



# Effectiveness of a Danish early year preschool program: A randomized trial



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## ABSTRACT

A significant number of studies indicate that early year preschool programs lead to positive long-term effects. Systematic quality improvement of early year preschool may enhance these outcomes. The ASP Program was built on this principle. In this program preschool staff are supported in their efforts to critically reflect on current practices and to change these. A randomized controlled study was carried out in Denmark from September 2006 to May 2008. The study encompassed 2323 children in 59 preschools in two municipalities. Children were assessed using the Strength and Difficulties Questionnaire at the start of the intervention, at mid term, and by the end. The results indicate that, in the intervention group, children developed fewer emotional symptoms, conduct problems, became less hyperactive and were more attentive. The effect sizes ranged between 0.15 and 0.2.

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## 1. Introduction

A significant number of studies indicate that early year preschool programs lead to positive long-term effects with respect to academic achievements, employment and health (Barnett, 1998). In a number of countries, e.g. in the Scandinavian countries, almost all children aged between 1 and 3 already attend preschool. In these countries, the challenge is not to extend preschool coverage, but instead to improve the quality of care offered in preschools in order to further enhance child outcomes.

### 1.1. Systematic quality improvement

Different methods are used to improve the outcomes of educational institutions and the effects of some of these methods have been studied. For example, Hattie reviewed 800 meta-studies on interventions that were designed to improve academic achievements. The meta-studies built on 50 000 controlled or observational studies (Hattie, 2008). Most of the reviewed studies dealt with children in compulsory schools, where children typically start at age 6. Yet, these studies are probably also

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relevant for preschools. Hattie ranks the effect sizes of the 138 most studied interventions or determinants and found that interventions where teachers are offered opportunities for “formative evaluation” result in the largest effect size. Hattie describes “formative evaluation” as any activity that is used to assess the learning process, followed by a change in the teacher’s activity after which the activity is evaluated. Hattie reports that the mean effect size of such interventions is 0.9, which is a large effect.

Formative evaluation is closely related to the system for systematic quality assurance that was developed in the Japanese auto industry in the 1950s (Maurer, 2012). Due to its Japanese origin, this approach is often referred to as “Kaizen”, which means improvement or change for the better. This approach has been applied in a number of different fields, both in manufacturing and in service production. The core idea is the same as in formative evaluation: the process starts by examining aspects of existing practices, new approaches are tested, the effect of these new approaches are examined, based on the results alternative approaches are tried, evaluated etc. Since the 1980s this concept of quality improvement has also been advocated for educational institutions (Murgatroyd, 1989).

The concepts of formative evaluation and Kaizen are furthermore related to an evolutionary approach to organizational learning. Based on reflection, in this approach new ways of solving current issues are tested and evaluated (Sundbo, 2003). It is essential that the process starts with current practices, rather than with theories (Ellström, 2010), however including codified scientific knowledge in the process has proven effective (Jensen, Johnson, Lorenz, & Lundvall, 2007).

The concept of organizational learning does not seem to be widely used with regard to quality development of preschools, and the authors of this paper are not aware of any published controlled study of the effectiveness organizational learning in this setting.

### 1.2. Preschool for socially disadvantaged children

The social situation of the family affects a child’s competences and health when starting school (OECD, 2009). Such competences include language skills, cognitive abilities and ability to interact with other people (Almond & Currie, 2011). Social differences often increase during the child’s school years. Thus, in order to reduce long term social inequalities, there is a need to improve the competences of socially disadvantaged children already before they start school (Leseman, 2009). Offering preschool for all children may have this effect (Havnes & Mogstad, 2012; Leseman, 2009; OECD, 2009, 2011; Sammons et al., 2013). Yet, even in countries such as the Scandinavian countries where almost all children attend preschool, there are still social differences in competences and health at the time of school entry (Reinhardt-Pedersen & Madsen, 2001). Improving the quality of universal preschools may reduce these social differences.

### 1.3. Characteristics of effective preschools

No review on the effect of preschool characteristics on children’s competences and health is as extensive as Hattie’s review of school interventions (Hattie, 2008). Yet, some studies on preschools have been presented. Favorable child outcomes seem to be promoted by an emotionally safe environment and sensitive, supportive, and verbal stimulating interactions between teachers and children (Leseman, 2009). Studies that have been carried out in US indicate that such characteristics are promoted by ensuring highly qualified teachers (NICHD Early Child Care Research Network, 2005; Phillips, Mekos, Scarr, McCartney, & Abbott-Shim, 2001). However, in these studies only a minority of the teachers had at least a bachelor’s degree in early child education. In Scandinavia about half of the teachers in preschool have this level of training (The Swedish National Agency for Education, 2012). Thus, it is not clear if increasing the percentage of academically trained teachers will improve child outcomes in these countries. In a large prospective Danish study, the academic outcomes of children at age 15 have been related to characteristics of the preschools that these children had attended before school entry (Bauchmüller, Gørtz, & Wurtz, 2011). A high percentage of academically trained teachers improved outcomes at age 15, but the effect size was extremely small.

A low child-to-teacher ratio is also advantageous. Yet, there does not seem to be a linear relationship between the child-to-teacher ratio and child outcomes. One review indicates that less than 12 teachers per 100 children seems to be detrimental to child outcomes, but simply increasing the number of staff seems to have a limited impact (Bremberg, 2001). This finding is relevant for a Scandinavian context with typically 18 staff per 100 children in preschools in Sweden (The Swedish National Agency for Education, 2012). A relatively weak relationship between child-to-teacher ratio and child outcomes is consistent with the findings in Hattie’s review of schools (Hattie, 2008). This conclusion is also coherent with the findings in the prospective Danish study (Bauchmüller et al., 2011). In the Danish study, the authors found that a higher number of staff per child improved outcomes at age 15, but also this effect size was extremely small.

A cross-national study indicates that a teaching approach that includes a high proportion of child-initiated activities promotes language and cognitive development (Montie, Xiang, & Schweinhart, 2006). In the Scandinavian countries, e.g. in Sweden, preschools already have this characteristic (Taguma, Litjens, & Kim, 2013).

Within the “Effective Provision of Pre-school Education” (EPPE) Project, Sylva and others studied the effect of preschools in the UK (Sylva, Melhuish, Sammons, Siraj-Blatchford, & Taggart, 2011). They assessed a wide range of quality aspects of preschools (in total 61 aspects), including personal care routines, language-reasoning, activities, staff-to-child interactions, interaction between staff and parents, program structure and ‘cognitive’ curricula. They found a strong relationship between composite quality indices and child outcomes. The quality aspects that were included in the indices were highly correlated.

This means that e.g. that in preschools with a high quality of staff-to-child interactions went with it was also more common with a high variation of activities, etc. Accordingly, this study indicates that there is no single point of entry for improving preschool quality.

#### 1.4. *Specific preschool programs*

The results from three carefully evaluated American preschool programs have been published: the Perry Preschool Program, the Abecedarian Project and the Tools of the Mind Curriculum. All participants in these studies were recruited from socially disadvantaged families. Randomized controlled studies of these programs demonstrate that children that participated in a program had better outcomes compared with the children in the control groups, who did not attend any preschool at all. The results are not directly transferable to a Scandinavian context where almost all children attend preschool. From these studies, it is not possible to discern specific characteristics that contributed to a positive outcome. The outline of these programs, however, can be used to inspire preschool staff when they are about to improve the quality at a specific preschool.

The Perry Preschool Program was established in the 1960s (Weikart, 1998). The objective was to improve the participating children's intelligence, their school-preparedness and academic performance, and to reduce future social problems, e.g. criminal activity. A total of 123 children were included in the study that followed the children from they were 3–4 years old. The program demonstrated effects, albeit small effects, after one year, however, these effects became more significant later on. Thus, improvements in educational attainment, income, risk of criminality and risky health behaviors have been demonstrated at a 37-year follow up (Muennig, Schweinhart, Montie, & Neidell, 2009). Children from the especially vulnerable families gained most from participating in the program.

The Perry Preschool Program was based on Piaget's developmental theory in which the child's cognitive capacity is understood to develop in phases. The Perry curriculum takes into account the individual child's development level. This fits well with the previously reviewed findings in the cross-national study that indicated that child-centered learning is advantageous (Montie et al., 2006).

The Abecedarian project was established in the 1970s (Ramey, Campbell, Burchinal, Skinner, Gardner, & Ramey, 2000). The objective was to increase the children's intellectual capacity. A total of 111 children and their families participated in a controlled study. Improvements in intellectual capacity and educational attainment were recorded. As in the Perry Preschool Program, children from the especially socially vulnerable families gained most from participating in the project.

The Abecedarian curriculum rests on seven principles: (1) encouragement of children to explore their surroundings in order to learn and understand, (2) guidance in basic skills and how to use these skills, (3) appreciation and recognition of acquired skills, (4) practice and further development of new skills, (5) protection against disapproval, teasing and punishment, (6) varied use of communication, giving response when appropriate, thus stimulating language and understanding of symbols, and (7) guidance and setting boundaries for behavior.

The *Tools of the Mind Curriculum* (TOM) was established in the 1990s (Bodrova & Leong, 2006). The objective of the program was to support the intentional development of early literacy, self-regulation, and cognitive skills. A total of 274 children participated in a controlled study. A decrease in problem behavior and improvement of language skills were recorded. Classroom quality was greatly improved.

The program is built on Lev Vygotsky's theories. In Vygotsky's view the development of the reasoning in children emerges through practical activities in a social environment. The development of reasoning is understood to be semiotically mediated and therefore contingent on cultural practices and language, as well as on universal cognitive processes (Vygotsky, Hanfmann, & Vakar, 1962). TOM has two main goals that are viewed as inseparable: (1) the development of skills such as self-regulation, memory and focused attention, and (2) the development of specific academic skills such as symbolic thought, literacy and an understanding of mathematics. Play is viewed as the leading activity for developing interpersonal skills and self-regulation, and the curriculum emphasizes the teacher's role in supporting children to develop mature intentional dramatic play, while ensuring that each child is active in all activities. An important element in the program is to help teachers to understand the development of the individual preschoolers' play in interaction with the teachers. Accordingly, TOM provides teachers with a range of tools and strategies that help children and teachers to scaffold learning in the preschool (Barnett et al., 2008; Bodrova & Leong, 2006).

#### 1.5. *Improving preschools in order to enhance life chances for disadvantaged children*

Preschools may both improve the life chances of young people in general, and specifically improve the life chances of individuals from disadvantaged families. The literature review indicates at least four requirements that are needed to achieve these objectives. Firstly, most disadvantaged children have to attend preschools. This is best achieved when attending preschool is the social norm. Secondly, there have to be more than 12 staff per 100 children. Thirdly, a high fraction of the teachers have to have at least a bachelor's degree in early child education. Fourthly, the teaching approach must include a high proportion of child-initiated activities. In Scandinavia all these requirements are fulfilled. Still, children from disadvantages families have less developed competences when starting school. Obviously, additional initiatives are warranted. One way is to try to improve the quality of the preschool. This study reports the results of such a trial that has been carried out in Denmark.

In a trial, large resources might be used to achieve maximal effects. The limitation of this approach is, however, that it might be hard to implement the intervention on a large scale. Thus, in this study relatively few resources were used.

There does not seem to be any single superior method for improving preschool quality. The most promising approach seems to be to give teachers the opportunity to systematically improve the quality of their teaching, starting with reflections on current ordinary activities. These reflections may be enriched by studies of examples of successful preschool interventions.

## 2. Aim

The aim of the study was to establish effects of a new method for enhancing preschool quality, “Action Competences in Social Pedagogical Work with Socially Endangered Children and Youth” (the ASP Program), on child competences, both in children in general and in children from disadvantaged families.

## 3. Materials and methods

In recent years, Denmark has increased its focus on socially disadvantaged children. In 2006, the Danish government presented a strategy to combat negative social inheritance, *Equal Opportunities for All Children and Young People*, and in 2007 the revised Day care Facilities Act was presented (Ministry of Social affairs Denmark, 2004; Ministry of Family and Consumer Affairs, 2007). Both the strategy and the day care act emphasize that socially disadvantaged children must be given the same opportunities as other children, and they are both based on the premise that education already from an early age in day care is essential with regard to reducing social inequalities later on in life.

### 3.1. The ASP Program

The ASP Program was developed in 2005. It consists of two parts. Firstly, the program's pedagogic principles were presented at a series of workshops and seminars and in booklets. Secondly, the preschool staff was given the opportunity to reflect on how they approached ordinary activities.

The pedagogic principles in the three reviewed programs, the Perry Preschool Program, the Abecedarian project and the Tools of the Mind Curriculum, were presented in the program. The Tools of the Mind Curriculum was considered to especially useful since it harmonizes well with Danish legislation in the preschool area. A number of general pedagogical principles that were derived from three theorists (Berger, 1973; Dewey, 1986; Mead, 1934) were also presented. In the ASP Program, the child is understood to develop socio-emotionally and academically through interactions with significant others and exploration of the environment. Learning is understood to be an integral part of the practice of everyday life and the result of participation in a socio-cultural context.

The learning of disadvantaged and privileged children is understood to differ since privileged children have learnt more skills early on in their life, that is before they start preschool (Bernstein, 1975; Bourdieu & Passeron, 1990). Thus, in the ASP Program, the objective is for the teacher to try to provide the individual child with learning opportunities that are match the child's skill level. Moreover, since the level of skills varies, disadvantaged children are at risk of being excluded from play situations with other children, which in turn might reinforce the disadvantage of these children. Accordingly, the role of the teacher is to arrange situations that minimize exclusion.

The second part the ASP Program includes offering teachers and other early childhood educators opportunities for critical reflection, described in Section 1.1 as systematic quality improvement.

Therefore teachers are educated and trained to work with theories on children's learning and development in a socio-cultural perspective, as well as theories of exclusion and inclusion mechanisms in children's everyday life, including the preschool context (see also Bourdieu & Passeron, 1990). The overall goal is for the teacher to recognize every child's progress and encourage the child to explore new sides of him- or herself, as well as to embark on new activities independently of others.

The focal point is to ensure integration of new knowledge in the organization (the preschool) by changing routine activities.

### 3.2. Design of the evaluation

In order to assess the effect of ASP, a randomized controlled trial was carried out in two Danish municipalities, starting in September 2006 and ending in May 2008. It included a total of 37 and 200 preschools, respectively. In a first step all preschools with at least 39 children were selected, i.e. 19 preschools of the 37 participating preschools in the first municipality, and 39 preschools of the 200 participating preschools in the second municipality. On average, preschools enrolled approximately 50 children and 10 staff. The staff included both early childhood educators and assistant teachers with no specific training. At the start of the study in September 2006, a total of 2314 3–6-year-old children were enrolled. The participating 58 preschools were first stratified into three groups on the basis of the parents' level of education, social welfare dependency and unemployment status. This information was obtained from Statistics Denmark. Within each of the three strata, preschools were randomly selected to either the intervention group ( $N = 29$ ) or the reference group ( $N = 29$ ).

### 3.3. The ASP intervention

The ASP intervention includes three activities: workshops, education and training in reflection groups and conferences with pedagogical consultants.

**Workshops:** During the intervention period there were two workshops per year in each municipality. On average there were 100 participants at each workshop with an average duration of 6 h. The main subject was presentation of pedagogic principles as described in Section 3.1.

**Education and training in reflection groups:** Each preschool decided how much time should be dedicated to working with knowledge and reflection. On average the preschools dedicated 17 h to this, with 3 h per session. Considerably less time was earmarked for reflection than was originally recommended. A consultant from a university college supported each preschool. Most of these consultants hold an MA in early childhood education or another relevant field. On average, each preschool was paid a visit by a consultant from a university college six times during the entire program period. The university consultants supported the staff at the meetings in the reflection groups. The preschools were also supported by consultants from the municipality that assisted preschool staff in how to use the knowledge base, how to develop practices in the reflection sessions, and how to implement the improvements the staff had decided to implement.

**Conferences with pedagogical consultants:** Three conferences for all participants were arranged, one at the start of the program in 2006, one midterm in 2007, and one in 2008. At these conferences, preschool staff participated together with consultants from the university colleges, consultants from the municipalities and the researchers that were involved in the study. One seminar for all preschool staff was also arranged by each municipality at midterm.

In order to structure the overall process, project managers from the University of Aarhus specified a number of common goals that the participating preschools were expected to reach during the intervention period.

### 3.4. Data collected

Child data was collected at three occasions: at the start in September 2006, in May 2007 and at the end of the program in May 2008.

The outcome for each child was scored by the teachers at the preschool in question using the Strengths and Difficulties Questionnaire (SDQ) to assess the psycho-social adjustment of the children (Goodman, 1997). The SDQ scale consists of five sub-scales that measure different aspects of children's personal and social behavior. These sub-scales are (a) emotional symptoms, (b) conduct problems, (c) hyperactivity/inattention, (d) peer relational problems and (e) pro-social behavior. In the analysis, the five scales were analyzed separately.

Many studies confirm that the SDQ scale is an accurate measure of children's emotional, behavioral and social skills (Muris, Meesters, & van den Berg, 2003; Widenfelt, Goedhart, Treffers, & Goodman, 2003). It is reasonable to assume that measurements are consistent across day-care center staffs, as staff used the same measurement methods in the same way and therefore results from the intervention preschools can be compared with results from the control groups (van Widenfelt, Goedhart, Treffers, & Goodman, 2003). We found that Cronbach's alfa (Cronbach, 1951) across the five domains of the SDQ and across the three waves of data ranged between 0.70 and 0.85, see Table 1.

The reliability of the SDQ measures is stable both across domains and across sample waves. For all domains there are indications of slightly increasing reliability across waves. This is to be expected since the staff in the preschools became more experienced at completing the SDQ questionnaire. This implies possible heteroscedasticity across waves, which might invalidate standard errors from regression analysis across waves. However, from Table 1 we conclude that the difference in reliability across waves was negligible.

Data were collected immediately prior to, during (eight months into the intervention) and at the end of the intervention (after 20 months). During the sample period, a number of children left the study, for example were moved by their parents to another preschool or became eligible for primary schooling. Child drop-out due to these reasons was non-random across the intervention and control-groups. Indeed, some preschools had no children that were measured at all three data-collection points and some children could not be followed throughout all three data-collection periods. Drop-out was mainly because children became eligible for primary school and subsequently left the preschool. Only a negligible number of children were taken out of the participating preschools before they become eligible for primary schooling. For clarity of the entire drop-out process, see the data collection process flow chart in Fig. 1 below.

Below follows an analysis that shows that the intervention and control groups, despite drop-out, remain remarkably comparable with regard to pre-intervention SDQ scores. Table 2 below shows the average SDQ baseline scores and standard deviations within the intervention and control groups by 'stayer' and drop-out groups in the study.

**Table 1**  
Cronbach alfa for the five domains in the SDQ in the three waves of the study.

	Emotional symptoms	Conduct problems	Hyperactivity inattention	Peer relationship problems	Pro-social behavior
1. Period	0.736	0.737	0.866	0.714	0.828
2. Period	0.743	0.784	0.872	0.750	0.852
3. Period	0.774	0.849	0.857	0.745	0.865



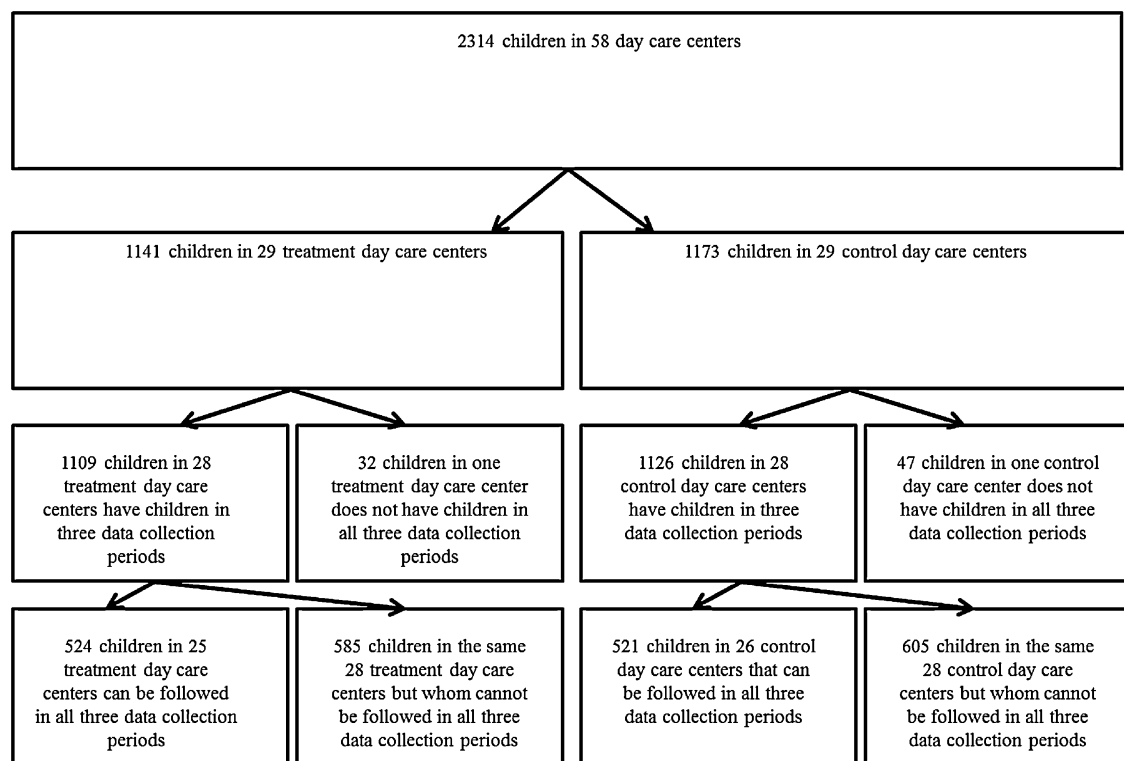


Fig. 1. Flowchart of the data sampling process.

As is seen in Table 2, within the intervention and control groups, drop-outs had different average pre-intervention SDQ scores than stayers. Across intervention and control groups, average pre-intervention SDQ scores were not different for children that completed the entire study. Based on Table 2, it indicated that drop-outs in the study did not cause selection bias when comparing intervention effects with later outcomes from children in the intervention and control groups, despite the fact that drop-outs are different from non-drop-outs. It seems that dropping out is unrelated to being in the program or control group.

Similar to the mean comparison in Table 2, the standard deviations in this table show that there are notable differences within each of the intervention groups and the control group in the sense that the drop-outs in each group have different standard deviations compared with the standard deviations of the stayers. On the other hand, standard deviations of stayers in the intervention and control groups were remarkably equal. Hence, even if drop-outs were different from stayers in terms of heterogeneity, stayers were equally heterogeneous across the intervention group and the control group.

Next, in the results section we present a formal statistical test of the mean pre-intervention SDQ scores among stayers and drop-outs across the intervention and control groups.

### 3.5. Statistical methods

Two different statistical approaches were used. The first is a non-parametric growth-curve model (Goldstein, 2010) that takes into account the hierarchical nature of the data with time-point measurements nested within children, and children nested within preschools. The growth curve model uses both within-child, between-children and between-preschools variations in the response variable to estimate the effect of the intervention. Therefore, the model also allows estimation of parameters for independent variables, for example gender, that remain constant within each child. However, in order to obtain consistent estimates of the causal effect of the intervention, an independence assumption between the intervention and all error terms in the model is necessary. In the event that any of these assumptions are violated, the growth-curve model yields biased estimates of the intervention effect. The second method is the difference-in-difference approach, explained in more detail below (Bertrand, Duflo, & Mullainathan, 2004) that uses only within-child differences between the intervention group and the control group to estimate the effect of the intervention. This method does not need the error terms of the child and preschools to be independent of the intervention in order to provide unbiased estimates of the intervention. The drawback of the difference-in-difference method is that the effect of all independent variables that do not vary within the child, for example gender, cannot be estimated with this approach.

**Table 2**

Average and standard deviation baseline SDQ measures by classification of day care centers.

	Emotional symptoms	Conduct problems	Hyperactivity inattention	Peer relationship problems	Pro-social behavior
<b>Treatment group</b>					
Followed in all three periods	1.65 (2.09) N = 524	1.45 (1.05) N = 524	2.63 (2.88) N = 524	1.41 (1.93) N = 524	7.06 (2.47) N = 524
In non-drop-out centers, but not followed in all three periods	1.77 (2.07) N = 584	1.56 (1.45) N = 585	2.48 (2.93) N = 584	1.50 (1.99) N = 584	7.06 (2.64) N = 584
Drop-out centers	1.78 (2.09) N = 32	1.67 (1.78) N = 32	2.94 (2.59) N = 32	1.09 (1.35) N = 32	7.31 (2.38) N = 32
<b>Control group</b>					
Followed in all three periods	1.57 (1.91) N = 521	1.45 (1.56) N = 521	2.55 (2.68) N = 520	1.53 (1.99) N = 521	6.77 (2.75) N = 520
In non-drop-out centers, but not followed in all three periods	1.67 (1.99) N = 605	1.67 (1.68) N = 605	2.44 (2.90) N = 605	1.56 (2.13) N = 605	7.57 (2.62) N = 604
Drop-out centers	1.72 (2.21) N = 47	1.76 (1.77) N = 47	1.94 (2.11) N = 47	1.47 (1.86) N = 47	6.94 (2.51) N = 47

Note: Standard errors in parenthesis.

Comparing the growth curve estimates with the difference-in-difference estimates provides another robustness check of successful randomization between preschools in the intervention and the control groups. Furthermore, estimates of the intervention-effect parameters that use the difference-in-difference method are less restrictive in their interpretation, because they only represent an estimate of the average intervention effect. Hence, using the difference-in-difference method does not imply a uniform intervention effect across centers and children (Wooldridge, 2010). The growth curve model was also estimated, allowing for intervention heterogeneity at both preschool level and child level. However, this model involved a large number of error variance and covariance parameters, and estimation of these models turned out to be infeasible given the data. Formally, the statistical model that contains the parameters of interest for estimation is:

$$y_{ijt} = \alpha + \sum_{t=1}^{t=2} \delta_t T_{ijt} + \gamma D_{ij} + \sum_{t=1}^{t=2} \lambda_t T_{ijt} D_{ij} + \beta x_{ij} + v_i + v_j + \varepsilon_{ijt} \quad (1)$$

Here  $y_{ijt}$  is the SDQ measurement in the analysis for the  $i$ th child in the  $j$ th preschool at time  $t$  ( $t = 0, 1, 2$ ), where 0 indicates the baseline measurement.  $\alpha$  is the average level of the SDQ measure in the baseline measurement. The coefficients  $\delta_t$ ,  $t = 1, 2$  capture differences in the average SDQ between the baseline and the two following measurements at time 1 and time 2.  $T$  is a time dummy variable indicating that time is equal to 1 if the  $i$ th child is present in the  $j$ th preschool at time  $t$ .  $D$  is a dummy variable indicating whether the preschool is in the intervention group, and  $\gamma$  is a coefficient capturing any overall difference between the intervention and control groups, i.e. the effect of the dummy variable,  $D$ . Successful randomization should warrant that  $\gamma$  is zero. The coefficients  $\lambda_t$ ,  $t = 1, 2$ , indicate any mean difference between preschools in the intervention and control groups during intervention (they are switched on and off appropriately in the model by the interaction between time and intervention dummies). Omitting child and preschool subscripts on the effect parameters implies uniform intervention effects across both preschools and children. However, as mentioned above, this assumption is relaxed when using the difference-in-difference estimator. If the coefficients,  $\lambda_t$ ,  $t = 1, 2$  are statistically different from zero, they indicate that the intervention has an effect on the SDQ score of the children in the intervention group.  $x_{ij}$  is a vector of child-specific characteristics, such as age, when entering the study, mother's education and ethnicity. To balance for differences in pre-intervention outcomes, we also included the base line measurement of the outcomes. Finally,  $v_i$  and  $v_j$  are child and preschool fixed effects. Randomization ensures that they are independent of placement in the intervention and control groups.

To further check whether flaws in the randomization procedure affected the consistency of the estimated parameters using the growth-curve model, results for the so-called difference-in-difference-estimator are also shown and discussed below. As the difference in difference-estimator might be somewhat unfamiliar, for educational researchers it is explained briefly in the following. The difference-in-difference estimator proceeds by removing child and preschool fixed effects by inspecting the within-preschool and within-child differences between the intervention group and the control group. In practice, this is done by first removing child-level fixed effects by calculating within-child differences:

$$y_{ijt} - \bar{y}_{ij} = \sum_{t=1}^{t=2} \delta_t \left( T_{ijt} - \frac{1}{n_{ij}} \right) + \sum_{t=1}^{t=2} \lambda_t \left( T_{ijt} - \frac{1}{n_{ij}} \right) D_j + \beta (x_{ijt} - \bar{x}_{ij}) + v_j + \varepsilon_{ijt} - \bar{\varepsilon}_{ij} \quad (2)$$

Note that (2) has no child-fixed effect as this has been 'averaged out'. Next preschool fixed effects are removed by including within-child differences when calculating within average preschool differences, i.e. calculating within-preschool differences

using (2):

$$y_{ijt} - \bar{y}_{ij} - \bar{y}_j = \sum_{t=1}^{t=2} \delta_t \left( T_{ijt} - \frac{1}{n_{ij}} - \frac{1}{n_j} \right) + \sum_{t=1}^{t=2} \lambda_t \left( T_{ijt} - \frac{1}{n_{ij}} - \frac{1}{n_j} \right) D_j + \beta(x_{ijt} - \bar{x}_{ij} - \bar{x}_j) + \varepsilon_{ijt} - \bar{\varepsilon}_{ij} - \bar{\varepsilon}_j \quad (3)$$

(3) is estimated by ordinary least squares as there is no child or preschool fixed effect and the twice-differenced observations are now independent across children and preschools. OLS estimates provide estimates of time, intervention effects and regression parameters of the independent variables. Note that no assumptions have been made about the distribution of fixed effects or whether they were correlated with being in the intervention group or with the independent variables. Hence, even if children and preschools were partly allocated to the intervention based on unobserved child and preschool fixed effects, the difference-in-difference estimator would still allow consistent estimate of the intervention effects. This is opposed to the growth-curve model, where consistent estimates are conditional on the fixed effects and are independent of the allocation process in the intervention. However, the difference-in-difference approach also has a drawback. If the independent variables are constant within each child, e.g. gender, then the difference-in-difference estimator will not provide an estimate of these variables as they are eliminated when applying the within-child differencing procedure. This also includes baseline measures of the outcome variables. Hence, where the growth curve model controls for a potential imbalance in outcomes in the base line, these differences are washed out by the difference-in-difference estimator.

#### 4. Results

In this section we first show that the control and intervention group are fully balanced with respect to the outcome measures, then we proceed to establish that there is a significant difference between the intervention group and control group, and finally we demonstrate that the intervention effect does not seem to be a Hawthorne effect because we establish that children in the intervention preschools vary with regard to their outcome. This difference is due to the fact that even though the children go to the same preschool, they might not have been exposed to the same level of intervention.

First we show that the control and intervention group are fully balanced with respect to outcome measures. To test this, we compare the intervention and control groups by comparing standard deviations in pre-intervention SDQ scores among stayers and drop-outs. This is also shown in Table 3 below.

Finally, Table 3 shows results from regressing pre-intervention scores on the child's status in the study, i.e. whether the child stayed on, or dropped out, and whether the child was in the intervention or control group. The regression analysis was based on age and gender in order to improve statistical efficiency and thereby increase the chances to detect statistical differences.

The multilevel regression analysis on pre-intervention scores confirms the pattern from Table 2 in the data section. There are some differences between stayers in the intervention group (baseline) and other groups in the analysis. However, none of these differences seems statistically significant except for pro-social behavior in non-drop-out preschools in the control

Table 3

Multilevel regression analysis of mean differenced in the pre-treatment measurement by drop out statue. Children followed in all three periods in the treatment group is baseline.

	Emotional symptoms	Conduct problems	Hyperactivity inattention	Peer relationship problems	Prosocial behavior
Constant	1.96 (0.26)***	3.55 (0.20)***	5.29 (0.34)***	2.79 (0.26)***	3.57 (0.33)***
Gender (girl = 1)	−0.02 (0.08)	−0.57 (0.06)***	−1.20 (0.11)***	−0.36 (0.08)***	1.22 (0.10)***
Age	0.05 (0.06)	0.13 (0.04)***	−0.30 (0.08)***	−0.22 (0.06)***	0.49 (0.07)***
Ethnicity	−0.08 (0.06)	0.02 (0.05)	0.52 (0.09)***	0.26 (0.06)***	−0.31 (0.08)***
Mothers education	−0.01 (0.00)***	−0.01 (0.00)***	−0.02 (0.00)***	−0.01 (0.00)***	0.01 (0.00)***
Register-dummy	−0.34 (0.15)**	−0.33 (0.11)***	−0.73 (0.20)***	−0.41 (0.15)***	0.35 (0.18)**
Treatment group, drop out centers	0.17 (0.58)	0.41 (0.40)	0.25 (0.59)	−0.55 (0.58)	0.50 (0.80)
Control group, drop out centers	0.10 (0.54)	0.28 (0.37)	−0.05 (0.53)	0.11 (0.54)	−0.35 (0.77)
Intervention group, followed in all three periods	0.13 (0.18)	0.08 (0.13)	0.18 (0.19)	−0.15 (0.17)	0.25 (0.24)
Treatment group, non-drop-out centers, but not followed in all three periods	0.08 (0.18)	0.22 (0.13)*	0.24 (0.20)	0.14 (0.18)	−0.15 (0.25)
Control group, non-drop-out centers, but not followed in all three periods	−0.01 (0.14)	0.13 (0.11)	0.16 (0.18)	0.12 (0.14)	0.41 (0.17)**
Random-effects parameters					
Day-care center level standard deviation	0.44 (0.06)	0.29 (0.05)	0.32 (0.09)	0.45 (0.06)	0.66 (0.09)
Child level standard deviation	1.97 (0.03)	1.51 (0.02)	2.68 (0.04)	1.91 (0.03)	2.41 (0.04)
Sample size	2313	2314	2312	2313	2311

Note: Standard errors in parenthesis.

\* Statistical significance at the 10% level.

\*\* Statistical significance at the 5% level.

\*\*\* Statistical significance at the 1% level.



group, when considering children who are not followed throughout the three periods. The likelihood ratio test statistic for whether all group indicators can be removed from the model is insignificant for all five SDQ sub-scales. Hence, overall there seems to be no detectable differences between children with regard to drop-out status in the study. We therefore believe that the balanced data is as good as randomly assigned data in spite of drop-outs in both groups.

Next we aim to show a general effect of the intervention; i.e. if there are mean differences in SDQ scores between the intervention and the control groups in the second and third periods, but not in the first baseline measurement period. In detailed analyses that will follow later on (not presented in this paper), the effect of socially disadvantaged children will be studied.

Table 4 shows estimates of the parameters in the model using the growth-curve model.

Table 4 illustrates that the parameters capturing the effect of the intervention in period one ( $\gamma_1$  in (1)) all indicate positive effects from the intervention (they are all negative except for pro-social behavior where the coefficient is positive). Only the effect with regard to conduct problems, hyperactivity and inattention is statistically significant, and only at a ten percent significance level. However, with regard to the effect parameters in period two, more significant effects were seen when compared with period one for both emotional symptoms and conduct problems; in period two these areas were significant at the one-percent level (note that negative effects for the first four domains of the SDQ indicates fewer problems in each of these domains). A similar-sized effect for hyperactivity and inattention is significant at the five-percent level. For peer relationships and pro-social behavior, there were no significant effects for either time period (one or two). In sum, the intervention seems to have had a positive and increasing effect (i.e. negative parameters) on emotional symptoms, conduct problems as well as hyperactivity and inattention, but not on peer relationships and pro-social behavior.

It was also found that girls performed better with regard to all five measurements, and that age at the intervention baseline seemed to affect emotional symptoms negatively (i.e. a positive effect in the model), whereas pro-social behavior is affected positively. The dummy variable used to indicate baseline differences between the intervention preschools and the control preschools is positive with regard to the first four measurements and negative with regard to the last measurement. This indicates that children in intervention preschools on average performed worse than children in the control group. However, none of the baseline differences statistically significant with regard to whether randomization was successful, and this confirms the analysis of randomization in Table 3. In this analysis it was seen that conduct problems increased, peer-relationship problems decreased, and pro-social behavior improved significantly across the study period (for both the intervention and the control groups) as indicated by the time-dummy variables ( $\delta_1$  and  $\delta_2$  in (1)). In general it is impossible to estimate time, calendar and age effects simultaneously, when time and calendar measurements overlap (Holford, 1991). Therefore the effects of time dummies in the models could be interpreted both as time, calendar and age effects. It is most logical to think of the time dummies as age effects, i.e. conduct problems worsen and social behavior improve with age.

Finally, with regard to all five measurements, by far the greatest error variance was within children. This is consistent with an interpretation that SDQ measurements were greatly affected by measurement errors that vary from measurement to measurement, within each child. Hence, it is possible that preschool staff had problems when assessing children using SDQ

**Table 4**  
Multilevel model for treatment effects. Fully balanced data.

	Emotional symptoms	Conduct problems	Hyperactivity inattention	Peer relationship problems	Pro-social behavior
Constant term	0.962 (0.275)***	1.435 (0.269)***	1.448 (0.312)***	0.925 (0.267)***	2.328 (0.332)***
Gender (girl = 1)	−0.120 (0.080)	−0.254 (0.076)***	−0.367 (0.092)***	−0.118 (0.078)	0.485 (0.099)***
Age at baseline	−0.042 (0.066)	0.014 (0.062)	−0.018 (0.073)	0.001 (0.064)	−0.074 (0.079)
Ethnicity	−0.012 (0.065)	0.048 (0.060)	0.175 (0.073)***	0.010 (0.063)	−0.073 (0.077)
Mothers education	−0.002 (0.002)	−0.006 (0.002)***	−0.009 (0.003)***	−0.005 (0.002)***	0.000 (0.003)
Register dummy	−0.144 (0.141)*	−0.061 (0.133)	−0.223 (0.159)	−0.065 (0.138)	−0.163 (0.169)
Baseline measure	0.621*** (0.020)***	0.627 (0.027)***	0.683 (0.017)***	0.593 (0.020)***	0.594 (0.019)***
Time = 1	−0.086 (0.134)	0.148 (0.125)	0.058 (0.135)	−0.226 (0.131)*	0.217 (0.154)
Time = 2	0.631 (0.134)***	0.964 (0.123)***	0.025 (0.153)	0.294 (0.131)***	1.725 (0.154)***
Intervention dummy	0.076 (0.171)	0.090 (0.148)	0.077 (0.167)	0.008 (0.151)	0.103 (0.191)
Intervention dummy Time = 1	−0.070 (0.190)	−0.037 (0.174)	−0.266 (0.190)	−0.140 (0.184)	0.128 (0.218)
Intervention dummy Time = 2	−0.639 (0.190)***	−0.681 (0.174)***	−0.722 (0.190)***	−0.549 (0.184)***	−0.544 (0.217)**
Random-effects parameters					
Standard deviation, day-care center level	0.51 (0.09)	0.31 (0.07)	0.32 (0.12)	0.40 (0.08)	0.51 (0.11)
Standard deviation, child level	1.17 (0.06)	0.92 (0.06)	1.93 (0.06)	1.13 (0.06)	1.51 (0.07)
Residual standard deviation	2.18 (0.03)	1.98 (0.03)	2.17 (0.03)	2.10 (0.03)	2.48 (0.04)
Sample size	3135/1045	3135/1045	3134/1045	3135/1045	3130/1045

Note: Standard errors in parenthesis.

\* Statistical significance at the 10% level.

\*\* Statistical significance at the 5% level.

\*\*\* Statistical significance at the 1% level.

**Table 5**

Effect sizes from multilevel model for treatment effects. Fully balanced data.

	Emotional symptoms	Conduct problems	Hyperactivity inattention	Peer relationship problems	Pro-social behavior
Effect size	−0.150 (0.044)	−0.197 (0.050)	−0.198 (0.038)	0.136 (0.046)	0.202 (0.044)

Note: Standard errors in parenthesis.

questionnaires. This has no bearing on the ability to estimate intervention effects consistently, but obviously affects accuracy and hence the significance of the results. Furthermore, with regard to the remaining error variance it was seen that the between-child variation was larger than the between-preschool variation.

In order to understand the magnitude of the impact of the intervention on the outcome, we report effect sizes in Table 5 below.

From the table, we find throughout effects in favor of the intervention group, with effect sizes range from minus 0.15 to plus 0.20 (negative for the first three domains and positive for the last domain also indication a positive effect).

Table 6 shows the estimation results for the difference-in-difference estimator.

Table 6 shows almost identical estimation results for the intervention effect compared with the growth-curve estimator, confirming the conclusions of the initial drop-out analysis, i.e. that randomization was successful throughout the entire study despite drop-outs. Successful randomization allows the inference of causal estimates from the growth-curve model.

Furthermore, the differences found in difference estimates of the time dummies are similar too.

Finally, in the following we demonstrate that the intervention effect seems to be greater than a Hawthorne effect, i.e. effects from being allocated to the intervention or control group and not to the intervention per se (Mayo, 1949; McCarney et al., 2007). It was not expected that children were aware of the fact that they were taking part in an intervention, and thus that this knowledge affected their behavior. But it is possible that preschool staff, rather than reporting the actual behavior of the children across time, instead reported a change in their perception of how to report child behavior. Although some researchers have cast doubt on the mere existence of a Hawthorne effect on the basis of a new analysis of the original data from (Jones, 1992; Levitt & List, 2011; Mayo, 1949) further investigation in this area seems warranted.

In line with this, our analysis focuses on whether there are significant differences in SDQ scores between those children that were observed by preschool staff throughout the entire sample period and those children that started at the intervention preschools in the last period. The latter group were not exposed to intervention in the same magnitude as the children who had been in the preschool for the entire intervention period. Therefore, on the one hand, if the effect from long term exposure to the intervention is a true change in child behavior, significant differences would be expected between those who were in the sample for the entire sample period and therefore receive the full intervention and those who entered in the last period. On the other hand, if there were no changes at child level, but rather changes were restricted to the approach taken by preschool staff, no differences between 'full intervention' children and later entrants would be expected. In the control group, no differences would be expected between the children that were in the sample for the entire period and those who entered in the last period.

Table 7a shows multi-level regression results from the intervention group.

The table illustrates that, depending on age and gender, there are large differences in SDQ scores between late entrants and children who participated in the entire intervention. Although the differences are only significant for emotional problems and peer relationship problems, it is revealing that there are large differences with regard to the first four SDQ variables, however no major difference with regard to the last variable, pro-social behavior. Note that in Table 7a and b, both age and age squared are used. In these analyses, weak evidence was found of a non-linear relationship between SDQ scores

**Table 6**

Treatment effect. Difference in difference. Fully balanced data.

	Emotional symptoms	Conduct problems	Hyperactivity inattention	Peer relationship problems	Pro-social behavior
Constant term	0.00 (0.03)	0.00 (0.03)	0.00 (0.03)	0.00 (0.03)	0.00 (0.04)
Time = 1	−0.09 (0.11)	0.12 (0.10)	0.06 (0.11)	−0.23 (0.11)**	0.23 (0.13)*
Time = 2	0.63 (0.11)***	0.96 (0.10)***	0.02 (0.11)	0.29 (0.11)***	1.72 (0.13)***
Intervention dummy Time = 1	−0.07 (0.16)	−0.04 (0.14)	−0.27 (0.16)*	−0.14 (0.15)	0.12 (0.18)
Intervention dummy Time = 2	−0.64 (0.16)***	−0.68 (0.14)***	−0.72 (0.16)***	−0.55 (0.15)***	−0.54 (0.18)***
N	1045	1045	1045	1045	1045

Note: Standard errors in parenthesis. In the Difference estimation time-invariant independent variables cannot be estimated. Hence, there are no estimates for Gender, Age at baseline, Ethnicity, Mothers Education, the dummy for information available from registers, the baseline measure and the dummy for being in the intervention.

\* Statistical significance at the 10% level.

\*\* Statistical significance at the 5% level.

\*\*\* Statistical significance at the 1% level.

Table 7

Differences between fully treated and late entrants. Intervention group.

	Emotional symptoms	Conduct problems	Hyperactivity inattention	Peer relationship problems	Prosocial behavior
(a)					
Constant	1.53 (0.80)*	3.32 (0.72)***	4.12 (0.81)***	1.57 (0.75)**	5.75 (0.77)***
Sex	−0.01 (0.26)	−0.38 (0.24)	−1.05 (0.27)***	−0.41 (0.25)	1.12 (0.26)***
Age	−0.30 (0.51)	0.17 (0.47)	−0.70 (0.53)	−0.07 (0.49)	0.43 (0.50)
Age <sup>2</sup>	0.12 (0.11)	−0.02 (0.10)	0.16 (0.11)	0.05 (0.11)	−0.03 (0.11)
Late entrants	1.01 (0.46)**	0.69 (0.41)	1.12 (0.47)**	1.38 (0.43)***	0.13 (0.45)
Random-effects parameters estimate					
Standard deviation, day-care center level	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)	0.00 (0.00)
Standard deviation, child level	3.90 (0.09)	3.54 (0.08)	4.00 (0.10)	3.69 (0.09)	3.80 (0.09)
N	875	875	875	875	875
(b)					
Constant	2.71 (0.87)***	4.16 (0.83)***	5.55 (0.84)***	2.97 (0.85)***	5.86 (0.93)***
Sex	−0.19 (0.28)	−0.70 (0.27)**	−1.25 (0.28)***	−0.20 (0.28)	1.18 (0.30)**
Age	−0.38 (0.54)	0.33 (0.52)	−0.88 (0.53)*	−0.52 (0.54)	0.95 (0.58)
Age <sup>2</sup>	0.10 (0.12)	−0.06 (0.12)	0.15 (0.12)	0.06 (0.12)	−0.23 (0.13)*
medxx3	0.38 (1.16)	0.24 (1.01)	0.24 (1.00)	−0.05 (0.96)	−0.52 (1.14)
Random-effects parameters estimate					
Standard deviation, day-care center level	1.02 (0.25)	0.87 (0.23)	0.85 (0.25)	0.80 (0.24)	0.98 (0.28)
Standard deviation, child level	4.23 (0.10)	4.08 (0.10)	4.12 (0.10)	4.20 (0.10)	4.53 (0.11)
N	911	911	911	911	911

Note: Standard errors in parenthesis.

\* Statistical significance at the 10% level.

\*\* Statistical significance at the 5% level.

\*\*\* Statistical significance at the 1% level.

and age. This is probably because in this analysis entrants were on average much younger, as opposed to the somewhat older children who participated in the entire sample period, thus creating more variation in age compared with the previous analysis, which only covered children who participated in the entire sample period. Thus, the analysis in Table 7a shows that with regard to the first four SDQ variables, there are differences between late entrants and children who participated in the intervention for the entire sample period. With regard to the last SDQ variable, there is no difference between the two groups. This was also the SDQ variable that showed no impact from the intervention. Therefore differences between late entrants and full intervention children are not to be expected. This suggests that the two groups, full-intervention children and late entrants, differ due to real differences at child level and not because preschool staff changed their perception of children's behavior.

Table 7b shows multi-level regression results from the control group. In this group, depending on age and gender, no difference between full intervention children and late entrants is expected, as none of the children actually received the intervention.

Table 7b shows no significant differences between late entrants and the children who participated in the study for the entire sample period. This indicates that preschool staff made no observational differences between the two groups of children. Thus, depending on age and gender, each group of children on average scored the same with regard to all SDQ scores, regardless of whether they were in the sample for the entire study or whether they entered at the end of the study.

In summary, it can be concluded that the intervention creates real differences in SDQ at the child level, and that the reported treatment effects seen in Tables 4 and 5 are not Hawthorne effects created by preschool staff in the intervention group who have been encouraged to take on a more holistic and inclusive view of disadvantaged children.

## 5. Discussion

The intervention had a positive effect on emotional symptoms, conduct problems, hyperactivity and inattention, but not on peer relationships and pro-social behavior (Table 5). The effect size was only 0.15–0.2. The effect sizes were larger in children of well-educated mothers when compared with low-educated mothers (Table 4). This means that the intervention tended to increase socioeconomic differences, which is quite the opposite of the intended effect of the intervention.

It is not likely that the effects of the intervention that were found were due to shortcomings of the study. Firstly, at pretest the control and intervention groups were very similar with respect to the outcome measures (Table 2). The same was true of children at preschools that were only followed for part of the period. These findings were confirmed in a multilevel regression analysis (Table 3). Secondly, the effects of the intervention increase over time (Table 6). It is not likely that this pattern would have been found if the differences between intervention and control groups were explained by factors unrelated to the intervention. Thirdly, the results are not likely to have been caused by a Hawthorn effect, i.e. that the mere participation in the study might have affected the preschool staff's scoring of an individual child,

as discussed in section 4 (Table 7a and b). All effect sizes found were small. There are two potential explanations for this. Firstly, with regard to all five measurements, by far the greatest error variance was within children. That indicates that the staff found it difficult to assess the individual child in a reliable way. This will decrease that effect size of the intervention, independently of its effectiveness. Secondly, the intervention was not implemented as intended. An essential part of the intervention was to provide each preschool with opportunities for reflection on current practices and design of changes based on these reflections.

Yet, on average the preschools dedicated only 17 h to this activity, which was considerably less than recommended. This means that each preschool on average only devoted one 3-h meeting every four months to these meetings. It is not remarkable that this tiny intervention only resulted in small effect sizes. No statistically significant effects on peer relationship problems and pro-social behavior were found. The effect sizes, however, although not statistically significant were in the same range as for the two remaining forms of problems (Table 5). A possible explanation might be that it is harder to assess social aspects of the child in a reliable way. A comprehensive review of the effects of social and emotional learning programs, however, does not indicate that it is harder to detect such outcomes (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011).

The intervention did not decrease the socioeconomic differences in the children, which was original intention of the program. It is common that pedagogic interventions have this effect (Lorenc, Petticrew, Welch, & Tugwell, 2013). One reason might be that those who deliver the intervention (e.g. teachers) usually have a middle class background and therefore are more apt to understand children (or adults) with the same social background. Both the reviewed Perry Preschool (Weikart, 1998) and the Abecedarian project (Muennig et al., 2009), however, indicate that it is possible to achieve larger effects in the socially most disadvantaged group. This might be due to the more structured pedagogy that was used in these programs. It might also be related to differences between US and Danish populations since the social differences in general are larger in the US than in Denmark (Kautto, Fritzell, Hvinden, Kvist, & Uusitalo, 2001).

The study has several limitations. Firstly, the study time was only 21 months. For interventions aimed at individuals, a 21-month study period is often sufficient. However, the ASP Program aimed at affecting the way in which preschools organize their activities. Considering this intention, 21 months is a short time. Secondly, the preschool staff did not receive any training with regard to assessing children with the SDQ instrument prior to the study. This may have explain the large intra-individual variation that was found. Thirdly, outcomes with only one single instrument, SDQ, were reported. It is possible that other outcomes, e.g. assessments of cognitive ability, would be different. Fourthly, no data on the actual quality of the preschools and the implementation process have been analyzed. The effects of the intervention might be expected to be larger in preschools that were faithful to the program. Fifthly, children are affected both by their parents and by the preschool. A preschool intervention that also includes parents might be expected to be more effective. Such an approach was adopted successfully both in the Perry Preschool Program and Abecedarian project. Yet, the ASP Program reported here did not include parents. Sixthly, the study was limited to two municipalities. It cannot be excluded that preschools in these municipalities are more open to developing their activities than the average Danish preschool would be.

There are also a number of strengths of the study. Firstly, it was carried out in a country where almost all children already attend preschool. Obviously, larger effects of preschools will be recorded in countries where this kind of service is not generally available. If preschools are not generally available the focus ought to be on providing more preschools. This study, however, represents the next step, i.e. to improve the quality of already existing almost universal preschools. The authors have not identified previous intervention studies that deal with this area. Secondly, the study employs a randomized controlled design, which enables causal inferences. In the Scandinavian countries this design has been quite uncommon in the pedagogic literature. Thirdly, in the analysis of data, different statistical techniques were employed, both multilevel modeling and difference-in-difference analysis. Both yielded harmonizing results.

## 6. Conclusion and perspectives

A new preschool program, the ASP Program, intends to improve that quality of preschools by offering support to staff in their efforts to critically reflect on current practices. A randomized controlled study indicates positive effects on emotional symptoms, conduct problems, hyperactivity and inattention in children in the intervention group. The program intended to increase the socio-emotional wellbeing and competences of all children and this was achieved for four of the variables in the SDQ indexes.

In spite of the small effect sizes, the results are still relevant when discussing a policy for this area. The cost of supporting preschools with the ASP Program is relatively small. This means that ASP can be implemented nationally without any extra national funding. This contrasts to the three intervention studies that were reviewed in Section 1.4 where the costs of the interventions were substantial. The effects might be impressive, but the programs are hard to implement widely. Moreover, from a population perspective, interventions that are offered widely, albeit with small effect sizes, are more effective than interventions with large effect sizes that are only offered to small groups (Rose, 1998). Finally, a small effect of a program after one year may be significant later on. This was found in the Perry Preschool study where individuals were followed for 37 years (Muennig et al., 2009). Admittedly, we do not know if this is the case for the ASP Program.

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## Conflict of interest statement

There are no conflicts of interest.

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