

Better Start Bradford Innovation Hub

HENRY

End of Contract Report

May 2021

This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for the Better Start Bradford (BSB) and the HENRY team. The document provides an overview of the HENRY project, its performance and findings from the implementation evaluation for the project's second contract period. Findings from a 'before and after' evaluation of both the first and second contract periods are also detailed. 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 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 have overweight or obesity. 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. The project also offers a range of "Healthy Families" two hour workshops which support knowledge and understanding of specific topics: Starting Solids, Let's get active, Fussy eating and Everyday drinks which are available to all parents in the Better Start Bradford and may be more accessible for some families than the 8 week programme. As well as the offer for families, HENRY provides a portfolio of training for practitioners and volunteers to support the promotion of the HENRY approach across the early years.

This report describes findings from BSBIH's evaluation of the second contract period for the project and includes both implementation and before and after evaluations of HENRY. The implementation evaluation covers a period of delivery of 2 years and 3 months (October 2018 to December 2020). Annual anticipated figures for the project have been adjusted to account for the evaluation period and a pause in delivery of some elements of the project between the end of March and July 2020 in response to COVID-19. This is to ensure the report offers a fair reflection of project performance. The 'before and after' evaluation combines project questionnaire data from the first and second contract periods (January 2016 to December 2020) to create a larger sample for analysis. Summary headline findings of this analysis are reported and more detail can be provided upon request.

Project performance summary

Data



The project has worked closely with the Innovation Hub to improve the quality and completeness of project monitoring data since Contract 1. There has also been a shift to a new System (SystemOne) which has supported this. Although there were some gaps in data on workshops and training, the rating for this project is **GREEN**.

Reach



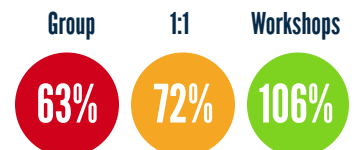
Targets for reach related to the representativeness of participants of the three main ethnic groups in the Better Start Bradford area. The project exceeded their target for representation for White Other parents and caregivers (160% **GREEN**) and met 98% of their target for Asian: Pakistani parents and caregivers (**AMBER**). The project met 56% of their target for White: British parents and caregivers placing them in **RED**.

Implementation



Targets for Implementation related to the number of programmes and workshops delivered. Targets were adjusted to account for the evaluation period and pause in delivery. 22 group programmes were delivered (of 22 anticipated, 100%) placing the project in **GREEN**. 41 1:1 programmes were delivered (of 57 anticipated, 72%) placing with a rating **RED**. 31 workshops were delivered (exceeding the target of 21, 148%) placing the project in **GREEN**.

Recruitment



Targets for recruitment related to the number of parents and caregivers enrolled onto the project. For the group programme the project met 63% of the overall target (161/256) placing them in **RED**. For the 1:1 programme, the project met 72% of their overall target (41/57) placing them in **AMBER**. For workshops, the project exceeded their target of 252 placing them in **GREEN**.

*See Appendix (page 12) for progression criteria cut-offs

Recommendation 1

The project are yet to recruit the anticipated number of families, but data suggests good retention of participants and high rates of completion. Furthermore, 'before and after' evaluation findings show self-reported improvements in short term project specific outcomes (see Page 9). These findings alongside the potential for future effectiveness evaluation, means the Innovation Hub recommend is that the project is recommissioned but should continue to explore how recruitment can be improved.

Recommendation 2

Continue to work on increasing reach and representation. The reach of White: British families has significantly declined since the last contract this might be an area for improvement. Alongside this, further work should explore why families that identify as White British are less represented within the project and why fathers are not accessing HENRY.

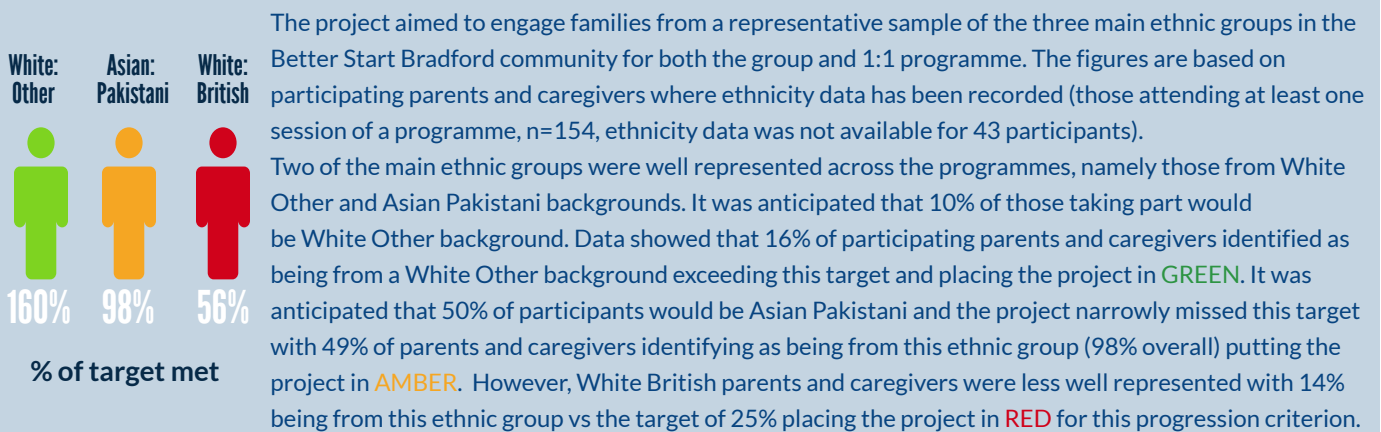
Project Performance

Data



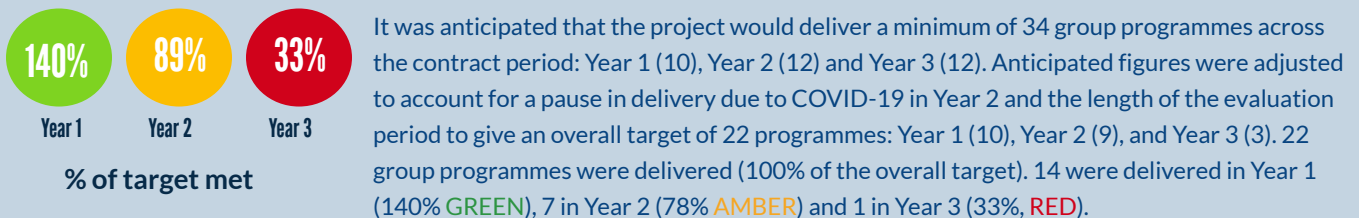
The project have provided data with a very small number of data quality issues and it's very important to acknowledge the commitment and engagement the project have shown in improving the quality.

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



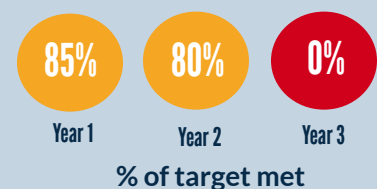
Implementation: How many programmes were delivered?

Group Programmes

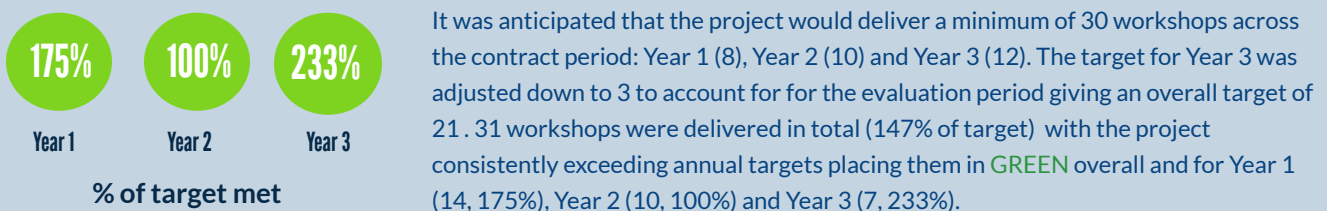


1:1 Programmes

It was anticipated that 80 1:1 programmes would be delivered across the contract period: Year 1 (20), Year 2 (30), and Year 3 (30). Again, anticipated figures were adjusted to account for the length of the evaluation period. There was no pause in delivery for 1:1 programmes. This gave an overall target of 57 programmes: Year 1 (20), Year 2 (30), and Year 3 (7). The project were in AMBER for Year 1 (17/20, 85%) and Year 2 (24/30, 80%) but in RED for Year 3 (0/7).



Workshops



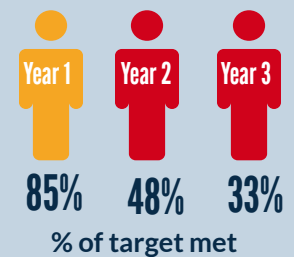
Project Performance

Recruitment: How many families were enrolled on a HENRY programme?

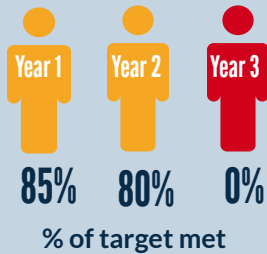
Recruitment has been defined as the number of families enrolled on to a HENRY programme and has been calculated as a proportion of the anticipated figures agreed as part of the service design process.

Group Programmes

It was anticipated that 405 parents and caregivers would enrol onto a group programme across the contract period: Year 1 (119), Year 2 (142), and Year 3 (144). Anticipated figures were adjusted to account for a pause in delivery due to COVID-19 in Year 2 and the length of the evaluation period to give an overall target of 256: Year 1 (119), Year 2 (101), and Year 3 (36). In total, 161 were enrolled which is 63% of the overall target, with 101 in Year 1 (85%), 48 in Year 2 (48%) and 12 in Year 3 (33%) placing the project in **AMBER** for Year 1 and **RED** for Years 2 and 3.



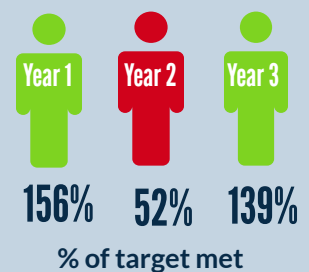
1:1 Programmes



It was anticipated that 80 parents and caregivers would enrol onto 1:1 programmes across the contract period: Year 1 (20), Year 2 (30), and Year 3 (30). Anticipated figures were adjusted to account for the length of the evaluation period with no pause in delivery for 1:1 programmes. This gave an overall target of 57 enrollees: Year 1 (20), Year 2 (30), and Year 3 (7). The project recruited 41 families to 1:1 programmes. They were placed in **AMBER** for Year 1 (n=17, 85%) and Year 2 (n=24, 80%). No initial enrolment was recorded as having taken place in Year 3 (n=0).

Workshops

It was anticipated that a total of 360 parents and caregivers would sign up for workshops across the contract period: Year 1 (96), Year 2 (120), and Year 3 (144). Adjusting for the evaluation period, this gave an overall target of 252: Year 1 (n=96), Year 2 (n=120) and Year 3 (n=36). Across the evaluation period 268 parents and caregivers were recorded as having signed up exceeding the target and placing them in **GREEN** overall. Annual targets were exceeded for Year 1 (n=156, 163%) and Year 3 (n=50, 139%) but not in Year 2 (n=62, 52%) when the project were in **RED** when engagement was most likely to be impacted by COVID-19.



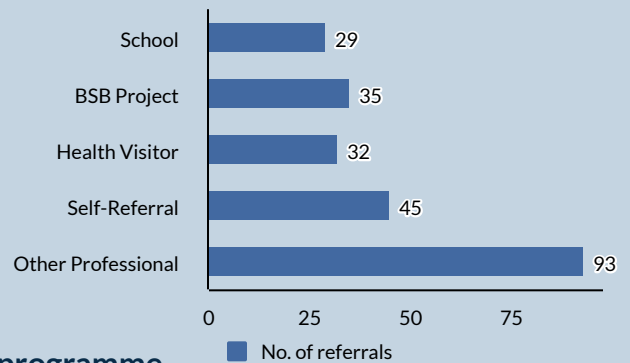
Participation and completion

How did families access HENRY?

Referrals

The project recorded 234 referrals for HENRY programmes during the evaluation period: Year 1 (n=133), Year 2 (n=96), and Year 3 (n=5). Referrals came from a number of different sources. Self referrals accounted for 19% of referrals with a further 14% coming from Health Visitors, 15% coming from BSB projects and 12% coming from schools. The rest were categorised as coming from Other Professionals, which includes Other Medical, BD4 Neighbourhood Project, Parent Champions, Voluntary Organisations, Midwives, Nursery Staff, Family Support Workers and Children Centre Staff.

Referral source



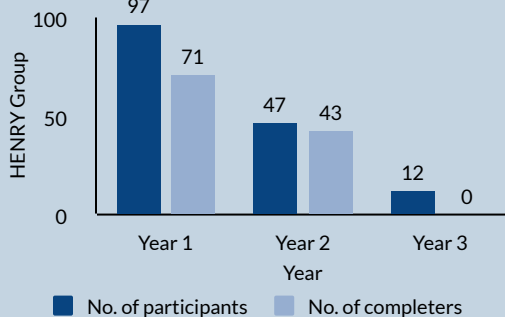
69% of referrals went on to enrol on a programme

Did families attend and complete programmes?

Group Programmes

Of the 161 parents and caregivers who enrolled onto a group programme, 156 (97%) went on to participate (Year 1, n=97; Year 2, n=47, Year 3, n=12) meaning they attended at least one session.

Participation and completion



The average number of group programme sessions attended by participants was 5. We compared attendance before and after the first COVID-19 lockdown and found that this reduced slightly to 4 once social restrictions were implemented.

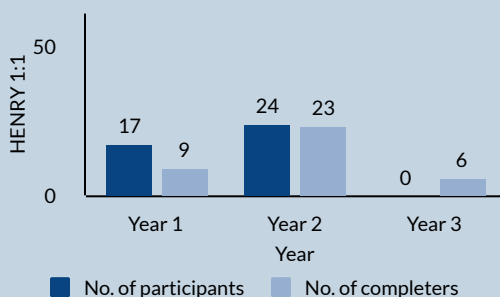
73% of participants (n=114) had completed a programme at the time of reporting meaning they attended at least 5 of the 8 sessions.

10% were recorded as having withdrawn from programmes (n=16).

1:1 Programmes

Of the 41 parents and caregivers who enrolled onto a 1:1 programme, all (100%) went on to participate in one (Year 1, n=17; Year 2, n=24,) meaning they attended at least one session.

Participation and completion



The average number of 1:1 programme sessions attended by participants was 6 and this did not differ before/after the first COVID-19 lockdown was implemented.

93% of participants (n=38) had completed a programme at the time of reporting, having attended 5 of 8 sessions. However, it should be noted that because of the nature of the 1:1 programme, content can be tailored to individual family needs programmes

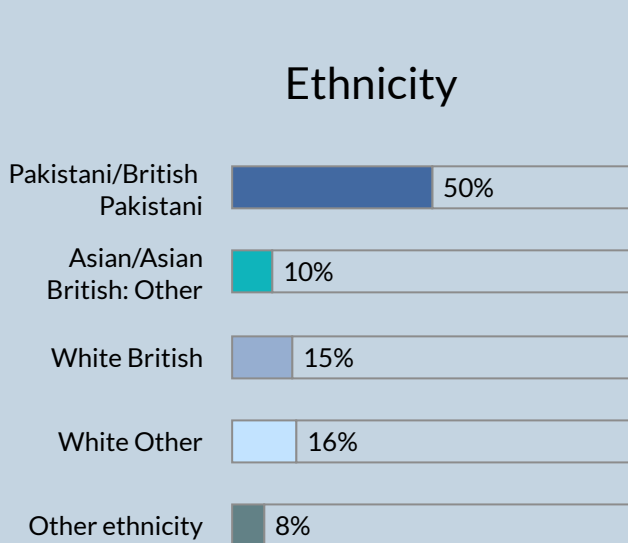
11% were recorded as having withdrawn from programmes (n=4).

Reach

Who took part in HENRY?

Reach is reported in relation to parents and caregivers participating in group and 1:1 programmes. Because of the nature of workshops it is not possible to collect detailed individual level data.

Group Programmes



Gender



Relationship to child



Ethnicity data was available for 119/156 participants. Most participating parents and caregivers were mothers (93%) with fathers and grandmothers making up a small proportion. Around half were from an Asian Pakistani ethnic background (50%). Participants from White: Other ethnicities were well represented. The data has been combined for Other ethnicities (i.e. Black, African, Caribbean, Black British and Mixed/Multiple ethnic groups) due to low numbers which could have made participants identifiable. The most common main languages spoken by participants of the group programme were English, Urdu, Polish, Romanian, Punjabi.

1:1 Programmes

Because of small numbers of participants in the 1:1 programme it is not possible to give a detailed breakdown of ethnicity without risking identification of individuals. 46% were from an Asian Pakistani ethnic background. Parents and caregivers from White British, White Other and Other Asian backgrounds also took part. The majority were mothers with fathers and Grandmothers make up the rest of those participating.

Gender



Relationship to child



Child beneficiaries

The average number of children aged 0-4 recorded per participating parent/caregivers was 1



No. of children enrolled in the project



Average age of children enrolled in the HENRY



Youngest child enrolled in the project



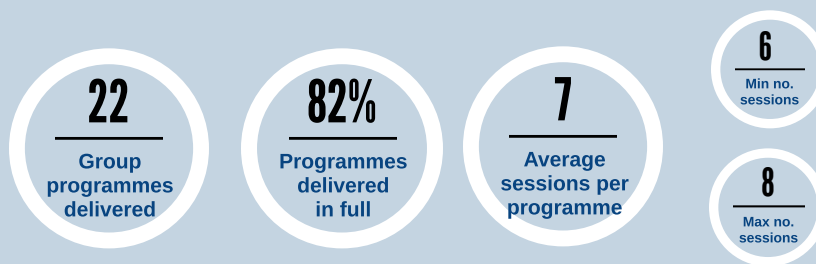
Eldest child enrolled in the project

Project Implementation

Was HENRY delivered as planned?

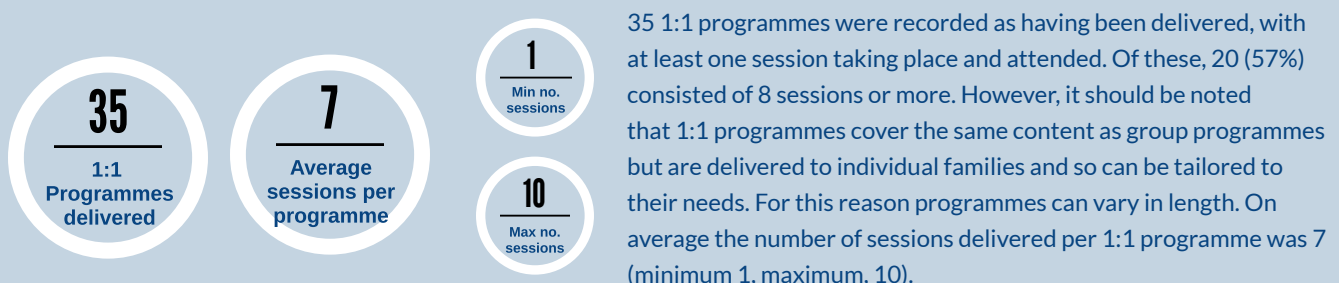
Group Programmes

As stated previously, delivery of group programmes was paused for just over 3 months in response to the first COVID-19 lockdown while adaptations were made to delivery. A standard group programme consists of 8 x 2hr sessions delivered across consecutive weeks. For a programme to be counted as delivered at least one session needed to have been recorded as having taken place and have been attended by participants. Of the 22 group programmes delivered across the evaluation period, 18 were delivered in full (82%) meaning that all 8 sessions took place and were attended. The average number of sessions delivered per programme was 8.



Over the evaluation period, 10 programmes were recorded as having been cancelled. 5 were cancelled due to low numbers of enrollees. In Year 2, the project was impacted by the pandemic and 4 programmes were cancelled due to COVID-19 and 1 due to staff leaving (school facilitator delivering the programme left).

1:1 Programmes



Tailoring of 1:1 programmes also means that where possible they can be delivered in community languages which might make them more accessible than groups to some parents and caregivers. The majority of 1:1 programmes were delivered in English. However programmes were also delivered Urdu, Bengali, Hungarian, Kurdish, Mandarin, Romanian and Spanish.

Training

Were the anticipated numbers of staff trained?

HENRY provides a portfolio of training for the Early Years Workforce. This includes Core Skills Training and Healthy Start in Childcare alongside training to those delivering and supporting the programme Group Facilitator, 1:1 Programme training and Parent Champions.

Core Skills Training

It was anticipated that 8-15 staff would receive Core Skills training each year giving a minimum target of 24 and maximum target of 45 across the contract adjusted to 18-31 for the evaluation period. The project exceeded this having trained 33 staff.



A Healthy Start in Childcare Training

It was anticipated that 8-15 staff would receive HSiC training each year giving a minimum target of 24 and maximum target of 45 across the contract adjusted to 18-31 for the evaluation period. The project met this target having trained 23 staff.



Group Facilitation Skills Training

It was anticipated that 12 staff would receive Group Facilitation training each year giving a target of 36 across the contract adjusted to 27 for the evaluation period. The project actually trained 16 staff.



The project met overall targets for Core training and 'A Healthy start in childcare' training. The project met 60% of their target for Group facilitation training. For Parent Champions, the number target was close to the target of 8-12 in Year 1 (n=6), but not Year 2 (n=2). Similarly, the anticipated number of staff trained in 1:1 facilitation skills (target =12) was not met during in Year 1 (n=4) or Year 2 (n=1).

The numbers in Year 3 were consistently impacted by the pandemic and the government restrictions as no trainings were delivered across the project from March 2020 to the end of the contract period.

HENRY - Workshops

Delivery of Workshops

56 workshops were planned over the evaluation period (42 Starting Solids, 6 Lets Get Active, 4 Fussy Eating, and 4 Everyday Drinks).

31 workshops actually took place (55% of those planned). The majority of planned workshops that didn't go on to take place were in Year 2 when workshops were cancelled due to COVID-19. The project did offer workshops on a 1:1 basis over the phone between April and June 2020 before they resumed virtually in July 2020.

However, the project met their target for the minimum number of workshops delivered per year with 14 delivered in Year 1 (175% of the target 8), 10 delivered in Year 2 (100% of target 10) and 7 delivered in Year 3 (233% of target 3).



Workshops
were planned



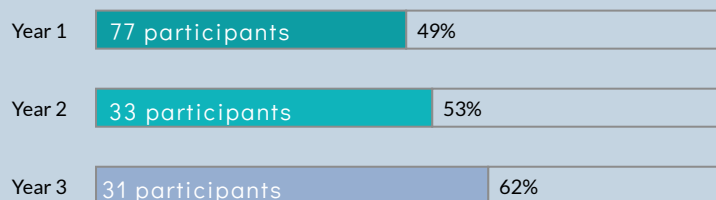
Workshops
were delivered



of the minimum
anticipated
number

Participation in Workshops

Workshop participants as a % of those enrolled



As previously reported, the project exceeded their enrolment targets for Years 1 and 3 but only met 62% of the target for Year 2 when project delivery was most severely impacted by COVID-19.

Around half of those parents and caregivers that signed up for or enrolled on a workshop went on to participate in it (53%). This was reasonably consistent across contract years despite COVID-19 with rates of participation improving in Year 3 (62%).

The most attended workshop was Starting Solids (n=73), followed by Lets Get Active (n=21), Fussy Eating (n=10) and Everyday Drinks (n=10).

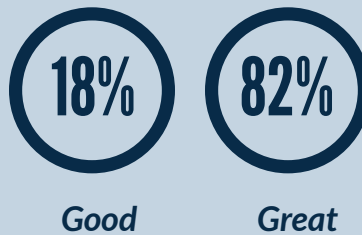
HENRY Programme Satisfaction

How satisfied were families with the project?

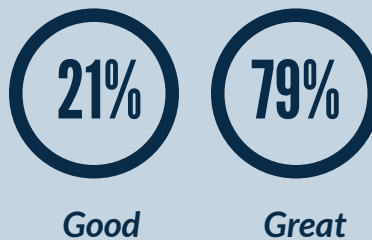
Of those who completed the HENRY group and 1:1 programme, the majority felt the programme was 'Great' and they would 'Definitely' recommend it to other families.

How do you feel about the HENRY Programme?

Group Programme n=82



1:1 Programme n=24



Would you recommend the programme to other families?

Group Programme n=80



1:1 Programme n=24



Impact for families

Parents and caregivers complete questionnaires at the start and end of group and 1:1 programmes and answer questions relating to their confidence as a parent, family mealtimes, family diet and physical activity and boundaries and cooperation at home. Participating parents and caregivers completed both pre and post questionnaires and consented to share their data with us during this evaluation period. The findings presented are based on questionnaire data from participants of the group (Pre n=234, Post n=224) and 1:1 programme (Pre n=46, Post n=41).

Responses from the current contract period were combined with those collected as part of the first contract evaluation to give us a larger sample size and allow us to complete a 'before and after' evaluation. 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 caused by the project as there is no control group for comparison. The findings presented here should not be taken as an indication of the effectiveness of HENRY. Please note only statistically significant results are reported here and more detailed results can be requested.

Group Programme

Based on the data from parents and caregivers pre (n=234) and post (n=224) programme, statistically significant improvements were found at the end of the group programme in the following areas:

Parenting : Parents and caregivers were asked four questions about how confident they feel as a parent.

Parents and caregivers reported that their confidence, how supported they feel and their happiness levels had increased at the end of the programme. This was also found for how well parents felt they generally set boundaries and encouraged cooperation in the following areas:



Meal and Snack Times



Bedtimes



TV and computer



Active Play

Family Mealtimes : Parents and caregivers were asked six questions about their family mealtime habits.



Parents and caregivers reported sitting down as a family to eat meals more frequently and choosing to eat healthy meals more frequently.



Parents and caregivers reported having the TV on at mealtimes less frequently and having takeaway food less frequently.



Family Diet: Parents and caregivers were asked about their own and their child's diet



Parents showed significant differences in the average times a day they ate fruit and vegetables; bread, rice, potatoes and pasta and meat, fish, eggs and beans. There was also a reduction in the number of high fat and sugary snacks and sugar-sweetened drinks consumed per day.



Children showed significant differences across all outcomes. There were differences following the programme in the average times a day they ate fruit and vegetables; bread, rice, potatoes; pasta and meat, fish, eggs and beans; milk and dairy and water drunk. There was also a difference in the number of high fat and sugary snacks and sugar-sweetened drinks consumed per day.

Family Physical Activity: Parents and caregivers were asked about their own and child's activity levels



Parents and caregivers were asked to share the number of hours they and their children exercise or stay active each day. Following the programme there was an improvements to activity levels for children and adults.



Parents and caregivers reported reductions in screen time for children aged 2-5 years at the end of the programme.

Impact for families

1:1 Programme

Based on the data from parents and caregivers pre (n=46) and post (n=41) programme, statistically significant improvements were found at the end of the group programme in the following areas:

Parenting : Parents and caregivers were asked four questions about how confident they feel as a parent.

Parents and caregivers reported that their confidence as a parent had increased at the end of the programme. They also reported feeling more supported and less isolated. Positive outcomes were also reported for how parents felt they generally set boundaries and encourage cooperation in the following areas



Meal and Snack Times



Bedtimes



TV and computer



Parents also report having more time for themselves at the end of the programme

Family Mealtimes : Parents and caregivers were asked six questions about their family mealtime habits.



Parents and caregivers reported having the TV on at mealtimes less frequently and sitting down as a family to eat meals more frequently.



Family Diet: Parents and caregivers were asked about their own and their child's diet



Parents showed statistically significant improvements to average the fruit and vegetable; bread, rice, potatoes and pasta and water intake after programme completion.



Children showed significant differences in the majority of outcomes.

There were differences following the programme in the average times a day they ate fruit and vegetables; bread, rice, potatoes; pasta and meat, fish, eggs and beans; milk and dairy and water consumed. There was also a significant change in the number of high fat and sugary snacks eaten per day.

Family Physical Activity: Parents and caregivers were asked about their own and child's activity levels



They were also asked about how much screen time their child has each day (aged under 2 and 2-5yrs).

Parents reported significant reduction in screen time for children under 2 years at the end of the programme.

Comparison of contract periods



1st Contract vs 2nd Contract



Data Quality



The change in data systems, specifically the introduction of SystmOne, since the first contract contract has led to massive improvements in data quality. While the quality of data was not RAG rated in first contract, this is the equivalent of going to **RED** to **GREEN**.

Reach



The reach of the programme has changed since the last contract. Engagement of families from White: Other background has improved as the project have gone from **RED** to **GREEN**. However, engagement of White: British families has reduced as the project have gone from **GREEN** to **RED**.

Recruitment



The projects performance against recruitment targets has improved for the 1:1 programme since the last contract (from 48% to 72%) from **RED** to **AMBER**. For group programmes performance has slightly reduced from 67% to 63% of the target and remains in **RED**.

Implementation



Performance against implementation targets significantly improved since the last contract from **RED** (Contract 1, 75%) to **GREEN** (Contract 2, 100%).

Future evaluation

Should delivery of the core HENRY group and 1:1 programmes continue, and recruitment and retention of participants remain stable, the Innovation Hub aim to conduct a quasi-experimental study, which will explore longer term impact of the project on children's outcomes. Specifically, the study would look to compare BMI z scores of children whose parents have participated in HENRY with those whose parents have not using data from across all contract periods. Plans for this effectiveness evaluation are currently in development and will be shared once they have been finalised.

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