

# Better Start Bradford Innovation Hub

## End of contract report - HENRY May 2018

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

*The document provides an overview of the HENRY project's performance and findings from the implementation and 'before and after' evaluations 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.*

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### Approved by:

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### Project overview

HENRY is a universal project within the ‘Eat, Live, Love’ theme of Better Start Bradford, with the ultimate aim of reducing the number of children in the Better Start Bradford area who are overweight or obese.

A central component of the project is a programme of group and 1:1 sessions targeting families with young children (HENRY: Healthy Families Right from the Start). Programmes are delivered across 8 weekly sessions by trained facilitators and aim to support parents to provide a healthy family lifestyle at home. During the period covered by this evaluation, HENRY was delivered by Children’s Centres as part of their contractual core offer to families, as well as being offered by a number of schools and voluntary and community sector organisations in the area.

This document reflects the BSBiH’s implementation and before and after evaluations of HENRY, based upon the data provided by the project provider which covers the first two years of delivery (Jan 16 to Dec 17). Data has also been extracted from the e-start (Children’s Centre) database for the same time period.

### Project performance summary

- Progression Criteria selected for this project were reach, recruitment and implementation
- The project aimed to engage a representative number of families from three main ethnic groups in the Better Start Bradford area. HENRY met the target for Asian: Pakistani (102%) and White: British (118%) parents and caregivers placing them in GREEN for these groups. The project did not reach the target for families who identify as White: Other (64%) placing them in RED for this group.
- It was anticipated that HENRY would enrol 344 families onto group programmes and 50 families onto 1:1 programmes. Fewer families were recruited onto the programme than anticipated. 66.9% of the anticipated figure for groups (230 families) and 48% for 1:1 (24 families). This places the project in RED for this progression criteria.
- It was anticipated that 40 group programmes would be delivered across a range of settings. Fewer group programmes were delivered than anticipated. 38 programmes were scheduled, and 30 were delivered, representing 75% of the anticipated figure. This places the project in RED for this progression criteria..

### Other key findings

- 100% of the parents and caregivers who completed HENRY programme questionnaires rated the programme as good or great
- Findings from programme questionnaires and interviews with parents suggest families are making some positive lifestyle changes after taking part, in relation to mealtime behaviour, diet and physical activity
- Facilitators feel positive about the project and enjoy delivering it
- Families report having positive experiences of the programme and would recommend it to other parents
- HENRY have been working hard to adapt to the changing Bradford context and have developed good relationships with delivery settings

### Data quality

In addition to data provided by HENRY, the current evaluation used data from e-start to inform examination of project delivery and implementation. Data quality was poor and there has been an inconsistent approach by facilitators to recording of programmes. In addition, no individual level demographic or attendance data, which allows examination of project delivery, was available for programmes delivered outside of a Children Centre setting, where e-start was not being used.

#### Recommendation 1 - Improve quality of the data

A consistent approach to data recording should be established amongst programme facilitators to ensure robust monitoring data is available for evaluation.

A common recording system should also be found for all settings (if possible) to support accurate evaluation of the project.

#### Recommendation 2 - Continue to adapt

HENRY have been exploring alternative delivery models in response to the changing context. In line with their own recent report, the project should consider increasing delivery of programmes outside of Children Centres.

Recruitment targets should be revised to reflect current understanding of project delivery (i.e. average group size).

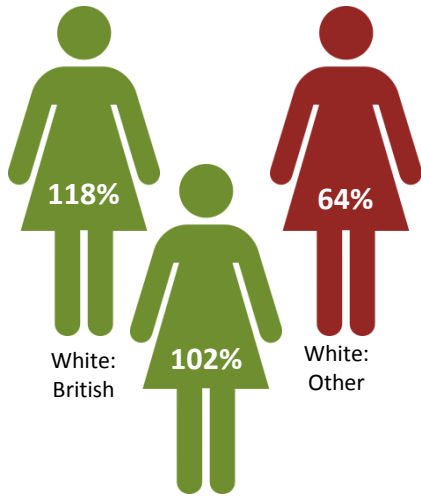
#### Recommendation 3 - Increase representation

Further work should explore why families that identify as White Other are less represented within the project and why fathers are not accessing HENRY.

Consideration of potential delivery venues that engage these groups could help to increase representation moving forward.

# End of contract report – Project Performance & Progression Criteria

## Reach - What proportion of the target group were recruited to the project?



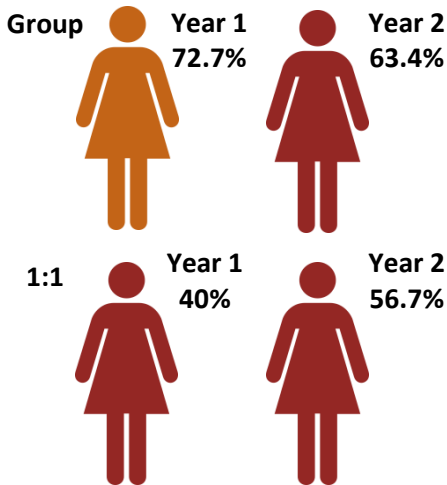
Asian/Asian British: Pakistani

Information about ethnicity was only available for those parents and caregivers who accessed a HENRY programme via a Children Centre and so whose data was extracted from estart (203 families).

The target for HENRY was to engage with families from a representative sample of ethnic groups in the Better Start Bradford community. The figure above indicates how the proportion of parents and caregivers who attended at least one session of HENRY compares to the ethnic mix of the Better Start Bradford population.

Based on our understanding of the Better Start Bradford community targets for reach were 55% Asian/Asian British: Pakistani, White: British 15%, White: Other 10%, Other 20%. HENRY met the target for Asian: Pakistani (102%) and White: British 118%) parents and caregivers, but did not reach the target for families who identify as White: Other (64%).

## Recruitment - How many families were enrolled on a HENRY programme?



For the purposes of this report, recruitment has been defined as the number of families enrolled onto a HENRY programme. It is calculated as a proportion of the anticipated figures agreed as part of the Service Design Process.

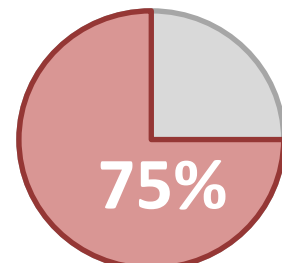
It was anticipated that 344 families would be enrolled onto HENRY group programmes in Years 1 and 2, 128 in Year 1 and 216 in Year 2. 230 families were enrolled (66.9% of the target). 93 in Year 1 (72.7%) and 137 in Year 2 (63.4%). It was anticipated that 50 families would be enrolled onto HENRY 1:1 programmes, 20 in Year 1 and 30 in Year 2. 24 families were enrolled (48% of the target). 8 in Year 1 (40%) and 16 in Year 2 (56.7%). It is worth noting that delivery of 1:1 programmes was planned to start much later in Year 1 than group programme delivery and that further delays to implementing 1:1 programmes impacted heavily on recruitment.

## Implementation - How many group programmes were delivered?

The agreed indicator for project implementation was the number of HENRY group programmes delivered in the specified time period.

It was anticipated that 40 group programmes would be delivered in Years 1 and 2, 16 in Year 1 and 24 in Year 2. While 38 programmes were scheduled, the actual number delivered was 30, representing 75% of the target. Programme implementation is explored in more detail later on in this report.

### Group programmes delivered



# End of contract report – Project Implementation

## Inputs and outputs

The project logic model set out a number of inputs and outputs required for HENRY to meet its aims.

36 group and 1:1 facilitation trained staff were needed for delivery. The target was to train 24 staff in both group and 1:1 facilitation in Years 1 and 2. 31 were trained in group (129%) but existing capacity within the workforce meant that there were 36 or more staff available for delivery for 6/8 quarters. 15 were trained in 1:1 facilitation (62.5%).

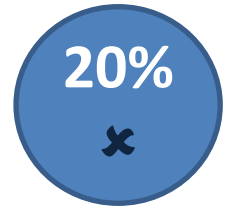
12 parent champions (PCs) were required to support engagement and provide additional activities for parents. The target was to train 48 and 29 were trained (60.4%). However, there were between 10 and 19 PCs active each quarter suggesting sufficient PC capacity during the 2 years.



## Was HENRY delivered as planned?

20% of scheduled group programmes were cancelled as the result of low numbers. Of those programmes that ran, the average group size was 7, with an average group size per session of 5. Given the average group size, HENRY would not have achieved their target for recruitment even if they had achieved their target of delivering 40 group programmes.

A standard group programme lasts 8 weeks, but may include a 9th week if a 'taster' session is offered. On average 8.3 sessions were delivered per programme. 60% of programmes ran for 8-9 weeks, 13% ran for 10-11 weeks, and 26% running for less than 8 weeks. Data suggests shortening and extending programmes may be related to poor attendance, with groups cut short due to very small numbers, or extended to allow participating families the chance to complete.



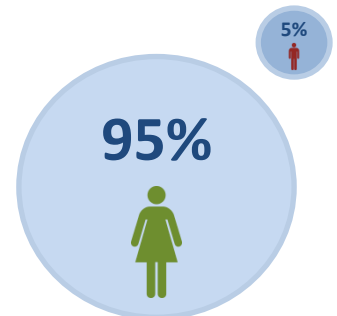
Proportion of scheduled courses that were cancelled

## Who took part in HENRY?

95% of the parents and caregivers who took part in the HENRY programme were women, with only 10 men taking part over the two years.

A number of participating families had language support needs. 1 group programme was delivered in Urdu and one family was supported by a BSL interpreter.

20% of the 1:1 programmes which went ahead, were delivered in a language other than English, or were supported by an interpreter. Other languages included Bengali, Turkish, Hungarian, and Arabic

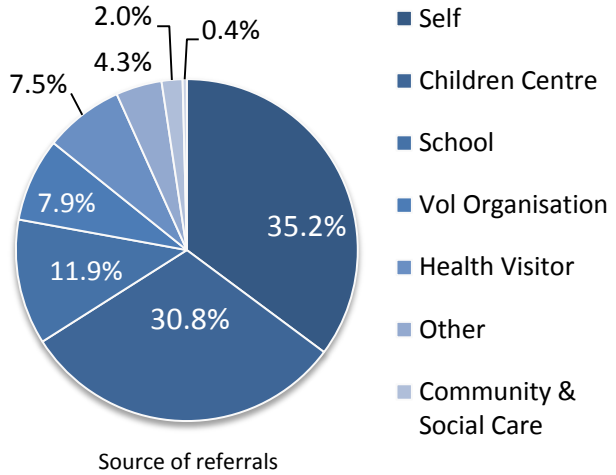


# End of contract report – Project Implementation

## How did families access HENRY?

Most families self-referred (35.2%) or were referred via a Children Centre (30.8%). Health Visitors referred less than 10% of families overall, but were the source of more than half of referrals into 1:1 programmes (52.6%) indicating a tendency to refer into the 1:1 programme.

It was anticipated that the introduction of Parent Champions may act as another pathway for parents into HENRY programmes. This is not reflected in the data. However, data capture for Parent Champion referrals was introduced fairly late in programme delivery and so this could reflect an issue with data recording rather than a lack of impact on recruitment.



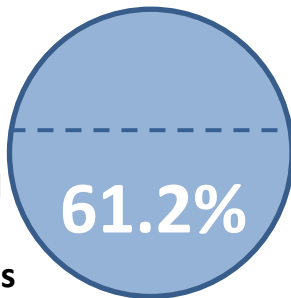
## Did families attend and complete programmes?\*

185 families attended at least one group session. 113 (61.2%) went on to 'complete' the programme, attending at least 5 out of 8 sessions. On average families attended 5.3 sessions per group programme (with attendance ranging from 1 to 9 sessions).

16 families attended at least one 1:1 session. Families attending the 1:1 programme attended an average of 4.4 sessions (with attendance ranging from 1 to 8 sessions). 50% of families attended 5 out of 8 sessions and so were counted as completers. However, 1:1 programmes allow for programmes to be tailored towards individual families' needs. It is possible that relevant content is covered in fewer than 8 sessions and so the project might want to consider measuring completion of 1:1 programmes against content covered, rather than number of sessions attended.

\*Attendance data was only available via estart for 201 of the families who accessed a HENRY programme via a Children's Centre

**Completed group programmes**



**Completed 1:1 programmes**



## How satisfied were families with the project?

100% of the parents and caregivers who completed the HENRY programme questionnaires (n=131) rated the programme as good or great. 89.3% said they would definitely recommend the programme to other families.



# End of contract report – Impact for families

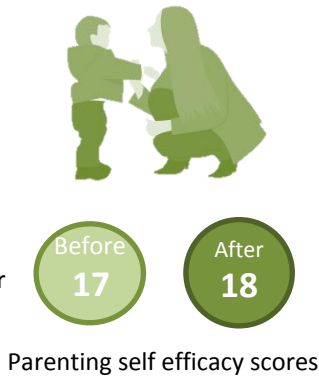
Before and after questionnaire data was available for parents and caregivers who completed both a pre and post HENRY programme questionnaire and who consented to share data with Better Start Bradford (n=131). Findings from these questionnaires are in keeping with previously published before and after studies of HENRY, which suggest families report making positive changes.

A ‘before and after’ evaluation tells us about changes that have taken place from the time before families took part in a project, to immediately after. However, it does not tell us whether those changes are a result of families taking part in the project. This is because there is no control group for comparison. Furthermore, HENRY questionnaires have been adapted from validated measures but have themselves not been validated. This means that we cannot be sure that they measure what they are intended to measure. **For these reasons, while pre and post data suggest trends in the right direction, findings presented here should not be taken as an indication of the effectiveness of HENRY.**

## Parenting

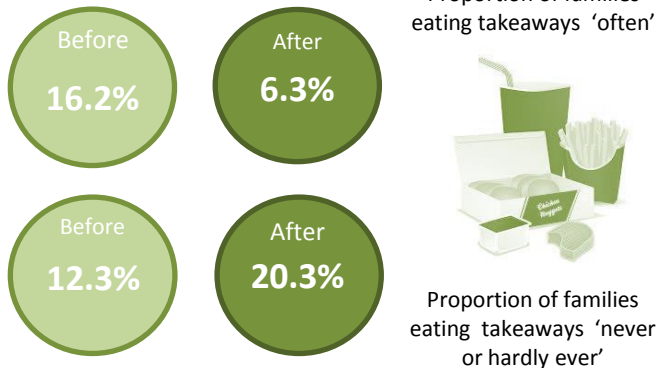
Parents answered four questions relating to their self-efficacy as a parent. Overall scores were higher at the end of the programme suggesting that parents' confidence in and feelings towards parenting had improved.

Parents were also asked five questions about their ability to set limits for their children around eating, screen time, play and bedtime. Again, overall scores were higher at the end of the programme suggesting parents felt better able to set limits when needed.



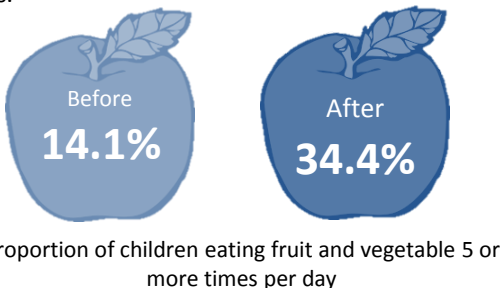
## Family mealtimes

Parents were asked six questions relating to family mealtimes. Scores suggest that families were eating takeaways less frequently, and were having the tv on during meals less often at the end of the programme. Parents also reported sitting down together to eat and choosing to eat healthy meals more often at the end of the programme.



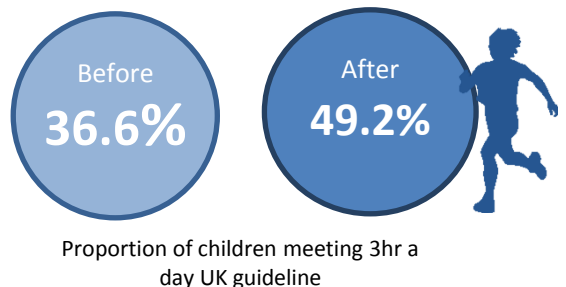
## Family diet

Parents were asked a number of questions about their own diet and their children's diet. Parents reported increases in fruit and vegetable consumption for themselves and their children at the end of the programme. Parents also reported a very small decrease in how often children were eating high fat and sugary snacks.



## Family physical activity

Parents were asked how often they and their children exercise or get active each day. Parents reported being slightly more active at the end of the programme than they were at the beginning. Slightly more children were meeting the preschool guideline for physical activity of 3 hours or more a day at the end of the programme.



# End of contract report – Qualitative findings

## Families' experiences of the HENRY programme

7 parents (all mothers) who had participated in HENRY programmes took part in interviews. They were asked about their experiences of taking part in HENRY, the impact for their families, and the things that acted as barriers to participating. From these discussions, some key challenges to and enablers of families engaging with the programme have been summarised:

- Reasons for taking part related to a specific issue parents were having with their children such as unhealthy eating habits and difficulty managing behaviour
- Timing and venue of sessions were the main factors which determined whether parents took part. Parents felt for working parents, the timing of sessions might not be appropriate
- The non-judgmental approach of facilitators made parents feel comfortable to talk about issues and encouraged them to attend subsequent sessions
- Parents found it helpful to hear about other families' experiences and formed relationships with other parents
- Barriers to attending every session included childcare issues (often relating to older children) and family illness
- Parents were overwhelmingly positive when asked about their experiences of the programme
- Parents were making a number of changes at home, particularly reducing portion sizes, buying less high fat and sugary snack foods, improving communication with their children and creating better bedtime routines. Some changes were easier to make than others, but the skills they had developed, and the resources they were given helped them to implement and maintain changes
- Some mothers felt that their partners would have liked to take part with them, but the timing of sessions made this impossible

## Facilitator experiences of the HENRY programme

5 facilitators who had delivered HENRY programmes took part in a focus group and interviews. They were asked about their experiences of delivering HENRY, their roles as facilitators and the things that challenge and support the successful delivery of programmes. Similar questions were asked of the Better Start Bradford HENRY coordinator in a separate interview. From these discussions, some key challenges to and enablers of successful implementation of the programme and engagement of families have been summarised:

- Restructuring of Children Centres has involved changes to roles and responsibilities and a reduction in capacity. In some cases this has led to late scheduling of courses, a shift in responsibility for recruitment, last minute changes to facilitators, and a reduction in the availability of crèche
- Lack of time to prepare for sessions has been a problem for some facilitators which can impact on the quality of subsequent sessions and some facilitators were prepping for sessions in their own time
- Support for the programme from the wider delivery setting enables facilitators to prioritise their work on HENRY and make time for prep and paperwork
- Levels of paperwork can be overwhelming and time consuming and form filling can be off putting for parents
- Opportunities to include 'Family Time' in sessions were rare because of lack of time as sessions were already 2 hours long.
- Barriers to families engaging with and attending a HENRY programme included language, childcare issues and lack of crèche provision, conflicting priorities for parents at times of sessions (work, nursery/school drop off, appointments), unfamiliar venues
- Facilitators felt that taking part in programmes had benefitted families in different ways and that they were making lots of changes at home and that small changes could have large impact for them as a family
- Facilitators felt positively about the project and enjoyed delivering programmes



# End of contract report – Context

## Changes taking place in Bradford

The ongoing restructuring and reorganisation of Children’s Centres across the Bradford district has had a substantial impact on the delivery of the HENRY project in the Better Start Bradford area.

Original anticipated figures agreed as part of service design were based on HENRY being part of the contractual core offer to families, and as such having specific targets set per Children Centre for delivery. When Children Centres were clustered the contractual obligation shifted from individual centres to said clusters, impacting on the number of programmes offered by Children Centre settings.

In addition, the reorganisation created uncertainty across Children Centres as to how delivery of programmes would be managed moving forward, as well as leading to changes to the roles and responsibilities of centre staff, and reducing staff capacity within the centres more generally. This has impacted on delivery of HENRY in a number of ways.

Issues have been identified in relation to the scheduling of programmes. In some centres planning of centre timetables has happened at relatively short notice, reducing the opportunity for recruitment of families onto programmes, sometimes resulting in programmes running with low numbers and/or cancellation of programmes.

Changes to staff roles have meant in some centres those responsible for recruitment of families are not the same staff as those responsible for delivering the programme. This is not ideal as in some cases this means that the staff first engaging parents with the project aren’t as knowledgeable about the project as those delivering it. There has also been a reduction in the provision of crèche.

Each of these issues have been part of an ongoing discussion at HENRY contract review meetings.

## Adapting to changes

HENRY have been working closely with Children Centre managers and staff to encourage timely scheduling of programmes, and provided support and advice for improving recruitment. However, further changes to Children Centres are anticipated in coming months which are likely to impact on delivery further.

In addition to working towards improving delivery across Children Centres, HENRY have been engaging voluntary and community sector (VCS) settings and schools in order to boost delivery via additional venues. This has been successful with 6 schools offering 9 group programmes since project delivery began, and a further 3 programmes being offered via a VCS venue.

HENRY have been also been exploring further potential delivery options, recently completing a report outlining scoping discussions with VCS, education, faith and other settings across the BSB area. They have presented their findings but acknowledged that the delivery model would need to be adapted in order to move forward with any of these options.