

# Better Start Bradford Innovation Hub

## ESOL for Pregnancy

### End Of Contract Report

#### June 2022

*This is an end of contract monitoring report provided by the Better Start Bradford Innovation Hub (BSBIH) for the Better Start Bradford (BSB) and the ESOL for Pregnancy project. The document provides a summary of the data collected by the project between 01-11-19 and 31-05-2022 during the project's second commission.*

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## Executive Summary

### Project Overview

ESOL for Pregnancy is a targeted project within the Better Start Bradford programme which helps pregnant women develop their English language skills to enable them to better navigate their maternity journey; specifically supporting them to feel confident in communicating with midwives and doctors to better engage with key health messages. ESOL for Pregnancy is aimed at women who might otherwise require an interpreter for antenatal appointments and delivery. In the Better Start Bradford area it is estimated that 33% of pregnant women meet this eligibility criteria (based on women booked for delivery at Bradford Royal Infirmary and recorded as having 'no understanding' or 'slow understanding' of English between 1st January-31st December 2015). The project aims to enable women to be better prepared and informed about pregnancy and birth, empowering them to make their own choices and participate in decision making. It also aims to improve women's English language skills, enabling them to engage more positively and effectively with communities in the UK.

ESOL for Pregnancy delivers topic based sessions including healthy pregnancy, appointments, signs of labour, labour and birth and post natal checks. Sessions are taught by an experienced ESOL tutor. **When originally service designed it was anticipated that the labour and birth session would be delivered by a midwife, but this has not been the case since 2020 due to national lockdown. However, the project has worked closely with the antenatal education team at Bradford Royal Infirmary to ensure that up to date messages are being shared regarding key antenatal information.**

This report describes findings from BSBIH's implementation evaluation of the second contract of ESOL for Pregnancy which started in November 2019. The evaluation covers a period of 2.5 years and includes data collected by the project between 01.11.19 and 31.05.2022. It should be noted that delivery of ESOL for Pregnancy's core offer of face to face sessions was paused due to the Covid-19 pandemic in March 2020, but online sessions were offered and delivered as an alternative and have continued since.

### Project Performance Summary

#### Data



Levels of consent for data sharing have been low throughout the evaluation period. Combined with high proportions of missing demographic information this has hindered evaluation. While the situation has improved in recent months it is vital that this continues to be the case. For this reason the project is in **AMBER**.

#### Recruitment



Recruitment targets relate to the number of pregnant women participating in the project in each year. It was anticipated that 90 pregnant women would take part per year, a total of 225 over the evaluation period. 211 women participated (94% of target). This puts the project in **AMBER** for this progression criteria.

#### Implementation



Implementation targets relate to the number of programmes delivered each year. It was anticipated that 15 programmes would be delivered per year, 37 in total. The project delivered 35 programmes (95% of target). This puts the project in **AMBER** overall for this progression criteria.

#### Satisfaction



Satisfaction is measured by the median satisfaction score reported by participants on project satisfaction questionnaires. 37 participants completed questionnaires and 100% had a median score of 4 or more. This puts the project in **GREEN** for this progression criteria. However, it should be noted that the response rate is low.

#### Recommendation 1

##### Data Quality

Understanding the reach of ESOL for Pregnancy is vital to our understanding of who is engaging with the project and identifying any potential issues around access. If the project is recommissioned, a clear plan should be developed as to how they will ensure demographic information is consistently collected. Reporting and evaluation also require reasonable levels of consent to be collected from enrollees (around 90%). It should be clear how the project team will ensure rates of consent continue to improve going forward.

#### Recommendation 2

##### Sustainability

It is clear that the Perinatal Project Administrators are central to the current project referral pathway with very few referrals coming from elsewhere. To ensure the project is sustainable beyond the Better Start Programme opportunities to strengthen referral pathways and increase referrals coming from Maternity and other projects and services that have contact with women in early pregnancy.

## Project Performance

### Data

Years 1 & 2



Year 3



Data has been submitted in a timely fashion throughout this contract period, and we acknowledge the work the project has done to improve data quality - specifically adding in unique identifiers and retrospectively collecting ethnicity and language information. We also acknowledge the work the project has done to address missing consent information and low rates of consent. However, there is still a high proportion of data missing and while levels of consent at the point of enrolment have improved in Year 3, overall the proportion of enrollees with consent recorded for the evaluation period is only 55%. We are unable to confidently report on the reach of the project due to missing ethnicity (28% missing) and language (34% missing) which is considered a key aspect of evaluation by Better Start Bradford. Low rates of consent also have implications for data linkage and reporting to the lottery. For this reason the project are in **AMBER** for data.

### Recruitment

Year 1



**54%**  
of anticipated figure

Year 2



**124%**  
of anticipated figure

Year 3



**111%**  
of anticipated figure

Annual recruitment targets relate to the number of pregnant women participating in the project in each contract year. Participation was defined as attending at least one programme session.

It was anticipated that the project would have 90 pregnant women participating per year, a total of 225 when adjusted for the 2.5 year evaluation period.

In Year 1, 49 women participated (54% of anticipated). In Year 2, 112 women participated (124% of anticipated). And in Year 3, which was not a full contract year, 50 women participated (111% of anticipated).

Overall, 211 women were recorded as having participated. Therefore the project met 94% of its recruitment target, placing them in **AMBER** for this progression criteria.

### Implementation

Year 1



**46%**  
of anticipated figure

Year 2



**126%**  
of anticipated figure

Year 3



**120%**  
of anticipated figure

Implementation targets relate to the number of programmes delivered. A programme consists of 2 hour sessions delivered over 5 -7 consecutive weeks (dependent on mode of delivery e.g. face to face or online). Programmes consisting of 3 attended sessions or more is counted as a delivered programme.

It was anticipated that the project would deliver 15 programmes per year, a total of 38 programmes when adjusted for the 2.5 year evaluation period. In Year 1, 7 programmes were recorded as delivered. In Year 2, 19 programmes were recorded as delivered. And in Year 3, which was not a full contract year, 9 programmes were recorded as delivered.

Overall the project delivered 37 programmes which is 95% of the anticipated figure. This puts the project in **AMBER** overall for this progression criteria.

### Satisfaction

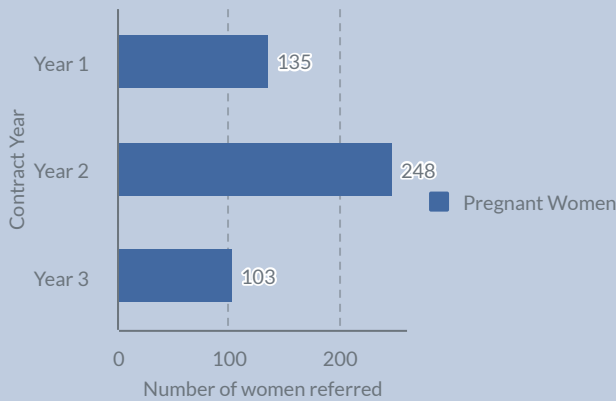


Satisfaction is measured using project specific satisfaction questionnaires. It is anticipated that at least 80% of respondents will have a median satisfaction score of 4 or more.

Across the evaluation period, 37 questionnaires were completed (representing around 18% of participants). While it is acknowledged that women may experience language barriers to completing the questionnaire, findings should be interpreted with caution. Of the 37 respondents, 100% had a median score of 4 or more, putting the project in **GREEN** for this indicator.

## Recruitment

### How many women were referred into the project?



Over the evaluation period a total of 485 women were recorded by the project as having been referred. In Year 2 the number of referrals recorded had almost doubled from Year 1 and the rate of referrals recorded in Year 3 remained higher than in Year 1 with more than 100 recorded in just 6 months.

**485**  
 women referred into the project

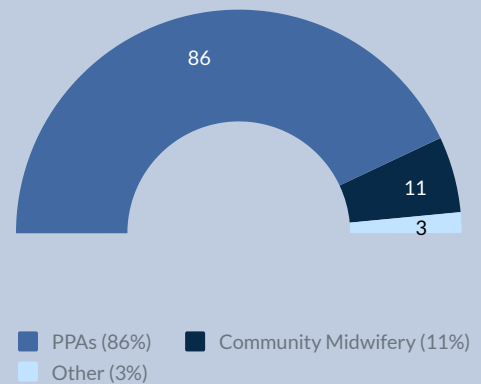
### Who referred into the project?

Given that the project aims to support women to feel confident in engaging with maternity services, it is important that eligible women are identified early in pregnancy for a timely referral into the project.

As would be expected, the majority of referrals therefore come via maternity services, namely the Perinatal Project Administrators (PPAs, a role funded by Better Start Bradford and hosted within Bradford Teaching Hospitals Foundation Trust) and the community midwifery teams.

Of the 485 recorded referrals, 415 (86%) were referred by the PPAs suggesting they are central to the referral pathway for women into ESOL for Pregnancy. Another 11% came from community midwifery. Other referral sources included BSB projects, Health Visiting and self referrals. Work should be undertaken to strengthen referral pathways outside of the PPAs.

#### Referral source by % of referrals



### Referrals made by the PPAs

The PPAs are able to review reports of women booked by Maternity services at BRI to identify any women who might be eligible for ESOL for Pregnancy at time of booking. They then contact women directly by phone to offer them a referral to the project. PPAs started this process for the project part way through 2020 in response to low numbers of project referrals.

Across the evaluation period 934 women were identified by the PPAs as eligible for the project. Of these, 663 (71%) were contacted (a monthly average of 28 women) and offered a referral into the project.

411 women (62% of those contacted) accepted the offer of a referral - a monthly average of 18 women. For those that declined the offer, 149 gave reasons. 33% of women stated that they felt confident with English, 14% of women stated that they had already done the course or another ESOL course.

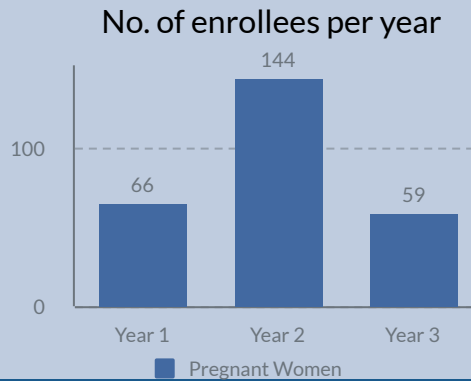
**62%**  
 of contacted women accept the offer of a referral

## Participation and Completion

### How many women enrolled onto the project?

Of the 485 women recorded as having been referred, 269 went on to enrol onto the project.

In Year 2 the number of women enrolled more than doubled from Year 1, aligning with a massive increase in referral numbers. In Year 3 enrolment remained higher than in Year 1 with a similar number recorded in just 6 months.



**55%**  
of referred women enrolled onto the project

### How many women participated in the project?

As previously reported, 211 pregnant women were recorded as having attended at least 1 session of a programme and were therefore classed as participants.

This means that 78% of women who enrolled in the project participated in it but only 44% of women who were referred into the project actually attended at least one session and participated.

**78%**  
of enrolled women went on to take part in a programme

**44%**  
of referred women went on to take part in a programme

### How many women completed the project?

For ESOL for Pregnancy, completion is defined as attending at least three sessions of a programme.

In Year 1 40 women completed (82% of participants), in Year 2 94 women completed (84% of participants) and in Year 3 37 women completed (74% of participants).

A total of 171 women were recorded as having completed the programme (81% of participants). On average women attended 4 sessions of a programme.

**81%**  
of participating women completed a programme

### Why did women not complete the project?

98 women did not complete the project after enrolling. Of these reasons were recorded for 78.

**60%**  
were recorded as never starting

**30%**  
dropped out after 1 or 2 sessions

**10%**  
Other

## Reach

### Who are the women referred to the project?

Language	% Referrals
Urdu	41
Arabic	11
Bengali	9
Pushto	7
Kurdish	5
Punjabi	4
Other	23%

#### Referrals

Of the 411 referrals made by the PPAs, detailed referral information was available for 294 (this was due to changes in how data was captured).

72% of those referred were recorded as having difficulty understanding English  
 28% were recorded as having no understanding of English.

31 Home languages were recorded for referrals. The table shows the most common home languages recorded for referred women. 'Other' recorded languages include *Hungarian, Slovak, Romanian, French, Polish, Hindi, Soninke, Somali, Tigrinya, Farsi* amongst others.

72%

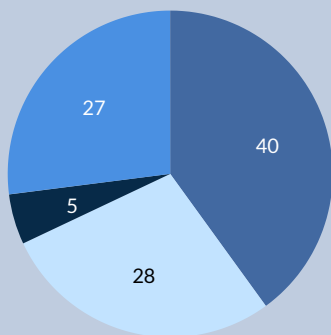
referred women have  
 difficulty in understanding English

28%

referred women have  
 no understanding of English

### Who are the women who participated in the project?

#### Participant ethnicity



■ Asian/Asian British: Pakistani (40%)  
 ■ Null (28%) ■ White Other (5%)  
 ■ Other (27%)

16

home languages recorded  
 for participants

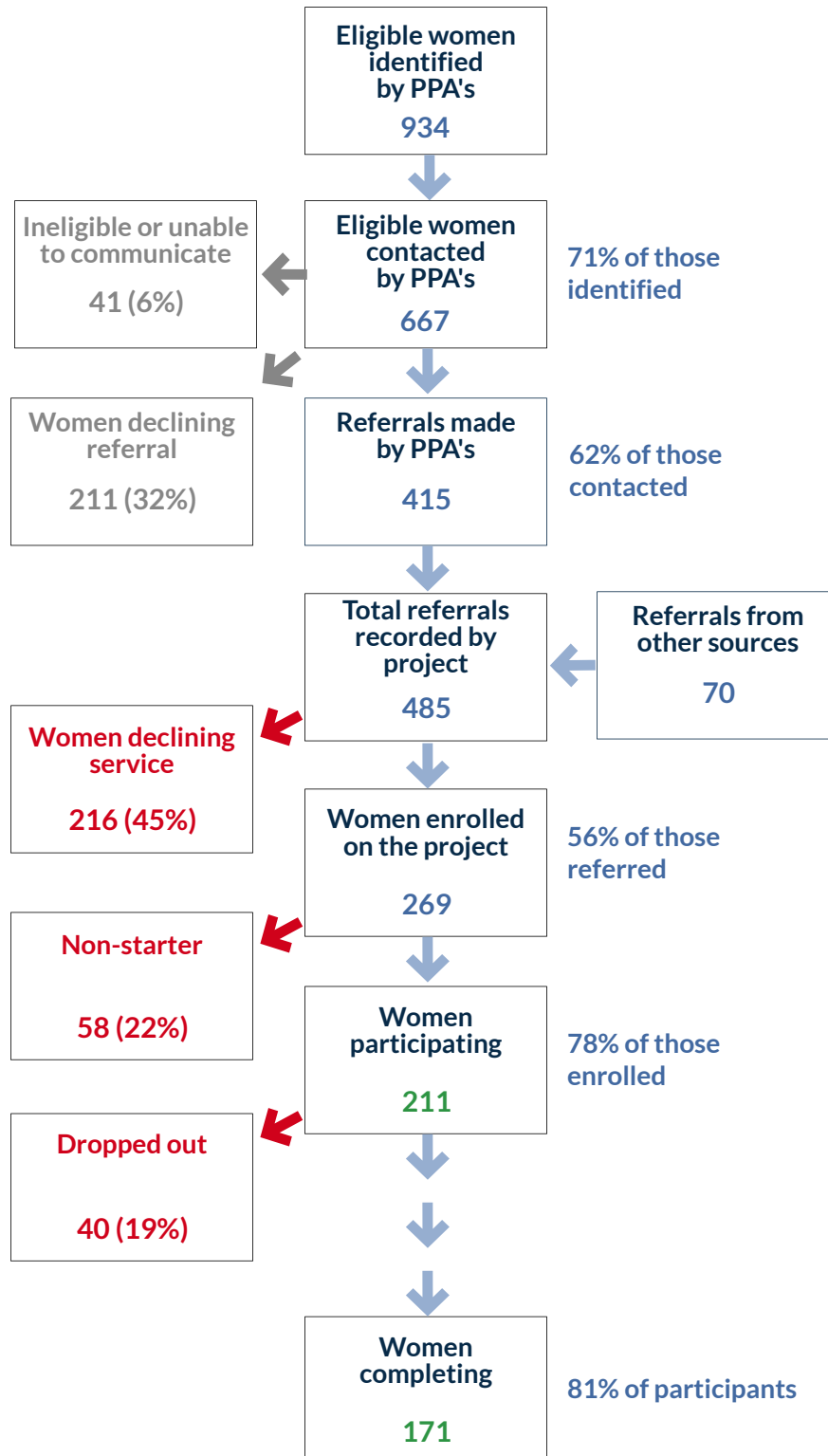
There is a high proportion of participants whose ethnicity is not recorded (28%). This is higher than we see across other projects. While we present the ethnicity data here, given that nearly a third of data is missing, we can not be confident in our understanding of reach of the project.

A number of reported ethnic categories have been combined into 'Other' given low numbers and risk of re-identification. The project recorded 12 unique ethnicities in total: *African, Arab, Bangladeshi, Indian, Pakistani, White Polish, White Romanian, White Slovakian, Any other ethnic background, Other Asian, Other Black, Other White*

Similarly, there is a high proportion of participants whose home language is not recorded (34%). It is not possible to present the language data that has been recorded because of the small number of participants against each category.

The project recorded 16 unique languages: *Arabic, Bengali, Farsi, French, Hindi, Hungarian, Kurdish, Panjabi, Pashto, Polish, Punjabi, Romanian, Slovakian, Somali, Tigrinya, Urdu*

## Participant Flow Diagram



## Implementation

### Was the project implemented as planned?

Project programmes consist of 2 hour sessions over 5 -7 weeks dependent on mode of delivery, delivered on consecutive weeks. Face to face delivery is planned over 5 weeks. Online delivery is planned for 7 weeks - a longer offer to facilitate technology set up and embedding online activities with learners.

#### Programmes

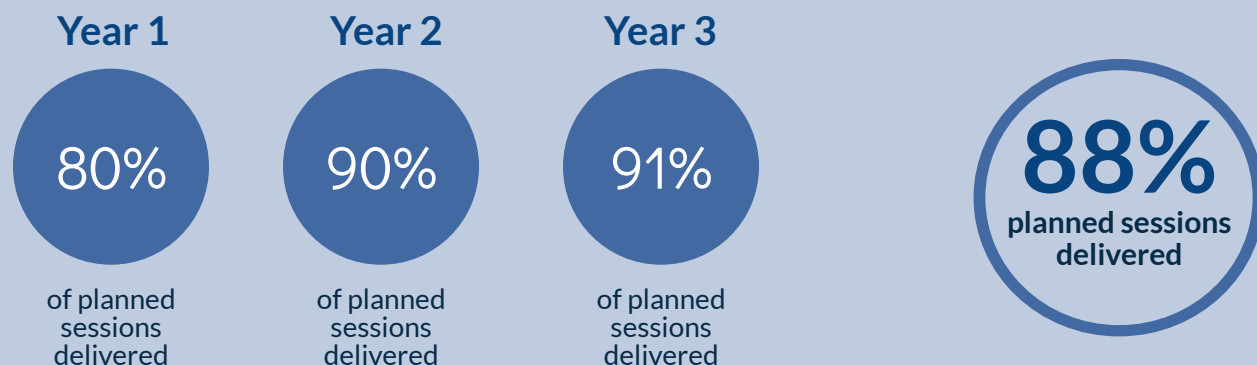
As previously reported, the project aimed to deliver 15 programmes per year. Less than half of this number were delivered in the first year of the contract. The project planned for 15 programmes but half were canceled due to low referrals. Programme delivery increased in Years 2 and 3 with the project exceeding this target and by the end of the evaluation period programme delivery was almost back at the anticipated level at 95% of the anticipated number across 2.5 years with 35 programmes delivered.



#### Sessions

Programmes consist of between 5 and 7 sessions. The project planned 216 sessions over the contract period. They actually delivered 190 sessions, 88% of those planned.

Cancellation reasons given include 'Eid' and 'Not enough learners in attendance'.





# Satisfaction

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



37 women completed satisfaction questionnaires between 01-11-19 and 31-05-2022. This is a relatively small proportion of those participating in the project and so findings should be interpreted cautiously. However, it is acknowledged that language barriers may exist to women completing the questionnaires independently.

**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

**100%** of respondents agreed or strongly agreed that the project gave them useful information

**95%** of respondents agreed or strongly agreed that the project was easy to access

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

**100%** of respondents were happy with the project overall

*I really enjoyed and recommend to Mums to come and join the lesson.*

*I love this class and its really helpful. Thank you.*

*The best teacher ever , thank you!!!!!!!!!!*

## Appendix 1 - 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