

Better Start Bradford Innovation Hub

End of contract report – Bradford Doulas

This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for Better Start Bradford (BSB) and the Bradford Doulas project team.

The document provides an overview of the Bradford Doulas project performance and findings from the implementation evaluation including an interpretation of these findings by the BSBIH. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key stakeholders from the BSBIH and BSB.

Authors: Charlotte Endacott, Sara Ahern, Kathryn Willan, Abby Dunn, Tracey Bywater, Maria Bryant, Josie Dickerson and the Better Start Bradford Innovation Hub

Version 2.0 21.11.2019

Approved by:

Role	Name	Date
BSBIH Programme Manager	Josie Dickerson	19.11.2019
BSBIH Social and Emotional Lead	Tracey Bywater	21.11.2019
BSBIH Fidelity and Implementation lead	Maria Bryant	18.11.2019
BSB Head of Programme	Gill Thornton	
BSB Implementation Manager	Jill Duffy	

Bradford Doulas – Executive Summary

Project overview

Bradford Doulas offer practical and emotional support to pregnant women six weeks before the birth, during labour and six weeks after the birth, through trained volunteers. Service users are usually considered to be vulnerable with limited or no supportive partners/families. However within the Better Start Bradford offer the project is considered universal for women over 16 years of age. Women are assessed by the Locality Officer (and Project Manager if it is a high risk case) and then supported by a trained volunteer Doula.

This document reflects the BSBIH's evaluation of 2.5 years of service delivery (May 2017-September 2019) and is based on the data shared by the project with the Innovation Hub in October 2019.

Project performance

Progression Criteria for this project were implementation, recruitment and satisfaction.

Implementation - it was anticipated that 40 volunteer Doulas would take on support. 21 Doulas (53%) supported women, putting the project in **RED** for this criterion.

Recruitment - it was anticipated that 146 women would be allocated to a Doula. The actual number recorded was 54 (37%) placing the project in **RED** for this criterion.

100% of the **Satisfaction** questionnaires analysed (n=41) scored a median satisfaction score of 4 or above, placing the project in **GREEN** for this category.

Other key findings

Bradford Doulas received 103 referrals. The most common referral source was midwives (n=38, 36%). Reasons for referral included a variety of vulnerabilities (e.g. single parent; mental health, domestic abuse, recent migrant/asylum seeker).

Of the 54 women recorded as having been allocated to a Doula, 37 (69%) were allocated to project volunteers and 17 (31%) were allocated to Doulas who are also paid members of the staff team. 30/54 (56%) of women allocated to a Doula were Asian, Asian British: Pakistani.

Data quality

Bradford Doulas worked closely with BSBIH in attempt to overcome a number of challenges initially brought about by the lack of a suitable database. However issues such as missing and erroneous data were not resolved prior to submission of the final dataset and this introduced significant difficulties to production of the report. Additionally, multiple satisfaction questionnaires were completed for individuals and due to conflicting responses, it was not possible to include these in the analysis.

Comments and Recommendations

1

Reconsider service design to address capacity issues: The provision of voluntary support from paid staff in a high number of cases suggests volunteer capacity issues within the project which are a likely result of a small proportion of newly trained Doula's going on to deliver support. Returning to service design will explore why this happened and whether the model needs to change.

2

Reconsider service design to better define beneficiary criteria: It appears that Bradford Doulas are providing a service to a particularly vulnerable group of women. Revising the eligibility criteria to focus on this might increase referrals if possible to take a targeted approach. Ensuring volunteers are available for these groups of women might also increase the number of matches.

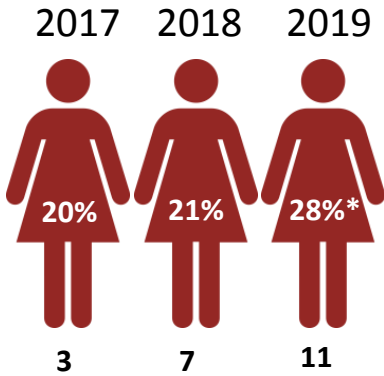
3

Data completeness/quality: The Doula team have made huge progress in integrating data entry into their practice; however there are several important areas where data fails to provide a complete picture. The data requirements specification, data capture forms and the database should be reviewed and amended.

Implementation – How many volunteers were available to take on support?

The agreed indicator for project implementation was the number of volunteers taking on support each year.

Proportion of target



To ensure capacity for delivery, the project planned to train 18 volunteers per year (54 total). 24 volunteers were trained in total (44%).

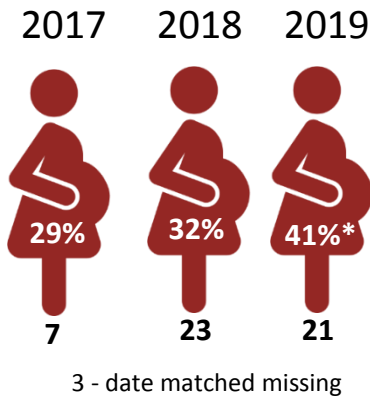
Accounting for drop out, annual targets for active volunteers (i.e. those taking on support) were: Year 1 = 15, Year 2 = 33, Year 3 = 48* (*adjusted to 40 to account for ½ year delivery).

Numbers of active Doulas were derived from those who had provided at least one face to face support visit per year. In total 21 Doulas had provided support. Annual figures were: Year 1 = 3 (20%), Year 2 = 7 (21%), and Year 3 = 11 (28%). This places the project in **RED**.

Of those 21 Doulas, 8 came from the 24 newly trained volunteers, 8 from an existing pool within the district and 5 were also paid members of staff from the project team.

Recruitment – How many women were recruited?

Proportion of target



The agreed indicator for project recruitment was the number of pregnant women with a confirmed intention to access support. This was defined as the number of women allocated to a Doula.

The annual anticipated figures were: Year 1 = 24, Year 2 = 71, Year 3 = 103 (adjusted to 51 account for only 6 months of delivery*). This gave an overall target of 146.

Between May 2017 and September 2019, 54 women were recorded as having been allocated to a Doula (37% of the target) placing them in **RED** for this progression criterion. However, rates of recruitment have improved each year.

Satisfaction – How satisfied were mothers with the project?



100%

The indicator for project satisfaction was the proportion of mothers with a median satisfaction score of 4 or above on the standard project satisfaction questionnaire.

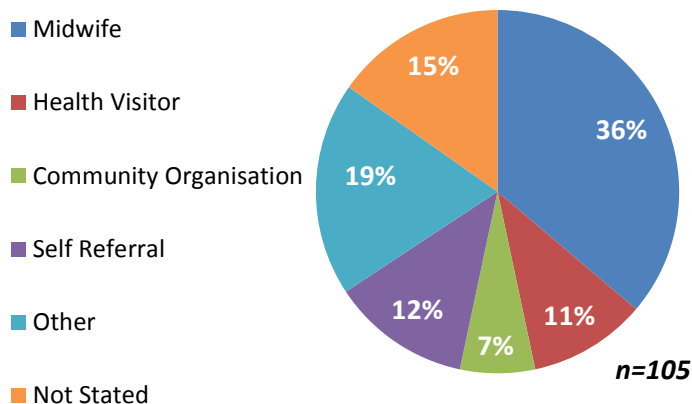
46 of the matched and supported women had an end date for their support which would have allowed sufficient time for them to have received and feasibly returned a questionnaire.

49 questionnaires had been returned at the time of this report. Of those, 8 had duplicated participant numbers and so were excluded from analysis. All of the remaining 41 had median scores of 4 or above placing the project in **GREEN** for this progression criterion.

Project Implementation - Referrals

Where did referrals come from?

Referral Source



The project received a total of 103 referrals. Referrals came from a range of different sources suggesting Bradford Doulas is known to a wide range of referrers.

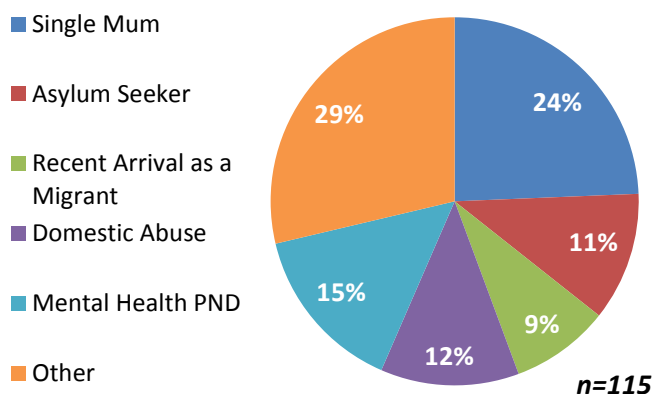
105 referrals were received for 103 women. Two women received referrals from more than one source.

The most common referrers were Midwives (n=38, 36%).

The number of community organisations and self-referrals suggest that Bradford Doulas is known outside of maternal health care services.

Why were women referred to the project?

Reason for Referral



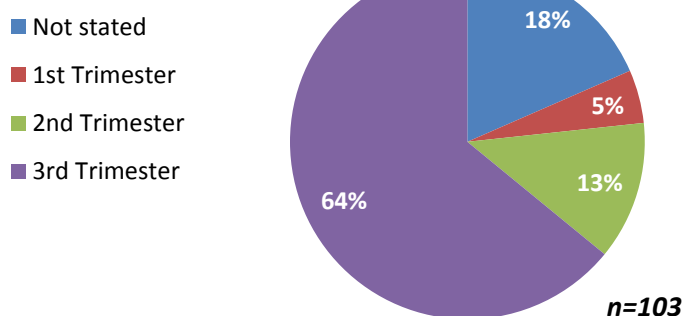
In the BSB area, women were referred into the project for a number of different reasons.

The most common reason for referral was being a single parent (n=28, 24%), followed by mental health (n=17, 15%). However, while these were the most common reasons they weren't necessarily the main reasons for a referral.

Of the 103 women referred 53 (51%) were referred for a single reason. 27 women (26%) were referred for multiple reasons. For 23 women (22%), a reason for referral was not recorded.

When were women referred?

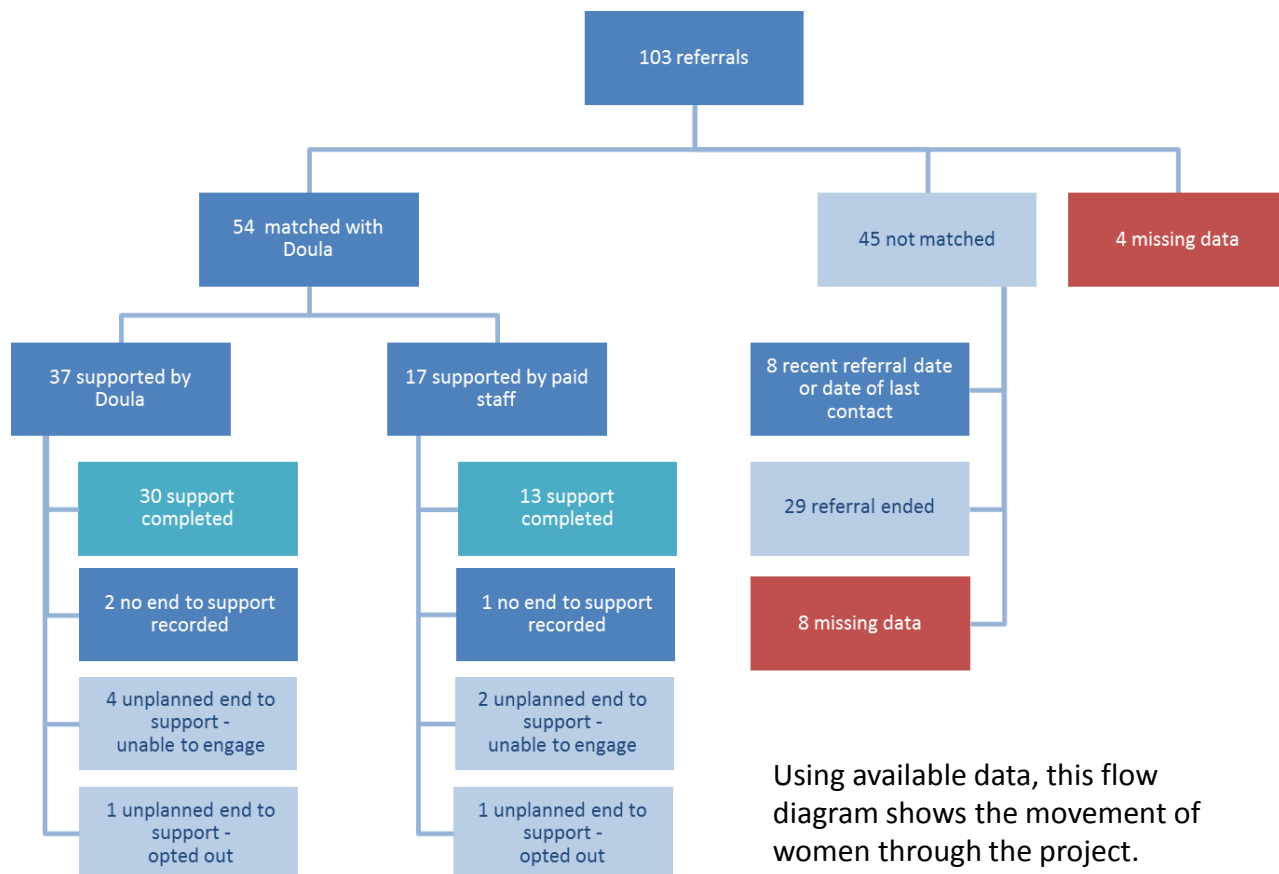
Trimester



According to the service design document, Bradford Doulas can begin supporting women up to six weeks before the birth.

Of the 103 referrals into the project, 66 women (64%) were in their third trimester of pregnancy. 13 (13%) were in their second trimester and 5 (5%) were in their first trimester.

Participant flow diagram



Of 103 referrals, 4 had missing data.

54 (52%) were recorded as having been matched to a volunteer Doula.

45 (44%) had not been recorded as allocated to a volunteer Doula.

Of these, 8 had a date of referral or last contact within the 8 weeks preceding the time the data was received by the Innovation Hub, suggesting that the matching process may still be ongoing.

29 were not recorded as having been allocated a Doula before the referral was ended; 48% had opted out, 21% were unable to engage and 7% were inappropriate referrals. Reasons for the remainder were unclear as reason for referral end was recorded as 'support completed' or left blank.

8 had no end date for the referral (shown above as missing data)

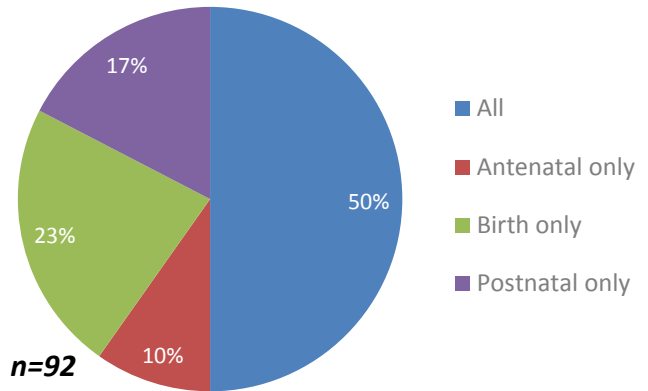
What support did women want?

Women referred into the project had the opportunity to specify when they would like support; antenatally, during labour, postnatally, or at all time points.

50% (n=46) of referred women who had specified what support they wanted, requested support at all of the stages offered by the project. Nearly a quarter only wanted support with birth at the point of referral.

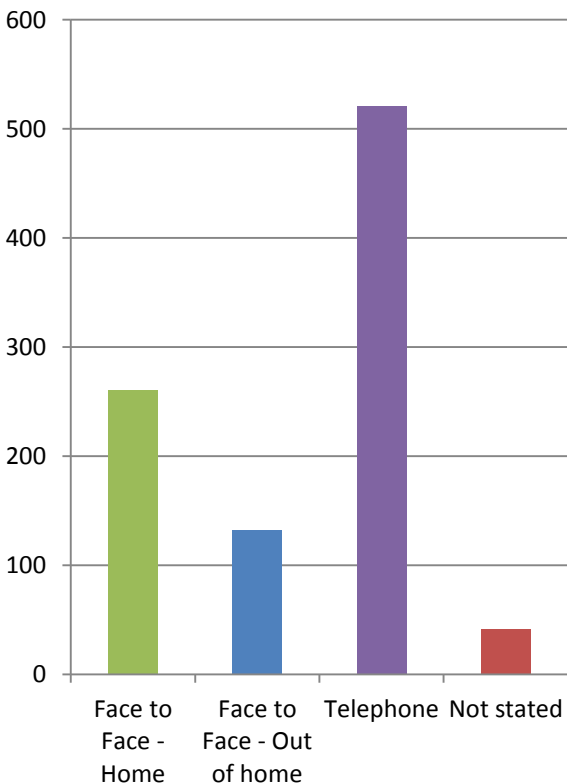
Proportions were similar within the group of women matched with a Doula (n=54); 53% required support at all time points, 22% required support only at the time of birth. Suggesting 75% would require support at the birth of their baby.

Type of support required at referral



What support did women get?

Type of Contact



Of the 54 women allocated to and matched with a Doula, all went on to receive support. 17 women (32%) were supported by Doulas who were also paid member of the staff team.

A total of 955 contacts with women were recorded. 392 (41%) were face to face (either in the home n=260 66%, or out of home n=132, 34%).

On average women received 7 face to face visits (range of 1 to 17).

Only 10 planned face to face visits were cancelled suggesting a good adherence to planned support. The most common reason was that the parent was not available (n=8, 80%).

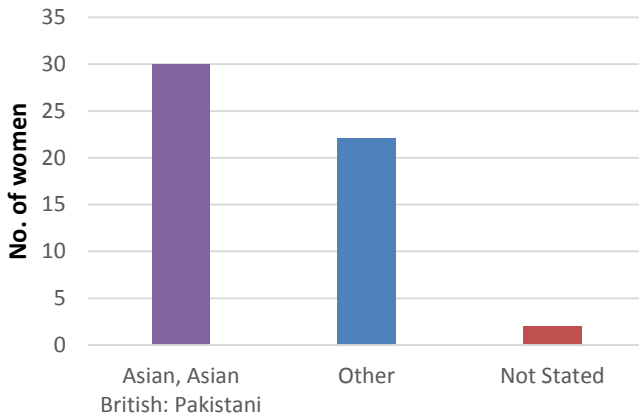
To date 37 women have been supported during labour. This is over the anticipated proportion of women supported at birth which is 50%.

The average number of visits by those recorded within the database as a Doula volunteer (n=16) was 14 with a range of 2 – 49 visits.

It is not currently possible to record the capacity in which visits by paid members of staff were made (e.g. volunteer Doula vs. professional role).

Who received support?

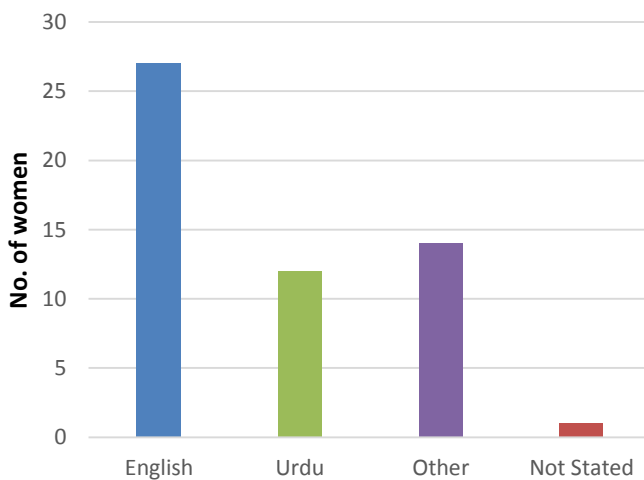
Women's Ethnicity



56% of women allocated to a Doula described their ethnicity as Asian, Asian British: Pakistani. Due to the small numbers in other ethnic groups and in line with our reporting guidelines, all other categories have been combined into 'other'.

However, there were 11 other ethnic groups recorded for matched women.

Women's First Language



Of the 54 women allocated to a Doula, 27 had a language other than English recorded as their first language (50%).

12 (48%) of these had Urdu as a first language. 15 (52%) had other languages as a first language (within this 7 languages were recorded).

A total of 13 of the women allocated to a Doula required an interpreter (24%). This is a similar proportion of the overall referrals of whom 22% required an interpreter.

What did women think of the support they received

Satisfaction questionnaires include a space for women to comment on the support they receive. 17 women provided comments. Overall comments were extremely positive with women commenting on the value of the service to them and thanking the project for the support. A number of examples are given here.

"Really helpful. She was very open to any questions about anything. We are really thankful. We highly recommend doulas they make a positive difference."

"Absolute rock. She saved me from losing it completely. "

"Overall was quite happy with service provided, would recommend to family and friends. Although they need more staff other than that quite satisfied with help offered to me".