EasyPeasy

Reviews: January 2019; November 2019

EasyPeasy is a universal parenting programme for families with children between the ages of 2–5 years. It is delivered in the family home, children’s centres or other early years settings, and primary schools. The programme aims to improve language, communication, and self-regulation.

EasyPeasy is a digital service that sends game ideas, tips and advice to parents through short video clips over a 20-week period.

It has been designed as a digital outreach service that schools and early years settings can offer to their parents. After a short training, a nominated member of staff becomes a Pod Leader responsible for coordinating and encouraging parents using the service. This is aided by a desktop dashboard that allows practitioners to share information and advice about home learning and play directly with parents, thereby building a community of engaged parents.

There are 65 games in the EasyPeasy library, each of which is associated with a specific domain. Schools interested in focusing on a particular domain, such as language and communication, can opt for a playlist of related games.
EIF Programme Assessment

EasyPeasy has preliminary evidence of improving a child outcome, but we cannot be confident that the programme caused the improvement.

Evidence rating: 2+ *

What does the evidence rating mean?

Level 2 indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

What does the plus mean?

The plus rating indicates that a programme’s best available evidence is based on an evaluation that is more rigorous than a level 2 standard but does not meet the criteria for level 3.

What does the asterisk mean?

The asterisk indicates that this programme’s evidence base includes mixed findings: that is, studies suggesting positive impact alongside studies that on balance indicate no effect or negative impact.

More detail on mixed findings for this programme

- 2+ reflects the fact that the programme has preliminary evidence from two UK studies of improving a child outcome (including Jelley, Sylva & Karemaker, 2016 and Sylva & Jelley, 2018).
- Mixed findings reflects the fact that there is also another, similar quality study with more equivocal findings. Particularly, we have reviewed one study conducted in the UK (Robinson-Smith et al. 2019) suggesting EasyPeasy had no impact relative to standard services.
- For more information on EIF’s approach to mixed findings, see: What happens when the evidence is mixed?

Cost rating

A rating of 1 indicates that a programme has a low cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of less than £100.

Cost rating: 1
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 cognitive self-regulation - based on study 1, study 2

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the ‘About the evidence’ section for more detail.
Key programme characteristics

Who is it for?

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

- Preschool
- Primary school

How is it delivered?

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

- Online or app
- Group

Where is it delivered?

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

- Children's centre or early-years setting

The programme may also be delivered in these settings:

- Home
- Primary school

How is it targeted?

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

- Universal
Where has it been implemented?

England

UK provision

This programme has been implemented in the UK.

UK evaluation

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

What happens during delivery?

How is it delivered?

- EasyPeasy is delivered over a period of 20 weeks, across approximately four hours, by one Pod Leader to an online group of parents (EasyPeasy Pod).

What happens during the intervention?

- EasyPeasy is a digital service that sends game ideas, tips and advice to parents through short video clips over a 20-week period.
- EasyPeasy connect with families via text message with reminders about new games, tips on game differentiation and routines at home, open questions and bite-size information about play and learning goals.
- After short training, a nominated member of staff becomes a Pod Leader responsible for coordinating and encouraging parents to use the service. This is aided by a desktop dashboard that allows practitioners to share information and advice about home learning and play directly with parents, thereby building a community of engaged parents.

What are the implementation requirements?

Who can deliver it?

- The practitioner who delivers this programme is a Pod Leader, who is typically the school's EYFS lead and/or nursery and reception teacher, with QCF-3 level qualifications.

What are the training requirements?

- Practitioners have 30 minutes of programme training. Booster training of practitioners is not required.
How are the practitioners supervised?

- Practitioner supervision is not required.

What are the systems for maintaining fidelity?

Programme fidelity is maintained through the following processes:

- Other online material
- Face-to-face training
- Fidelity monitoring
- EasyPeasy provides Pod Leaders with the ability to track parent’s engagement throughout the programme. Pod Leaders can use this information for reporting, but also to engage in conversations with parents about play and learning at home. Parents can reach EasyPeasy through a web app to access support and answers to questions. Parents receive SMS reminders to their phones to prompt and encourage building play into their home routines.

Is there a licensing requirement?

Yes, there is a licence required to run this programme.
How does it work? (Theory of Change)

How does it work?

- Providing parents with fun, easy and timely ideas and advice is an effective way of improving confidence and supporting positive behaviour change. Positive parent–child interaction in the early years, characterised by warmth, responsiveness and consistency, best develops children’s foundational skills in language, communication and self-regulation.

- EasyPeasy prompts parents with ideas for games they can play with their children that are simple, fun, and don’t require any preparation. Through playing games regularly, parents become more confident and their approaches become more responsive and consistent, not just during play but also in daily life. Consequently, it aims to help children develop language, communication and self-regulation through engaging in more and more positive parent–child interactions at home.

- In the short term, parents get better at sticking to rules and routines, spending more quality time together, and having more positive interactions with their children.

- In the longer term, children’s early developmental outcomes will improve, narrowing the attainment gap throughout school, and supporting social mobility.

Intended outcomes

Supporting children’s mental health and wellbeing
Enhancing school achievement & employment
Preventing obesity and promoting healthy physical development

Contact details

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About the evidence

EasyPeasy’s most rigorous evidence identifying statistically significant positive impacts on child and parent outcomes comes from two RCTs which were conducted in the UK.

The 2+ rating reflects the fact that the programme has preliminary evidence from two UK studies (Jelly, Sylva, & Karemaker., 2016, and Sylva & Jelley., 2018) of improving a child outcome.

Study 1

Citation: Jelley, Sylva, & Karemaker, 2016 | Design: RCT

Country: United Kingdom  |  Study rating: 2+

Sample: 150 families, with children between 2 years 4 months and 6 years old. Families were drawn from lists held by children’s centres in disadvantaged neighbourhoods.

Timing: Post-test

Child outcomes:
Improved cognitive self-regulation

Other outcomes:
Improved parenting self-efficacy (discipline and boundaries scale of the TOPSE)


Available at https://easypeasyapp.com/files/easypeasy-evaluation.pdf
Study design and sample
The first study is an RCT.

This study involved random assignment of children to a treatment group and no treatment control group. Randomisation was conducted using the minimisation method with age of child, gender of child, and children's centre as factors.

This study was conducted in the UK, with a sample of children between 2 years 4 months and 6 years of age. The majority of children in the intervention and control group spoke English only at home (82.4% and 76.4% respectively) and were of White British ethnicity (82.1% in the intervention group; 77.8% in the control group). Most of the parents were female (94.3% in the intervention group; 95.9% in the control group). While about half of mothers were in employment (50% in the intervention group; 54.2% in the control group), the majority had partners who were in employment (89.6% in the intervention group; 96.4% in the control group).

Measures

- Child self-regulation and behaviour was measured using the Child Self-regulation and Behaviour Questionnaire (CSBQ) (parent report).
- Parenting self-efficacy was measured using the Tool to Measure Parenting Self-Efficacy (TOPSE) (parent report).
- Parental stress due to dysfunctional parent–child interactions was measured using the Parenting Stress Index (PSI) (parent report).

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

This includes child self-regulation and behaviour (Child Self-regulation and Behaviour questionnaire), and parental self-efficacy (TOPSE).

The conclusions that can be drawn from this study are limited by methodological issues pertaining to high overall attrition, high differential attrition, and a small sample size.

Study 2

Citation: Sylva and Jelley, 2018 | Design: Cluster RCT

Country: United Kingdom  |  Study rating: 2+

Sample: 302 families, with children between 3–4 years old. Families were recruited from children’s centres in the London borough of Newham. Eight children’s centres were involved in the trial.

Timing: Post-test
Child outcomes:
Improved cognitive self-regulation

Other outcomes:
Improved parental self-efficacy (TOPSE)


Study design and sample
The second study is a cluster RCT.

This study involved random assignment of eight children’s centres to a treatment group (four children’s centres) and a waitlist control (four children’s centres). Randomisation was conducted using minimisation, with groups balanced on certain factors thought to be important to the intervention: proportion of children in the setting with English as an additional language (EAL), proportion of children eligible for free school meals (FSM) and proportion of children with special educational needs (SEN).

This study was conducted in the UK, with a sample of children aged 3–4 years old. In the analysis sample, 51.9% of the children in the intervention group were girls, and 52.9% in the control group were girls. 88.2% of the intervention group had partners in employment, and 90% of the control group had partners in employment.

Measures

- Child self-regulation and behaviour was measured using the Child Self-Regulation and Behaviour Questionnaire (CSBQ) (parent report).
- Parental self-efficacy was measured using the Tool to Measure Parenting Self-Efficacy (TOPSE) (parent report).
- Parental stress was measured using the Parenting Stress Index (PSI) (parent report).

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

This includes child self-regulation and behaviour (CSBQ) and parental self-efficacy (TOPSE).

The conclusions that can be drawn from this study are limited by methodological issues pertaining to clustering not being taken into account in the analysis, hence why a higher rating is not achieved.
Study 3

Citation: Robinson-Smith et al., 2019 | Design: Cluster RCT

Country: United Kingdom

Sample: 102 nurseries with 1,205 pupils aged 3 to 4 years. Nurseries were recruited from more disadvantaged areas; the majority of nurseries had over 30% of pupils ever eligible for free school meals.

Timing: Post-test

Other outcomes: -


Study design and sample
The third study is a cluster RCT.

This study involved random assignment of 102 nurseries in equal proportions to a treatment group and a no treatment group. Randomisation was conducted using minimisation, with groups balanced on the number of children with parental agreement to participate within a nursery.

This study was conducted in the UK, with a sample of children aged 3 and 4 years. The majority of children in the trial sample were of White British ethnicity (66.6% intervention group; 65.7% control group), followed by Asian (15.5% intervention; 18.2% control) and Black/Caribbean (4.4% intervention; 5.1% control). The trial sample was balanced on gender (49.8% male in the intervention group; 48.4% in control group) and the children were relatively disadvantaged: in the intervention group, around 14.5% of pupils were eligible for pupil premium and in the control group this rate was 28.2%.

Measures

- Child language and communication was measured using the Clinical Evaluation of Language Fundamentals (CELF) preschool 2 UK.

- Child self-regulation and social-emotional development was measured using the Child Self-regulation and Behaviour Questionnaire (CSBQ, teacher report).

- Home environment was measured using the Home Observation and Measurement of Environment (HOME).

Findings
This study identified no statistically significant impact on child outcomes.

The study benefitted from some key methodological advantages relative to the previous two studies, including low attrition, a much larger sample and analysis that takes into account clustering.

However, the conclusions that can be drawn from this study are limited by methodological issues relating to unequivalent groups at baseline.
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
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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