully engage with settings and observe the positive impact the support provided, they reported a **strong sense of achievement** at having helped staff and settings succeed and improve. This boosted their confidence and sense of worth in their own professional ability. Experts, mentors and area leads reported that their participation in the programme had benefits for their own CPD and for their setting.

> For me it was so important to understand the context of [the COVID-19 pandemic], the impact it had and what it has meant for my own planning of my curriculum and what's happening in my setting. Looking at what's happened to our children, families and staff over the last few years, and what we need to do differently for them…all of the evidence and information that came through around that has helped me professionally. So [it] developed my own CPD and in turn influenced the CPD that I'm able to offer to my staff and influence what we're offering through our training centre, really thinking about what those gaps are for children. – *Expert*

Additionally, where experts, mentors or area leads had previously held an early years and childcare advisory role, they benefitted from being able to deploy those skills and felt a satisfaction and validation in being able to put their skills to good use.

Outcomes for setting leaders and practitioners

Setting leaders and practitioners reported that their **knowledge of child development** had improved as a result of taking part in the programme; they felt better able to identify the development needs of children in their setting. Other areas of knowledge improvement, as discussed in interviews, included:

- identifying developmental issues and SEND
- improving specific subject knowledge gaps
- addressing sensory and physical development needs
- supporting children with PSED and/or behavioural issues.

The qualitative data findings were reflected in the survey data, with a majority of experts, mentors and area leads agreeing that practitioners had gained new practical skills as a result of participating in the programme (see Table 8). They also agreed that practitioners had addressed knowledge gaps and were better equipped to respond to challenges in their setting.

Table 8: Practitioner outcomes from the perspective of experts, mentors and area leads (by cohort)

Practitioner outcome	Percentage of Respondents who 'agreed' or 'strongly agreed' (%)		
	Evaluation cohort 1	Evaluation cohort 2	Evaluation cohort 3
Practitioners have gained new, practical tools to implement into their practice	80	81	94
Practitioners feel more confident in supporting children in their setting	79	77	90
Practitioners feel better equipped to respond to challenges in their setting	67	76	82
Practitioners have addressed knowledge gaps	77	76	86
Practitioners have developed their skills or upskilled (for example, leadership, communication)	74	72	88
Practitioners have experienced increased wellbeing and/or morale	63	65	65
Base (n)	*116*	*82*	*51*

As well as gaining knowledge and skills in specific areas, interview data suggested that setting staff had become **more reflective in their practice**. Where setting leaders and practitioners had been able to fully engage, the programme encouraged them to step back and think more deeply about their setting's day-to-day delivery and reflect on how things worked as a whole.

> [The expert] made us really reflect. Sometimes when you're working with children and families, you're quite responsive and forget what your overall objectives are. But she was trying to get us to think about our vision and our mission, and how we're communicating that to the whole team. So, it wasn't about dealing with just one-off situations, it was about planning how you could keep bringing this back to the vision and mission so that staff have that understanding of why they work here and the difference they're making. – *Setting leader*

A further frequently reported benefit of being involved in the programme was **setting leaders' improved leadership skills**, with more than two-thirds of expert, mentor and

area lead survey respondents agreeing that participation in the programme upskilled practitioners in areas such as leadership and communication. Leadership support delivered through the programme helped setting leaders conduct effective staff meetings, inspire and motivate their staff, and communicate the ethos and values of their setting both internally and externally. This type of support was cited as particularly important for those who were new to leadership roles as it prepared them and gave them confidence in the new role.

> I've not been in a managerial role before. That's probably why the local authority suggested that I did the programme. I was a little bit panicky about being manager. But [the programme] settled me and made me know that what I am doing is right, I am ok at this job…she showed me all I need to do and calmed me down. – *Setting leader*

The effect of setting staff feeling better skilled and knowledgeable about supporting children's development needs, having the opportunity to reflect on their practice and access new resources led to **improved confidence**. Table 8 shows that across the 3 evaluation cohorts, over three-quarters of those responding to the expert, mentor and area lead survey agreed that practitioners feel more confident in supporting children in their setting due to participation in the programme. A finding mirrored in the results of the impact evaluation strand (see Primary intention-to-treat analysis).

Many setting leaders and practitioners **reported increased confidence in identifying and addressing delays with children's speech, language, and communication**. Some gave examples of observing early signs of progress in children.

> I went into the setting, and I observed a child that clearly has communication, speech and interaction difficulties… and then by sharing a new strategy with them [practitioners], that child was being given a chance to make progress with their communication and language skills. – *Expert*

Many setting staff also reflected that, prior to the programme, they felt somewhat disheartened about working in the early years sector. Some lacked confidence which they put down to a prior lack of training opportunities available in the sector. Furthermore, wider pressures that faced the early years sector, some of which were related to the COVID-19 pandemic, coupled with local issues (such as a poor Ofsted rating) left several staff with low morale.

> When we started [the programme], a lot of setting leaders were very low in themselves, not motivated and didn't feel that they knew what they wanted to focus on. I would say that has changed now, and we are now having a lot of conversations about how to address high levels of SEND and poor communication and language amongst children. – *Area lead*

Area leads reported that by providing peer support, reassurance, and resources to support setting staff, their confidence had improved. Several experts highlighted that providing and signposting to online resources for staff development was a successful way to **empower setting staff to continue their professional development** after the programme ended to enable them to implement improvements into the future.

Interviewees from across the participant groups also spoke about how much **staff valued the external validation and reassurance** that they were doing their job well.

> [The expert] has given my staff such a confidence boost that they are all doing the job correctly. And I think that's been massive for them and she's given them a bit more knowledge of their role and how they can implement different things throughout the setting with their key groups. – *Setting leader*

Outcomes for settings

Building on settings' bespoke action plans, the tailored support provided to each setting through the programme enabled setting staff to make **improvements in different areas to enhance their setting**. This personalised approach, combined with the external perspectives of experts, mentors and area leads helped settings to improve in the areas most relevant to their needs, and further meet the statutory requirements of the EYFS.

> The support has been invaluable and has given us great ideas on how to spend Early Years Pupil Premium funding … that will make a positive impact to children's outcomes. – *Setting leader*

Whilst there was consensus among interviewees that **more time was needed to see the full effects of the programme on settings and the children**, interviewees highlighted some immediate, observable changes that occurred across participating settings.

Improved physical environments were among the most commonly reported changes at the setting level. Many experts and area leads conducted an audit of settings' environments and offered advice to improve the space.[36] This included rearranging furniture and equipment within indoor and outdoor spaces and recommending layouts to optimise children's interest and engagement with the curriculum. Experts, mentors and

[36] This was not part of the mentor role.

area leads believed that settings would continue exploring new layouts after the programme ended. By providing resources for staff development and creating more engaging environments, experts and setting leaders **anticipated long-term improvements in practice and provision**. These changes would, they argued, lead to children being more engaged in their environment which would ultimately improve their outcomes, particularly around physical development, and where engagement encouraged children to interact with staff and peers to support language and communication skills.

Interviewees also reported that experts, mentors and area leads encouraged and supported settings to make **minor adjustments to their routines** and to the way they approached activities. For example, some settings introduced more flexible routines and child-led opportunities, while others focused on introducing new types of learning activities. Interviewees reported that these changes had already enhanced children's engagement, improved their behaviour, and created more inclusive activities for all children, including those with SEND (for further details on children's outcomes see Perceived outcomes for children).

Curriculum development was another important change highlighted in the interviews. Experts, mentors and area leads provided examples of how they had supported setting leaders in developing curriculum plans and shared toolkits or innovative ideas for utilising resources to effectively implement the EYFS. Consequently, many settings enhanced their curriculum, for example, by creating plans for specific areas of child development, such as speech, language and communication and physical development. Additionally, other settings improved progression planning to better support children at different stages of development.

> Our expert worked with our nursery teachers to develop their planning and their child centred planning and what has been produced is really good. It's changed how they plan and deliver their nursery curriculum. – *Setting leader*

As discussed in Costs and value for money, the evaluation team found very few examples of participants reporting that the programme had not resulted in any improvements.

Perceived outcomes for children

When asked, interviewees often had **difficulty identifying immediate benefits of the programme for children**, noting that enhanced practitioner knowledge and skill would take time to influence child outcomes.

Where interviewees were able to identify changes for children, they noted an **improvement in personal, social, and emotional development** (this finding supports the impact analysis which found a positive effect for practitioner confidence in understanding children's PSED – see Primary intention-to-treat analysis). Interviewees explained that the introduction of new activities and routines were helping to improve children's behaviour, engagement, and smoother transitions between activities throughout the day. Interviewees felt that the changes setting staff had introduced would enhance learning outcomes and school readiness over time.

> The impact left on the room leaders has had a massive effect on the team, which obviously will help the children… One of the first issues that we had was… quite a few of the 2-year-olds were not settling and were quite distressed. Now with the support [the expert] offered [practitioners], the children are now really settled and that's made quite a big difference for everyone. – *Setting leader*

Additionally, physical changes to settings, such as moving children to a larger room, were expected to lead to improvements in physical development. Specifically, interviewees hoped that **children's gross motor skills** (such as enhanced balance and coordination) would improve through additional opportunities to move.

Outcomes for the early years sector

One of the aims of the programme was to improve outcomes for the early years sector. Interviewees frequently praised the programme for effectively upskilling the workforce and noted that the facilitation of **networking and knowledge sharing** among experts, mentors, area leads, and early years practitioners was an unexpected but positive outcome.

Interviewees also reported that the programme was important for **highlighting the importance and value of the early years sector**. Many felt that a lot of setting staff struggled with the impact of the COVID-19 pandemic and wider issues such as staff recruitment and retention which had negatively impacted staff wellbeing and morale. Some interviewees felt that the programme showed that the sector was being valued, recognised, and had something to offer by being supported to network and share knowledge. While the impact analysis did not provide conclusive findings about staff retention in the sector (see Secondary analysis), interviewees hoped that stakeholder experience of the programme would boost job satisfaction and aid staff retention and recruitment in the future.

Cost breakdown and cost per child analysis

Key findings

Based on the total estimated cost presented above of £4,709,074.61 this gives an average estimated cost of £3,488.20 per setting over the year (January to December 2023 – the 3 evaluation cohorts).

Overall, the programme was assessed to provide good value for money at £75.33 per child over the year. Based on the EEF's parameters, this is classed as 'low' cost'.

Qualitative feedback from programme participants suggested that the programme's value for money was at least in line with similar programmes.

This section provides details on costs of the programme to DfE and other stakeholders.[37] It assesses value for money (VfM) by estimating cost per setting, per child and per year (for the Experts and Mentors programme evaluation cohorts taking part between January and December 2023).

Cost estimates were combined with qualitative feedback on perceived VfM from programme participants, alongside information on programme delivery (for example, budget, timelines, intended audiences and outcomes) to provide a conclusion on VfM. Further details on the method are provided under the heading Costs and value for money in the earlier Method Section.

Costs of delivering the programme

The **total cost of the programme from January to December 2023 was estimated at £4,709,074.61**. This represented the total estimated cost of delivering the programme to all 1,350 settings supported by the programme during this period. Cost comprised:

- £360,718.48 (inclusive of VAT) paid by DfE to the training provider and the delivery partner. This breaks down as:
    - £149,345.20 for training experts, mentors and area leads

[37] As noted in the Method section, costs related to the Childminder Mentor Programme were excluded from the VfM analysis.

    - £211,373.28 for the recruitment of experts, mentors and area leads; management of settings referred to the programme; and matching of settings and experts, mentors and area leads.

- £99,250 to reimburse successful candidates for attendance at training in autumn 2023.

- £2,797,322 of costs related to the support delivered by mentors, experts and area leads to setting leaders and practitioners following recruitment and training. This breaks down as:

    - £1,148,572 worth of claims in spring 2023

    - £814,400 in summer 2023

    - £834,350 in autumn 2023.[38]

- £1,232,000 paid to LAs as 'burden' payments. This covers costs incurred by LAs and the delivery partner who recommended settings to the programme spring-autumn 2023.

- £215,616.13 of DfE staff costs.

- £4,168 of travel and subsistence costs for DfE staff who were travelling for meetings and events directly connected to the delivery of the programme.

A small number of settings (13 of the 102 who completed the short proforma survey) stated that they faced **additional costs** as a result of being involved in the programme.[39] Similarly, around a fifth of interviewees noted that they faced additional costs. These costs focused on staff training, room hire, and staff support. Among survey respondents who placed a pound value of these costs, estimates ranged from around £100-£650. This included activities, such as arranging for room cover when a practitioner was working with their mentor.

A minority of experts, mentors and area leads who were interviewed also noted that they were **not fully compensated for their time spent on the programme** (see Programme administration). This arose either because they chose not to fill in the compensation forms supplied by DfE (for example, to claim back the cost of petrol when driving to a setting), or because they chose to work with settings for more than the allocated number of days knowing they would not be paid for this extra time. Both interviewees and survey

[38] A small number of additional claims were expected to be received in autumn 2023 that are not captured in this figure.
[39] Additional costs are those accrued by participants and directly connected to taking part in the programme. The costs are not fixed and vary depending on programme activities.

respondents noted that these additional costs were not large and were incurred of their own volition. However, this does indicate that the above costs of £99,250 to reimburse candidates for attendance at training, along with the £2,797,322 of support costs associated with mentors, experts and area leads delivering support to settings, is likely to be **slightly underestimated**. No adjustment was made to the above costs as 1) the additional costs were estimated to be of a small size compared to overall programme costs and 2) there was no robust data on which to estimate the total value of the additional costs.

A small number of setting leaders interviewed as part of the IPE reported incurring additional costs as a result of **purchasing new equipment**. This new equipment was recommended by the setting's expert, and included sensory materials, stickers, and buying new furnishings for a book corner (for further information about environment improvements, see Outcomes for settings). However, as settings were not required to purchase these resources as part of the programme, this was not regarded as an additional cost of delivering the programme.

Just over a quarter of interviewees **felt that the programme resulted in savings for their setting and/or the setting they worked with**. This was due to settings receiving free training and/or CPD from the mentors and experts that the setting would otherwise have had to pay for. While this could be viewed as a cost saving and so a benefit to settings, given that the cost of providing the training was still being paid for (by DfE), it does not represent an actual saving of the programme.

VfM analysis

As noted above,1,350 settings received support through the programme during January-December 2023. Based on the total estimated cost presented above of £4,709,074.61 this gives an **average estimated cost of £3,488.20 per setting over the year**. To estimate cost per child, the average cost was applied to the 216 intervention settings child numbers as was available in the NPD.[40] This resulted in an estimated total cost for these 216 settings of £753,451.94. Dividing this value by the number of children in these settings gives an **estimated cost of £75.33 per child over the year**. This per child cost is 'low' by the Education Endowment Foundation's (EEF) definition. Using the EEF's parameters, the Early Years Experts and Mentors programme cost falls within the lowest group on the 5-point scale, which shows costs under the £200 per child per year boundary is classed as 'low' cost.

[40] The NPD was accessed to provide data on settings that agreed to take part in the trail and be allocated to either the treatment or the control group. As such, setting details (including pupil numbers) for all 510 settings taking part in the programme over Jan-Dec 2023 are not known. The NPD included pupil numbers for 216 out of the 228 settings included in the treatment group.

As highlighted in the Impact evaluation results, the primary analysis found that the programme had a statistically significant positive impact on practitioners' confidence in supporting children's PSED. A statistically significant and positive impact on practitioners' confidence in supporting children's communication and language development was also identified in the main model of the primary analysis but the treatment effect, while still positive, was no longer statistically significant in the sensitivity analysis. Given the specific indicator being used – difference in the mean score of improvement in confidence between the treatment and control group - there are **few studies available to use as a benchmark for this evaluation's exact outcome measures**. The Coaching Early Conversation Interaction and Language (CECIL) impact evaluation[41] used a similar self-reporting survey and found no impact on practitioners' confidence in supporting children's language development (possibly due to a small sample size). While other evaluations, such as that of the Early Years Professional Development Programme,[42] looked at the share of participants reporting feeling more confident in supporting children's development in PSED and in communication and language, no information was provided on the scale of the increase or in comparison to a control group. As such, benchmarking the programme against others in this way provides limited insight into the VfM for the Early Years Experts and Mentors Programme.

However, **qualitative feedback from programme participants suggested that the programme's VfM was at least in line with other similar programmes**, and potentially for some settings provided a higher level of value. Approximately half of the settings surveyed (50 out of 102) felt able to comment on the VfM of the programme in comparison to other programmes. Twenty-four settings stated it provided the same/similar level of VfM as other programmes, 24 a greater level of value, and two a lower level of value.[43] Those who thought the programme provided greater VfM, argued this was due to the provision of excellent advice and support from experts, mentors and area leads that was tailored to their specific setting. This was particularly valued as it was provided free to settings. In contrast, one setting that thought the programme provided lower VfM than other early years programmes did not find the advice received useful, as staff were already aware of the information and resources shared. As such, participants in this setting did not feel that the programme led to any improvements in their setting. The other setting that thought the programme provided lower value noted that the support from their assigned mentor was not very consistent and meetings were often cancelled. However, they said their expert provided useful information that improved

[41] Coaching Early Conversation, Interaction and Language (CECIL) Impact evaluation (2022), Sutton Trust. https://www.suttontrust.com/wp-content/uploads/2022/03/CECIL-Evaluation-Oxford-14.02.2022.pdf

[42] Evaluation findings: Early Years Professional Development Programme 2 (), Education Development Trust. Available here PowerPoint Presentation (b-cdn.net)

[43] Participants were asked what other similar programme they had recently taken part in and to compare VfM across these programmes. These other programmes included: Early years Professional Development Programme Phase 3, Early Years SENCO training programme, Support from a Stronger Practice Hub, and the Early Years Conversation Project (2022/23 trial).

practitioner interactions with children, especially when teaching early numeracy. As such, despite finding the programme to be lower value than others, this setting would still recommend the programme to other settings.

Similarly, over half of those asked during the interviews thought that the programme provided VfM. Again, reasons related to quality of support provided and the belief that this helped settings to improve their practice. A small minority also mentioned that they thought the training and support received via the programme would result in higher staff morale and so retainment, thereby saving settings future recruitment costs. However, the impact analysis found no statistically significant impact of the programme on retention to date.

Interviewees also spoke of key **factors that they felt limited the value of the programme for them and/or their setting**. Some experts and mentors noted that on occasion settings cancelled meetings at the last minute. This meant that the time the experts and mentors had put into arranging and preparing for meetings was wasted, and that cover costs were needlessly incurred. It was also noted that some settings seemed to have no appetite to engage with the programme, leaving some experts and mentors feeling that they wasted some of their time in chasing these settings to organise meetings.

In terms of delivery targets/indicators, **early years settings were able to access the programme within the planned timescale and DfE delivered the project to budget**. The intention was for the majority of participating settings to be PVIs, and for the focus to be on disadvantaged settings that met the programme criteria (see About the Early **Years Experts and Mentors programme**). Both of these aims were achieved. DfE also sought and reacted to participant feedback obtained throughout the different programme cohorts to improve the efficiency of the programme. For example, as noted in the Programme administration section, action was taken to reduce the reported administrative burden associated with expert, mentor and area lead claim forms.

While some issues around recruiting the target number of experts and mentors in some geographies were reported early on by the delivery partner, this was later resolved with experts and mentors travelling further than anticipated to ensure all participating settings had expert support.

Childminder Mentor Programme evaluation findings

Key findings summary

The Childminder Mentor evaluation had small sample sizes but the findings were similar to the wider evaluation findings.

Recruiting mentors and area leads was challenging, although the programme aims were well communicated.

Mentors were motivated to join the programme to share their knowledge and skills.

Childminders wanted to get involved to develop their knowledge around EYFS, SEND, PSED and speech and language development; create networks and improve their confidence; help their business recover from the effects of the pandemic.

The process of matching mentors and childminders was challenging at times, particularly for the early cohorts, but most were positive about the match.

The delivery format of clusters, hybrid working, and flexibility worked well with one-to-one support being valued more than small group work.

Childminders said 6 hours was enough, but mentors wanted more time.

It was difficult for some childminders to find the time and capacity to engage in the programme.

Childminders engaged in the online child development training to varying degrees. Where they did engage, feedback was generally positive.

Reported outcomes from being involved in the programme included:

- For mentors: an opportunity to share *and* gain knowledge; new networking opportunities
- For childminders: improved confidence; receiving bespoke support and feeling reassured about own practice; enhanced motivation; improved practice (for example for children with SEND); enhanced wellbeing and morale; local networking
- For children: childminders' enhanced confidence and focus on children's individual development would benefit children in time.

The following chapter presents findings from the small-scale process evaluation of the Childminder Mentor Programme. It brings together data from interviews and surveys with mentors, areas leads and childminders, as well as an interview with the training and delivery partner, exploring stakeholders' views of the programme. The section explores:

- Awareness and understanding of the programme
- Motivations for getting involved
- Programme delivery
- Perceived outcomes.

Throughout, we have used 'mentor' when discussing the delivery role, except where findings relate specifically to the area lead role.

Awareness and motivations

This first section discusses mentors' and childminders' understanding of the Childminder Mentor Programme and its aims. It covers clarity around the different roles and expectations of the programme, as well as their motivations for taking part. Due to the small number of interviews carried out, the qualitative findings should be treated with caution.

Awareness of the Childminder Mentor Programme

Mentors and childminders were typically made aware of the Childminder Mentor Programme **by their local authority** (LA), by a colleague, or from seeing an advertisement on their LA's social media pages. Some interviewees later saw the programme advertised in other ways, such as the Nursery World newsletter and/or emails from DfE.

Clarity of aims and roles

The data collected suggests that the programme **aims had been well communicated** to mentors. They understood that the programme focused on COVID-19 recovery, specifically to help childminders and the children they look after and educate to recover from effects of the pandemic. However, in practice, mentors found that the scope of the programme extended beyond COVID-19 recovery.

The training and delivery partner explained that whilst the aims had shifted over the course of the delivery period, they were centred on addressing the long-term impact of the pandemic.

> [The aims] were very clear on both programmes. It was […] a reflection of what had happened during COVID and the impact that had had on children and young people's learning and development […] it was very clear what was needed and why. – *Training and delivery partner*

The data showed that **childminders were less familiar with the aims of the programme than mentors**. Some childminders felt that the information they received about the programme aims from their LA could have been clearer. As with the core Early Years Experts and Mentors programme, LA engagement varied for the Childminder Mentor Programme and this affected the amount and quality of information shared.

Motivations for joining the programme: mentors

In keeping with the core Early Years Experts and Mentors programme, of the mentors the evaluation team interviewed, their primary motivation for getting involved in the programme was a **desire to share their skills and experience with other childminders**. Furthermore, mentors wanted to enhance their own knowledge and skills.[44]

Mentors suggested that the **flexibility of the programme**, which meant it could be completed around other commitments and delivered remotely, was appealing. This enabled them to provide support around other commitments. Some mentors raised remuneration as an additional motivating factor.

> I'm only part time childminding, but I'd like to do something else to bring in a bit more money and to use my experience and just to challenge myself and continue my career. – *Area lead*

Mentors felt well placed to help childminders reach their potential and gain a new enthusiasm for working in the sector. In some cases, they felt the programme filled gaps in support that LAs had previously provided to childminders.[45]

> When I first started working in [location] and we had all 600 registered childminders in the local authority, obviously that's massively depleted now, which is quite concerning […] to use all that wealth of knowledge really that I've built up over the years, it seemed a shame not to try and use it in some way. – *Area lead*

[44] This is reflected mentor survey findings where 84% of respondents indicated they wanted to 'share knowledge and experience'.
[45] The mentor survey results which showed that over half of mentors (56%) wanted to help childminders with their professional development.

Motivations for joining the programme: childminders

Like mentors, childminders were often motived to take part in the programme to further their own **professional development** by building on existing skills. Interviewees also discussed wanting to **create networks** with others and to **enhance their confidence** in their practice by getting input from an 'expert' with an up-to-date understanding of early years professional practice.

Data from the childminder survey supported the interview findings. Around two-thirds of respondents reported that they had been motivated to join the programme for the professional development opportunities it afforded (as indicated by 68% and 63% of respondents for cohort 2 and 4 respectively). In addition, childminder survey respondents indicated wanting to:

- gain a new perspective and fresh ideas (62% from cohort 2 and 61% from cohort 4)
- be better prepared for an Ofsted inspection (33% from cohort 2 and 36% from cohort 4).

Interestingly, smaller proportions of childminder survey respondents wanted to participate in the programme to:

- better support children's development in speech and language (19% from cohort 2 and 28% from cohort 4)
- better support children's PSED (15% from cohort 2 and 13% from cohort 4).

Although the survey data showed that very few childminders indicated that **helping their business recover from the pandemic** was a motivation for getting involved; in some interviews, participants' reasons for taking part were connected (indirectly) to COVID-19 recovery. For example, one childminder spoke about being motivated by concerns about children's development. She linked parents and carers working from home or doing hybrid working to lower levels of parental interaction with their children, and in turn, delays in speech and language and PSED.

> [Parents] used to go to the office, so they just leave work, forget about the work. But now they're constantly on their phones […] the culture of work has a knock-on effect on the children because they're not getting that time with their parents […] speech and language is one of the key ones that you noticed is more delayed […] and potty training […] it takes time and dedication. – *Childminder*

From a more practical perspective (and like their mentors) childminders were drawn to the programme because of its **flexibility** to fit in around work and family life. They also valued the opportunity for CPD at no financial cost to themselves.

> I'm now working maybe 60 hours a week and that's a lot of hours to then do training on top, so to have […] an educated body, somebody you can go to, someone you can talk to who can give you some quick answers and some quick support when you need it is absolutely essential! – *Childminder*

Expectations

Childminders typically started the programme with **few expectations** about what it would involve and/or achieve. However, during interviews childminders spoke about what they hoped the programme would offer, this included:

- a safe space to discuss concerns and queries with another childminder
- reassurance that they were delivering good practice which boosted professional confidence
- support and advice for working with children who had SEND or other developmental needs
- a source of up-to-date knowledge of guidelines and practices.
- [I wanted] to make sure that I'm not missing something, and I am doing the right thing. I am on the right track […] and I'm getting the best outcome to the children in my care. – *Childminder*

Recruitment

The training and delivery partner described **the recruitment process for mentors and area leads as challenging** due to the large volume and high quality of applications. The short timescale, which covered the Christmas period, made assessing applications and carrying out interviews more difficult. Overall, however, the process went smoothly and feedback from participants was positive.

Training and preparation for delivery

Overall, participants found the **mentor training valuable**, particularly in refreshing knowledge and preparing them to support childminders. Interviewees commented on how engaging the training was, particularly the face-to-face sessions, and praised the trainers' facilitation skills.

> I loved the 2 face-to-face days… with real people, not virtually... The content was really good… it was lovely to have a refresh and I really thought the trainers did a really good job. – *Area lead*

Content of the mentor training

Overall, mentors and area leads found the training **helpful and comprehensive**, most found the training to be effective in:

- building knowledge and confidence in coaching and mentoring
- refreshing knowledge of the EYFS
- providing helpful resources (such as, the recorded presentations of EYFS reforms
- preparing them for their role on the programme.

While the training was viewed positively overall, some mentors would have welcomed **more content around Ofsted** assessments in the training materials.

Format of the mentor training

The **hybrid model** of face-to-face and online training was reported to have worked well, as did scheduling sessions in the evenings and at weekends. This helped ensure this group of early years professionals were able to take part. Mentors enjoyed the **small group discussions** during face-to-face sessions, although a small number commented that the large group and tight agenda limited opportunities for deeper discussion.

Whilst mentors appreciated the need to conduct some of the training online, these **sessions were seen as less useful than in-person events**. Several online sessions were affected by technical difficulties, which made them less effective. Online training sessions also provided fewer opportunities for networking and discussion with trainers.

Preparedness

The training covered background information about the programme and served to refresh existing knowledge. As such, **mentors felt prepared to support childminders** (and in the case of area leads, mentors) after the training. Most mentors reported feeling well prepared and enthused by the training. However, concerns were raised around the programme's COVID-19 recovery remit and a perceived need to offer support beyond it. Initial concerns were also raised around preparedness for delivering the programme on the ground:

> I felt quite prepared, but it was still really 'oh my goodness, how on earth am I gonna do this?'. It seems quite daunting, but actually, once you started it was absolutely fine. – *Area lead*

Matching

The process of matching mentors with childminders was conducted by the training and delivery partner. They reported finding this **process challenging, particularly for the first programme cohort** due to the large number of mentors and childminders and a remit to match them within geographical areas. However, they commented in their interview that '*as each term progressed, the task became simpler',* reflecting improvements and a streamlining of systems, as well as less emphasis on matching within geographic areas.

Reflecting challenges with recruitment and matching, some mentors talked about a **long gap** between taking part in the mentor training and starting to support childminders. This issue was more prevalent for the first programme cohort. Delays truncated the delivery period and reduced the amount of time mentors had to build rapport with their childminders. It was suggested that these delays had led some participants (childminders and mentors) to leave the programme.

> I think if it was quicker – so, rather than 'right, you sign-up and then you've got to wait and then you get assigned', it would have been better if it had been an ongoing [process] because some of those people have been waiting ages and I felt like that's why they dropped out, because it was a long time since they'd signed up. – *Area lead*

Despite these challenges a large majority of mentors and childminders were **positive about the outcome of the matching process**. Survey data showed that around three-quarters of childminders (77% from cohort 2 and 75% from cohort 4), and more than half of mentors (60%) reported that they were 'very well matched'. However, during interviews, a small number of childminders reported that their mentor lacked the knowledge, experience and confidence to be effective in their role.

Programme delivery

This section explores how the programme was delivered in practice. It covers childminders' experiences of receiving support, opinions on what did and did not work well and participants' reflections on the online Early years child development training.

Communication

For the most part, communication between mentors and childminders was via **email or text message, with meetings conducted online or by telephone** as needed. There were also some examples of face-to-face visits. Mentors were often available between scheduled sessions to provide ad hoc support to childminders, and other mentors. Overall, feedback about communication between mentors and childminders was positive.

Working in clusters

Mentors and area leads **worked well in their clusters** with many scheduling regular meetings or catch-ups to share experiences and support one another.

> I built a really good relationship with my area lead and the other mentors in my group. It worked brilliantly […] we would chat about the people who we were working with […] we all sort of leant on each other's strengths. – *Mentor*

In some cases, mentors and area leads already **knew one another** which typically helped to foster a good working relationship. Overall, the roles worked well together with cluster members working together as peers.

> You're doing the mentoring. You know what your mentors are experiencing and […] I think that helps to build your team rather than just me telling them what to do kind of thing. It's much more of a 3-way thing. - *Area lead*

Mentors also felt **well supported by the training and delivery partner**. Where mentors had queries or reached out for help, they reported that the training and delivery partner had responded quickly and with useful advice.

Support delivered to childminders

Format of delivery

Support was typically **delivered remotely**, via Zoom/Teams or WhatsApp. Sessions were scheduled outside of the working day, and usually took the form of a short (45-60 minute) weekly or fortnightly call. This **format worked well** for most childminders and mentors. This finding is reinforced by childminder survey data, which suggested that online delivery (specifically, video calls) was the preferred mode for childminders. Delivery through short one-to-one or small group sessions, was also better for childminders than longer training days. This approach worked well as many childminders worked long hours and often had wider caring responsibilities.

The interview data showed that many **childminders worked one-to-one with their mentor,** but the programme also included an option for childminders to receive mentoring support as a small group. This was seen to be more complicated from a logistical perspective (for example, finding meeting slots that worked for everyone) but could work particularly well for those who wanted to share ideas and different practice.

There were some examples of face-to-face support delivered at childminders' settings. Although these sessions were engaging and effective, and a useful addition to remote delivery, the logistics of arranging visits could be difficult and took additional time. Furthermore, some mentors and childminders were located some distance from each

another making face-to-face meetings challenging. In most cases, in-person sessions were viewed positively, but were not seen as essential.

> Sometimes I did a bit of face-to-face with a bit of virtual, and sometimes it's all virtual, depending on what their preferences are, their geography. – *Area lead*

Time

Of the **childminders interviewed, they felt that the allotted 6 hours of support was enough** to engage with and benefit from the programme. This finding was supported by survey data where around three-quarters of childminders agreed that time spent with their mentor was sufficient (82% and 76% of respondents in cohort 2 and 4 respectively). Despite being generally satisfied with the amount of support received, the evaluation team had reports of some childminders who would have welcomed more had it been offered.

In contrast, some **mentors felt that the programme allocated too little time** to support each childminder. In the mentor survey, just over half of respondents (55%) stated that 6 hours per childminder was not sufficient. This may reflect mentors' administrative responsibilities in addition to their work directly supporting childminders. Indeed, several mentors discussed spending significant amounts of time preparing for sessions. This included, for example, exploring local childminder services and activities that might be suitable for children in the childminders' care.

Three-quarters of mentors (73%), including those in an area lead role, spent **at least the allotted 6 hours supporting each childminder**. There were examples of mentors who reported spending their own time supporting childminders during the term and after the allotted delivery period.

> I used all of my time with all my mentees, and the time I spent with my mentors in proportion to the number of mentors I had. So, I've used all of the allocated time. I've potentially gone over […] but that was personal choice. I didn't have to. – *Area lead*

Content and focus of support

The **focus of sessions varied from childminder to childminder**, with topics and agendas decided between the mentor and mentee. However, there were common themes to the content of support and topics covered in sessions. These included changes to the **EYFS** and new early years guidance, **Ofsted** inspections, improving provision for children with **SEND** and/or concerns about children with **PSED** and **speech and language development** issues.

> The other thing was obviously SEND, which I think I spoke to all of my mentees [about] […] and I got the SEND team from the local authority involved with as well. - *Area lead*

Childminders also used sessions to discuss **building or expanding their childminding business**. This was more common among those who were relatively new to the profession (starting their business in the post-pandemic period). In this instance, childminders consulted mentors about topics such as website branding and 'advertising', repurposing indoor and outdoor spaces, and managing relationships with parents and carers.

Whilst each mentoring session usually had a particular focus or central topic, the meetings all offered an opportunity to share experiences with someone on the same *'wavelength'*. These **discussions served to build confidence** and to reassure childminders that their practice was working for them and the children for whom they cared.

> It was pretty much the same [support provided] for all of them and it was confidence […] What was missing was that reassurance that they were doing the right thing. – *Area lead*

Childminders were generally positive about the support they received – in most cases mentors were able to offer practical advice, follow-up on how it had been implemented, and explore progress made. This was supported by survey data which showed that **almost all childminders were 'satisfied' or 'very satisfied'** with the support they received (95% and 90% of respondents for cohort 2 and 4 respectively).

Early years child development training (online)

The online Early years child development training, launched alongside the programme was also available to childminders. Evaluation findings show that there was **considerable variation in how engaged the childminders were with the online training**. Survey data indicated that 72% of mentors had supported their childminders with the child development training. However, less than half of childminders indicated having signed up to the training (48% in cohort 2 and 42% in cohort 4). Of those that had signed up, less than a third (30% in cohort 2 and 26% in cohort 4) had completed any of the modules at the time the surveys were conducted.

During the interviews, mentors and area leads also reported encouraging childminders to take part in the online child development training. However, this encouragement did not always translate into actively supporting childminders to complete training modules. This was usually a result of time constraints, and prioritising other forms of support during

mentoring sessions, the rationale being that online training could be completed independently at a later date.

Childminders who had completed some of the online Early years child development training, found it a positive addition to the programme.

> It gives you the background before and explains in depth why, and the theories behind it. I think that is a big benefit because then you can understand […] the way the brain is developing, and I think it really does help you […] see the bigger picture of what you need to do to get them school ready. – *Childminder*

Mentors had mixed opinions on the value of the online Early years child development training. Interviewees who had engaged with the training themselves, agreed it added value to childminders, especially in combination with mentoring. They felt that the option of accessing the modules in any order rather than complete them sequentially, and to select those of most relevance to the childminder, worked well.

> [It] was really interesting, and I thought it very useful too. So, I went out and shared that as much as humanly possible […] you can dip in, dip out, you can start and stop [it] can be very fluid. – *Mentor*

However, during the interviews, some participants noted that the **modules were perhaps too long and detailed** and that childminders struggled to find time to complete them alongside their work. One area lead suggested that the training might be more manageable if it had been developed in smaller, more manageable sections.

> It's a bit heavy going, to be honest, it's a bit big. If they put it out there in bite sized chunks people might have thought 'oh yeh, that won't take as long, I'll do that'. – *Area lead*

Furthermore, **mentors felt the training should be completed in childminders' own time** rather than be a focal point during the limited time they had to deliver support.

Perceived outcomes and benefits of the Childminder Mentor Programme

This section explores programme outcomes from the perspectives of those delivering the support (mentors) as well as those receiving it (childminders). It considers wider outcomes for the children in the care of childminders, and the sector as a whole.

Outcomes for mentors and area leads

In line with their motivations for joining the programme, mentors commonly reported that the programme had **afforded them an opportunity to share their knowledge, skills and experience with childminders**. This provided them with a **sense of reward** and of giving something back to the sector.

> It's really lovely when you support people, and they feel like it's been worthwhile, and you've been helpful. – *Area lead*

Mentors also felt the programme had offered them **professional development opportunities**. Examples included skills development (particularly in mentoring others). This began during the mentor training at the start of the programme and had been honed when delivering support to childminders. Mentors also noted that they **enhanced their own knowledge of early years practice**. Again, the mentor training included several sessions designed to build knowledge of the sector, good practice and early years approaches. Delivering support in practice often included researching topics such as early years guidance, pedagogical approaches and local support and provision for childminders.

> I've done extra CPD and extra research, so I've definitely felt that I've broadened my knowledge. – *Area lead*

Mentors **valued the networking opportunities** offered through the programme, and found they were able to form lasting relationships with other mentors as well as the childminders they supported.

> I have gotten friendly with the last childminder that I supported locally, so we will continue to sort of like meet up without children and support each other. – *Area lead*

These relationships were usually reciprocal, offering mentors and childminders opportunities to share experience and practices to the benefit of both parties in the longer-term.

Outcomes for childminders

Feedback from childminders suggested that taking part in the programme had helped them **gain confidence** in their own practice, and (ultimately) to **better support individual children in their care**. Additionally, that the programme had **motivated and inspired** childminders, helping to tackle feelings of isolation and a perceived lack of visibility within the early years sector.

> I was able to use the programme to look at strategies to keep things moving forward in a positive way so that I still felt positive about my job. – *Childminder*

Interview findings are supported by data from both the childminder and mentor surveys. When asked whether childminders had progressed against a set of specific outcomes (based on the aims of the programme) results suggest that it had helped childminders:

- assess and improve their own practice
- identify and apply new tools, and
- to feel more confident in supporting the children in their care (see Table 9).

In addition, 79% of childminders and 94% of mentors, felt that taking part in programme had **positively impacted childminders' wellbeing and morale**.

Table 9: Percentage of childminders and mentors who agreed/strongly agreed that childminders achieved specific outcomes as a result of the programme

Outcomes	**Mentors selecting 'agree' or 'strongly agree'** (%)	**Childminders selecting 'agree' or 'strongly agree'** (%)
Childminders are better able to identify strengths and weaknesses in their practice and to make improvements	97%	85%
Childminders have gained new, practical tools to implement into their practice	97%	83%
Childminders feel more confident to support children in their care	95%	81%
Childminders are better able to implement the revised EYFS framework	94%	81%
Childminders have experienced increased wellbeing and/or morale	94%	79%
Childminders are better equipped to build strong relationships with parents and carers	91%	72%
Childminders are better able to support children with SEND	79%	60%

Outcomes	Mentors selecting 'agree' or 'strongly agree' (%)	Childminders selecting 'agree' or 'strongly agree' (%)
Childminders are better able to support children with English as a second language	75%	60%

Bases: mentor survey n=154, childminder survey (C4 only) n=155

Childminders also reported feeling more confident about **trying new approaches, adapting practice** and exploring alternative methods of supporting children. One childminder explained how knowledge gained through the programme had given them more confidence in identifying and addressing issues with children's development.

> There's not one thing that I didn't try and not get a positive result from, which was really good, even if the stuff that we talked about, I was already doing it, it still made us think 'oh actually, that's good that […] I'm doing that already and that that's working and that's how we'll do it. – *Childminder*

Adopting new practices was particularly true when childminders were **supporting children with SEND** or other developmental needs. For example, one childminder felt more confident taking children into new environments as result of support and advice from their mentor. Of the childminders interviewed, they also reported feeling better able to understand SEND guidance and learnt about new practices which improved their interactions with children. Furthermore, they felt more confident and better able to signpost parents to SEND services, and to work with others to coordinate support for children with SEND.

> [My mentor] signposted me to like groups where I can take the kids, to where it's just for kids who are autistic […] and that's really helped. – *Childminder*

As well as confidence in specific areas, childminders interviewed also **felt reassured about their practice** and that they were '*doing the right thing'*. This, they explained, had a direct (and often rapid) effect on their professional confidence. Confidence was an area that childminders often struggled with as they spent lots of time working alone and had few opportunities to share ideas and practice.

> I felt immediately confident after the first few sessions […] because I kind of realised that I was doing a really good job and I could evidence [that]. – *Childminder*

In addition to the **positive relationships** childminders formed with their mentors, several signposted their mentees to local support and community groups. Building **these local**

connections, particularly with other childminders, offered new and long-lasting opportunities to tackle the isolation that many associated with childminding.

Other examples of positive outcomes included finding ways to **reduce administrative tasks** (for example, streamlining paperwork and information shared with parents and carers) so they were able to spend more time with children. One childminder reported that their mentor had given them targeted advice to help build a more professional relationships with parents and carers. By setting clear boundaries and introducing new policies (such as clear start/finish times and late collection fees) the childminder had tackled problems with repeated late collection giving her a better work-life balance.

Another childminder had received an Outstanding Ofsted rating as a result of the improvements made to practice; they attributed this to the advice their mentor had given.

Perceived outcomes for children

Interviewees felt that the positive outcomes seen for childminders would (in time) also positively impact the children in their care. They argued that improvements in **childminders' confidence and a renewed emphasis on children's individual development and needs would benefit children's outcomes**. However, whilst some examples of improved outcomes were evident during the programme delivery period, other benefits were expected to take longer to emerge.

> The impact just continues on, doesn't it […] if the confidence has been developed in those childminders […] then that's going to have a knock on effect [on] those children that are in their care because, if [childminders] are empowered, then they're going to be looking at those children in more detail, perhaps more so than they were before, or as much as they were before because they now know that what they're […] doing is right and good. – *Training and delivery partner*

Some of the childminders interviewed provided examples of how **children in their care with additional needs had shown improvements**. Childminders explained they had applied advice from their mentors, for example, building greater structure into daily routines, which had reinforced positive behaviours and helped children gain independence and confidence (enhancing PSED). For children with a SEND diagnosis, mentors had helped childminders forge connections with local authority SEND inclusion teams which had laid the foundation for ongoing support.

> I've seen the childminders progress, which is fantastic […] they put things in place and then got back to me and said, 'you know, I've been trying this and its actually working and especially for all the children with SEND'. – *Area lead*

Childminders were also able to highlight improvements with **children's speech and language**, which they attributed to the programme. Since taking part in the programme,

one child who was previously unable to speak, started to say the names of other children in the setting and had taken other basic steps in communication development. Improvements in speech and language had helped the child to socialise with other children in the childminder's care. Improvements in children's communication, interviewees explained, were thought to have helped improve children's behaviour as they were better able to vocalise their needs.

Perceived outcomes for the early years sector

Discussions with childminders and mentors indicated that positive outcomes for childminders (see above) **would result in positive impacts for the sector**. This was supported by survey data, which showed that most childminders and mentors were satisfied working as an early years professional. When asked about whether they would remain working in the early years sector, less than a quarter indicated that they 'always' or 'often' thought about getting a job outside of the sector (24% of childminder respondents and 14% of mentor respondents).

Despite positive feedback about the perceived impact of the programme on childminder morale, and perceived benefits for the sector more widely, childminders and mentors **expressed concerns about the long-term health of childminding in England**. Stakeholders from across the evaluation talked about the challenges childminders faced, particularly around expanded provision, receiving less support from LAs in response to funding crises, and a sense that the profession was undervalued.

Conclusion and recommendations

Findings from across the different strands of the Early Years Experts and Mentors programme and the Childminder Mentor Programme evaluations suggest that the programme has been a success in supporting early years practitioners (including childminders) and their settings. The impact evaluation found evidence of a positive impact on both primary outcome measures:

1. the programme had a positive and statistically significant impact on practitioners' confidence in supporting children's PSED and

2. strong evidence of a positive effect on practitioners' confidence in supporting children's communication and language was found, but it was not wholly conclusive.

The impact findings were supported by findings from the implementation and process evaluation (IPE) which showed that practitioners' knowledge of children's development and how to effectively support it had improved as a result of the programme (see Outcomes for setting leaders and practitioners).

In terms of impact, the size of the effect was larger on the primary outcome measure related to practitioners' confidence in supporting children's PSED compared with supporting children's communication and language development. This finding was consistent with the IPE findings which suggested that settings initially prioritised support with children's behaviour and socialisation, rather than looking specifically at communication. Furthermore, the Early years online child development training module on PSED came before that on communication and language development so it may have been that practitioners participated in the PSED training modules first.

Interviewees reported that new activities and routines were perceived to have led to improvements in children's behaviour, engagement, and smoother transitions between activities throughout the day. This helps to contextualise why practitioners' improved confidence in supporting children's PSED was especially pronounced. This result may also be indicative of a greater awareness and need to prioritise supporting children with PSED following the COVID-19 pandemic, where the negative impacts of the lockdowns, social isolation, time out of early years education, and creating class/room or social 'bubbles' affected children's development.

It is also worth noting that the positive effect of the programme was larger for the first evaluation cohort. This was true for both increased confidence in PSED and speech and language (the 2 primary outcomes). There could be a number of reasons to explain this finding. It may be that evaluation cohort 1 comprised settings that were most eager and ready to engage in the programme and embed new learning and processes. In addition,

the children attending settings involved in evaluation cohort 1 were most likely to have been negatively affected by the COVID-19 pandemic (they would have been aged 0 to 3 years during 2020 and 2021). Over time, society has also become less focused on the effects of the pandemic on day to day living so this may not have been such a focus of the latter 2 cohorts.

The positive impact on both primary outcomes was larger among practitioners working in settings with higher levels of disadvantage (defined as settings in the top half of the sample based on the proportion of children receiving the EYPP). This suggests that the programme worked as intended, given that the Early Years Experts and Mentors programme targeted settings with a higher level of disadvantage. The impact of the programme on confidence in PSED and speech and language (the two primary outcomes) was also positive but smaller in size when looking at the subgroup of settings with the highest levels of disadvantage (defined as settings in the top 25% of the sample). This suggests that the programme was especially effective in improving practitioners' confidence in PSED and communication and language development among practitioners working in settings that are just below those with the highest levels of disadvantage (the 'third quartile'). While these settings would be operating in a challenging context, it may be that they have more capacity to engage with an intervention, such as the Early Years Experts and Mentors programme, compared with those working in settings deemed 'very disadvantaged'.

The impact evaluation showed no evidence of any meaningful impact of the programme on practitioners' likelihood to remain in the EY sector, the secondary outcome. A few methodological limitations of the measure itself have been elaborated in the Secondary analysis section (related to the complexity of the individual items and the inclusion of a 'prefer not to say' option). These limitations may have contributed to the inconclusive results and should be addressed if the measure is to be used in future research in the early years sector. For these reasons, the small, non-statistically significant negative effect observed on this outcome measure should be interpreted as showing no evidence of any meaningful impact of the programme. Indeed, this finding seemingly contradicts the IPE findings, which found that interviewees generally felt that the programme contributed to the sector. It was felt that through the programme practitioners felt valued and recognised, and that it would have an important role in supporting children's later outcomes. In particular, data from the survey with experts, mentors and area leads, suggested the programme had a positive impact on practitioner wellbeing and morale (see Table 8).

It was hoped that these positive findings would translate into greater staff recruitment and retention, despite the impact evaluation not finding evidence to support this. Given that practitioner retention is a longer-term impact in the programme theory of change (see Figure 1), it may be that more time post-intervention is required to allow for this outcome

to manifest. Findings from the IPE suggest that evaluation participants thought it would take time for the programme to impact on setting leaders and practitioners.

Alongside impact findings, the IPE provided several examples of positive changes taking place for experts, mentors, area leads, setting leaders, practitioners, and, in some instances, children. These included:

- professional development opportunities for experts, mentors and area leads (particularly around coaching and mentoring), setting leaders (e.g., leadership skills) and practitioners (e.g., on child development)
- opportunities for setting leaders and practitioners to reflect on current practice and plan for more effective support to children and colleagues
- access to new tools, resources and networks
- enhanced staff confidence
- improved setting environment with enhanced routines and activities for children.

However, several evaluation participants stressed that more time would be needed before the full impact of the programme could be seen on settings, practitioners, and children. Participants also talked about the potential sustainability of the impact of the programme on settings. Experts, mentors and area leads provided examples of equipping setting leaders and practitioners with core skills and knowledge that could grow and develop beyond the life of the programme. This would presumably be supported by the continuation of the online Early years child development training.

In terms of assessing the programme's value for money, the programme achieved its primary objective of increasing practitioners' confidence in supporting children's PSED and in supporting children's communication and language development. Programme costs fall within the low category of the EEF cost ranking, suggesting delivery costs were below the average of other early years programmes. The programme was also viewed positively by participants surveyed and interviewed, who additionality typically thought the programme's VfM was comparable to or higher value than similar programmes.

The programme engaged an appropriate number and mix of settings, who were able to begin the programme within the intended time scale. However, based on qualitative feedback discussed above and, in Matching experts, mentors and areas leads with settings, it is reasonable to infer that VfM is closely tied to 1) the perceived quality of the mentor and expert assigned to a setting and 2) the degree to which settings engaged with their experts and mentors. This indicated that VfM may well vary between settings. Matching of settings' needs with experts and mentors that could fill these needs was essential to ensuring VfM of the programme.

Positive findings were mirrored in the evaluation of the Childminder Mentor Programme, where participants highlighted the value of reflecting on their practice with an experienced peer and having access to a (professional) network, tackling isolation and providing professional reassurance. Remote delivery and flexible scheduling of support sessions (outside of the working day) worked particularly well for childminders. Underlying the success of both programmes was having a positive relationship with a supportive professional who was able to offer tailored help and advice.

Overall, and most importantly, the 2 programme evaluations demonstrated a strong desire for continued support within the early years sector. This was seen as particularly crucial within the current policy context, which continues to place additional pressure on providers. There was strong support for the 2 programmes to continue, and good evidence that continuing the Early Years Experts and Mentors programme (perhaps in a streamlined form) would benefit staff, settings and the children in their care. If that was not possible in their current format, a similar peer mentoring, or networking scheme should be considered in its place.

Recommendations

There was strong support for the 2 programmes to continue, and good evidence that continuing the Early Years Experts and Mentors programme (perhaps in a streamlined form) would benefit staff, settings and the children. If continuation was not possible in their current forms, similar peer mentoring, or networking schemes, should be considered in its place.

Should the programme, or something similar, continue, the evaluation highlighted several areas of key learning for DfE, the training provider and the delivery partner.[46]. These are outlined below.

For the Department for Education, consider:

- Providing more information to those delivering the programme to manage expectations about delivery and processes (such as remuneration).
- Providing more information to setting leaders, practitioners and childminders about the programme's aims, delivery model (including the online Early years child development training) and time commitment required to provide clarity and alleviate any concerns. Better awareness and clearer expectations were connected to higher levels of engagement in both programmes.

[46] Training and delivery were performed by the same organisation in the Childminder Mentor Programme.

- Combining the expert and mentor roles into a single professional role as this may better support setting leaders and practitioners to engage with the support offer.
- Providing settings (particularly those that are most disadvantaged) with staffing backfill, or financial support to enable settings to pay existing staff to cover for practitioners attending training or engaging with their mentors; this would further support settings to engage with the programme.
- Further engaging with and utilising LAs to support experts, mentors and area leads by providing contextual information about the local area, the LA's, and settings' priorities, and to ensure these align (and are not in conflict) with the programme's aims.
- Further raising awareness of the online Early years child development training across the sector and breaking modules down into sub-modules (with a 15–20-minute completion time).
- Building further flexibility into the programme's duration, extending the standard delivery period beyond a single term. This would help settings and practitioners/ childminders to engage in support alongside other (often unexpected) priorities and pressures, and to take part in the online child development training. Having the opportunity to access support beyond one academic term would help some settings and childminders, including those most in need, to maximise engagement in the programme.
- Simplifying and streamlining the programme administrative processes to reduce the administrative burden and improve the renumeration processes for all those involved.
- Providing further investment in CPD for the early years sector to enhance practitioners' morale and commitment to working in the sector.

For the training provider and delivery partner, consider:

- Providing clearer definitions of the programme's different stakeholder roles, how they relate to each other and how each role will support settings.
- Enhancing how experts, mentors and area leads are matched with settings by fully utilising local information, matching geographies (where possible), skills and areas of expertise.
- Ensuring there is sufficient time to match experts and mentors with settings (or mentors with childminders) to maximise lead-in time before support commences and prevent compressing the delivery period.

- Working with area leads to ensure matching accounts for geographical location, and with expertise/setting priorities, as far as that is possible.
- Ensuring regular and effective communication with participants, and encouraging experts, mentors and area leads to reach out regularly within clusters and with settings/childminders.
- Offering flexibility in the mode of support delivered by allowing experts, mentors and area leads to decide what combination of support make most sense, in consultation with setting leaders and childminders.

Annex A: Impact evaluation methodology

Trial design

This evaluation of the programme was designed as a 2-group, stratified, cluster-randomised controlled trial (RCT). The unit of randomisation was the early years setting and randomisation of settings was determined by the (academic) term in which they applied for the programme. To ensure comparability of settings in the intervention and control arm, settings were randomised within Regional School Commissioner (RSC) areas and setting type.

In total, the programme was delivered across 6 academic terms. Three of the 6 termly cohorts were included in the RCT[47]:

- Spring term (January-April) 2023, hereafter evaluation cohort 1
- Summer term (April-July) 2023, hereafter evaluation cohort 2
- Autumn term (September-December) 2023, hereafter evaluation cohort 3.

Participant selection

Early years settings

Settings self-referred or were referred to the programme by their LA and recruited by the delivery partner. The list of settings was then shared with the evaluation team and recruited to the RCT by Ecorys UK. In keeping with its aims, the programme supported mainly private, voluntary and independent (PVI) settings, but also included nursery settings, Maintained Nursery Schools (MNS) and school-based nurseries. Childminders were eligible to take part in the Childminder Mentor Programme from spring 2023 but were not included in the RCT. The programme did not support Reception Year practitioners.

Settings were deemed eligible for the programme if they met at least one of four criteria:

- Been judged as Requires Improvement (RI) or Inadequate in the last 3 years
- Have high numbers of children in receipt of EY Pupil Premium
- Have high numbers of children with SEND needs

[47] The first cohort to receive the programme (in the 2022 Autumn term) were not included in the evaluation.

- Have high numbers of children taking up the disadvantaged 2-year-old offer.[48]

However, there was some flexibility for settings that did not meet any of the criteria above to receive the programme if their Local Authority (LA) believed that they would benefit from the programme.

Owing to a particularly large first cohort (evaluation cohort 1) stratified random sampling was used to select a subset of (500) settings. This minimised the burden on settings by ensuring the evaluation team recruited only the number of settings needed for a well-powered study (see section on Sample size). The same stratifying variables were used for sampling as for randomisation, RSC area and setting type.

All settings participating in the evaluation were asked to sign an Evaluation Agreement (also known as a Memorandum of Understanding) which outlined the roles and responsibilities of all involved. The Agreement also asked each setting to nominate a named 'Evaluation Champion', who would be contacted about evaluation activities. The Evaluation Agreement made it clear that once settings agreed to participate, the expectation was that practitioners would take part in the pre-test and post-test surveys even if the setting withdrew from the programme and/or evaluation. Settings were asked to notify the evaluation team if their setting, or practitioner(s) within their setting, withdrew from the programme and/or the evaluation.

Practitioners within settings

Setting leaders could nominate one or more practitioners to receive direct support from a mentor. The evaluation team aimed to survey all practitioners selected for mentor support at pre-test and post-test.

For the duration of their participation in the trial, practitioners in control settings were not to receive any expert or mentor support but were able to engage with the online child development training. Control settings were able to receive the programme 2 terms after randomisation with post-test outcomes data collected from practitioners before they started the programme. For example, those who applied to the programme in the Spring term 2023 and were randomly allocated to the control group, could take part from the Autumn term 2023.

Any practitioners choosing to explicitly withdraw from the pre-test and/or post-test data collection, were not subsequently contacted about the survey. Practitioners had the right to withdraw from the data collection process at any time throughout the study duration.

[48] This provides free education and childcare for 2-year-olds if certain eligibility criteria are met. For more information, see https://www.gov.uk/help-with-childcare-costs/free-childcare-2-year-olds-claim-benefits

Outcome measures

All outcomes were measured using a bespoke practitioner outcomes survey developed specifically for this trial. The evaluation team drew primarily on scales and items from similar existing surveys, such as those used in the CECIL impact evaluation and the Evaluation of Using Research Tools to Improve Language in the Early Years (URLEY) programme. A copy of the survey used to measure outcomes in this trial is provided in the trial.

Primary outcomes

Two primary outcomes related to practitioners' confidence in supporting children's development were defined for this evaluation:

1. PSED
2. communication and language development.

Both outcomes were measured using scales included in a survey administered to practitioners. The scales were comprised of 13 items, each with response options ranging from '1–Not at all' to '5–Very much', yielding a total score between 13-65 on each. The primary outcomes were measured at 2 time points for each cohort: pre-test data collection took place shortly (ideally within one month) before the programme start date for the cohort, while post-test data collection took place within a term of each cohort's programme end date. These scales were adapted from tools used in previous research in the early years sector.[49] [50]

These outcomes addressed 3 key areas specified in the programme ToC (Figure 1):

- EY practitioners feel confident in their understanding of child development and ways it can be supported through practice in their setting.
- EY practitioners feel confident to meet the developmental needs of individual children in their setting.
- EY practitioners and settings can more effectively identify and address children's developmental issues (e.g., PSED and language and communication), particularly where these are connected to the COVID-19 pandemic.

In the process of selecting measures for these outcomes, the evaluation team reviewed several possibilities to measure practitioner confidence as described in the ToC and decided to specifically measure practitioner confidence relating to

[49] https://www.suttontrust.com/wp-content/uploads/2022/03/Cevaluation cohortIL-Evaluation-Oxford-14.02.2022.pdf
[50] https://d2tic4wvo1iusb.cloudfront.net/documents/projects/URLEY_Report.pdf?v=1630925607

supporting children's personal, social and emotional development and communication and language development (separately). This is to acknowledge that the main focus of the programme was to improve practitioner confidence and skills in these areas of children's development specifically.

As per the SAP, psychometric testing of the primary outcomes was undertaken by estimating the Cronbach's alpha coefficients in the pre-test and post-test data. Results of this testing are presented in Table 10. This analysis shows that both primary outcome measures demonstrate excellent internal consistency, which improved between pre-test and post-test. This is consistent with findings from psychometric testing of the practitioner confidence scale used in the CECIL impact evaluation, which found Cronbach's alpha coefficients were very high with α=0.91 for a subset of 15 practitioners from Nottinghamshire and α=0.95 for a subset of 14 practitioners from Hackney. These psychometric results build on this evidence base, indicating that this measure of practitioner confidence is promising in terms of wider adoption for research and evaluation in the sector.

Table 10: Psychometric testing of primary outcomes

Primary outcome measure (timepoint)	Raw α	Standardised α
Communication and language (pre-test)	0.90	0.91
Communication and language (post-test)	0.93	0.93
Personal, social and emotional (pre-test)	0.92	0.92
Personal, social and emotional (post-test)	0.95	0.95

Secondary outcome

This secondary outcome of the impact evaluation was practitioner self-reported likelihood to remain in the EY sector (retention). This was originally based on a single survey question focussed on practitioner self-reported expectation of remaining in the early years sector. The question asked practitioners '*How likely are you to leave the early years sector in the next 12 months?',* which can be answered with a single choice out of the following: 'I already have a job offer for a new role'; 'I'm very likely to leave'; 'I'm fairly likely to leave'; 'I'm not very likely to leave'; 'I'm not at all likely to leave'; 'Prefer not to say'. However, strong ceiling effects were observed in the pre-test data for the first 2 evaluation cohorts. Therefore, the

secondary outcome measure was re-developed as a 4-item scale, which asked ‘How often do you’:

- Feel satisfied working in the early years sector?
- Feel frustrated working in the early years sector?
- Think about leaving your current setting?
- Think about getting a job outside of the early years sector?

Response options for each question included: ‘Never’; ‘Rarely’; ‘Sometimes’; ‘Often’; ‘Always’; ‘Prefer not to say’. Responses were scored 1-5, with reverse coding for items 2-4 given the question wording. The total scores ranged from 4 to 20. The ‘Prefer not to say’ option was included given the potentially intrusive nature of these questions. Practitioners needed to respond to all 4 items to be included in the secondary outcome analysis.

Outcomes data collection

Table 2 provides a breakdown of response to the practitioner outcome survey overall and by cohort, at pre-test and post-test. This analysis reveals that the response rate at pre-test (i.e., the proportion of all survey invites that produced a completed response) was 46%, while the equivalent figure at post-test was 42%. These response rates may be inflated because as well as sending unique links directly to practitioners, open links were sent to setting leaders for cascading to practitioners (potentially reaching multiple practitioners via a single survey invitation). It is also worth noting that 49% of all completed responses at pre-test were ultimately retained in the trial and matched to a post-test response. These figures are in line with the survey response rate assumed for the power calculations throughout the trial (see Sample size section).

Sample size

Detailed sample size calculations, taking into account a range of attrition and survey non-response scenarios were undertaken at the protocol and randomisation stage. These sample size calculations are summarised in Table 11, alongside the final calculations based on the analytical sample size and additional parameters (e.g. pre-post correlation, Intracluster correlation coefficient [ICC]) taken from the primary

analysis. All power and minimum detectable effect size (MDES) calculations were performed using the PowerUpR package in R, adapted from the 'PowerUp!' tool.[51]

Table 11: Sample size calculations

Parameter	Level / group	Protocol	Randomisation	Analysis
Minimum Detectable Effect Size (MDES)		0.305	0.384	0.279
Pre-test/post-test correlations	**level 1 (practitioner)**	0.000	0.000	0.339
Pre-test/post-test correlations	**level 2 (setting)**	0.000	0.000	0.000
Intracluster correlations (ICCs)	**level 2 (setting)**	0.200	0.200	0.152
Alpha		0.025	0.025	0.025
Power		0.8	0.8	0.8
One-sided or 2-sided?		2	2	2
Average cluster size		3	2	2
Number of settings	**Intervention**	96.5	78.5	118
Number of settings	**Control**	96.5	78.5	112
Number of settings	**Total**	193	157	230
Number of practitioners	**Intervention**	289.5	157	215
Number of practitioners	**Control**	289.5	157	198
Number of practitioners	**Total**	579	314	413

All power calculations undertaken in this trial assume equal allocation to the intervention and control groups. At protocol and randomisation stage, the power calculations also assumed conservatively that the proportion of variance in Level 1

[51] Dong, N. & Maynard, R. (2013) PowerUp!: A Tool for Calculating Minimum Detectable Effect Sizes and Minimum Required Sample Sizes for Experimental and Quasi-Experimental Design Studies, Journal of Research on Educational Effectiveness, 6:1, 24-67, DOI: 10.1080/19345747.2012.673143

outcomes explained by Level 1 covariates R_1^2 (i.e., practitioner level) would be 0.00 and Level 2 covariates R_2^2 (i.e., setting level) would be 0.00. This assumed the absence of a pre-test outcome measure at impact analysis stage, which was not the intended analytical approach but may have been required if the matching rate between pre-test and post-test survey responses was particularly low. A conservative Intracluster Correlation Coefficient (ICC) of 0.20 was also estimated. A desired power of 0.80 and an alpha of 0.025 to adjust for multiple comparisons (given that there are 2 primary outcomes) was assumed. At protocol stage, the following assumptions were made about the anticipated setting level sample size:

- A total of n=189 settings were recruited for evaluation cohort 1, n=155 settings for evaluation cohort 2, and n=118 settings for evaluation cohort 3. This yielded an overall setting level sample size of N=462 settings.
- A 15% trial attrition rate, reducing the overall sample size to n=393 settings.
- A range of reasonable setting level survey response rates. Based on response rates to the pre-test survey for evaluation cohort 1 (64%) and 2 (17%), the main scenario presented was associated with a 40% response rate. MDES values for scenarios ranging between 30% to 70% response rates were also presented in the protocol and SAP.

These assumptions produced a MDES at protocol stage of *g* = 0.305.

At randomisation stage, many key parameters remained the same, but there was a reduction in the assumed setting level sample size from protocol stage due to a smaller setting sample in evaluation cohort 2 (n=189 settings across the three cohorts was assumed at protocol stage). The estimated average number of responses per setting was also reduced from 3 at protocol stage to 2 at randomisation stage based on pre-test survey responses among the first 2 evaluation cohorts (median of 2 responses per setting). Given these assumptions, and a 40% survey response rate, at randomisation stage the MDES was *g* = 0.384.

At analysis stage, the analytical sample was based on 230 settings and a total of 413 practitioners. The ICC within settings based on the primary outcome measures was 0.152, which is lower than the more conservative ICC estimated at protocol and randomisation stage.[52] The R_1^2 was estimated at 0.339, equating to a correlation between pre-test and post-test primary outcome data of 0.582 (in turn calculated by averaging the correlations across the communication and language development

[52] This is the ICC averaged from the Communication & Language (0.157) and Personal, Social and Emotional Development (0.147) primary outcomes.

[0.605] and PSED [0.558] outcomes).[53] This produced an MDES at randomisation stage of *g* = 0.279. As mentioned in the SAP, additional power analysis based on utilising post-test data only was implemented. The main differences here were the setting (267) and practitioner (526) sample sizes and the $R_1{}^2$ (0.000 given the absence of a pre-test confidence score). This yielded an MDES of *g* = 0.289. Whilst similar to the main power analysis scenario utilising the matched sample of practitioners between pre-test and post-test, as anticipated this matched sample offers more statistical power and a lower MDES value. Therefore, this sample was prioritised for the impact analysis.

As per the protocol and SAP, the study is not powered to detect meaningful differences between subgroups.

Randomisation

Randomisation took place in 3 rounds (mirroring the cohort-based roll-out) and included a total of 461 settings.

- Evaluation cohort 1: Randomisation took place on 13 January 2023 and included 189 settings. Settings were notified of their allocation on 14 January 2023.

- Evaluation cohort 2: Randomisation took place on 12 April 2023 and included 155 settings. Settings were notified of their allocation on 13 April 2023. One setting subsequently withdrew from this cohort, taking the sample size to n=154 in this cohort.

- Evaluation cohort 3: Randomisation took place on 26 July 2023 and included 118 settings. Settings were notified of their allocation on 27 July 2023.

The randomisation was stratified by RSC area and setting type. Stratification by RSC areas ensured that the study arms were balanced by geography, which was both a methodological and logistical requirement. Setting type was also deemed an important factor for stratification as it was anticipated that setting type has some influence on both likelihood of exposure to treatment (as the programme is targeted mainly at Private, Voluntary and Independent [PVI] settings) and outcomes (as the challenges faced by practitioners and settings that affect outcomes related to the programme are likely to differ by setting type).

[53] The average correlation coefficient across these 2 measures (0.582) was then squared to retrieve the coefficient of determination (0.339), which was used to inform the power analysis.

Randomisation was undertaken using the 'RCT' package in RStudio.[54] The 'treatment_assign' command carried out robust treatment assignment by strata.

Despite substantial data quality checks within and between cohorts, following the 3 rounds of randomisation, 3 settings were removed from the sample due to attrition and duplication across cohorts, leading to a reduction in the sample from randomisation (N=461) to analysis (n=458).

Impact analysis

Full details of the impact analysis are provided in the Statistical Analysis Plan. This section provides a summary of the components forming the impact analysis. All analysis was undertaken in RStudio.

Primary analysis

The primary analysis was undertaken on an intention-to-treat (ITT) basis. The analysis included all randomised settings/practitioners in the groups to which they were randomly allocated, regardless of the treatment received in practice, withdrawal from the intervention post-randomisation, or any deviations from the intended programme implementation. This principle was essential to ensure an unbiased analysis of the programme effects.

The approach compares outcome means for the intervention and control groups, with participants analysed according to their randomised group allocation. The ITT approach provides an inherently conservative estimate of the programme effect as it captures the average effect of *being offered* the intervention, regardless of attrition and compliance with the intended implementation approach.

The primary outcomes are practitioner-level confidence scores in supporting children's personal, social, and emotional development and communication and language development. To estimate the impact on the primary outcomes the evaluation team used 2-level multilevel models to account for the clustering of data (practitioners within settings). Multilevel modelling assumes that the participant settings are a random sample of all settings that are eligible/suitable for the programme. This technique can flexibly handle complex variation both within and between settings.

The main analysis consists of the model for outcomes of practitioners nested in settings, which is:

[54] Garcia-Urquieta I (2020). Design and Evaluation of RCTs with RCT

$$(1) \quad Y_{ij} = \beta_0 + EYEM_j\tau + Z_j\beta_1 + X_{ij}\beta_2 + u_j + e_{ij}$$

where Y_{ij} is the confidence score for practitioner i in setting j; β_0 is the cluster level coefficient for the slope of a predictor on the confidence score; $EYEM_j\tau$ is a binary indicator of the setting assignment to the intervention [1] or control [0] group; Z_j are setting-level characteristics, in this case the 2 stratifying variables of region and setting type (as used for randomisation); X_{ij} represents characteristics at the practitioner level (as above, practitioner i in setting j), specifically the pre-test confidence score, u_j are setting-level residuals and e_{ij} are practitioner-level residuals.

Adjustment for multiple comparisons arising from there being 2 primary outcomes was implemented using the Benjamini-Hochberg[55] method. This method involved performing the primary outcome analysis, ranking the p-values from both tests in ascending order, and applying the equation to each ranked value:

$$a = (i \div m) \times q$$

Where a is the alpha value that the ranked p-value should be compared against, i is the rank of the p-value, m is the total number of p-values, and q is the desired alpha level (0.05). Given that there are just two hypotheses being tested in the primary outcomes analysis, this means that the smallest of the two p-values was compared to an alpha level of 0.025 ((1/2)*0.05), while the larger p-value was compared to an alpha level of 0.05 ((2/2)*0.05).

In addition to the main multilevel model, Tobit regression modelling was implemented as a form of sensitivity analysis given that there were early signals of potential ceiling effects in the primary outcomes at pre-test.

Secondary analysis

The secondary analysis focused on the impact of the Experts and Mentors programme on possible retention of the early years workforce. The secondary outcome analysis used the practitioners' outcome survey, and a continuous variable for practitioners' self-reported likelihood of remaining in the EY sector. Evaluation cohorts 1 and 2 were baselined using the original secondary outcome measure, while evaluation cohort 3 was baselined using the updated secondary outcome measure. The updated measure was used for all 3 cohorts at post-test. Descriptive analysis of individual items within the updated secondary outcome measure is

[55] Benjamini, Y., & Hochberg, Y. (1995). Controlling the False Discovery Rate: A Practical and Powerful Approach to Multiple Testing. Journal of the Royal Statistical Society. Series B (Methodological), 57(1), 289–300. http://www.jstor.org/stable/2346101

provided for additional detail and context on results from this component of the impact analysis.

As per the SAP, the evaluation team explored whether the two pre-test measures could be standardised and combined. Testing revealed that this was not possible, so 2 alternative models were implemented. First, the sample was split and 2 separate models following the primary analysis approach were implemented. Model 1 contained data for evaluation cohort 1 and 2, while model 2 included data for evaluation cohort 3 given the different pre-test measures used. Second, a single model without a pre-test measure containing data from all 3 cohorts was implemented. Results from each of these models were compared as a robustness check.

Subgroup analysis

All subgroup analyses followed an adapted version of the model defined for the primary ITT analysis. The study was not powered to detect significant differences between subgroups. Two of the eligibility criteria for the programme relate to level of disadvantage in the setting.[56] The evaluation team conducted a subgroup analysis for settings with a higher proportion of disadvantaged children. This subgroup was defined in 2 ways:

1. *Settings with 'higher' disadvantage*, defined as settings in the top half (i.e., above the median value) of the sample according to the proportion of children receiving the EY Pupil Premium (EYPP),[57] and

2. *Settings with the 'highest' disadvantage*, defined settings in the top quartile of the sample according to the proportion of children receiving EYPP.

As a first step, descriptive analysis explored mean outcomes by subgroups of settings. As exploratory analysis, the evaluation team entered interaction terms at the setting level between the dummy indicator for the subgroup of interest and treatment allocation in Equation (1) or (2) as separate models, to explore differential effects on the respective subgroups across the intervention and control conditions while retaining the whole analytical sample in the model.

[56] These are: (i) High number of children in receipt of the Early Years Pupil Premium, and (ii) High number of children taking up the disadvantaged 2-year-old offer.
[57] EYPP, rather than the disadvantaged 2-year-old offer has been used as this includes a larger group of children in the setting (3–4-year-olds rather than 2-year-olds only) and is therefore more likely to provide an accurate measure of disadvantage in the setting.

Additional analyses

Analysis by cohort

The evaluation team explored whether programme impact varies across the three cohorts participating in the evaluation. The logic here is that the design and delivery of the programme evolved over time, potentially leading to differential outcomes and impacts over time. As a first step, this involved descriptive analysis reporting mean outcomes per cohort for both primary outcomes. Additionally, the evaluation team adapted a multilevel model following Equation (1) for each of the 3 cohorts separately.

Analysis of the impact of additional support

The SAP included an analytical component focussing on the number of terms of supported received by settings, i.e., dosage (see the SAP for more information). Given that settings were supposed to receive one term of support, any additional terms would be considered additional dosage, requiring additional investigation in the impact analysis. However, analysis of monitoring information (MI) provided by the delivery partner revealed that all intervention settings received one term of support. This component of the additional analysis is therefore not required.

Analysis of potential interaction effects with the online Early Years child development training

The online child development training was identified as a potential confounding factor when assessing the impact of the programme on the primary outcomes. Indeed, the focus of the training is to help upskill practitioners and improve their knowledge of child development so that they can use it to guide everyday practice.

To explore any potential interaction effects between the programme and the online training, the SAP included additional analysis to interact the treatment effect of the programme with use of the online training. ‘Using’ the training has been defined as:

- Practitioners who completed the introductory module (module 1) and at least one other module.
- Practitioners who completed the module specifically addressing PSED (module 3) or communication and language development (module 4) (separately and respectively for each primary outcome).

This analysis was intended to be similar in approach to the subgroup analysis. However, initial testing of these groups revealed insufficient sample size for a meaningful analysis. Therefore, the analysis was restricted to descriptive testing and reporting of mean outcomes by groups.

Missing data analysis

Missingness for the primary outcome measures has been analysed extensively using a multi-stage process. Firstly, attrition to assess any bias by a range of characteristics, including treatment allocation, was undertaken. Cross-tabulations of the proportions of missing data for relevant pre-test characteristics (setting and practitioner level) was undertaken.

Secondly, missingness at post-test (defined as practitioners that completed the survey at pre-test but did not complete the survey at post-test) as a function of pre-test covariates, including treatment allocation, was undertaken using a multilevel logistic regression model with practitioners clustered in settings. The outcome was a binary variable identifying missingness (1=missing; 0=complete).

Thirdly, given that missingness from randomisation to impact analysis exceeded 5% (see Missing data analysis), Little's test of missing completely at random (MCAR) was undertaken to assess whether there were any patterns to the missing data. Given that the analysis indicated that there was indeed a pattern in missing data, a pattern mixture model was implemented across both primary outcome measures as a form of sensitivity analysis. This approach stratifies missing data according to missing data patterns and models for how each of these patterns may influence the treatment effect estimate.

Compliance analysis

Compliance was defined at the setting level. It was based on completion of core programme activities, as documented in programme Monitoring Information (MI) reporting forms as collected and supplied by DfE and the delivery partner.

The original compliance measure was defined in the SAP. This was subsequently updated as parts of the measure could not be monitored using the MI available. The final compliance measure is outlined in Table 12. Each intervention setting was assigned a numeric score between 0-24 based on their completion of the activities that were pre-specified in the measure. One point was assigned for each half-day of support received from the area lead / expert, while one point was assigned for each hour of support received from the mentor.

Table 12: Compliance measure (final)

Activity	Score	Weight	Weighted score
area lead / expert provides 3 days of leadership support to the setting	6	2	12
mentor provides 6 hours of support to practitioners in the setting	6	2	12
Total score	**12**		**24**

Given that compliance was imperfect (see Analysis in the presence of non-compliance), a complier average causal effect (CACE) analysis was undertaken, drawing on an instrumental variable (IV) approach and using a 2-stage least squares estimation approach to estimate the average effect of *complying* with the programme. This approach was implemented separately for both primary outcome measures.

The first stage regressed compliance on treatment assignment, thereby estimating the extent to which random allocation to the intervention group encourages settings to take up the programme. The second stage of the IV estimation mirrored Equation (1) but substitutes the treatment indicator with the predicted compliance rate above for the first stage. In doing so, this analysis estimates the average effect of *complying* with the programme.

Effect size calculation

The approach for calculating effect sizes (Hedges g) is outlined in the trial SAP.

Annex B: Practitioner survey

Experts and Mentors programme: Practitioner follow-up survey

Introduction

Please complete this short and important **follow-up survey** about the Early Years Experts and Mentors Programme. It will take about **5 minutes** to complete. There are no correct answers, and your responses will be **confidential** to Ecorys (the independent research team DfE commissioned to evaluate the programme).

Many of the questions are similar to those you completed in an earlier survey, this is deliberate as your answers will help us to understand whether the programme has made a difference to you and other practitioners. If you did not complete the earlier survey, we would still like you to complete this survey. As a 'thank you' for completing both surveys, you will receive a **£5 online GiftPay voucher**.

The survey asks about your confidence in **supporting children's development and your thoughts about working in the early years sector**. No-one outside of the evaluation team will know how you responded to the survey. Our Privacy Notice describes how we will use your information.

Your confidence as an early years practitioner

Q1: We want to find out the extent to which you feel you have the knowledge/skills needed to support children's development. **There are no right or wrong answers, please answer the following questions honestly.**

These questions focus on children's **communication and language development**.

How confident are you in your knowledge and skills at:	Not at all	Slightly	Somewhat	Fairly	Very much
Helping typically developing children make good progress in their language skills					
Helping children with (diagnosed or undiagnosed) language delay make good progress in their language skills					

Helping children with English as an additional language make good progress in their English language skills while recognising the importance of their heritage language					
Crafting good questions for your children					
Enabling children to ask their own questions					
Supporting children to be good listeners					
Suggesting activities that families can do to support children's language development					
Supporting children to be confident in communicating their wishes and ideas					
Motivating children to want to communicate more with peers and adults					
Assessing children's language to identify their need for additional internal support					
Engaging other early years staff in changes to language practice					
Identifying when a child has a language delay requiring specialist support					
Making referrals for extra support for a child with language difficulties					

DISPLAYED AS A CAROUSEL, ALLOWING A SINGLE CODE PER QUESTION

Q2: These questions focus on children's **personal, social and emotional development**.

How confident are you in your knowledge and skills at:	Not at all	Slightly	Somewhat	Fairly	Very much
Helping typically developing children make good progress in their personal, social and emotional skills					
Helping children with (diagnosed or undiagnosed) personal, social and emotional					

delays make good progress in their personal, social and emotional skills					
Suggesting activities that families can do to support children's personal, social and emotional development					
Assessing children's personal, social and emotional skills to identify their need for additional internal support					
Engaging other early years staff in changes to practice regarding children's personal, social and emotional development					
Identifying when a child has a personal, social and emotional skills delay requiring specialist support					
Making referrals for extra support for children with personal, social and emotional difficulties					
Getting children to believe they can do well in their learning and development					
Managing challenging behaviour					
Getting children to follow the setting's rules					
Calming a child who is disruptive					
Establishing an effective daily routine with each cohort of children					
Motivating children who show low interest in play and activities					

DISPLAYED AS A CAROUSEL, ALLOWING A SINGLE CODE PER QUESTION/ROW

Q3: This next section asks a small number of questions about **how confident you feel in key areas of your work**. These questions may seem similar to some of the questions asked already but they are important for DfE's wider research.

Please answer these questions as honestly as you can.

How confident are you at:	Not at all	Slightly	Somewhat	Fairly	Very much
Using a variety of approaches to lead activities appropriate to the age range and ability of children					
Supporting children with their early language and communication development					
Supporting children with their personal, social and emotional development					
Supporting children with their health and wellbeing development					

DISPLAYED AS A GRID, ALLOWING A SINGLE CODE PER QUESTION/ROW. QUESTIONS DISPLAYED IN A RANDOM ORDER

Staying in the early years sector

Q4: The next questions ask about **your expectations around working in the <u>early years sector</u>**. We understand that plans can change at any time so please respond based on how you **currently** feel about working in the early years sector.

How often do you:	Never	Rarely	Sometimes	Often	Always	Prefer not to say
○ feel satisfied working in the early years sector?						
○ feel frustrated working in the early years sector?						
○ think about leaving your						

current set-ting?						
○ think about getting a job outside of the early years sector?						

DISPLAYED AS A GRID, ALLOWING A SINGLE CODE PER QUESTION/ROW.

About the online Child Development Training

We would like to know if you signed up to the training and which, if any, modules you have completed.

Q5: Have you signed up for the (online) Early Years Child Development Training?

○ Yes	
○ No	**ROUTE TO Q7**

Q6: Which, if any, of the online Early Years Child Development Training modules have you completed to date? *Please select all that apply.*

○ Module 1 – Understanding Child Development and the EYFS	
○ Module 2 - Brain Development and How Children Learn	
○ Module 3 - Supporting Children's Personal, Social and Emotional Development	
○ Module 4 – Supporting Language Development in the Early Years	
○ Module 5 – Supporting Physical Development in Early Years	
○ None of the above	

MULTICODE WITH NONE OF THE ABOVE AS EXCLUSIVE CODE, ROUTE ALL TO Q8

Q7: What were your reasons for not signing up for the online Early Years Child Development Training? *Please select all that apply.*

○ Not enough time during the working day	
○ Not being released from setting during working hours	
○ Other priorities outside of working hours	
○ I heard it wasn't useful	

○ I was not interested	
○ I already have a good understanding of child development	
○ Other (please specify)	

MULTICODE

About you and your setting PN: DISPLAY

In this section, we ask for information about you and your setting. If you completed the previous survey, having your name and setting information really helps us to confidentially match your answers across both surveys.

8: Please provide your first name.

<<<Box for name entry here>>>

OPEN

9: Please provide your last name.

<<<Box for name entry here>>>

OPEN

10: Please provide your email address**. This can be your personal email address if you do not have a work email address. We will need this information to send your GiftPay voucher, where relevant.**

<<<Box for email entry here>>>

OPEN, CHECKS ON FORMAT, MUST CONTAIN @

11: Please provide the name of your setting.

<<<Box for entry of setting name here>>>

OPEN

12. Please provide the postcode of your setting.

Please provide your setting's postcode in the following format:

For example, EG6 6EG should be entered as:

EG6	6EG

13: How would you describe your main role in your setting?

○ Apprentice/Trainee	
○ Early Years Assistant	
○ Early Years Educator	

○ Room Leader/Teacher	
○ Manager (if PVI setting) or Headteacher/Deputy Head (if school)	

SINGLE CODE

14: Please select the highest level of early years qualification you have (or the equivalent qualification if it has a different name).

○ Level 3 Childcare	
○ Level 4 Childcare	
○ Level 5 Childcare and Education (including Foundation degree, Level 5 Advanced Teacher Status and/or Early Years Professional Status)	
○ Level 6 Childcare and Education (including Early Childhood Studies Honours degree, Early Years Teacher Status and/or Qualified Teacher Status, Level 6 Advanced Teacher Status and/or Early Years Professional Status)	
○ None of the above	

SINGLE CODE

15: How many years have you been working as an Early Years professional? **Please exclude any years when you were training or completing an apprenticeship.**

○ Less than 1 year	
○ 1–2 years	
○ 3-4 years	
○ 5-6 years	
○ 7-10 years	
○ 11-15 years	
○ 16+ years	

SINGLE CODE

16: How old are the children you typically work with? **You may select more than one option if applicable.**

○ Under 2 years old	
○ 2-3 years old	

○ 3-5 years old	

MULTICODE

Thank you for completing this survey, we very much appreciate you taking the time to do this.

Annex C: Additional impact analyses

Analysis in the presence of non-compliance

Data feeding into the calculation of setting level compliance scores were based on information provided by settings as well as from candidates when submitting claim forms; while closely correlated (Spearman's correlation coefficient of $r = 0.92$), the analysis is replicated and reported across both of these sources.

The results of the first-stage regression estimate that the relationship between the instrument (treatment allocation) and the endogenous variable (compliance) was statistically significant to a 0.05 threshold and positive, indicating, as expected, that being randomised into the treatment group closely predicts participating in the programme. The coefficient estimated for this first stage was larger when using the setting-compliance score compared to the candidate-compliance score.

The second stage of the Instrumental Variable (IV) regression estimated the average effect of complying with the programme, which are reported in detail in Table 17. The results indicate overall that there is a **positive and statistically significant effect of complying with the programme on both primary outcomes**. As with the primary analysis, there was a **larger estimated impact of compliance with the programme on the PSED related primary outcome** than communication and language; both measures across both setting-compliance and candidate-compliance variables were statistically significant. This also aligns with the primary analysis.

The compliance analysis was limited to some extent by incomplete data matching between evaluation data and compliance data, where not all settings in the evaluation were present in the compliance data received from our delivery partner. In the 87 (41%) instances where it was not possible to match a treatment setting with the compliance data, it was assumed that 0 hours of support were received (and, therefore, a score of 0 on the compliance measure). Furthermore, there is some evidence of a small amount of 'contamination', i.e., control settings receiving the programme between pre-test and post-test data collection. The scale of this was small, as only 3 control settings appeared to receive the programme before post-test data collection.

The results indicate that, overall, there is a **positive and statistically significant effect of complying with the programme on both primary outcomes**. There was a larger estimated impact on the outcome related to practitioner confidence in supporting children's PSED than communication and language, which aligns with the primary analysis.

Missing data analysis

A total of 848 practitioners completed the survey at pre-test. After the removal of duplicate responses based on information provided by practitioners (e.g., names, email addresses), a total of 818 practitioners were remaining in the effective sample. The overall share of missing data, defined as practitioners who completed the pre-test survey but did not complete the post-test survey, was 49.1% (399 out of 818 practitioners who completed the survey at pre-test). Descriptive analysis exploring patterns of missingness by various setting and practitioner characteristics are presented as an initial step.

Table 18 shows the distribution of missing data by treatment allocation. Overall, the distribution of missingness was the same across intervention and control settings (49% each). Table 19 also shows that, across both primary outcomes and by treatment allocation, mean scores at pre-test were similar between practitioners with complete and missing data at post-test. Therefore, missingness was not associated with a higher or lower practitioner confidence score at pre-test.

Table 20 shows that there did not appear to be any substantial differences in the proportion of missingness by setting type. Missingness was lower where practitioners were working in maintained nursery schools (40.9%), but this is at least in part due to the smaller sample sizes in this group (22 practitioners in total).

There were some patterns of missingness according to region of the setting, as shown in Table 21. Missingness was higher where practitioners worked at settings based in London (57%) and Yorkshire and the Humber (57%), while it was lower where practitioners worked at settings in the South West (39%). Missingness at post-test did not appear to be associated with the Ofsted rating of settings (see Table 22).

Missingness also did not appear to be associated with either of the subgroups defined in this trial (disadvantaged and very disadvantaged settings – see Annex A), as shown in Table 23 and Table 24.

In terms of practitioner level characteristics, missingness did appear to be associated with highest qualification level. Missingness appeared higher among practitioners with Level 4 (63%) and lower among practitioners with Level 6 (42%), as shown in Table 25. Missingness also appeared to be associated with the number of years practitioners had worked in the early years sector (Table 26). Missingness was higher among practitioners with 7 to 10 years of experience (60%) and lower among those with 16 or more years of experience (41%). Finally, missingness did appear to be associated somewhat with the age groups that practitioners worked with; specifically, missingness was higher (61%) among practitioners that worked only with children aged 2 to 3 years (Table 27).

Results from the multilevel binary logistic regression model confirmed that there were some factors with a statistically significant association with the odds of missingness at post-test. This analysis indicated that practitioner level factors were more strongly

associated with missingness than setting level characteristics. Indeed, practitioners with a Level 6 qualification were less than half as likely to be missing at post-test compared to those with no qualifications (Odds Ratio [OR] = 0.48, p = 0.03). On the other hand, practitioners with 7-10 years' experience were almost twice as likely to be missing at post-test compared to those with 3 years or less (OR = 1.87, p = 0.05). Compared to practitioners who worked with multiple age groups, missingness at post-test was almost twice as likely among practitioners working with children aged 2-3 years only (OR = 1.84, p = 0.03) and children aged 3-5 years only (OR = 1.94, p = 0.01). At the setting level, missingness was almost half as likely among practitioners working in school-based nurseries as compared to those working in PVIs, although this was not statistically significant but close to threshold (OR = 0.57, p = 0.08). Taken together, results from this model indicate that missingness at post-test was not random and appeared to be influenced by practitioner level factors in particular.

Given that the proportion of missing primary outcome data exceeded 5%, Little's test of MCAR was used to assess if the data was consistent with being missing completely at random (MCAR). The null hypothesis here was that the data was MCAR. However, this null hypothesis is rejected given the results of the test, with the probability that these results were observed due to statistical uncertainty being very low (X^2 = 49.7, p = 0.02).

As specified in the SAP, a pattern mixture model was implemented as a form of sensitivity analysis. Detailed results from this modelling are presented in Table 28. The results of this missing data analysis are consistent with the findings of the primary analysis in that a positive treatment effect is identified across both primary outcomes, but once missingness is accounted for, the size of the treatment effect is smaller and no longer statistically significant. With regards to practitioners' confidence in supporting children's PSED, the positive treatment effect remains larger than for communication and language and the result observed only falls just outside the pre-defined significance threshold (adjusted difference in means = 1.2, p = 0.030). For communication and language development, the positive treatment effect is smaller and falls further away from the significance threshold, although the probability of observing these results if the null hypothesis (i.e., that the programme has no impact on practitioner confidence in supporting children's communication and language development) is assumed true remains below 10% (adjusted difference in means = 0.9, p = 0.099).

Overall, the missing data analysis shows that **there were clear patterns associated with missingness at post-test, particularly based on practitioner characteristics**. Robust methods to adjust for missingness given the high degree of attrition at post-test were undertaken, including multilevel logistic regression modelling and pattern mixture modelling. Results from the pattern mixture modelling are largely consistent with the primary analysis; **once missingness at post-test is accounted for, a positive treatment effect remains across both primary outcomes**, with a larger treatment effect observed for practitioner confidence in supporting children's PSED. However, the results fall just outside the pre-defined significance threshold. Nonetheless, the

probability of observing these results if the null hypothesis were true remains low at just 3% for practitioner confidence in supporting children's PSED, and just below 10% for practitioner confidence in supporting children's communication and language development.

Subgroup analysis

Table 29 and Table 30 reports the mean values at pre-test and post-test across both primary outcome measures by treatment allocation and each subgroup (disadvantaged and very disadvantaged settings) as a first analytical step. Subgroup analysis was then undertaken using both primary outcomes separately, with 4 analytical models in total. The models were adapted from the primary analysis, introducing an interaction term with subgroup status. Results from these models are presented in Table 31.

With regards to the subgroup of settings with 'higher' disadvantage, **an even larger positive treatment effect was detected for both primary outcomes when compared to the primary analysis**. For practitioner confidence supporting children's PSED, the unadjusted mean was higher in the intervention group (55.8) than the control group at post-test (52.9). After statistical adjustment in the modelling, the difference in means was 2.6 (56.0 in the intervention group, 53.4 in the control group). This difference equivalised to an effect size of g = 0.408, substantially larger than the effect size estimated from the primary analysis for this outcome. For practitioner confidence in supporting children's communication and language development, the unadjusted mean was higher in the intervention group (55.8) than the control group at post-test (53.2). After statistical adjustment in the modelling, the difference in means was 2.5 (55.9 in the intervention group, 53.5 in the control group). This difference equivalised to an effect size of g = 0.375. In line with the SAP, p-values are not reported as this subgroup analysis was under-powered, but it is worth noting that for both primary outcomes the model results here were statistically significant.

Among settings with the 'highest' disadvantage, **the positive treatment effect remained across both primary outcomes, and the effect sizes were more in line with those estimated in the primary analysis**. For practitioners' confidence in supporting children's PSED, the unadjusted mean was higher in the intervention group (55.6) than the control group (52.9) at post-test. After statistical adjustment in the modelling, the difference in means was 1.8. When converted to Hedge's g using key parameters, this equivalised to an effect size of g = 0.292. With regards to practitioner confidence in supporting children's communication and language development, the unadjusted mean was also higher in the intervention group (55.6) than the control group (53.7) at post-test. After statistical adjustment in the modelling, the difference in means was 1.7. This difference equivalised to an effect size of g = 0.264.

Overall, this exploratory and underpowered analysis found a **positive treatment effect of the programme on practitioners working in settings with 'higher' and 'highest'**

levels of disadvantage. As per the primary analysis, a larger effect size was observed with regards to practitioner confidence in supporting children's PSED across both subgroups. Additionally, **the impact of the programme appeared to be particularly large for practitioners working in settings with 'higher' disadvantage** across both primary outcomes.

Additional analyses

Cohort analysis

Given the cohort-based design of this trial, the primary analysis was implemented for each cohort as a separate sub-sample to explore whether the programme impact varied by this parameter. Descriptive analysis reporting mean outcomes by cohort are reported in Table 32. Results from the multilevel modelling by cohort are reported in Table 33.

The results show that **the positive treatment effect identified in the primary analysis is predominantly driven by a particularly large positive effect of the programme in evaluation cohort 1**. In this cohort, the unadjusted mean for the confidence score in PSED was higher in the intervention group (56.2) than the control group (53.1) at post-test. After statistical adjustment in the modelling, the difference in means was 3.3. This equivalised to an effect size of g = 0.488. With regards to practitioner confidence in supporting children's communication and language development, similar results were observed. The unadjusted mean for the confidence score in this domain was higher in the intervention group (55.8) than the control group (52.7) at post-test. After statistical adjustment in the modelling, the difference in means was 3.1. This equivalised to an effect size of g = 0.355. Across both primary outcomes, the effect sizes estimated specifically for evaluation cohort 1 were larger than the effect sizes estimated in the primary analysis, indicating that the treatment effect was particularly pronounced in this cohort.

A positive treatment effect is identified in evaluation cohort 2, but the effect sizes observed across both primary outcomes are substantially smaller than evaluation cohort 1. In this cohort, the unadjusted mean for the confidence score in PSED was slightly higher in the intervention group (54.3) than the control group (54.2) at post-test. After statistical adjustment in the modelling, the difference in means was 0.8. This equivalised to an effect size of g = 0.130. With regards to practitioner confidence in supporting children's communication and language development, similar results were observed in this cohort. The unadjusted mean for the confidence score in this domain was lower in the intervention group (54.0) than the control group (54.1) at post-test. After statistical adjustment in the modelling, the difference in means was 1.1. This equivalised to an effect size of g = 0.151.

In evaluation cohort 3, a positive treatment effect was still observed, but the trends in the 2 primary outcome measures diverged somewhat here. For practitioners' confidence in

supporting children's PSED, the unadjusted mean for the confidence score in PSED was higher in the intervention group (54.3) than the control group (52.7) at post-test. After statistical adjustment in the modelling, the difference in means was 1.6. This equivalised to an effect size of $g = 0.197$, which was larger than the effect size observed in evaluation cohort 2, albeit still small. On the other hand, the effect size for practitioners' confidence in supporting children's communication and language development decreased further (although remained positive still) compared to evaluation cohort 2. The unadjusted mean for the confidence score in this domain was higher in the intervention group (53.6) than the control group (53.0) at post-test. After statistical adjustment in the modelling, the difference in means remained 0.6. This equivalised to an effect size of $g = 0.076$.

Overall, the results of this additional analysis are consistent with the primary analysis in that **a positive treatment effect is identified across all 3 evaluation cohorts for both primary outcomes**. However, this analysis indicates that **the results of the primary analysis are primarily driven by a particularly large treatment effect observed in evaluation cohort 1**. The size of the effect of the programme decreases substantially in the following 2 evaluation cohorts, across both primary outcomes.

Exploring the impact of additional support

The SAP specified that, should there be identified variation in the number of terms of support settings in the intervention group received during the trial, additional analysis adjusting for this should be carried out.

However, using monitoring information from the delivery partner, all intervention settings were identified as having received just one term of support between pre-test and post-test data collection. Given the lack of variation in number of terms supported in the intervention group, this component of the additional analysis was not required.

Interaction effects with the online Early years child development training

The additional analysis exploring interaction effects with the online training was not implemented as defined in the SAP and methods section. Once these subgroups were identified in the final matched sample, the resulting sample sizes were deemed insufficient for a defensible impact analysis to be undertaken. For the first subgroup based on engagement with the training (completed the introductory training module (module 1) and at least one other module), the intervention group contained 46 practitioners, but the control group contained only 17 practitioners. Similarly, the subgroups based on engagement with the modules related specifically to PSED (module 3) and communication and language development (module 4) yielded smaller intervention (36 and 37 respectively) and control (18 and 16 respectively) group sample sizes. Instead, descriptive balance tables showing the means of both primary outcomes by these subgroups and effect size testing are presented from Table 34 to Table 37.

This analysis shows that, among practitioners who engaged with the introductory training module (module 1) and at least one other module, greater improvements in their confidence supporting children's PSED (module 3) and communication and language development (module 4) were observed by those who also received the programme. The differences in unadjusted means, when converted to an effect size, were *g* = 0.349 and *g* = 0.214 respectively. These effect sizes are roughly in line with the effect sizes reported in other components of the impact analysis. This includes the fact that a larger effect size is observed for the outcome related to practitioner confidence in supporting children's PSED.

Among practitioners who engaged with the modules related specifically to PSED (module 3) and communication and language development (module 4), the results diverged between the 2 primary outcomes. There appeared to be greater improvements in the intervention group among practitioners who engaged with the training module around PSED and also received the programme with regards to their confidence supporting children's development in this domain. An effect size largely in line with the primary analysis and other components of the impact analysis was observed here (*g* = 0.236). On the other hand, there appeared to be almost no difference between the intervention and control group in terms of their confidence supporting children's communication and language development among those who engaged with the communication and language-related training module; the effect size here was very small although positive (*g* = 0.095).

Overall, this analysis provides some indicative evidence to suggest that, **among those who engaged with the online Early years child development training, the programme had positive effect on both primary outcomes**. Practitioners in the intervention group that completed the introductory training module (module 1) and at least one other module appeared to benefit from greater increases in their confidence across both primary outcomes. The same was found for those that engaged with the module related to children's PSED (module 3) when looking at the equivalent primary outcome. However, among those who engaged with the module related to children's communication and language development (module 4), there was only a negligible effect of the programme on the equivalent primary outcome. Given the small sample size and subsequent inability to utilise a robust modelling approach, these results should be interpreted with caution.

Annex D: Impact analysis data tables

Practitioner and setting characteristics

Full results of the pre-test equivalence tests are presented in Table 13 and Table 14.

At the setting level, pre-test equivalence tests revealed an **imbalance by Ofsted rating in the analytical sample**. The key area of imbalance by Ofsted rating was in the Inadequate category, where 73% of settings with this Ofsted rating were in the intervention group, while 27% were in the control group. This was to some extent a result of the smaller sample size in this category (15 settings in total), but imbalance was nonetheless identified. A similar degree of imbalance was observed among settings rated Inadequate in the sample at randomisation (28 settings in total, 71% in the intervention group and 29% in the control group), as well as an imbalance in the Outstanding Ofsted category at randomisation stage (33 settings in total, 58% in the control group and 42% in the intervention group) which was balanced through attrition by the time analysis was undertaken. All other Ofsted rating categories were distributed evenly across the intervention and control groups. Some imbalance was also identified in the analytical sample by the setting level proportion of children aged 2 taking up the disadvantaged 2-year-old offer. This was higher in the control group (mean of 48%) than the intervention group (mean of 42%). A similar degree of imbalance was observed in the sample at pre-test (mean of 50% in the control group, mean of 44% in the intervention group).

At the **practitioner level, some imbalance was identified** by 3 characteristics: highest early years qualification level; number of years working as an Early Years professional; and age of the children with which they worked. However, this was largely explained by smaller sample sizes in specific categories within these indicators.

In terms of the **highest early years qualification, imbalance was identified** even where there were reasonable sample sizes in both groups. At analysis, a higher proportion of those with Level 5 were found in the control group (31 in total, 61% in the control group and 39% in the intervention group), while a higher proportion of those with Level 6 were found in the intervention group (98 in total, 63% in the intervention group and 37% in the control group). An imbalance was also identified in the sample at randomisation, although the difference between groups was smaller (173 in total, 55% in the intervention group and 45% in the control group). At analysis, a higher proportion of practitioners with Level 4 was found in the control group (14 in total, 64% in the control group and 36% in the intervention group), but this was also largely a product of smaller sample sizes in this group. At randomisation stage this category was evenly distributed across the intervention control groups (38 in total, 47% and 53% respectively).

When the evaluation team examined **years working as an early years professional, some imbalance was identified** among those with 4-6 years of experience. A higher proportion of practitioners were found in the intervention group at analysis stage (49 in

total, 71% in the intervention group and 29% in the control group). Similar imbalance was identified in this category in the sample at pre-test (104 in total, 63% in the intervention group and 37% in the control group). Minor imbalance was also identified among practitioners with 3 years or less experience at analysis stage, with a higher proportion found in the control group (80 in total, 58% in the control group and 42% in the intervention group). This category was distributed more evenly across the intervention group evenly at pre-test (170 in total, 55% in the control group and 45% in the intervention group).

Finally, an **imbalance in the analytical sample by the age of children practitioners worked with** was found among those working with children aged 2-3 years only, which was higher in the control group (43 in total, 65% in the control group and 35% in the intervention group). This proportion increased somewhat from that observed in the sample at randomisation (111 in total, 58% in the control group and 42% in the intervention group). Some minor imbalance was also identified among practitioners in the analysis sample that worked with multiple age groups (244 in total, 57% in the intervention group and 43% in the control group).

Table 13: Pre-test equivalence testing (setting level)

		Control	Control	Control	Intervention	Intervention	Intervention
Indicator	**Sample**	**N**	**Mean (SD)**	**%**	**N**	**Mean (SD)**	**%**
Number of children aged 2-4 years on roll	Randomisation	212	45 (25)	z[58]	213	46 (27)	z
	Analysis	105	44 (26)	z	113	47 (25)	z
Ofsted rating							
- Outstanding	Randomisation	19	z	58	14	z	42
	Analysis	9	z	47	10	z	53
- Good	Randomisation	147	z	48	162	z	52
	Analysis	78	z	51	76	z	49
- Requires improvement	Randomisation	22	z	58	16	z	42
	Analysis	9	z	45	11	z	55
- Inadequate	Randomisation	8	z	29	20	z	71
	Analysis	4	z	27	11	z	73
- Unknown	Randomisation	32	z	64	18	z	36

[58] z = Not applicable

		Control	Control	Control	Intervention	Intervention	Intervention
Indicator	**Sample**	**N**	**Mean (SD)**	**%**	**N**	**Mean (SD)**	**%**
	Analysis	12	z	55	10	z	45
% of children aged 3-4 in receipt of EYPP	Randomisation	211	16 (15)	z	213	17 (17)	z
	Analysis	105	16 (17)	z	113	18 (17)	z
% of children aged 2-4 with Special Educational Needs (SEN)	Randomisation	212	4 (6)	z	213	4 (7)	z
	Analysis	105	4 (7)	z	113	4 (6)	z
% of children taking up the disadvantaged 2-year-old offer	Randomisation	212	50 (37)	z	213	44 (36)	z
	Analysis	105	48 (37)	z	113	42 (35)	z

Table 14: Balance equivalence testing (practitioner level)

		Control	Control	Control	Intervention	Intervention	Intervention	
Indicator	**Sample**	**N**	**Mean (SD)**	**%**	**N**	**Mean (SD)**	**%**	**Hedge's g**
Confidence score in supporting children's personal, social and emotional development	Randomisation	415	50 (9)	z	433	50 (9)	z	0.01
	Analysis	198	51 (8)	z	215	50 (8)	z	0.02
Confidence score in supporting communication and language development	Randomisation	415	51 (8)	z	433	51 (8)	z	0.03
	Analysis	198	51 (8)	z	215	51 (8)	z	0.01
Self-reported likelihood of remaining in the early year sector (updated)[59]	Randomisation	79	12 (3)	z	88	13 (3)	z	0.37

[59] This is based on data from evaluation cohort 3 only.

		Control	Control	Control	Intervention	Intervention	Intervention	
Indicator	**Sample**	**N**	**Mean (SD)**	**%**	**N**	**Mean (SD)**	**%**	**Hedge's g**
	Analysis	44	12 (3)	z	50	12 (2)	z	0.00
Self-reported likelihood of remaining in the early year sector (original)[60]								
- I'm not at all likely to leave	Randomisation	161	z	51	154	z	49	z
	Analysis	82	z	51	79	z	49	z
- I'm not very likely to leave	Randomisation	100	z	46	120	z	54	z
	Analysis	42	z	43	56	z	57	z
- I'm fairly likely to leave	Randomisation	27	z	52	25	z	48	z
	Analysis	13	z	46	15	z	54	z
- I'm very likely to leave	Randomisation	5	z	29	12	z	71	z

[60] This is based on data from evaluation cohort 1 and evaluation cohort 2.

		Control	Control	Control	Intervention	Intervention	Intervention	
Indicator	**Sample**	**N**	**Mean (SD)**	**%**	**N**	**Mean (SD)**	**%**	**Hedge's g**
	Analysis	5	z	42	7	z	58	z
- I already have a job offer for a new role	Randomisation	3	z	60	2	z	40	z
	Analysis	1	z	100	0	z	0	z
Highest early years qualification								
- Level 3 Childcare	Randomisation	206	z	48	227	z	52	z
	Analysis	102	z	47	114	z	53	z
- Level 4 Childcare	Randomisation	20	z	53	18	z	47	z
	Analysis	9	z	64	5	z	36	z
- Level 5 Childcare and Education	Randomisation	37	z	61	24	z	39	z
	Analysis	19	z	61	12	z	39	z
- Level 6 Childcare and Education	Randomisation	78	z	45	95	z	55	z
	Analysis	36	z	37	62	z	63	z

		Control	Control	Control	Intervention	Intervention	Intervention	
Indicator	**Sample**	**N**	**Mean (SD)**	**%**	**N**	**Mean (SD)**	**%**	**Hedge's g**
- None	Randomisation	67	z	52	61	z	48	z
	Analysis	32	z	59	22	z	41	z
Years working as an Early Years professional								
- 3 years or less	Randomisation	93	z	55	77	z	45	Z
	Analysis	46	z	58	34	z	42	z
- 4-6 years	Randomisation	39	z	37	65	z	63	z
	Analysis	14	z	29	35	z	71	z
- 7-10 years	Randomisation	69	z	49	71	z	51	z
	Analysis	27	z	50	27	z	50	z
- 11-15 years	Randomisation	82	z	51	79	z	49	z
	Analysis	40	z	50	41	z	50	z
- 16+ years	Randomisation	125	z	48	133	z	52	z
	Analysis	71	z	48	78	z	52	z

		Control	Control	Control	Intervention	Intervention	Intervention	
Indicator	**Sample**	**N**	**Mean (SD)**	**%**	**N**	**Mean (SD)**	**%**	**Hedge's g**
Age of children the practitioner works with								
- Under 2 years old	Randomisation	27	z	51	26	z	49	z
	Analysis	13	z	48	14	z	52	z
- 2-3 years old	Randomisation	64	z	58	47	z	42	z
	Analysis	28	z	65	15	z	35	z
- 3-5 years old	Randomisation	100	z	48	108	z	52	z
	Analysis	52	z	53	47	z	47	z
- Multiple age groups	Randomisation	217	z	47	244	z	53	z
	Analysis	105	z	43	139	z	57	z

Primary analysis

Table 15: Primary analysis results

	Confidence score in personal, social and emotional development	Confidence score in communication and language development
Overall sample size (Intervention, Control)	413 (215, 198)	413 (215, 198)
Overall variance of outcome (Intervention, Control)	51.4 (48.0, 53.8)	54.4 (48.0, 60.5)
Adjusted means: Intervention, Control	55.5, 53.6	54.8, 53.4
Coefficient (95% confidence interval)	1.893 (0.711, 3.073)	1.393 (0.228, 2.522)
Hedges g (95% confidence interval)	0.266 (0.100, 0.431)	0.190 (0.031, 0.343)
P-value	0.002	0.022

Source: Evaluation data

Secondary analysis

Table 16: Secondary outcome analysis results

	Model 1: Self-reported likelihood of remaining in the EY sector (evaluation cohorts 1 and 2)	Model 1: Self-reported likelihood of remaining in the EY sector (evaluation cohort 3)	Model 2: Self-reported likelihood of remaining in the EY sector (all 3 cohorts)
Overall sample size (Intervention, Control)	97 (59, 38)	89 (48, 41)	186 (107, 121)
Overall variance of outcome (Intervention, Control)	20.6 (21.3, 19.3)	7.82 (10.2, 5.20)	15.1 (16.8, 12.8)
Adjusted means: Intervention, Control	14.6, 15.7	11.9, 12.3	13.5, 14.3
Coefficient (95% confidence interval)	-1.016 (-2.559, 0.603)	-0.443 (-1.607, 0.693)	-0.799 (-2.048, 0.443)
Hedges g (95% confidence interval)	-0.224 (-0.564, 0.133)	-0.158 (-0.572, 0.248)	-0.212 (-0.526, 0.114)
P-value	0.244	0.511	0.216

Source: Evaluation data

Analysis in the presence of non-compliance

Table 17: Compliance analysis results

Primary outcome (confidence score)	Compliance score data source	Estimated coefficient (95% CI)	p-value
PSED	Setting	0.975 (0.351, 1.600)	0.003
PSED	Candidate	0.387 (0.139, 0.635)	0.003
Communication and language development	Setting	0.717 (0.107, 1.328)	0.023
Communication and language development	Candidate	0.285 (0.042, 0.527)	0.023

Source: Evaluation data and delivery partner MI data

Missing data analysis

Table 18: Missingness at post-test by treatment allocation

Treatment	Complete data	Missing post-test data	Total
Intervention	215 (51%)	206 (49%)	421 (100%)
Control	198 (51%)	193 (49%)	391 (100%)
Total	413 (51%)	399 (49%)	812 (100%)

Source: Evaluation data

Table 19: Mean confidence scores in the primary outcomes at pre-test by missingness at post-test

	PSED	PSED	Communication and language development	Communication and language development
Treatment	Complete data	Missing post-test data	Complete data	Missing post-test data
Intervention	50.3	50.2	50.5	50.3
Control	50.5	51.2	50.5	51.4

Source: Evaluation data

Table 20: Missingness at post-test by setting type

Setting type	Complete data	Missing post-test data	Total
PVI	334 (50%)	334 (50%)	668 (100%)
Maintained Nursery School	13 (59%)	9 (41%)	22 (100%)
School Based Nursery	66 (54%)	56 (46%)	122 (100%)
Total	413 (51%)	399 (49%)	812 (100%)

Source: Evaluation data

Table 21: Missingness at post-test by setting region

Setting region	Complete data	Missing post-test data	Total
London	30 (43%)	40 (57%)	70 (100%)
East Midlands	35 (54%)	30 (46%)	65 (100%)
East of England	76 (54%)	64 (46%)	140 (100%)
North East	22 (54%)	19 (46%)	41 (100%)
North West	49 (51%)	48 (49%)	97 (100%)
South East	50 (45%)	61 (55%)	111 (100%)
South West	57 (61%)	37 (39%)	94 (100%)
West Midlands	67 (51%)	65 (49%)	132 (100%)
Yorkshire and The Humber	27 (44%)	35 (56%)	62 (100%)
Total	413 (51%)	399 (49%)	812 (100%)

Source: Evaluation data

Table 22: Missingness at post-test by Ofsted rating

Ofsted rating	Complete data	Missing post-test data	Total
Inadequate	30 (55%)	25 (45%)	55 (100%)
Good	286 (51%)	274 (49%)	560 (100%)
Outstanding	30 (54%)	26 (46%)	56 (100%)
Requires Improvement	30 (48%)	33 (52%)	63 (100%)
Unknown	37 (47%)	41 (53%)	78 (100%)
Total	413 (51%)	399 (49%)	812 (100%)

Source: Evaluation data and Public Ofsted data

Table 23: Missingness at post-test by subgroup (disadvantaged settings)

Disadvantaged subgroup	Complete data	Missing post-test data	Total
Disadvantaged	179 (46%)	211 (54%)	390 (100%)
Not disadvantaged	215 (55%)	175 (45%)	390 (100%)
Unknown (unmatched in NPD)	19 (59%)	13 (41%)	32 (100%)
Total	413 (51%)	399 (49%)	812 (100%)

Source: Evaluation data and National Pupil Database

Table 24: Missingness at post-test by subgroup (very disadvantaged settings)

Very disadvantaged subgroup	Complete data	Missing post-test data	Total
Not very disadvantaged	298 (51%)	287 (49%)	585 (100%)
Very disadvantaged	96 (49%)	99 (51%)	195 (100%)
Unknown (unmatched in NPD)	19 (59%)	13 (41%)	32 (100%)
Total	413 (51%)	399 (49%)	812 (100%)

Source: Evaluation data and National Pupil Database

Table 25: Missingness at post-test by practitioner qualification level

Qualification level	Complete data	Missing post-test data	Total
Level 3 Childcare	216 (51%)	204 (49%)	420 (100%)
Level 4 Childcare	14 (37%)	24 (63%)	38 (100%)
Level 5 Childcare	31 (53%)	27 (47%)	58 (100%)
Level 6 Childcare	98 (58%)	71 (42%)	169 (100%)
None of the above	54 (44%)	69 (56%)	123 (100%)
Unknown	0 (0%)	4 (100%)	4 (100%)
Total	413 (51%)	399 (49%)	812 (100%)

Source: Evaluation data

Table 26: Missingness at post-test by practitioner years' experience in the early years sector

Years of experience	Complete data	Missing post-test data	Total
3 years or less	80 (48%)	87 (52%)	167 (100%)
4-6 years	49 (48%)	53 (52%)	102 (100%)
7-10 years	54 (40%)	80 (60%)	134 (100%)
11-15 years	81 (53%)	71 (47%)	152 (100%)
16+ years	149 (59%)	104 (41%)	253 (100%)
Unknown	0 (0%)	4 (100%)	4 (100%)
Total	413 (51%)	399 (49%)	812 (100%)

Source: Evaluation data

Table 27: Missingness at post-test by age of the children practitioners work with

Age group	Complete data	Missing post-test data	Total
Multiple	244 (55%)	202 (45%)	446 (100%)
Under 2 only	27 (51%)	26 (49%)	53 (100%)
2-3 only	43 (39%)	66 (61%)	109 (100%)
3-5 only	99 (49%)	101 (51%)	200 (100%)
Unknown	0 (0%)	4 (100%)	4 (100%)
Total	413 (51%)	399 (49%)	812 (100%)

Source: Evaluation data

Table 28: Missing data analysis results (pattern mixture modelling)

Outcome	Overall sample size (Intervention, Control)	Adjusted differences in means (Mean: Intervention, Control)	p-value
Confidence score in PSED	812 (421, 391)	1.2 (51.6, 50.5)	0.030
Confidence score in communication and language development	812 (421, 391)	0.9 (51.6, 50.8)	0.099

Source: Evaluation data, Public Ofsted data and National Pupil Database

Subgroup analysis

Table 29: Primary outcome means by subgroup ('Higher' disadvantage)

Treatment allocation and subgroup status	Communication and language (pre-test)	Communication and language (post-test)	PSED (pre-test)	PSED (post-test)
Higher disadvantage - Control	49.9	53.2	49.3	52.9
Not higher disadvantage – Control	51.3	53.4	51.7	54
Higher disadvantage - Intervention	50.4	55.8	50.1	55.8
Not higher disadvantage - Intervention	50.4	53.6	50.4	54.6
Unknown	49.9	53.1	49.4	52.2

Source: Evaluation data and National Pupil Database

Table 30: Primary outcome means by subgroup ('Highest' disadvantage)

Treatment allocation and subgroup status	Communication and language (pre-test)	Communication and language (post-test)	PSED (pre-test)	PSED (post-test)
Highest disadvantage - Control	49.8	53.7	48.4	52.9
Not Highest disadvantage - Control	51	53.2	51.5	53.7
Not highest disadvantage – Intervention	50.5	54.3	50.3	55
Highest disadvantage - Intervention	50	55.6	50.2	55.6
Unknown	49.9	53.1	49.4	52.2

Source: Evaluation data and National Pupil Database

Table 31: Subgroup analysis results

	Confidence score in personal, social and emotional development ('Higher' disadvantage)	Confidence score in personal, social and emotional development ('Highest' disadvantage)	Confidence score in communication and language development ('Higher' disadvantage)	Confidence score in communication and language development ('Highest' disadvantage)
Overall sample size (Intervention, Control)	394 (209, 185)	394 (209, 185)	394 (209, 185)	394 (209, 185)
Overall variance of outcome (Intervention, Control)	51.4 (43.4, 39.0)	51.4 (31.1, 40.5)	54.4 (38.8, 46.9)	54.4 (32.1, 47.4)
Adjusted means: Intervention; Control	56.0, 53.4	55.8, 54.1	55.9, 53.5	55.9, 54.2
Coefficient (95% confidence interval)	2.622 (0.856, 4.342)	1.746 (-0.677, 4.098)	2.449 (0.728, 4.170)	1.660 (-0.707, 4.027)
Hedges g (95% confidence interval)	0.408 (0.133, 0.675)	0.292 (-0.113, 0.685)	0.375 (0.112, 0.639)	0.264 (-0.112, 0.639)

Source: Evaluation data and National Pupil Database

Additional analyses

Cohort analysis

Table 32: Mean primary outcome scores by cohort

Evaluation cohort	Primary outcome	Timepoint	Control	Intervention
1	Communication and language development	Pre-test	49.9	50.3
1	Communication and language development	Post-test	52.7	55.8
1	PSED	Pre-test	50.3	49.8
1	PSED	Post-test	53.1	56.2
2	Communication and language development	Pre-test	50.9	50.2
2	Communication and language development	Post-test	54.1	54.0
2	PSED	Pre-test	50.5	50.2
2	PSED	Post-test	54.2	54.3
3	Communication and language development	Pre-test	51.2	51.4
3	Communication and language development	Post-test	53.0	53.6
3	PSED	Pre-test	50.9	51.5
3	PSED	Post-test	52.7	54.3

Source: Evaluation data

Table 33: Additional analysis (by cohort) results

	PSED (evaluation cohort 1)	PSED (evaluation cohort 2)	PSED (evaluation cohort 3)	Communication and language (evaluation cohort 1)	Communication and language (evaluation cohort 2)	Communication and language (evaluation cohort 3)
Overall sample size (Intervention, Control)	184 (89, 95)	135 (76, 59)	94 (50, 44)	184 (89, 95)	135 (76, 59)	94 (50, 44)
Overall variance of outcome (Intervention, Control)	49.2 (38.1, 55.5)	45.9 (47.3, 45.0)	63.9 (65.0, 62.8)	56.2 (41.4, 66.1)	51.2 (50.1, 53.5)	56.0 (54.4, 58.8)
Adjusted means: Intervention; Control	55.7, 52.3	56.3, 55.6	54.2, 52.8	54.7, 52.1	56.5, 55.7	54.5, 54.0
Coefficient (95% confidence interval)	3.360 (1.707, 5.014)	0.727 (-1.309, 2.763)	1.369 (-1.291, 4.300)	2.619 (0.827, 4.412)	0.798 (-1.269, 2.832)	0.513 (-1.803, 2.938)
Hedges g (95% confidence interval)	0.490 (0.249, 0.731)	0.107 (-0.192, 0.406)	0.171 (-0.161, 0.538)	0.356 (0.112, 0.599)	0.111 (-0.177, 0.394)	0.068 (-0.240, 0.391)

Source: Evaluation data

Interaction effects with the online training

Table 34: Mean (SD) primary outcome scores among practitioners who completed the introductory training and one other module

Treatment allocation	Communication and language (pre-test)	Communication and language (Post-test)	PSED (pre-test)	PSED (post-test)
Intervention	51.6 (7.7)	56.1 (6.5)	50.9 (8.3)	56.3 (6.8)
Control	52.4 (6.8)	54.6 (6.8)	53.1 (7.4)	53.9 (6.4)

Source: Evaluation data

Table 35: Mean (SD) primary outcome scores among practitioners who completed the training module related to children's PSED

Treatment allocation	PSED (pre-test)	PSED (post-test)
Intervention	51.4 (7.8)	56 (6.5)
Control	52.9 (8.2)	54.4 (6.5)

Source: Evaluation data

Table 36: Mean (SD) primary outcome scores among practitioners who completed the training module related to children's communication and language development

Treatment allocation	Communication and language (pre-test)	Communication and language (Post-test)
Intervention	52.2 (7.5)	55.6 (6.4)
Control	53.1 (7.6)	55 (7.5)

Source: Evaluation data

Table 37: Effect size testing among subgroups of practitioners engaging with the online child development training

Subgroup	Primary outcome	Hedges g (95% CI)
Training subgroup 1: Completed the introductory module and at least one other module	PSED	0.349 (-0.214-0.913)
Training subgroup 1: Completed the introductory module and at least one other module	Communication and language development	0.214 (-0.347-0.776)
Training subgroup 2: Completed the module related to PSED	PSED	0.095 (-0.497-0.686)
Training subgroup 3: Completed the module related to communication and language development	Communication and language development	0.236 (-0.337-0.809)

Source: Evaluation data

Annex E: Early years child development training (online) (MI analysis)

Early years child development training (online)- MI analysis methods

The evaluation included analysis of administrative data on the online Early years child development training. This included exploring differences across Regional School Commissioner (RSC) areas, and the association between taking part in the programme and completing the online training.

DfE provided individual level data on registration for the online child development training, including background information on users supplied at the registration stage (local authority the setting was based in, setting type, role) and information about the completion of modules and subsequent assessments (score achieved, pass/fail status). The data provided (in June 2024) included assessment data on the first 6 of the 8 modules,[61] combined with registration data for each individual user. The registration data did not include the name of the setting the individual user worked at, so it was not possible to link users to their setting.

The data contained information for 49,720 unique training users. After cleaning and linking, the analytical dataset included 14,725 unique training users located across 150 local authorities (LAs).

Descriptive analysis was conducted across several key metrics (overall and by RSC area), including:

- Number of users
- Completion rates (overall and by module)
- Pass rates (overall and by module)

A completion is defined as a case where an individual has engaged with the module and attempted the assessment at least once, regardless of whether they passed or failed. A pass is defined as a user who has engaged with a specific module, attempted and reached the pass mark for that assessment.

Multivariate regression analysis was used to explore the association between the take-up of and the completion of the online child development training among the early years settings at the LA level. The hypothesis being tested assumes that take-up of the training was higher in LAs with better engagement with the programme, given that mentors

[61] Module 1: Understanding child development and the early years foundation stage; Module 2: Brain development and how children learn; Module 3: Supporting children's personal, social and emotional development; Module 4: Supporting language development in the early years; Module 5: Supporting physical development in the early years; Module 6: Mathematics.

should encourage practitioners they support to engage with and complete the online training. The model used LA level data as the data did not contain setting information, which meant that LA level was the most fine-grained resolution that could take place. Using data from the delivery partner, an LA-level figure for the proportion of all early years settings that received support was calculated to estimate the likelihood that practitioners have received support through the programme. The completion rate is then regressed on the proportion of settings in the LA, with the model also controlling for:

- the proportion of PVI settings in the LA,
- the proportion of PVI settings in the LA with at least one graduate practitioner, and
- the proportion of children receiving EYPP in the LA (given that the programme targets settings with a higher level of disadvantage).

These variables were selected due to their potential for confounding any relationship between the take-up of the programme and take-up of the online Early years child development training owing to their strong alignment with the eligibility criteria for participating in the programme.

Findings

Figure 6 shows the distribution of all 14,725 unique users across the RSC areas. The areas with the highest proportion of users are the North West (16%), South East (14%), and West Midlands (14%). The regions with the fewest users are Inner London (4%), North East (5%), and South West (8%).

Because individuals could register outside term time, registration data has been analysed by quarter (Figure 7). The first quarter where individuals registered for the online Early years child development training was Q3-2022, but the volume of these ‘early adopters’ was low at 159 unique registrations. Registration peaked in Q1-2023 with 5,233 unique registrations. The number of registrations dropped in the following quarters but remained stable, ranging between 1,767 to 2,271, before falling to 332 in Q2-2024 (the final quarter included in the analysis).

The overall completion rate across the 6 modules included in the analysis was 52% with very little variation across RSC areas, ranging from 48% to 55% (Figure 8). Module 1 showed the highest completion rate (95%) and module 6 the lowest (22%). This reflects the requirement for practitioners to complete the modules in order when it was initially released (a requirement which was later removed). The remaining modules had completion rates of between 31% and 67%.

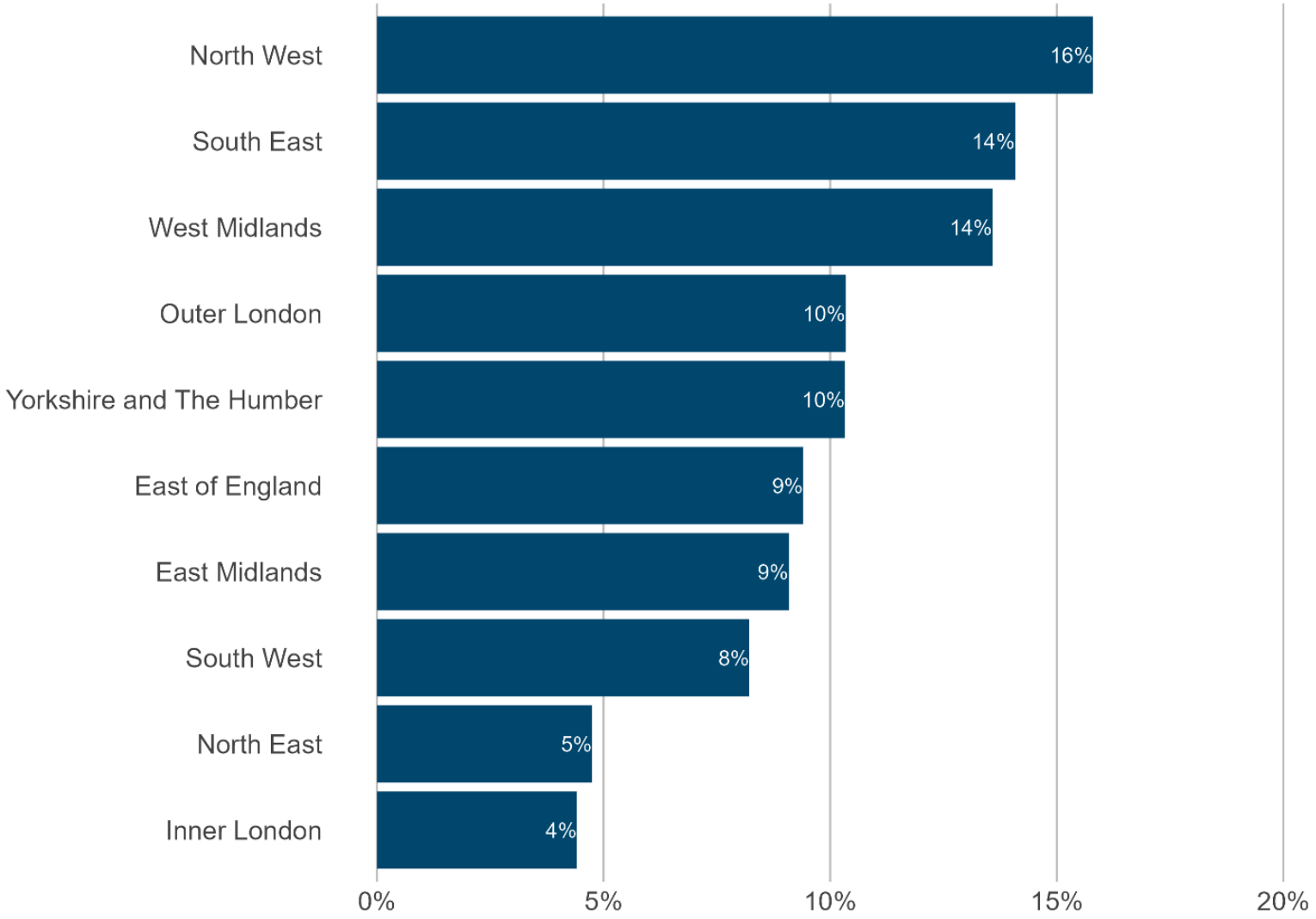
The pass rate for the modules range between 22% to 95%, with module 1 being the highest at 95% and module 6 the lowest at 22% (Figure 9). It is important to note that this is the final pass rate for modules. This means that the variation likely reflects repeated

attempts, with practitioners re-taking the final assessment in different modules until they passed.

Findings from the regression analysis suggest a very small positive relationship between the overall completion rate at the LA level and the proportion of settings in the LA. Indeed, a 1% increase in the proportion of settings in the LA receiving support was associated with a 0.08% increase in the training completion rate; however, this result was not statistically significant (p-value = 0.36). Nonetheless, the direction of the relationship provides some indicative evidence that the take-up of the programme had an influence on take-up of the online child development training at a large scale. The model showed an identical relationship with pass rates, suggesting the take-up of the programme also influences the pass rate of the online training at a large scale.

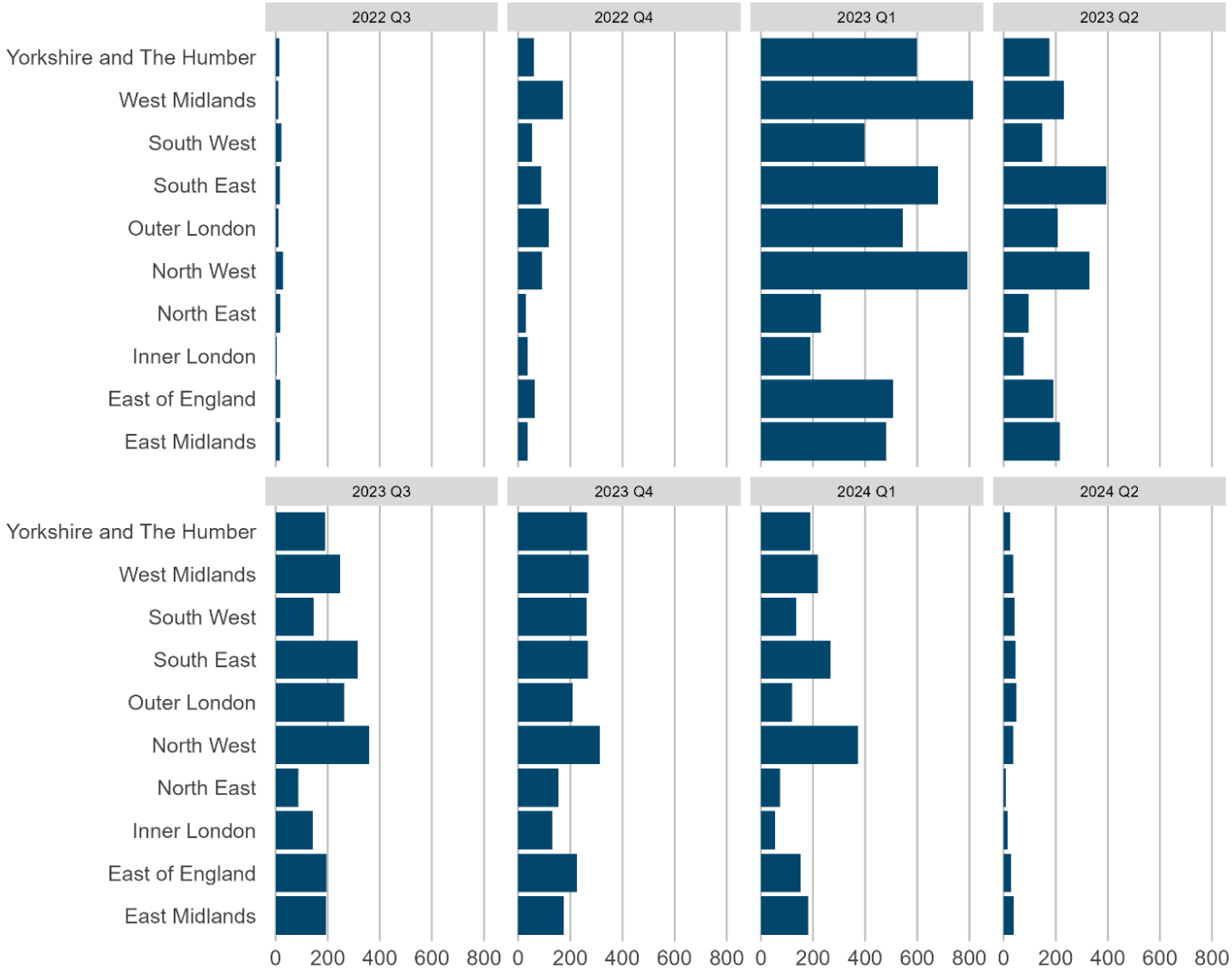
Overall, the online Early years child development training seems to have been well received, with modules showing high completion and pass rates, particularly the earlier modules. Results also provide indicative evidence of a very small (though not statistically significant) positive relationship between the individual completion rate at the LA level and the proportion of settings in the LA.

Figure 6: Distribution of training users by RSC areas



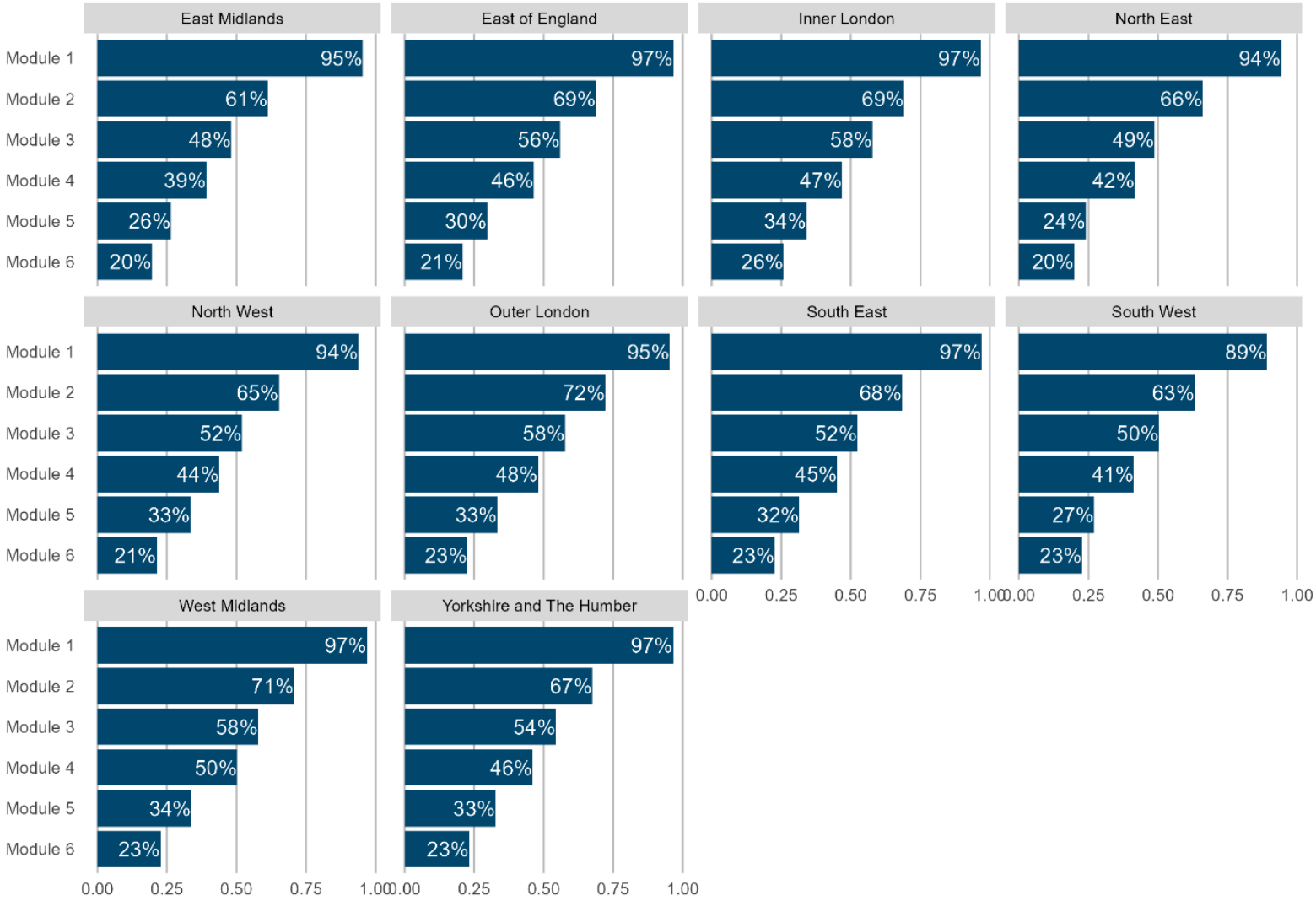
Source: DfE registration data

Figure 7: Number of registrations by quarter and RSC area



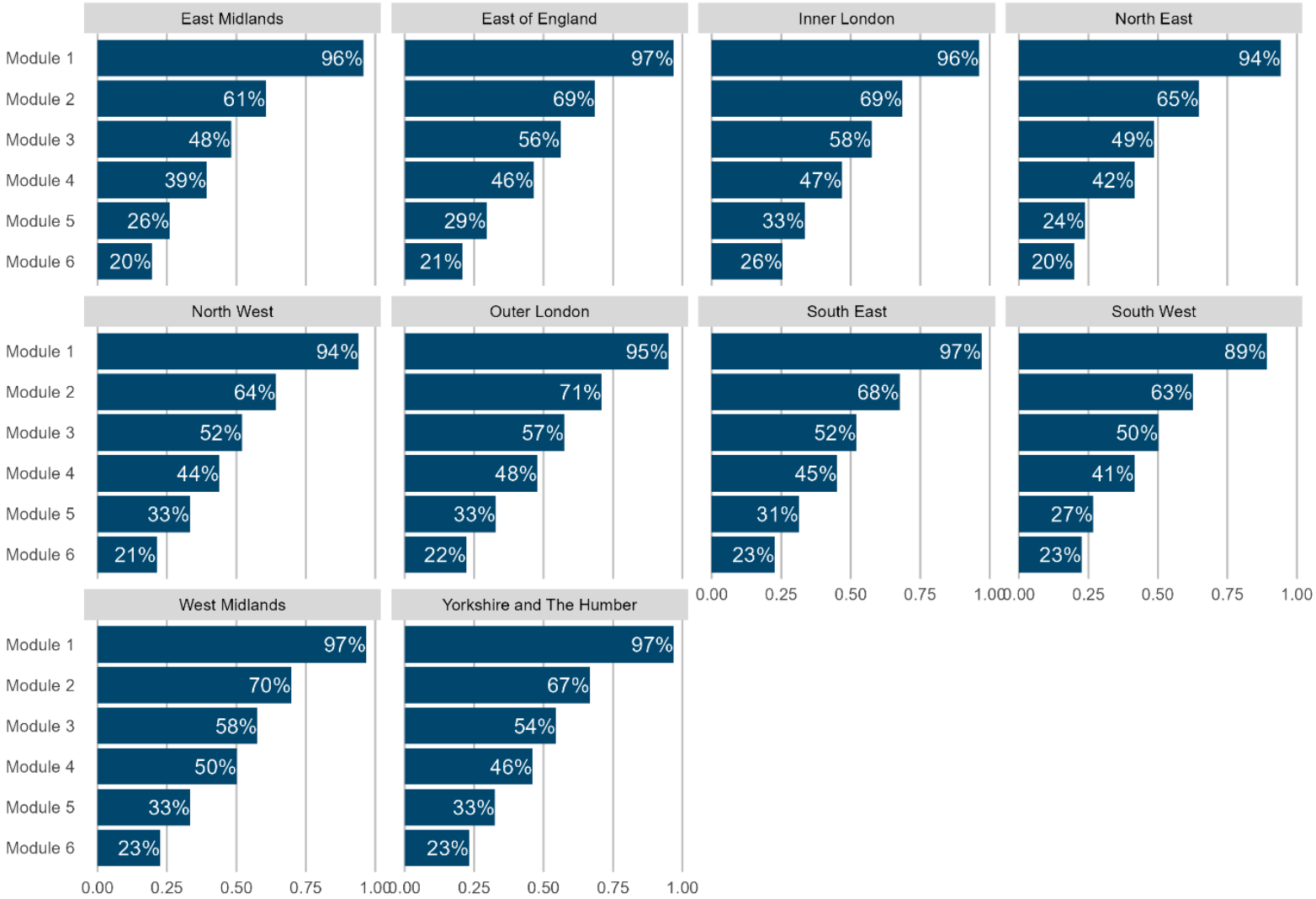
Source: DfE registration data

Figure 8: Training completion rate by RSC area



Source: DfE child development online training assessment data

Figure 9: Module pass rate by RSC area



Source: DfE child development online training assessment data

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