



# Better Start Bradford Innovation Hub

## Cooking for a Better Start

### Final Report

### December 2023

*This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for Better Start Bradford and Cooking for a Better Start.*

*The document provides an overview of Cooking for a Better Start performance and findings from the implementation evaluation including an interpretation of these findings by 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.*

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Produced for Better Start Bradford



# Executive Summary

## Project Background

Child obesity rates within the BSB area exceed the average across Bradford and nationally and present a risk of high levels of adult obesity and associated health implications. A lack of cooking skills or confidence in cooking may act as a barrier to consuming a healthy diet by encouraging a dependence on pre-prepared foods such as ready-meals and takeaways and frequent consumption of these foods has been associated with poorer dietary quality and obesity.

Cooking for a Better Start began delivery in 2018 and 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 0-4 years. Sessions are aimed at building parents' and caregivers' knowledge and skills around healthy eating, and pincluding appropriate portion sizes, making healthy swaps, safe food preparation. The overall aim of the project is to increase confidence in preparing home-cooked healthy meals. It was also anticipated that Cooking for a Better Start may act as a gateway into other projects for previously 'unengaged' families, i.e. those who have not accessed local family provision before.

The current report provides a summary of the evaluation completed for Cooking for a Better Start from the start of delivery in April 2018 to October 2023.

## Evaluation Aims

As a newly designed project, the Innovation Hub identified Cooking for a Better Start as suitable for Implementation evaluation. The main aim of this evaluation was to provide a clear picture of project delivery, implementation, fidelity, reach and engagement in the Better Start Bradford area. This was to determine whether the project logic model could be demonstrated in action. The evaluation also sought to establish acceptability of the project to families.

With the adaptation of the project at the end of the first contract period, plans for evaluation were updated to explore the acceptability of an online offer and looked to establish the take up of practitioner training.

Data from pre and post questionnaires is also presented in this report, and trends in responses have been described.

## Key Findings

### Recruitment



#### 278 parents/caregivers

Recruitment related to the number parents and caregivers attending at least one session of a programme. It was anticipated that 482 families would be recruited over the lifetime of the project. The project actually recruited 278 (57%).

### Implementation



#### 48 programmes delivered

The project aimed to deliver 56 face to face and 92 online programmes over the life of the project. It was difficult to identify online programmes in the data so this is not reported. The project recorded 48 face to face programmes. This is 86% of anticipated face to face and 36% of the overall anticipated number of programmes

### Reach



The project aimed to engage a representative number of parents and caregivers from three main ethnic groups in the BSB area. Overall the project was slightly over representative of those from an Asian or Asian British Pakistani background and under representative of both White British and White Other backgrounds

# Executive Summary

## Key Findings

Findings from this evaluation suggest that there are elements of Cooking for a Better Start that can be successfully implemented in the Better Start Bradford area. Specifically:

- The project have successfully implemented the face to face element of the project, delivering 87% of planned programmes and recruiting parents and caregivers onto those programmes
- High completion rates suggest that the programmes are engaging and valued by participants
- Levels of satisfaction with the project are high, with 100% of those who responded reporting that they found Cooking for a Better Start helpful

The online element of the project was not successfully implemented due to low take-up, suggesting there is not an appetite for this kind of offer in the Better Start Bradford area.

Trends in pre and post questionnaire data suggest that parents and caregivers are feeling more confident in some areas of food preparation at the end of the programme and observing changes in their family diet and eating behaviours.

However, data from the pre questionnaires also suggests that the parents and caregivers taking part in the course already have relatively high levels of confidence in cooking and a measure of confidence in preparing healthy meals is not currently included in the questionnaires, which may be beneficial for understanding more about the benefits of the project.

## Recommendations

### Recommendations for practice

The core offer of Cooking for a Better Start has been successfully implemented and demonstrates a continued appetite for this kind of Cook and Eat intervention amongst parents and caregivers of young children in the area.

The project have also demonstrated that delivery of programmes to caregivers with children also in attendance is both practical and acceptable and is a model that could be taken forward.

Should delivery of the project continue, further work should be undertaken to improve the reach of the programme, particularly engaging those of White British and White Other backgrounds.

Clearly defining the target workforce for CFABs training and collecting relevant data would allow the project to better understand if they are reaching the right practitioners to promote sustainability.

### Recommendations for evaluation

Implementation of the face to face element of the Cook and Eat project has been successful, demonstrating the project logic model in action.

The project is now in a good position for further evaluation but some further work is needed:

- improving rates of pre and post questionnaire completion will support a before and after evaluation
- implementing validated measures will improve the quality of a before and after evaluation
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Understanding whether practitioners who have been trained as CFABs facilitators go on to successfully deliver programmes and with what level of consistency would offer additional insight into the sustainability of the model.

## Project background

### About Cooking for a Better Start

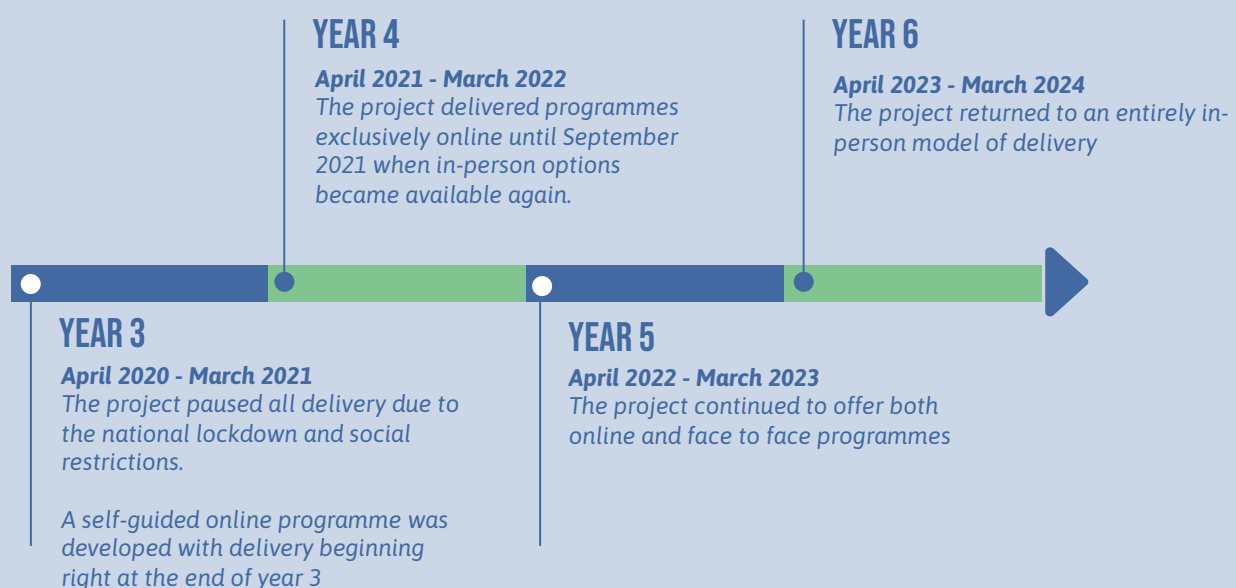
Rates of childhood overweight and obesity in the Better Start Bradford area are greater than in other parts of the district. Research suggests that 70% of obese children go on to be obese adults, with associated health risk. A lack of cooking skills or confidence in cooking may act as a barrier to consuming a healthy diet by encouraging a dependence on pre-prepared foods such as ready-meals and takeaways and frequent consumption of these foods has been associated with poorer dietary quality and obesity. Providing practical support to families, including the provision of 'Cook and Eat' sessions, is one of the recommendations to promote child nutrition.

Cooking for a Better Start began delivery in 2018 and 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 0-4 years. Sessions are aimed at building parents' and caregivers' knowledge and skills around healthy eating, and pincluding appropriate portion sizes, making healthy swaps, safe food preparation. The overall aim of the project is to increase confidence in preparing home-cooked healthy meals. During initial service design of the project it was also identified that Cooking for a Better Start has the potential to act as a gateway into other projects for previously 'unengaged' families, i.e. those who have not accessed local family provision before. 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. Since delivery began, the project also developed an online offer in response to social restrictions during the COVID-19 pandemic.

The current report provides a summary of the evaluation completed for Cooking for a Better Start from the start of delivery in April 2018 to October 2023.

### The Impact of COVID-19

Cooking for a Better Start paused all delivery in response to COVID-19 at the start of the third contract year. A self guided online offer was developed during that year and began delivery in 2021. In person delivery did not recommence until September 2021 (half way through Year 4). Following this, the project continued to offer a mixture of online and in-person courses with the online offer stopped in Year 6 because of low take up.



# Evaluation

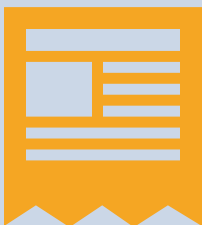
## Aims of the evaluation

As a newly designed project, the Innovation Hub identified Cooking for a Better Start as suitable for Implementation evaluation only, when the project first began. The main aim of this evaluation was to provide a clear picture of project delivery, implementation, fidelity, reach and engagement in the Better Start Bradford area. This was to determine whether the project logic model could be demonstrated in action. The evaluation also sought to establish acceptability of the project to families.

With the adaptation of the project at the end of the first contract period, plans for evaluation were updated to explore the acceptability of the online offer. The evaluation of the second contract also looked to establish the take up of practitioner training, and later use of that training by practitioners. However, it should be noted that the data relating to training was limited and so only numbers of trainees is reported.

While it is acknowledged that pre and post measures are routinely collected by the project, and included in data requirements it should be noted that these measures are yet to be validated. In the first commission the proportion of participants completing measures was relatively low and this has remained the case in the second commission. For this reason a full Before and After evaluation has not been undertaken. However, data from the questionnaires is presented in this report, and trends in responses have been described.

## Data quality



For the most part, data for this project has been provided in line with agreed timelines and has been of good quality.

However, there are some issues relating to the online element of the programme and how this has been recorded which has made data difficult to interpret. Similarly, changes to how data has been entered onto SystmOne have also meant it has been difficult to identify where programmes have been delivered with both caregivers and children attending.

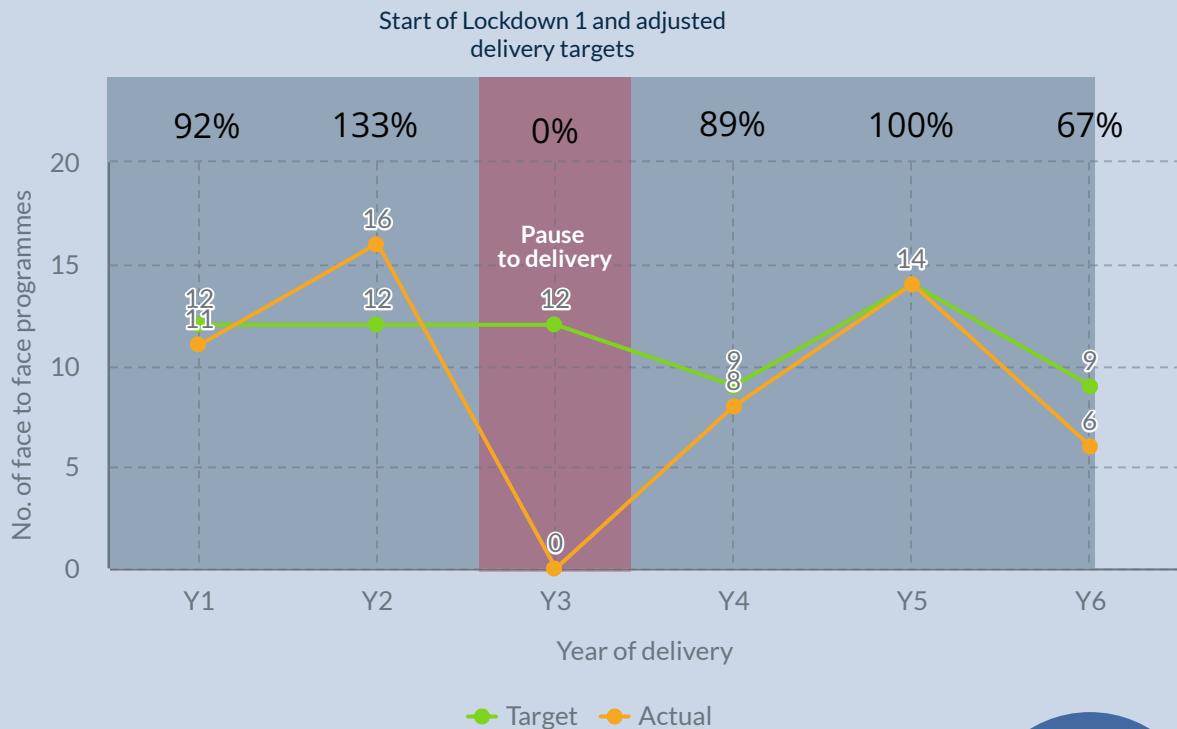
In addition, no data relating to the recent training delivered to practitioners was shared beyond the number of participants which has meant this has not been possible to include in the evaluation.

For this reason the overall rating of data is **AMBER**

# Evaluation Findings

## Implementation Evaluation

### Was the project delivered as planned?



### How many programmes were delivered?

When the project was first service designed the intention was that Cooking for a Better start would be a purely face to face group programme delivered in local community venues that could facilitate cooking and an opportunity for the group to eat together.

During the first contract and delivery period it was anticipated that the project would deliver 12 programmes and year, each consisting of 6 sessions. However, at end of Year 2, beginning of Year 3, the COVID-19 pandemic and the associated social restrictions meant delivery had to be paused with face to face group activities no longer being an option. This meant there was no delivery for the whole of Year 3. The working anticipated figure for the first contract period is therefore 24 programmes and this was exceeded (with 27 programmes recorded as delivered) given the project over performing in Year 2.

Towards the end of Year 3, a self guided online offer was finalised which began delivery in Year 4. It was anticipated that 64 online programmes would be delivered in Year 4 (i.e. that 64 people would take part in an online programme), rising to 84 in Year 5. However, the online offer did not attract as many people as anticipated and so the offer was stopped at the end of Year 5. It has not been possible for us to distinguish between parents and caregivers who enrolled onto online vs face to face programmes so we are not able to report on how many online programmes were actually 'delivered' in this report. Instead we have presented performance in relation to face to face programmes only.

48

face to face  
programmes  
delivered

87%

of anticipated  
face to face  
programmes  
delivered

# Evaluation Findings

## Implementation Evaluation

### *How many programmes were delivered that facilitated the involvement of children?*

As part of the original service design it was agreed that the project would explore the feasibility of delivering 6 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.

While this element of the project has continued into the second contract, it has been difficult to identify these programmes within the data. We are working with the project to fix these data issues and the report will be amended once this has been done.



**programmes  
were delivered  
with children  
attending**

### *Where were programmes delivered?*

The project recorded that face to face programmes has been delivered in 14 different community venues across the Better Start Bradford area, including Children Centres, community centres, primary schools, and nurseries.



### *How many programmes were delivered in full?*



**programmes  
delivered in full**

A fully delivered programme should include all 6 programme sessions. Of the 48 programmes recorded as being delivered, 41 were delivered in full (85%). This means that all 6 sessions had some attendance recorded.

278 sessions were delivered in total (against 288 if all 48 programmes had been 6 sessions long). The average number of sessions delivered per programme was 5.

Despite this no programmes and only 8 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 5 with a minimum of 1 and a maximum of 14.



**of programmes  
delivered in full**



**sessions were  
delivered on  
average per  
programme**



**5 people  
attended each  
session on  
average**

# Evaluation Findings

## Implementation Evaluation

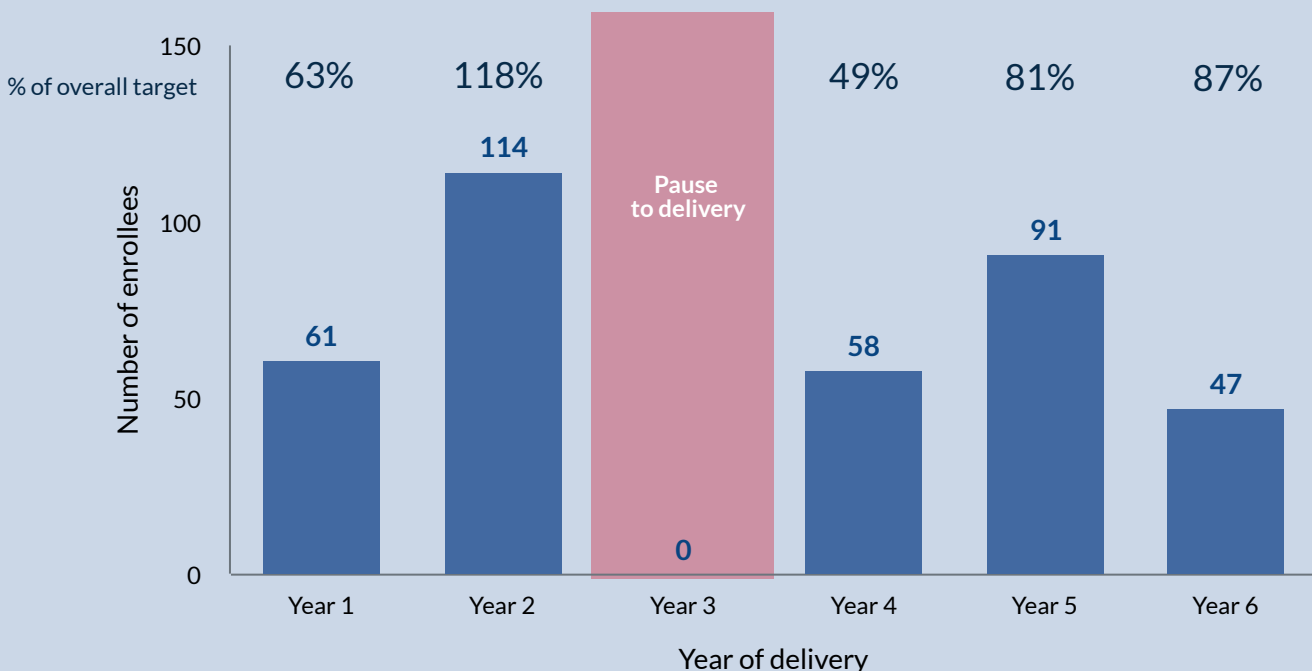
### *Were anticipated numbers of families recruited to the project?*

#### *How many parents and caregivers enrolled onto the project?*

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 project in Year 1 and 72 in Years 2 and 3. This gave an overall target of 241 enrollees but this has been adjusted to 169 given that COVID-19 prevented delivery for all of Year 3. The project exceeded their targets in the first contract as they over performed in Year 2.

With the introduction of an online offer in Year 4, and only partial delivery of face to face programmes possible in that year, anticipated figures in the second contract were as follows; 118 in Year 4 (54 in face to face and 64 online), 112 in Year 5 (84 face to face and 28 online), and 108 in Year 6 (all face to face and adjusted to 54 to account for only 6 months of delivery so far). The project enrolled 58 parents and caregivers in Year 4 (58% of the overall target). In Year 5, 91 parents and caregivers were recorded as having been enrolled (81% of the target). In Year 6 so far, 47 parents and caregivers were recorded as having been enrolled.

82% of the overall anticipated number of enrollees was achieved, discounting Year 3 where no delivery was possible (n=371 of 453).



**371**

parents and caregivers  
enrolled onto a  
programme

**82%**

of the anticipated  
number of parents and  
caregivers were enrolled



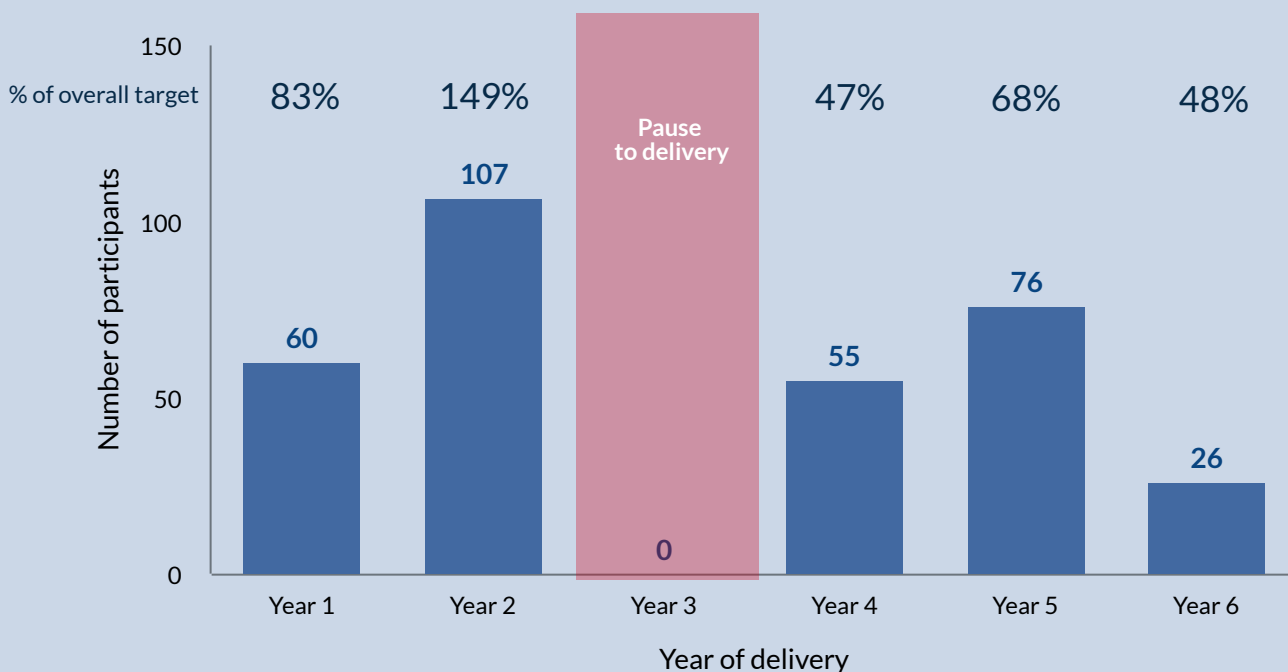
# Evaluation Findings

## Implementation Evaluation

### *How many parents and caregivers took part in the project?*

A participant was defined as a parent or caregiver who attended at least 1 session of a programme. It was anticipated that 72 parents and caregivers would participate in the project in Years 1, 2 and 3. However, given the pause in delivery due to COVID-19, the overall target for this contract period was adjusted to 144. The project exceeded this target due to overperforming in Year 2.

In the second contract targets for participation were increased to account for the combination of an in-person and online offer. It was anticipated in Year 4 that 118 people would take part (54 in face to face and 64 online), 112 in Year 5 (84 face to face and 28 online), and 108 in Year 6 (all face to face and adjusted to 54 to account for only 6 months of delivery so far). It is not possible from the data to determine which parents and caregivers attended in person or online so numbers have been collated. In Year 4 55 people took part (47% of the overall target). In Year 5, 76 parents and caregivers were recorded as taking part (68% of the target). In Year 6 so far, 26 parents and caregivers were recorded as taking part. (48% of the target)



**278**

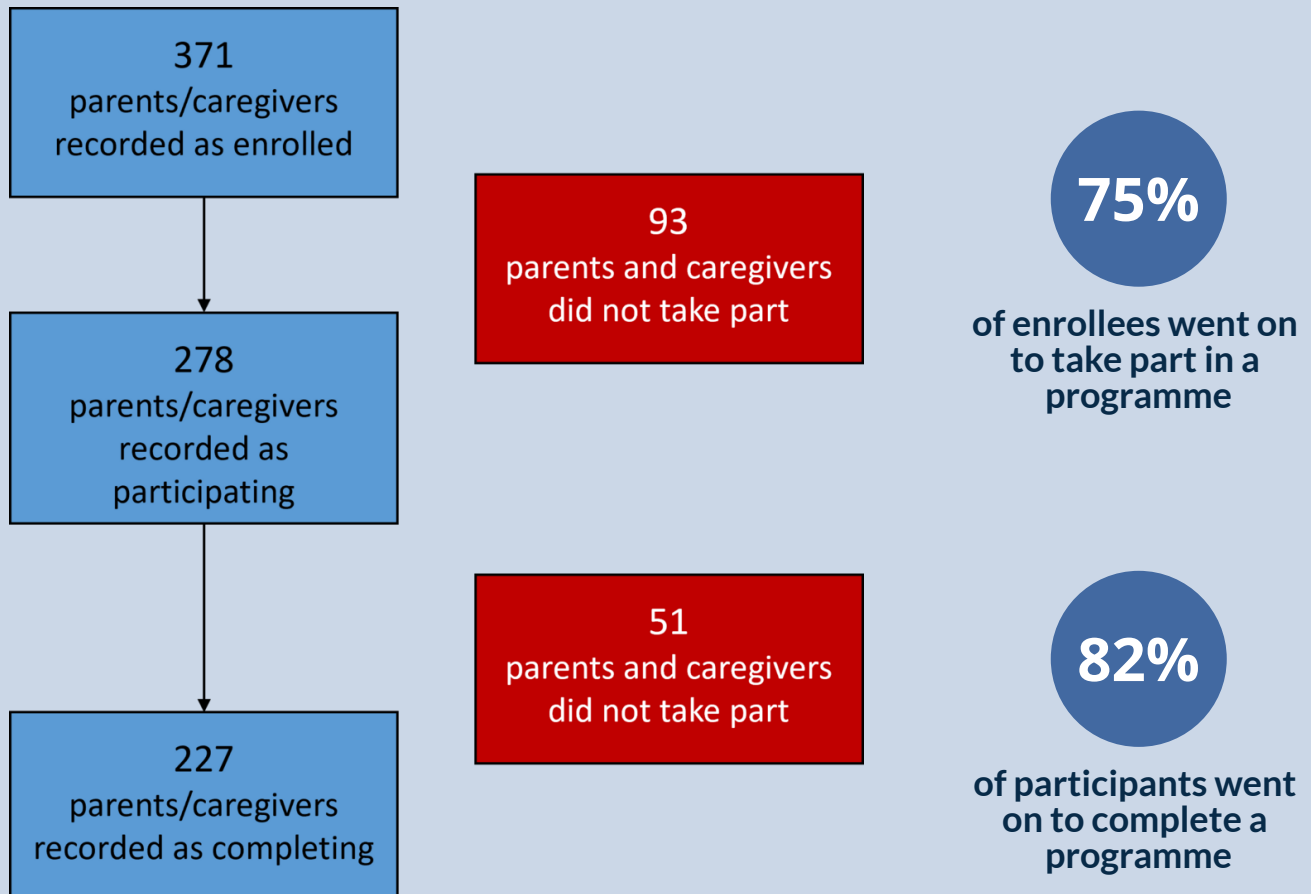
parents and caregivers  
took part in a  
programme

**65%**

of the anticipated  
number of parents and  
caregivers participated

It should be noted that anticipated numbers of participants for the second contract of Cooking for a Better Start were based on 100% of those that enrolled going on to take part. This is a higher proportion than we see across most other Better Start Bradford projects.

## Participant Flow Diagram



### *How many parents and caregivers completed a programme?*

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 in the first contract. Accounting for the pause in delivery the overall target for Years 1 and 2 was therefore 144.

Data showed that 110 unique parents and caregivers completed the programme over 2 years (76% of the target). In Year 1, the project met 56% of the target (n=40) and in Year 2, the project met 97% of the target (n=70). Of the 167 participating parents and caregivers in this contract, 65% went on to complete the programme.

It was anticipated that 118 parents and caregivers would complete the programme in Year 4, 112 in Year 5, and 54 in Year 6 so far. A total of 284. In Year 4 44 people completed a programme (37% of the target), in Year 5 this increased to 49 (44% of the target), and in Year 6 18 people have completed so far (33% of the target). However, rates of completion have been promising over the life of the project with 80% of participants completing in Year 4, 65% in Year 5, and 78% in Year 6.

It should be noted that anticipated numbers of completers for the second contract of Cooking for a Better Start were based on 100% of those that participated going on to complete. This is a higher proportion than we see across most other Better Start Bradford projects.

# Evaluation Findings

## Implementation Evaluation

### Who were the parents and caregivers that took part in the project?



of participants  
were women

#### Gender and Relationship to Child

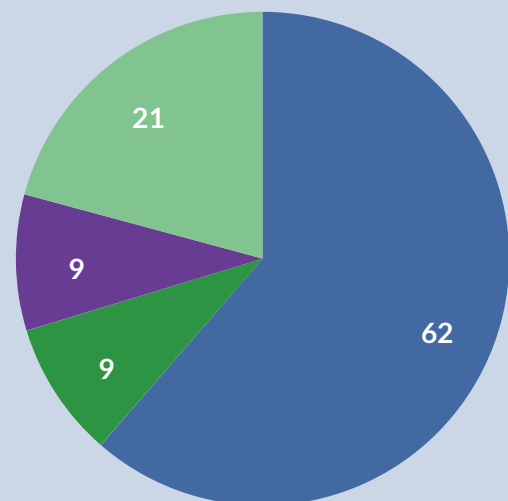
89% of participants were women and the vast majority of those were mothers. The remainder were made up of dads, and grandparents. 6% of participants were listed as having either an other or unknown relationship to the registered child.

#### Ethnicity

As previously stated, the project aimed to engage a representative number of parents and caregivers from three main ethnic groups in the BSB area. Ethnicity data was recorded for 265 of the 278 participants.

62% of parents and caregivers who participated in Cooking for a Better Start were from an Asian or Asian British Pakistani background, slightly higher than the general population. Those of a White British or White Other background accounted for 9% of participants, slightly under representative of the general population.

20% came from other backgrounds.



■ Asian/Asian British: Pakistani  
■ White: British  
■ White: Other  
■ All Others

### Were sufficient numbers of practitioners trained in Cooking for a Better Start?

The project aimed to train practitioners from voluntary and community, and early years organisations to become CFABS facilitators in order to promote sustainability of the programme. It was anticipated that the project would train 3 practitioners in Year 4, 4 in Year 5 and 5 in Year 6. The project actually trained 7 practitioners in Year 4 with no training taking place in Year 5. The training for Year 6 had not yet taken place at the time of reporting. Although the project did collect some data on roles of those accessing the data, consent for sharing data was not sought, and given the small numbers of participants and the risk of reidentification, this information is not presented here. It is worth considering how the target workforce could be better defined moving forward to allow the project to have a better understanding of whether they are reaching the right people/organisations.



practitioners  
trained

# Evaluation Findings

## Pre and Post Questionnaires

Questionnaire data was reviewed for parents and caregivers who completed both a pre and post Cooking for a Better Start programme questionnaire and who consented to share data with Better Start Bradford (n=125). It should be noted that this only represents 45% of those who were recorded as participating in a programme.

Questionnaires included questions around family mealtimes, confidence in different areas of food preparation and cooking, and diet. It should be noted that the measures included in these questionnaires were developed by HENRY and have yet to be validated. This means that we cannot be sure that they measure what they are intended to measure. In addition the relatively small sample of questionnaires makes it inappropriate to do any analysis of the data at this time.

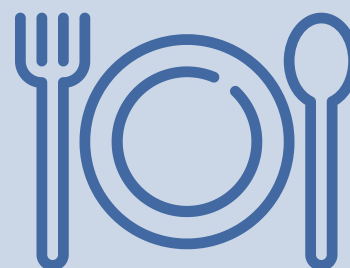
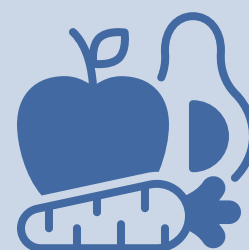
However, we have presented trends in the current data as an indication of what changes were observed by the end of the project. Findings presented here should not be taken as an indication of the effectiveness of Cooking for a Better Start.

### Family mealtimes and diet

Parents and caregivers were asked six questions relating to family mealtimes. Scores suggest that a larger proportion of families were sitting down together for a meal often or very often at the end of the programme (76% before vs 84% after). There was also a small reduction in the proportion of families who reported regularly having the tv on during meals (38% before and 27% after).

Fewer parents and caregivers reported having the tv on at mealtimes often or very often (38% before vs 27% after) with a larger proportion saying they did this never or hardly ever (19% before vs 28% after).

Parents and caregivers were also asked about their family's diet. A larger proportion of parents and caregivers reported eating 5 or more portions of fruits and vegetables each day (10% before and 26% after). Improvements in fruit and vegetable and water consumption were also reported for children. More children were reported as eating 5 or more portions a day at the end of the programme (13% before vs 32% after) and the proportion drinking water frequently nearly doubled (24% before vs 46% after).



### Confidence

Parents and caregivers answered questions relating to their confidence in 7 areas of food preparation and cooking. They rated their confidence from 1 indicating the lowest level of confidence to 10 which indicates the highest level of confidence.

The areas included the ability to follow a recipe, to peel and chop fruit and vegetables, to cook using an oven, to cook using a hob, to prepare and store food safely, to prepare healthy desserts, and to plan for food shopping. Median scores for each area are shown below. Scores from the pre-programme questionnaire (before) suggest on the whole participants reported high levels of confidence in most areas, with the exception of preparing healthy desserts. For the purpose of this report participants were categorised as having a low level of confidence (1-4), a mid-level of confidence (5-6) or a high level of confidence (7-10) in each area.

	Follow a recipe	Peel & chop fruit & veg	Cook on a hob	Cook in an oven	Make healthy desserts	Prepare & store food safely	Plan for food shopping
Before	6	9	8	7	5	7	6
After	8	9	9	9	6	8	8

# Evaluation Findings

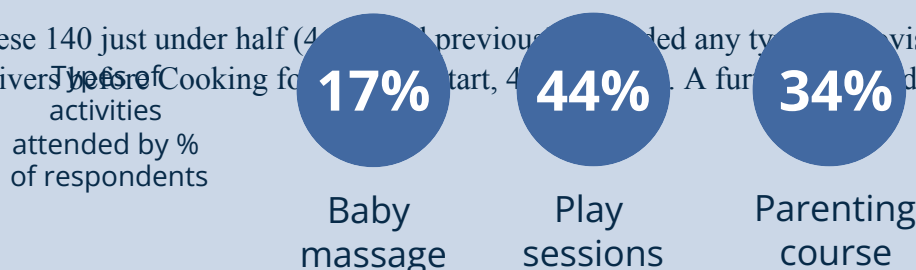
## Before and After Evaluation

### Engagement

During the initial service design of the project it was anticipated that Cooking for a Better Start might act as a gateway activity for the BSB programme. This was based on the existing popularity of other Cook and Eat activities locally. It was expected that parents and caregivers would attend Cooking for a Better Start and then feel more positive and confident in attending other projects that might be available to them. For this reason a questionnaire relating to previous engagement with activities was given to parents and caregivers at the start of a programme, and a further questionnaire about their intentions was given at the end. Questionnaires aimed to provide an indication of engagement with the programme but findings should be interpreted carefully.

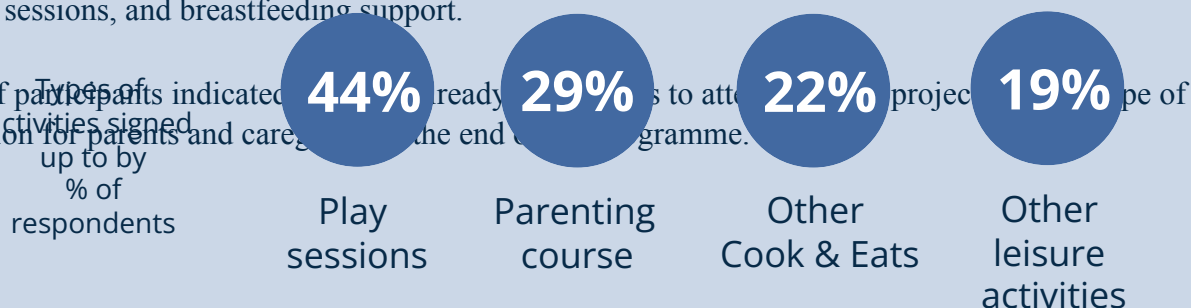
140 participants have completed engagement questionnaires at the start and end of the programme.

Of these 140 just under half (44%) had previously attended any type of provision for parents and caregivers. Types of activities attended by % of respondents



The majority of participants had attended more than one type of activity prior to taking part in Cooking for a Better Start. Most commonly attended were play sessions (like Stay and Play, 44%), parenting courses (44%), and baby massage (17%). Other types of activities included adult education sessions, advice sessions, and breastfeeding support.

66% of participants indicated they were already signed up to attend other projects at the end of the programme. Types of activities signed up to by % of respondents



# Evaluation Findings

## Satisfaction



Over the course of the project 136 parents and caregivers responded to the satisfaction survey - this is 49% of participating families.

**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

**100%** of respondents agreed or strongly agreed that they were satisfied with the support they received

**99%** of respondents agreed or strongly agreed that the project gave them useful information

**96%** of respondents agreed or strongly agreed that the project was easy to access

**99%** of respondents agreed or strongly agreed that they would recommend the project to family or friends

**99%** of respondents were happy with the project overall

*This programme has given me confidence to try new foods and healthy habits for myself and my daughters, I feel motivated to keep trying and mealtimes are not as stressful as they were before*

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

*The course was an absolute pleasure to take part in. Thoroughly enjoyed the group work and learning about the different food groups and especially enjoyed cooking the recipes and trying new foods*

*Further classes would be nice. Ideas for healthy lunches for work or healthy packed lunches for children*

*Enjoyed the course, learning to cook healthier meals but sometimes would be confusing with too much going on*

# Evaluation Findings

## Conclusions

While the project has experienced challenges in its current contract in meeting progression criteria targets, findings from this evaluation suggest that there are elements of Cooking for a Better Start that can be successfully implemented in the Better Start Bradford area. Specifically:

- The project have successfully implemented the face to face element of the project, delivering 87% of planned programmes and recruiting parents and caregivers onto those programmes
- Although the project has not met the targets for participation and completion in the current contract, the rate of transition from enrollee to participant is relatively high at 75% and completion rates are higher than we see across many other projects at 82%,.
- High completion rates suggest that the programmes are engaging and valued by participants

The online element of the project was not successfully implemented due to low take-up, suggesting there is not an appetite for this kind of offer in the Better Start Bradford area.

Levels of satisfaction with the project are high, with 100% of those who responded reporting that they found Cooking for a Better Start helpful

Trends in pre and post questionnaire data suggest that parents and caregivers are feeling more confident in some areas of food preparation at the end of the programme and observing changes in their family diet and eating behaviours.

However, data from the pre questionnaires also suggests that the parents and caregivers taking part in the course already have relatively high levels of confidence in cooking and a measure of confidence in preparing healthy meals is not currently included in the questionnaires, which may be beneficial

Just under half of the parents and caregivers who participated in Cooking for a Better Start had previously taken part in some kind of provision for families before accessing the project, with a third of these attending a parenting course. Around two thirds planned to attend something else after participating in the programme, but the majority were intending to engage in play sessions and further Cook and Eat programmes. This might suggest that the project is not acting as a gateway into the programme as anticipated.

# Evidence for Cooking for a Better Start

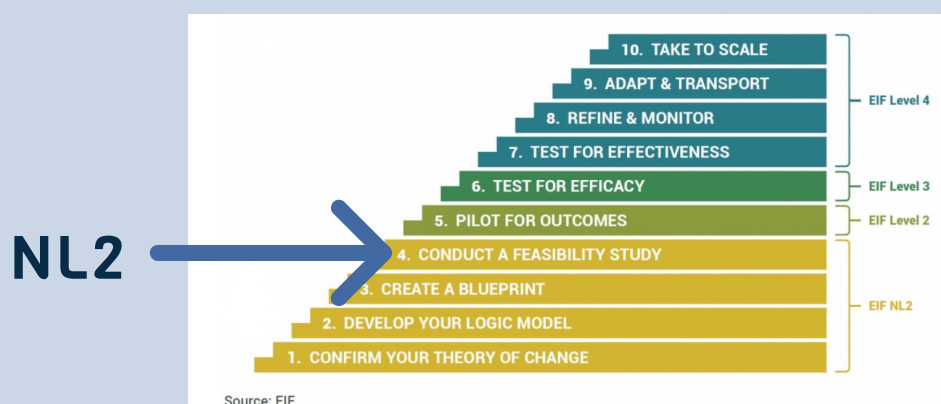
## Evidence Review and Rating

During the development of this project BSBIH conducted an evidence review of cooking skills interventions, particularly looking for interventions aimed at the parents of young children. BSBIH concluded that very few high-quality evaluations had been conducted of programmes aimed at up-skilling families in relation to cooking and food preparation. Of those considered, results suggested that programmes had the potential to improve family dietary behaviours, and may also impact on body mass. As a result programmes to promote cooking skills were given an evidence rating of 2 (formative) according to the Early Intervention Foundation evidence ratings.

However, while there was formative evidence for cooking skills programmes generally, only a very small number targeted families of very young children and none of those specifically referred to using the 'Cook and Eat' model. It was identified that there was a need for well-designed studies that include robust long term evaluation of the impact of cooking skills programmes, particularly in relation to the meal time behaviour, dietary intake, and weight outcomes of pre-school age children.

As a newly designed project Cooking for a Better Start was originally given rating of NL2. This means that the project had not yet been evaluated and that there was no direct evidence about the scale of impact of the programme at a "preliminary" level (see <http://www.eif.org.uk/eif-evidence-standards/>). This highlighted the need for some foundational work to understand the programme. While trends in the post intervention questionnaire data have been described in this report, the use on non-validated measures means it is not yet possible to say there is preliminary evidence of improving a child outcome. The project therefore remains at a NL2 level. However, should appropriate validated measures be identified and adopted, then the project is now ready for a Before and After evaluation that has the potential to move it to Level 2.

A recent update to the evidence review for cooking skills interventions found that there are still relatively few evaluations of interventions aimed at the parents of young children. A before and after study published in 2020 in the British Medical Journal examined the effects of a programme similar in design to Cooking for a Better Start, on family food choices and behaviours. The study suggested some improvements with decreases in take-away and ready meal consumption reported, as well as increases in in consumption of fruit and veg and reductions in snacking and sugary drink consumption.



Ref: Community-based cooking programme 'Eat Better Feel Better' can improve child and family eating behaviours in low socioeconomic groups | *Journal of Epidemiology & Community Health* (bmj.com)



# Recommendations

## Recommendations for Practice

The core offer of Cooking for a Better Start has been successfully implemented and demonstrates a continued appetite for this kind of Cook and Eat intervention amongst parents and caregivers of young children in the area.

The project have also demonstrated that delivery of programmes to caregivers with children also in attendance is practical and acceptable and is a model that could be taken forward.

Should delivery of the project continue, further work should be undertaken to improve the reach of the programme, particularly engaging those of White British and White Other backgrounds.

Clearly defining the target workforce for CFABs training and collecting relevant data would allow the project to better understand if they are reaching the right people and organisations to promote sustainability.

## Recommendations for Evaluation

Implementation of the face to face element of the Cook and Eat project has been successful, demonstrating the project logic model in action.

The project is now in a good position for further evaluation but some further work would be needed to support this:

- improving rates of pre and post questionnaire completion will support a before and after evaluation
- implementing validated measures will improve the quality of a before and after evaluation

Understanding whether practitioners who have been trained as CFABS facilitators go on to successfully deliver programmes and with what level of consistency would offer additional insight into the sustainability of the model.



## 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