GUIDEBOOK

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Let's Play in Tandem

Review: Foundations for Life, July 2016

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

Let's Play in Tandem is a school-readiness programme for children aged three living in socially disadvantaged communities. It aims to improve children's cognitive development and self-regulation.

The programme runs for 12 months, and is typically delivered through Sure Start Children's Centres.

Each family is assigned a project worker who visits the family in their home each week for 90 to 120 minutes. They deliver a pack of three educational activities to develop pre-reading and numerical skills, and promote vocabulary and general knowledge. The activities are demonstrated by the project worker to the family during visits, and are designed to facilitate one-on-one verbal interaction and to teach parents key scaffolding skills, including how to prompt, provide instructions and encourage their child. The activities specifically focus on school readiness in terms of children's knowledge (name, address, colours), numeracy, listening and communication.

Evidence rating: 3

Cost rating: 3

EIF Programme Assessment

Let's Play in Tandem has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

Evidence rating: 3

What does the evidence rating mean?

Level 3 indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

Cost rating

A rating of **3** indicates that a programme has a **medium cost** to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of £500–£999.

Cost rating: 3

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Supporting children's mental health and wellbeing

Improved personal and social skills

Based on study 1

0.3-point improvement on the personal and social skills subscale of the Four Counties Phase Profile

Improvement index: +20

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 70% and worse outcomes than 30% of their peers, if they had received the intervention.

4 months later

Enhancing school achievement & employment

Improved knowledge

Based on study 1

Improvement on measures of academic ability in nursery

Immediately after the intervention

Improved pre-reading skills

Based on study 1

Improvement on measures of academic ability in nursery

Immediately after the intervention

Improved numerical skills

Based on study 1

Improvement on measures of academic ability in nursery

Immediately after the intervention

Improved listening and communication

Based on study 1

0.6-point improvement on the listening and communication subscale of the Four Counties Phase Profile

Improvement index: +25

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 75% and worse outcomes than 25% of their peers, if they had received the intervention.

4 months later

Improved writing

Based on study 1

0.6-point improvement on the writing subscale of the Four Counties Phase Profile

Improvement index: +28

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 78% and worse outcomes than 22% of their peers, if they had received the intervention.

4 months later

Improved mathematics

Based on study 1

0.7-point improvement on the mathematics subscale of the Four Counties Phase Profile

Improvement index: +33

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 83% and worse outcomes than 17% of their peers, if they had received the intervention.

4 months later

Improved vocabulary

Based on study 1

7.8-point improvement on the British Picture Vocabulary Scales

Improvement index: +26

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 76% and worse outcomes than 24% of their peers, if they had received the intervention.

4 months later

Improved inhibitory control

Based on study 1

Improvement on measures of inhibitory control developed by Carlson & Moses

4 months later

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

Preschool

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

Home visiting

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

Home

The programme may also be delivered in these settings:

Home

How is it targeted?

The best available evidence for this programme relates to its implementation as:

Targeted selective

Where has it been implemented?

United Kingdom, Wales

UK provision

This programme has been implemented in the UK.

UK evaluation

This programme's best evidence includes evaluation conducted in the UK.

Spotlight sets

EIF includes this programme in the following Spotlight sets:

parenting programmes with violence reduction outcomes

About the programme

What happens during delivery?

How is it delivered?

- Let's Play Tandem is delivered by one practitioner (QCF-3) to individuals.
- Let's Play in Tandem is delivered over 40 sessions, of one hour duration each.

What happens during the intervention?

- Individual families are assigned a project worker who visits the family in their home each week for 90 to 120 minutes.
- Project workers deliver a pack of three educational activities to develop pre-reading and numerical skills, and promote vocabulary and general knowledge.
- The activities are demonstrated by the project worker to the family during visits, and are designed to facilitate one-on-one verbal interaction and to teach parents key scaffolding skills, including how to prompt, provide instructions and encourage their child.
- The activities specifically focus on school readiness in terms of children's knowledge (name, address, colours), numeracy, listening and communication.

What are the implementation requirements?

Who can deliver it?

 Let's Play in Tandem is delivered by one practitioner with QCF-3 qualifications.

What are the training requirements?

 The practitioners receive and 35 hours of programme training. Booster training of practitioners is not recommended.

How are the practitioners supervised?

 It is recommended that the practitioner should be supervised by three supervisors (two from the host agency and one programme developer supervisor), all with QCF-6 level qualifications.

What are the systems for maintaining fidelity?

- · Other printed material
- Face-to-face training
- Supervision

Is there a licensing requirement?

There is no licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- Let's Play in Tandem is based on the assumption that school readiness can be improved by targeting cognitive development and cognitive self-regulation.
- Families learn through activities, which are intended to develop pre-reading skills (eg phonological awareness, perceptual discrimination), basic numerical skills (eg understanding of size and quantity, counting to 10), and the child's general knowledge.
- In the short term, Let's Play in Tandem aims to develop parents' scaffolding skills (eg prompting; providing instructions; encouragement) that foster the child's learning with regards to numeracy, reading and vocabulary.
- In the long term, Let's Play in Tandem intends to improve school readiness and academic performance.

Intended outcomes

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About the evidence

Let's Play in Tandem's most rigorous evidence comes from an RCT which was conducted in the UK.

This study identified statistically significant positive impact on a number of child outcomes.

This programme is underpinned by one study with a Level 3, hence the programme receives a Level 3 rating overall.

Study 1	St	u	d	V	1
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Citation:	Ford, R., McDougall, S., & Evans, D. (2009)
Design:	RCT
Country:	United Kingdom
Sample:	73 children and their mothers, predominantly receiving benefits
Timing:	Post-test; four-month follow-up

Child outcomes:

- Improved personal and social skills
- Improved knowledge
- Improved pre-reading skills
- Improved numerical skills
- Improved listening and communication
- Improved writing
- Improved mathematics
- Improved vocabulary
- Improved inhibitory control

Other outcomes:

None measured

Study rating:

3

Ford, R., McDougall, S., & Evans, D. (2009). Parent-delivered compensatory education for children at risk of educational failure: Improving the academic and self-regulatory skills of a Sure Start preschool sample. *British Journal of Psychology, 100,* 773-798.

Available athttps://www.ncbi.nlm.nih.gov/pubmed/19261208

Study design and sample

The first study is a rigorously conducted RCT.

This study involved random assignment of children and their mothers to a treatment group and a business-as-usual control group

This study was conducted in the UK, with a sample 73 children and their mothers, predominantly receiving unemployment or sickness benefits. The majority (90%) of children were of White ethnicity.

Measures

Child general knowledge, pre-reading skills, and numerical skills were measured using the Nursery tests of academic ability (direct assessment). Child school readiness (Listening and communication, responding to stimuli, reading, writing, number, mathematics, personal and social skills) was measured using the Four Counties Foundation Phase Profile (teacher report). Child receptive vocabulary was measured using the British Picture Vocabulary Scale (direct assessment). Child verbal short-term memory was measured using the British Ability Scales (direct assessment). Child inhibitory control was measured using the Carlson and Moses test (direct assessment). Child theory of mind was measured using the Sally-Ann test (direct assessment), deceptive-box test (direct assessment), and Linda's false belief test (direct assessment).

Findings

This study identified statistically significant positive impact on a number of child outcomes.

This includes:

- Knowledge
- Pre-reading skills
- Numerical skills
- Listening and communication
- Writing
- Mathematics
- Personal and social skills
- Vocabulary
- Inhibitory control

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Ford, R., Evans, D., & McDougall, S. (2003). Progressing in Tandem: A Sure Start initiative for enhancing the role of parents in children's early education. Educational and Child Psychology, 20, 81-96 - **This reference refers to a pre-post study, conducted in the UK.**

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

How to read the Guidebook

EIF evidence standards

About the EIF Guidebook

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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