Protocol for a rapid evidence assessment

Principal investigator(s): Jon Kay, Isabel Kempner, Kat Pearce, Hannah

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## **Background and review rationale**

Early childhood education has long been recognised to be a crucial stage in a child's education and is increasingly acknowledged as an important phase for addressing the outcome gap between children from richer and poorer backgrounds. In autumn 2021, the Department for Education (DfE) announced funding for the early years sector to support with education recovery as a consequence of the pandemic. One part of this is the establishment of a network of Stronger Practice Hubs: early years settings which, through a system leadership approach, will support other settings to adopt evidence-informed practices. The EEF is in the process of gathering evidence to support the Stronger Practice Hubs. This work will result in a resource that identifies approaches and practices in early years education that are supported by high-quality evidence; the Stronger Practice Hubs' work will be underpinned by this evidence.

Promoting self-care is a common approach in early years settings; the Early Learning Goal of 'Managing Self' was included in the area of personal, social and emotional development (PSED) in the DfE's statutory framework in 2021, while non-statutory guidance acknowledges the area's crossover between PSED and physical development. In order to promote self-care, teaching focuses on developing a child's motivation, as well as describing and modelling actions and thought processes necessary to care for oneself. As part of this approach, children may be taught to express their needs and encouraged to develop routines and habits.

Our searches on the topic of self-care suggest that there may be a gap in the evidence on the effectiveness of this approach; we were not able to find a systematic review or a sufficient number of evaluative studies on the topic to judge which practices within this approach could be recommended. Overall, there is a lack of empirical quantitative evidence examining the effectiveness of interventions that promote self-care in the early years; one reason for this could be the diversity of practices and outcomes considered under the umbrella term of self-care. Of the studies that do exist, outcomes and interventions vary considerably, covering areas as diverse as toothbrushing, managing screen time, and healthy diets; some of this evidence comes from the health literature. Some of these studies report positive outcomes. Given it is a promising and widespread approach, which appears to be lacking in evidence, a more thorough review of the literature has been deemed necessary.

This protocol is the next step in our mapping of the evidence base on promoting self-care. With this rapid evidence review, we aim to find out whether there is rigorous evaluative evidence on this topic in the education field and, if so, what the key messages are. The results of this review will shape the EEF's recommendations on promoting self-care in the evidence EEF is gathering to support Stronger Practice Hubs.

## **Objectives**

The aim of this review is to summarise the effects of interventions to promote self-care on children's personal, social and emotional development in early years settings. In addition, we aim to identify any common elements of interventions that have a positive effect, as well as which aspects of self-care

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may be particularly impacted by these interventions. The findings will help inform our recommendations on effective practices for improving children's personal, social and emotional development, alongside our grant-making. At the first stage the review will map the evidence and identify whether it is appropriate to conduct further synthesis.

#### Suggested research question:

What evidence exists around promoting self-care in the early years?

#### **Supplementary questions:**

Does promoting self-care improve PSED outcomes for children in the early years?

What are the common elements of effective practices and interventions that promote self-care?

Which aspects of children's PSED are influenced by interventions that promote self-care?

## Methodology

	Include	Exclude
Study design	Randomised controlled trials and quasi- experimental evaluations of interventions.	Single group pre/post-test studies; qualitative studies; narrative, non-systematic reviews.
	Any meta-analyses and systematic reviews will be used to identify primary studies that fit the inclusion criteria.	
Population	Include if 50%+ of the sample are: Children aged 0 to 6 attending a mainstream early years setting. This includes both formal and informal provision, and both group and individual settings, for example nursery, kindergarten and childminders.	<ul> <li>Exclude if 50%+ of the sample are:</li> <li>Children aged 7 and over.</li> <li>Children aged 0-6 that access the intervention in their own home.</li> <li>Children with special educational needs e.g., ASD.</li> </ul>
Types of interventions	Interventions delivered by the teacher/teaching assistant/nursery nurse/childminder/early years practitioner or by a researcher/researchers  Interventions aiming to promote behaviours relating to self-care, and children's	Interventions that take place exclusively outside of early years settings (e.g. in the child's home).  Interventions that focus primarily on physical development rather than children's choices, knowledge, understanding or independence in terms of self-care.
	<ul> <li>independence in these behaviours.</li> <li>Behaviours include:</li> <li>Choosing clothes and getting dressed</li> <li>hand-washing, tooth-brushing</li> <li>awareness of your body</li> <li>going to the toilet</li> <li>staying healthy (healthy choices in terms of food, screen time, being active,</li> </ul>	
	bedtime routines, road safety).  Interventions will also be included if they have an overarching self-care outcome.	

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Comparison	Studies with a comparison group receiving no treatment, or business as usual, or another treatment, e.g., comparison of two self-care interventions.	Studies that do not include a comparison group.
Outcome measures	Outcomes for children.  Outcomes might include:  Frequency/quality of e.g. hand washing  Level of independence regarding self-care  Children's choices (e.g. regarding food, screen time, healthy activities, hygiene routines)  Children's motivation and self-efficacy in terms of self-care  Children's knowledge and understanding of hygiene norms, healthy diet, food groups, personal care routines  Children's willingness to eat different foods.	Studies that report interventions that take place exclusively outside of early years settings e.g. in the home environment.  Studies that have outcomes exclusively for adults (e.g. behaviour/knowledge/attitudes of parents, teachers, childminders etc.).  Physical development outcomes (level of physical activity, BMI, balance, motor skills) where these arise from structural or environmental changes, e.g. a change in the food at a nursery to make it healthier, rather than from children's choices, knowledge or understanding.  Studies where children's outcomes are hampered by issues relating to physical development. For example, if a child's ability to brush their teeth is hampered by their ability to hold a toothbrush, rather than their knowledge or understanding of the routine of toothbrushing.
Other criteria	Published since 1980 Published in English Journals or grey literature	Published before 1980 Published in languages other than English

### Search strategy for identification of studies

The search string below will be used to identify studies. Searches will take place in Web of Science Core Collection and EBSCO (specifically we will search APA Psycinfo; ERIC; Educational Administration Abstracts; Education Abstracts; and the British Education Index). References will then be managed in EPPI-reviewer.

Category	Search terms
Targeted population	TS=("early childhood education" OR "early school years" OR "early years" OR kindergarten OR preschool OR nursery OR reception OR "child?care" OR ECE* OR pre-primary)
AND	
Intervention	(TS=("self?care" OR "personal care" OR "my body")) OR
AND	(TS=("stay* safe" OR "keep* safe" OR "pedestrian safety" OR "road safety" OR "personal safety" OR understand NEAR/3 risk OR "home safety" OR "fire?safety" OR injury NEAR/3 prevention OR safety NEAR/3 education)) OR (TS=("sleep routine" OR "bedtime routine" OR "bedtime sequence*" OR bedtime))
	OR

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Outcome	TS=(independen* OR autonom* OR self OR attitude OR complian* OR behavio* OR sequence OR routine OR motivat* OR reward OR teach OR self?efficacy)
AND	
Study design	TS=(intervention OR program* OR "control group" OR experiment* OR impact OR evaluation OR "control* trial" OR trial OR RCT OR "comparison group")
	safety")) OR (TS=(handwashing OR wash NEAR/3 hand OR "hand hygiene" OR clean NEAR/3 hands)))
	"changed") OR what NEAR/3 wear OR choose NEAR/3 clothes OR choice NEAR/3 clothes OR change NEAR/3 clothes OR ("appropriate cloth*" NEAR/3 weather) OR "sun awareness" OR "sun
	(TS=(bathroom OR use NEAR/3 toilet OR "toilet train*" OR "toileting" OR voiding OR *continence)) OR (TS=(get NEAR/3 dressed OR get NEAR/3 undressed OR (get NEAR/3 "tollet NEAR/3") OR whether OR the second NEAR/3 alother
	(TS=("feed* themselves" OR feed NEAR/3 self OR eat NEAR/3 independen*)) OR
	OR (TS=(t??th?brushing OR brush NEAR/3 t??th OR health* NEAR/3 t??th)) OR
	(choose NEAR/3 "healthy drink") OR (deci* NEAR/3 "healthy drink") OR "healthy eating habit" OR "healthy eating" OR (importan* NEAR/3 eat* fruit) OR (importan* NEAR/3 eat* vegetable) OR "healthy diet" OR "portion size")) OR
	OR (TS=((food NEAR/3 "healthy choice") OR (choose NEAR/3 "healthy food") OR (choose NEAR/3 "healthy snack") OR (deci* NEAR/3 "healthy food") OR (drink NEAR/3 "healthy choice") OR
	(TS=("screen time" OR watch NEAR/3 television OR watch NEAR/3 TV OR active NEAR/3 lifestyle OR reduce NEAR/3 sedentary OR change NEAR/3 sedentary OR "energy balance"))

### **Selection of studies**

The results of the search will be imported into EPPI reviewer and duplicates removed. Each search result will be screened twice, first on abstract and title only, then on the full text. After initial calibration, each screening stage will be completed by one reviewer only due to the timeline for this project. However, we will take a "safety first" approach at both screening stages; that is, the reviewer will have the option of marking a search result as unclear for review by a second reviewer. At the title and abstract stage, every reviewer will begin by screening the same 30 search results. The results of this screening will be compared to ensure that the inclusion and exclusion criteria are being interpreted and applied in the same way.

The process will be mapped using a PRISMA flow chart, which will be included in the short mapping report (see below).

#### Mapping

The first stage of this process will be to identify whether there are any studies that meet the inclusion criteria of the review. When scoping the review, a lack of relevant, rigorous evaluative studies was identified. Once the screening on full text has been complete, a brief mapping report and summary of the studies that have been included will be produced. If there is sufficient evidence to move to

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synthesis then the team will publish an addendum to this protocol outlining the proposed analysis approach. This will either comprise of:

- Narrative synthesis, informed by a light touch risk of bias assessment on the included studies
- Meta-analysis and moderator analysis on the overall impact of the approach and moderator analysis to answer the supplementary questions around the components of effective approaches to developing pupils' self-care in the early years

The decision on which analysis approach will be taken prior to any analysis of outcomes across the studies and will be based upon the number of studies and heterogeneity of approaches within the category of self-care. It is unlikely that meta-analysis would be attempted with fewer than ten studies. If meta-analysis is to be conducted a data extraction tool and process for effect size calculation and random effects meta-analysis will be included in the subsequent protocol.