

Better Start Bradford Innovation Hub

Cooking for a Better Start

End of Contract Report

December 2020

This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for the Better Start Bradford (BSB) and the Cooking for a Better Start team. The document provides an overview of the Cooking for a Better Start project, its performance and findings from the implementation evaluation for the project's contract period. 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 in August 2018.

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Approved by:

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Produced for Better Start Bradford

Executive Summary

Project Summary

Cooking for a Better Start is a universal project within the 'Eat, Live, Love' theme of the Better Start Bradford programme. It offers practical cooking sessions to parents and caregivers of children aged 0-3 years with the aim of increasing knowledge and confidence in preparing healthy, low-cost meals for their families. It is also intended as an opportunity to engage families who may not have accessed provision for parents and caregivers before with the aim of promoting engagement with other projects.

The project was designed to be delivered to small groups of parents and caregivers across 6 weekly sessions in community venues with cooking facilities. It was agreed as part of the project Service Design that the project would also explore the feasibility of including children in the cooking sessions.

This report summarises the BSBIH's evaluation of the implementation of Cooking for a Better Start. The report is based upon data collected by the project provider, HENRY, over the first two and a half years of delivery - 1st April 2018 to 30th September 2020. It should be noted that due to the Covid-19 pandemic, the delivery of face to face programmes had to be paused on 17th March 2020 in line with Government guidance. As a result this report focuses on two years of delivery and project targets have been adjusted accordingly so as to offer a fair reflection of project performance. While the core offer of the 6 week cooking programme paused, the project did continue to support the community in other ways, over the telephone, video calling and WhatsApp groups. However, this is not included in the current report.

Project performance

Data



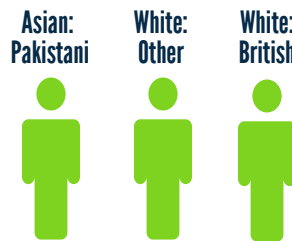
Data were made available in line with the timeline for this report. There were some issues around data quality and completeness which were identified during the preparation of the report. It is important for future evaluation to address this. For this reason, the rating for this project is **AMBER**.

Recruitment



It was anticipated that 144 parents would participate in the programme (72 in Years 1 and 2). 128 unique parents and caregivers participated (89% of the target) placing the project in **AMBER** for this progression criteria. This was caused by low attendance in Year 1 (76%, n=55). In Year 2 the project met 101% (n=73) of their target placing them in **GREEN** in Year 2.

Reach



The project aimed to engage a representative number of parents and caregivers from three main ethnic groups in the BSB area. The project exceeded their targets for Asian: Pakistani (124%) and White: Other (127%). The project met their target for White: British parents and caregivers (100%) placing the project in **GREEN** for this progression criteria.

Implementation



It was anticipated that 24 programmes would be delivered (12 in Years 1 and 2). Overall the project delivered 22 programmes, 92% of the anticipated target. This places the project in **AMBER** for this progression criteria. This was caused by a lower number of programmes being delivered in Year 1 (83%, n=10). In Year 2, all 12 programmes were delivered placing them in **GREEN** in Year 2.

*See Appendix (page 8) for progression criteria cut-offs

Recommendation 1

Cooking for a Better Start was in Amber in Year 1 but in Year 2 successfully achieved recruitment, reach and implementation targets. The project should be continued, with regular monitoring to ensure implementation is sustained.

Recommendation 2

BSBIH cannot evaluate the impact of the project (on engagement in other BSB projects or improved outcomes) unless the questionnaires at the start and end of the project are completed. The project must commit to ensuring that questionnaires are completed for all participants at the start and end of the programme.

Recommendation 3

Other issues with data quality also need to be addressed to support future evaluation. It is recommended that the BSBIH and Cooking for a Better Start project teams work together to review the data to ensure the quality.

Project Performance

Data



Data were made available in line with the timeline for this report. For the most part participant information was well complete, though some issues led to discrepancies between the summaries provided here, and information provided by the project team. An example of this would be where appointments, which record attendance at sessions, were not marked as complete. The BSBIH will discuss all issues identified with the project team and believe most can be easily resolved, however at this time, the rating for this project is **AMBER**.

Recruitment

Year 1



76%
of recruitment target met

Year 2



101%

The recruitment progression criteria for Cooking for a Better Start related to participation in the project. Participation is defined as attending one or more programme sessions, not including the registration sessions. It was anticipated that 72 parents or caregivers would participate in a programme each year (a total of 216 for the three year contract) giving an overall target of 144 for the two years programme delivery was possible before it was paused due to COVID-19.

In Year 1, 55 parents and caregivers participated in a programme (76% of the target) placing the project in **AMBER**. In Year 2 the project exceeded the target with 73 parents and caregivers participating (101% of the target) placing them in **GREEN**. Overall the project achieved 89% of the target for the two years placing them in **AMBER** for this progression criteria.

Reach

Asian:
Pakistani



124%

White:
Other



127%

White:
British

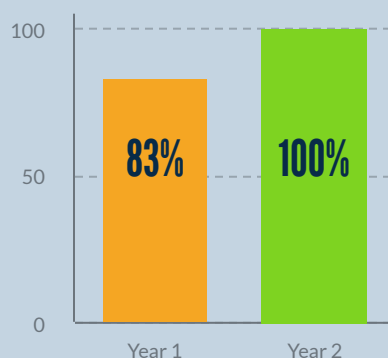


100%

The project aimed to engage families from a representative sample of the three main ethnic groups in the Better Start Bradford community. The figures shown here demonstrate how participants of the project compare to a relevant population (pregnant BSB women booked to deliver at BRI; White: British, 12%; White: Other, 11%; Asian/Asian British: Pakistani, 45%).

Cooking for a Better Start met 100% their target for White British (12%, n=15) and exceeded their targets for Asian/Asian British: Pakistani achieving 124% of their target (56%, n=72) and achieving 127% of their target for White: Other (14%, n=18).

Implementation



It was anticipated that the project would deliver 12 programmes each year. An overall target of 36 programmes over the contract term. This target was adjusted to 24 programmes, to account for the two years of possible delivery covered by this evaluation.

In Year 1, 10 programmes were delivered (83% of their target) and 12 programmes were delivered in Year 2 (100% of their target).

Overall the project met 92% of its target for Implementation, placing them in **AMBER** for this progression criteria.

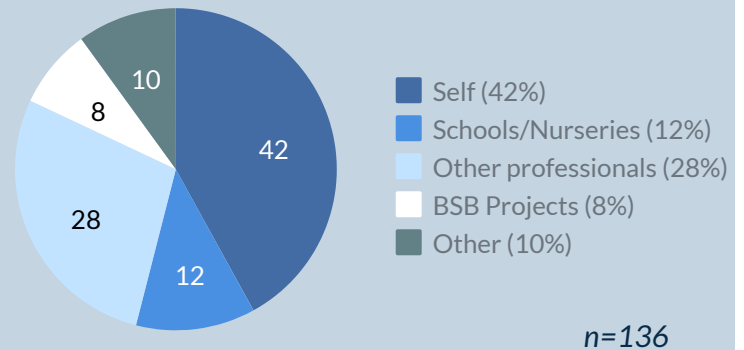
Recruitment and attendance

How many parents and caregivers were referred into the project?

Referrals were recorded for 136 unique parent and caregivers between 1st April 2018 and 30th September 2020. 59 referrals were made in Year 1 and 77 in Year 2.

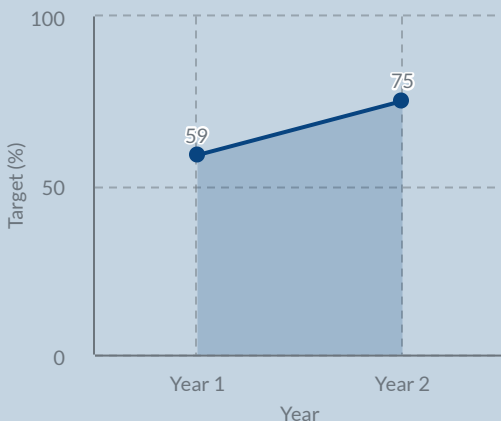
Of those referrals, 42% were self referrals (n=57). The other most common referral sources were other professionals (28%, n=38) and schools and nurseries (12%, n=16). BSB projects accounted for 8% (n=11) of referrals. 10% (n=14) came from other sources, including Health Visitors, Children's Centres and Family Support Centres.

Referral Sources (% of referrals)



How many parents and caregivers went on to enrol?

Enrollees (% of target)



An enrollee was defined as a parent or caregiver who was booked onto a 6 week programme.

It was anticipated that 97 parents and caregivers would be enrolled onto the programme each year of the contract. An overall target of 194 enrollees over two years. In Year 1, 57 unique parents and caregivers were enrolled (59% of the target). In Year 2, 73 unique parents and caregivers were enrolled (75% of the target), meaning that 67% of the overall target was met (n=130). Five of these parents and caregivers enrolled on more than one programme.

96% of referred parents and caregivers went on to enrol on a programme.

How many parents and caregivers participated?

As detailed earlier in the report, 128 unique parents and caregivers participated in a programme, 89% of the target. Participants could have attended sessions across multiple programmes.

99% of enrollees went on to attend at least one programme session.

On average parents and caregivers attended 4 of the 6 programme sessions.

99%

of enrollees go onto attend at least one session

4

Average number of sessions attended by parents and caregivers

Attendance and completion

Did parents and caregivers complete programmes?

To complete a programme, participants had to attend at least 4 of the 6 weekly sessions. It was anticipated that 72 parents and caregivers would complete the programme each year. The overall target for Years 1 and 2 was therefore 144.

Data showed that 97 unique parents and caregivers completed the programme over 2 years (67% of the overall target). In Year 1, the project met 47% of the target (n=34) and in Year 2, the project met 88% of the target (n=63).

Of the 128 participating parents and caregivers, 76% went on to complete the programme.



of target for completion met

of participants completed a programme

How many parents and caregivers attended a registration session?

At the end of the first year of delivery the project introduced a registration session, or week 0, to programmes. This was after it was observed that the need for participants to complete necessary paperwork was taking up too much time of the first weekly session.

This was a particular issue where participants had limited English abilities or low levels of literacy as the programme facilitator was required to provide additional support.

Adding in a week 0 was aimed at ensuring paperwork was completed correctly and to reduce gaps in data collection via pre programme questionnaires.

Of the 73 parents/caregivers enrolled in Year 2, 31 (42%) attended a registration session.

Did children participate in programmes?

As stated earlier in the report, it was agreed as part of service design that the project would explore the feasibility of delivering 6 week programmes that would allow parents and caregivers to include their child in the sessions.

During the first 2 years of the project, 4 programmes were delivered with children attending alongside parents and caregivers. Children attended all 24 sessions of these 6 programmes.

The maximum number of children attending any one session was 7, with a minimum of 1. The average number of children attending a session was 4.

Individual level attendance data was not available for this report.

4

programmes were delivered which included children



Average number of children attending a session

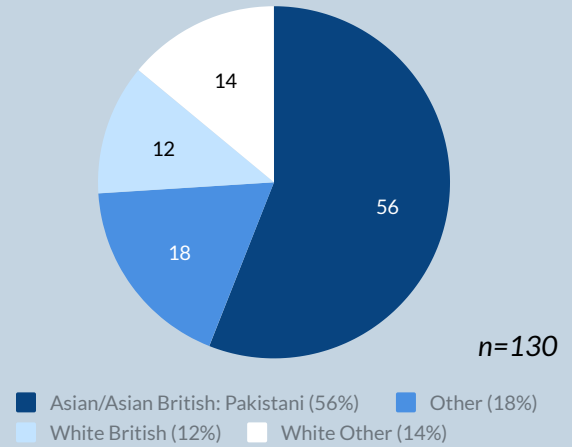
Reach

Who took part in Cooking for a Better Start?

Ethnicity

Of the 130 enrollees, 56% (n=73) are Asian/Asian British: Pakistani. 14% (n=18) are White: Other and 12% (n=15) are White: British. Due to the low numbers in other ethnic categories we have grouped these together and they include Asian/Asian British, Black/African/Caribbean/Black British, Mixed and Not Stated.

Enrollee Ethnicity (%)



Gender

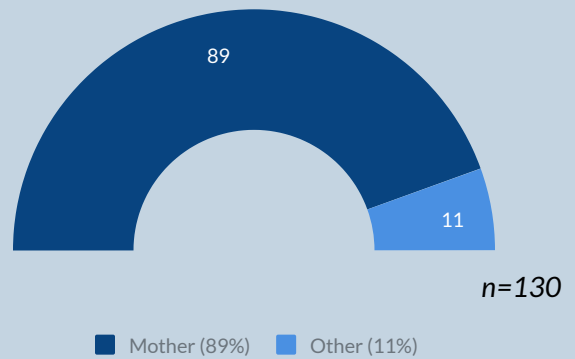


**98%
female**

Over the 2 years enrollees were accepted to Cooking for a Better Start, 98% (n=127) were female.

Relationship

Enrollee Relationship (%)



The majority of parents and caregivers enrolled were mothers (89%, n=116). The rest (11%, n=14) were grandmothers, aunts or fathers.

Implementation

Was Cooking for a Better Start delivered as planned?

It was anticipated that the project would deliver 12 programmes each contract year. A total of 24 programmes over 2 years.

Data showed that 23 programmes were planned and 22 were delivered. This meant that the project achieved 92% of this target.

A fully delivered programme should include all 6 programme sessions. 19 of the 22 programmes were delivered in full.

127 sessions were delivered in total (against 132 if all 22 programmes had been 6 sessions long). The average number of sessions delivered per programme was 5, with a maximum of 7 and a minimum of 3.

Despite this no programmes or sessions were recorded as being cancelled. When this was queried with the project, they reported that they do not cancel sessions. They stated that groups are designed to be delivered to 6 participants and where groups are smaller than 4 it is no longer deemed viable. Where this is the case, participants are signposted to the next available programme and supported to attend.

The average group size at a session was 4 with a minimum of 1 and a maximum of 8.

22 programmes delivered

19 programmes delivered in full

5

Average number of sessions per programme

4

Average group size (adults) per session

Parent and caregiver outcomes

Parents and caregivers are asked to complete pre programme questions relating to activities they have previously engaged in, and family cooking and mealtime behaviours before taking part in the project. They are asked similar questions at the end of the programme.

Engagement questions:

Of 130 enrollees, only 61 (47%) were recorded as having completed this question before the programme. Of these around half had not previously attended any type of provision for parents and caregivers. 10 had previously attended the HENRY programme.

43 participants responded to the post programme questions and of these 28 (65%) indicated they had already made plans to attend another project or other type of provision for parents and caregivers.

Pre and post programme specific questions:

Of 130 enrollees, 60 (46%) were recorded as having completed a pre-programme questionnaire. 48 were recorded as having completed a post-programme questionnaire. Of these 33 had completed both questionnaires.

Completion of project outcome measures is very low and there is currently insufficient responses to allow for meaningful analysis.

< 50%
of
parents/caregivers
completed
pre and post
measures



Satisfaction

What did parents/caregivers say about the support they received?



77 parents and caregivers completed and returned satisfaction questionnaires. This is 60% of participants completing the satisfaction questionnaire.

100% of respondents had a median score of 4 or more

100% of respondents agreed or strongly agreed that the project was helpful to them
n=77

100% of respondents agreed or strongly agreed that they were satisfied with the support they received
n=77

100% of respondents agreed or strongly agreed that the project gave them useful information
n=77

97% of respondents agreed or strongly agreed that the project was easy to access
n=76

100% of respondents agreed or strongly agreed that they would recommend the project to family or friends
n=76

100% of respondents were happy with the project overall
n=76

"Thank you so much for a wonderful cooking programme, that not only educates you but is real fun and lets you try out new recipes at home."

"Can we get more sessions as I really learned a lot and it has changed my life"

"This programme is very helpful especially for a mother who is preparing food for family and kids its gave me a guide and good portion of food. I am very glad in this programme that Im having more confident and idea about healthy lifestyle of cooking."

Appendix - Progression Criteria Cutoffs



For more information on how progression criteria and associated cut-offs have been developed please see Bryant, et al., 2019 Use of progression criteria to support monitoring and commissioning decision making of public health services: lessons from Better Start Bradford. BMC Public Health