

Better Start Bradford Innovation Hub

HENRY

End of Contract Report

April 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 contract period. Findings from a 'before and after' evaluation of both contract periods are also detailed. This provides an understanding of the changes that have taken place from the time before families took part in the project to immediately after based on the pre and post programme questionnaires. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key Authors: Joyti Panesar-Sharma, Sara Ahern, Maria Bryant, Aiysha Khan, Kathryn Willan, and the Better Start Bradford Innovation Hub

Version 1

Approved by:

Sara Ahern Programme Manager, Better Start Bradford Innovation Hub



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 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. 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 are aimed for those who have not completed a HENRY programme. Alongside this, HENRY provides a range of training services to support practitioners and volunteers to support the promotion and awareness of the HENRY approach across settings. Training includes Core, Group Facilitation, A Healthy Start in Childcare, Advanced Practitioner and Parent Champion Training.

This report describes findings from BSBH's evaluation of the second contract period for the project and includes both implementation and before and after evaluations of HENRY. The evaluation covers a period of delivery of 2 years and 3 months (October 2018 to December 2020) and the figures for Year 3 have been adjusted inline with the 3 months delivery period. It should be noted that due to the Covid-19 pandemic, the delivery of the group programmes was paused in line with government guidance from March – July 2020. As a result, the project targets in Year 2 have also been adjusted accordingly to offer a fair reflection of project performance. While the group programme was paused during this time period, the project continued to support the community as 1:1 programmes and workshops were adapted for virtually delivery (over the phone).

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 (System One) which has supported this. Although there were some issues with data on workshops and training, the rating for this project is **GREEN**.

Recruitment



It was anticipated there would be 257 enrollees for the group programme. When adjusted for this contract period: Year 1 (n=119), Year 2 (n=102) and Year 3 (n=36), the project placed in **RED** (46% of target). For the 1:1 programme, the project placed in **RED** meeting 60% of the target (35/58). While for the workshops, the project met 106% of their target placing them in **GREEN** (268/252).

Reach



The project aimed to engage a representative number of parents and caregivers from three main ethnic groups in the BSB area for the Group and 1:1 programme. In combination, the project met **GREEN** progression criteria for reaching White: Other populations (16%, anticipated: 10%), **AMBER** for engaging Asian: Pakistani (49%, anticipated: 50%) but were in **RED** for meeting targets for White: British (14%, anticipated: 25%).

Implementation



It was anticipated that there would be 22 group programmes delivered (adjusted figure for Year 2). The project delivered 16 programmes, placing them in **RED** (73% of target). For the 1:1 programme, the project placed in **RED** delivering 35/58 (60% of target). In comparison, the workshops were consistently in **GREEN** meeting 148% of the target (31/21).

Data Quality

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

Recommendation 1

Based on the project's promising performance in meeting the project aims as identified by the pre and post evaluation, willingness to engage with evaluation team, and potential for future effectiveness evaluation, the Innovation Hubs recommendation is that this project should be recommenced.

Recommendation 2

Continue to work on increasing reach and representation. Further work should explore why families that identify as White British are less represented within the project and why fathers are not accessing HENRY.

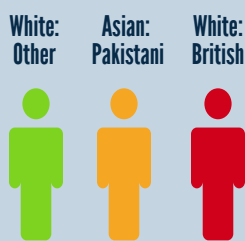
Project Performance

Data



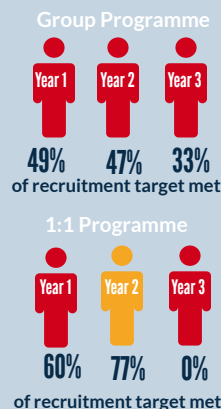
We should note that there were some of issues with data from workshops, but we are confident that this can be resolved. Data was made available in good time for this report. The quality of the data received from HENRY have provided a data set with a very small number of data quality issues and it's very 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?



The project aimed to engage families from a representative sample of the three main ethnic groups in the Better Start Bradford community for both the group and 1:1 programme. The figures are based upon the proportion of parents and caregivers who attended at least one session of HENRY. In total, 148 participants were recruited (113 in the group and 35 in 1:1). HENRY met their target of 10% for engaging White: Other (16%, 23/148) placing them in **GREEN**. They were very close to their target of 50% of those engaged from a Pakistani ethnic group (49%, 72/148) putting the project in **AMBER**, but did not meet their target of 25% for engaging members from a White: British (14%, 21/148) background resulting in **RED** for this progression criterion.

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. It was anticipated that 257 families would enrol in a HENRY group programme across the evaluation period: Year 1 (n=119), Year 2 (adjusted due to pandemic=142) and Year 3 (n=36). In total, 118 were enrolled which is 50% of the target, with 58 in Year 1 (49%), 48 in Year 2 (47%) and 12 in Year 3 (33%) placing the project recruitment in **RED** for this progression criterion.

It was anticipated that 58 families would enrol onto a HENRY 1:1 program across the evaluation period, with 20 families in Year 1, 30 in Year 2 and 8 in Year 3. The project placed in **RED** for Year 1 (n=12, 60%), while recruitment was closer to target in Year 2 (n=23, 77%) placing them in **AMBER** while no initial enrolment was recorded as having taken place in Year 3 (n=0).

For the workshops, it was anticipated that there would be a total of 252 families enrolling across Year 1 (n=96), Year 2 (n=120) and Year 3 (n=36). This target was exceed placing the project in **GREEN** for Year 1 (n=156, 163%) and Year 3 (n=50, 139%) while in **RED** for Year 2 (n=62, 52%).

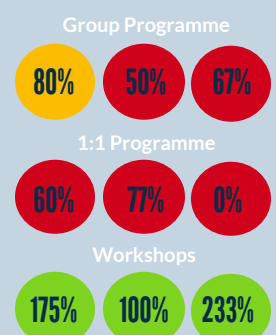


Implementation: How many programmes were delivered?

It was anticipated that the project would deliver 34 group programmes across the evaluation period. Year 1 (n=10), Year 2 (adjusted=9) and Year 3 (n=3). The project were in **AMBER** for Year 1 (8 delivered, 80%) while in **RED** for Year 2 (6 delivered, 50%) and Year 3 (2 delivered, 67%) placing them in **RED**.

For the 1:1 programme, it was anticipated that there would be 58 delivered in total. The data indicates that this progression criterion has not been met and is in **RED** across Year 1 (12/20, 60%), Year 2 (23/30, 77%) and Year 3 (0/8).

The implementation progression criteria was a total of 21 workshops delivered with a minimum number in Year 1 (n=8), Year 2 (n=10) and Year 3 (n=3). The project consistently exceeded this target placing them in **GREEN** for Year 1 (n=14, 175%), Year 2 (n=10, 100%) and Year 3 (n=7, 233%).



Project Implementation

Was HENRY delivered as planned?

Group Programme

Delivery of group programmes was paused for 3 months in response to the first lockdown while adaptations were made to delivery.

As a result the anticipated figure for Year 2 has been adjusted to 9 programmes. A standard group programme consists of 8 x2 hr sessions delivered across consecutive weeks. For a programme to be considered delivered, at least one session needs to have taken place and been attended by participants. To be delivered in full, all 8 sessions need to have taken place and been attended.



In Year 1, 8 programmes were delivered, 7 of which were delivered in full with the average programme consisting of 7 sessions in Year 1, with a minimum of 6 delivered and a maximum of 8. Due to low numbers, 3 programmes were cancelled. The data were similar in Year 2; 6 delivered with 5 delivered in full. In Year 2, the project was impacted by the pandemic and 2 sessions were cancelled due to staff leaving and Covid. The average programme length was 7 sessions (min=7 and max=8). Finally, the numbers were lower for Year 3, with only 2 programmes delivered and delivered in full (average 8, min=8, max=8).

1:1 Programme



For the 1:1 programme, In Year 1, 12 session were delivered, but only 5 were delivered in full with an average of 6 sessions (Min=1, Max=10) with 1 session cancelled. Similarly, in Year 2, 23 were delivered, with 12 delivered in full (Min=1, Max=10) and 22 sessions cancelled. In Year 3, there were no 1:1 programmes delivered which is likely due to the impact of the pandemic. The majority of 1:1 courses were delivered in English (n=16) followed by Urdu (n=3) and there was one course delivered in the following languages: Bengali, Hungarian, Kurdish, Mandarin, Mandarin Chinese, Romanian, Spanish, Urdu, Urdu/English.

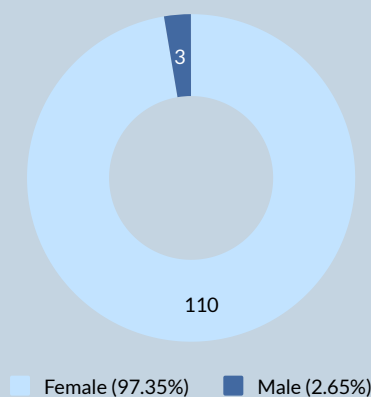
Project Implementation

Who took part in HENRY?

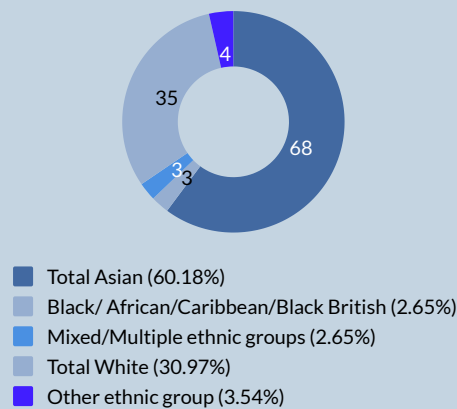
The average age of participants across both groups was 33 years, with the youngest 18 years and eldest 68 years. The average number of children aged 0-4 for participants in the HENRY programme was 1 child.

Group Programme

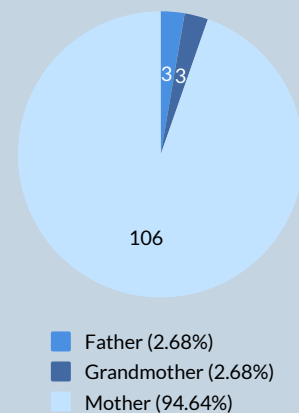
Gender



Ethnicity



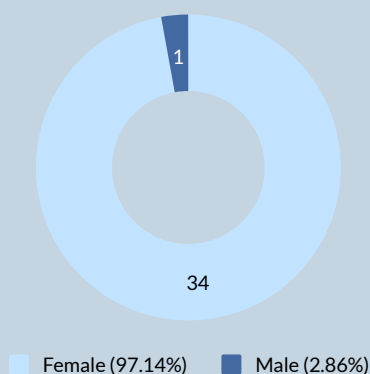
Relationship



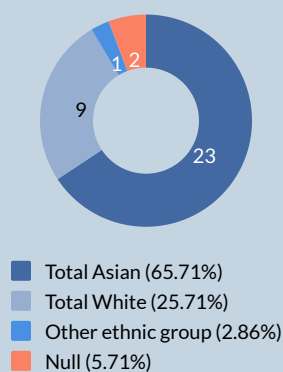
The majority of attendees were mothers from an Asian ethnic background (n=58 Pakistani British, n=10 Not Pakistani). The common main languages spoken by participants of the group programme were English, Urdu, Polish, Romanian, Punjabi.

1:1 Programme

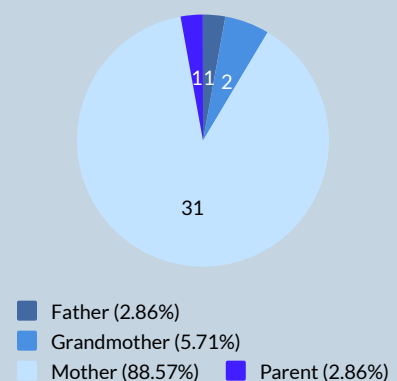
Gender



Ethnicity



Relationship



The majority of attendees were mothers from an Asian ethnic background (Pakistani/British Pakistani=14 and Not Pakistani=9) while 9 participants were from a White ethnic group (White British=3, White Other=6). The common main languages spoken were English and Urdu, with one participant speaking the following: Bengali, Hungarian, Kurdish, Mandarin, Romanian, Spanish.

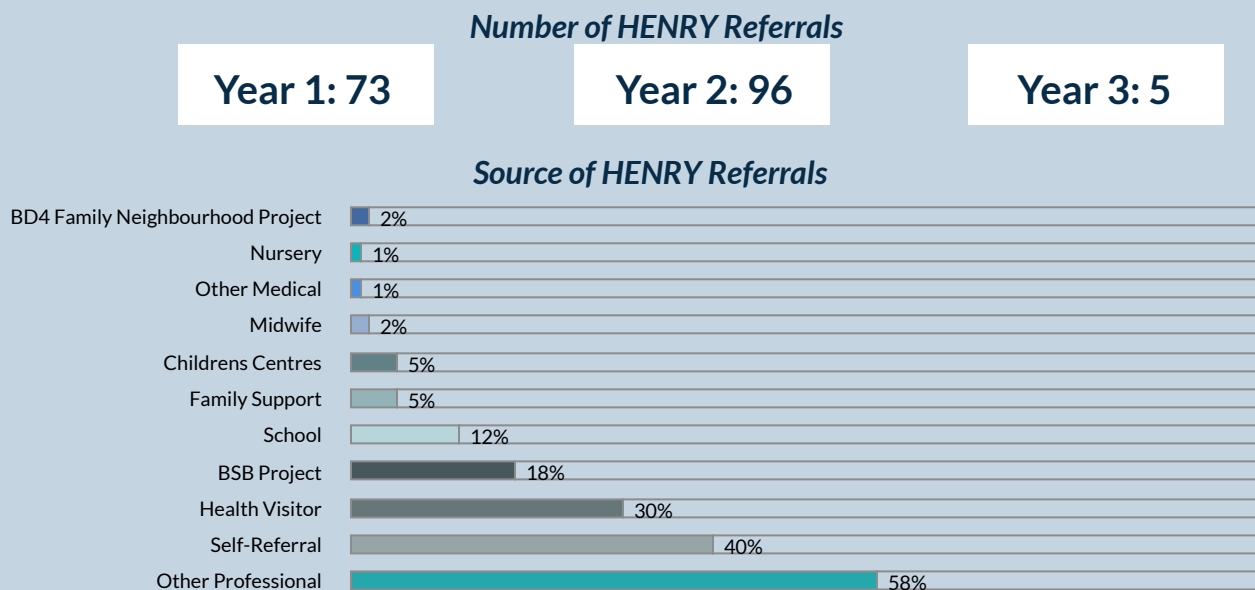


Children



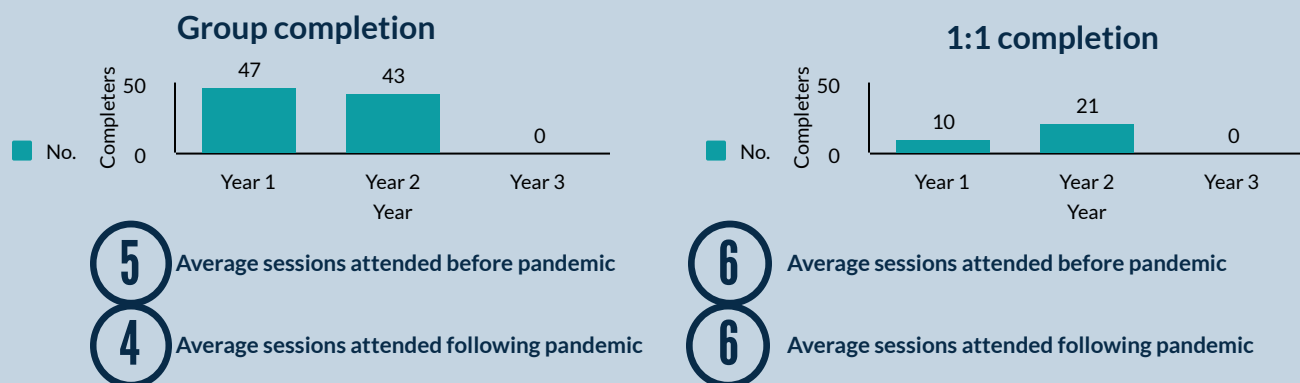
Project Implementation

How did families access HENRY?



The majority of referrals were from: Other Professionals (n=58), Self-referral (n=40) and Health Visitor (n=30). Of the Self referrals, the most common reasons were: from family or friends, leaflet or the website. The least amount of unique referrals were in Year 3 which could be due to the government restrictions and venue closures due to the pandemic.

Did families complete and attend programmes?



Attendance of the group programme was not impacted by the pandemic in Year 1 as this was prior to mid-March 2020. The average number of sessions attended was 5 and there was little change following March (n=4). The lowest number of sessions attended was 1, while 8 was the maximum across both time periods. 90 participants completed the project which is defined by a parent or caregiver attending at least 5 group programme sessions

For the 1:1 programme, the average number of sessions attended before and during the pandemic was the same (n=6) with no change to the minimum (n=1) and maximum (n=10) number attended. 31 participants completed the programme, in Year 1 (n=10) and Year 2 (n=21). In relation to withdrawals, for the group programme, 4 participants dropped out/left in Year 1 and 12 in Year 2 and for the 1:1 programme 4 participants dropped out/left in Year 2.

HENRY - Training

Were the anticipated numbers of staff trained?

Core Training

	Year 1	Year 2	Year 3
<i>Actual</i>	18	15	0
<i>Anticipated</i>	8-16	8-16	8-16

1:1 Facilitation Skills Training

	Year 1	Year 2	Year 3
<i>Actual</i>	4	1	0
<i>Anticipated</i>	12	12	12

Parent Champions

	Year 1	Year 2	Year 3
<i>Actual</i>	6	2	0
<i>Anticipated</i>	8-12	8-12	8-12

Group Facilitation Skills Training

	Year 1	Year 2	Year 3
<i>Actual</i>	10	6	1
<i>Anticipated</i>	12	12	12

'A Healthy Start In Childcare Training'

	Year 1	Year 2	Year 3
<i>Actual</i>	16	7	0
<i>Anticipated</i>	8-16	8-16	8-16

The project met their target in Year 1 and Year 2 for the number of staff receiving Core training. The target was also met in Year 1, for the number of staff trained in 'A Healthy start in childcare training' while the project was close to targets in Year 1 for Group facilitation and Parent Champions.

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

How many practitioners are available and active in the BSB area?

210

Group
practitioners
available

210

Group
practitioners
active

63

1:1
Practitioners
active

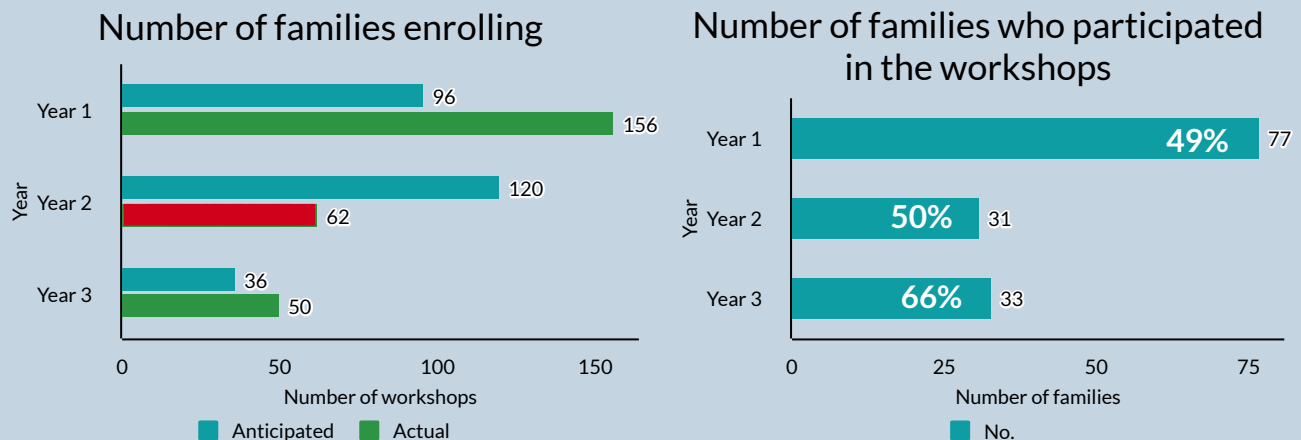
Information on the number of 1:1 practitioners available was not accessible for the purpose of this report.

During the pandemic period the parent champions were on hold.

HENRY - Workshops

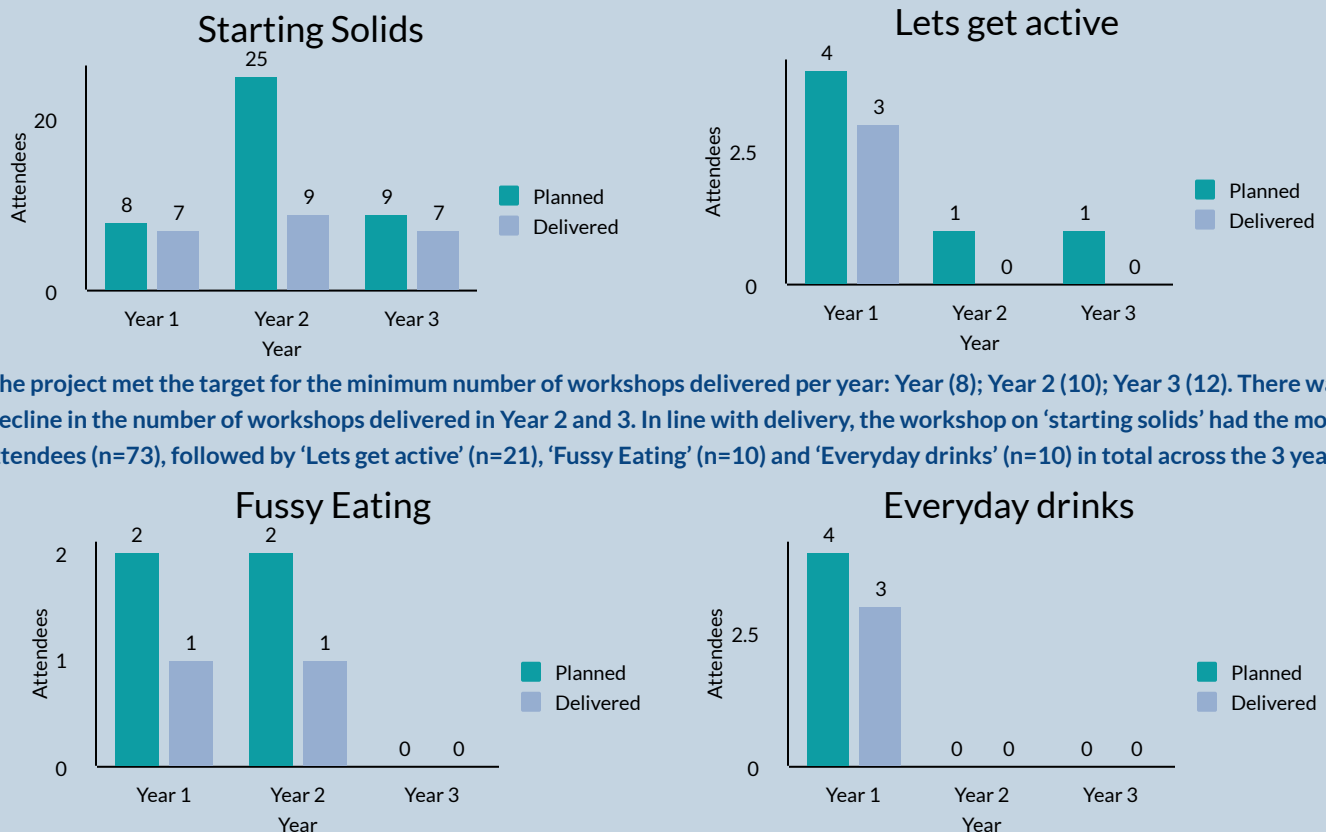
Workshop Recruitment

Due to the impact of the pandemic, planned workshops were cancelled (from March 2020); however the project did well to manage this by offering workshops on a 1:1 basis over the phone during April – June (2020), followed by virtual workshops from July 2020.



In relation to the number of families enrolling onto workshops, the project exceeded their target for Year 1 (n=96) and Year 3 (n=36) placing them in **GREEN**. The anticipated figures for Year 2 were not met, which may be due to the pandemic resulting in **RED** for this progression criterion. Following from enrolment, around half of families went on to participate in the workshops.

Workshop participation, completion and implementation

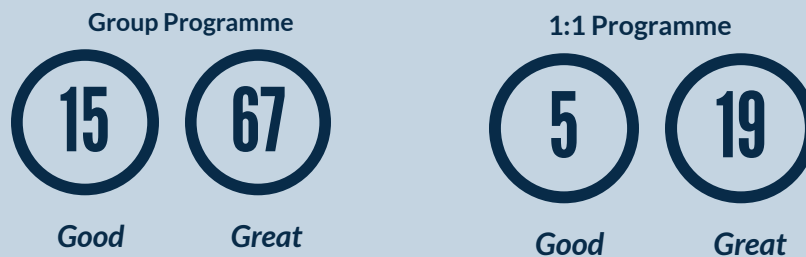


The project met the target for the minimum number of workshops delivered per year: Year (8); Year 2 (10); Year 3 (12). There was decline in the number of workshops delivered in Year 2 and 3. In line with delivery, the workshop on 'starting solids' had the most attendees (n=73), followed by 'Lets get active' (n=21), 'Fussy Eating' (n=10) and 'Everyday drinks' (n=10) in total across the 3 years.

HENRY Programme Satisfaction

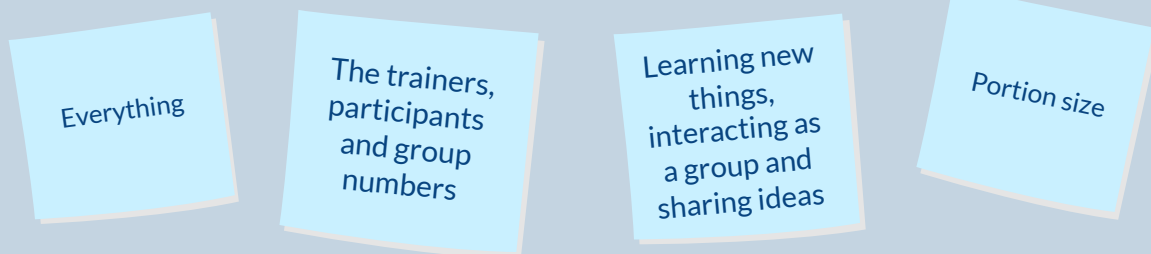
How satisfied were families with the project?

1. How do you feel about the HENRY Programme?



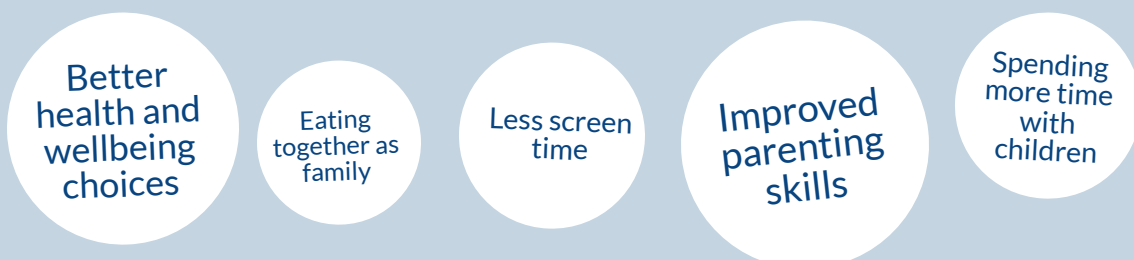
2. What did you most enjoy about the programme?

Common responses:



3. What changes have you made personally, or as a family, during this programme?

Common responses:



4. Would you recommend the programme to other families?

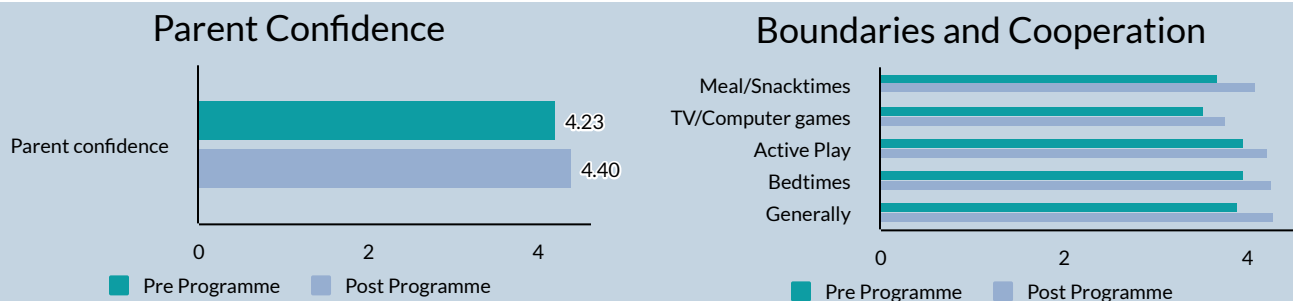


Impact for families

Questionnaire data was reviewed for parents and caregivers who completed both a pre and post HENRY programme questionnaire and who consented to share data with Better Start Bradford. Findings from these questionnaires are kept in line 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 as a result of families taking part in the project as no control group for comparison, therefore the findings presented here should not be taken as an indication of the effectiveness of HENRY. The findings are based upon Contract period 1 and 2 and significant differences using statistics are reported.

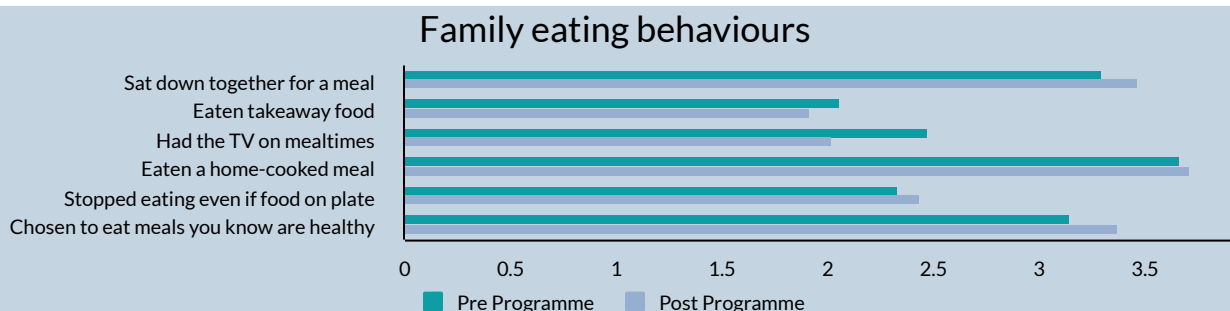
Group Programme

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



There was a statistically significant improvement to parents confidence levels after the group programme. This was also found for how well parents feel they generally set boundaries and encourage cooperation at mealtimes and snacktimes, TV and computer games, active play and bedtimes. There was also a significant change in how much time parents have for themselves, how supported they feel and their happiness levels. They also feel less isolated, but there was no difference in their feelings of stress.

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



There was a statistically significant difference following completion in how frequently families sat down together for a meal and chose to eat healthy meals. There was also a reduction in how often the TV was on at mealtimes and having takeaway food.

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



Parents and children showed significant improvements to average fruit and vegetables; bread, rice, potatoes and pasta; meat, fish, eggs and beans eaten per day following project attendance. Alongside a reduction in the number of high fat and sugary snacks. Alongside these improvements, children had more milk and dairy and water per day and fewer sugar-sweetened drinks.

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. There was a significant difference in improvements to activity levels for children or adults following the programme.

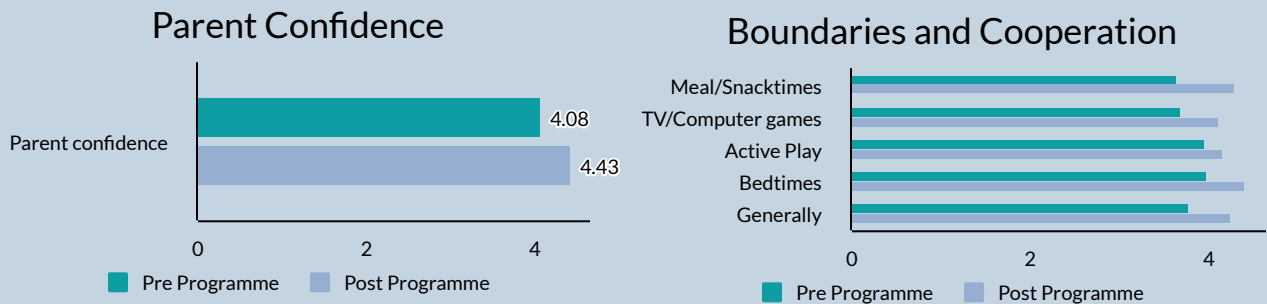


They were also asked about how much screen time their child has each day. There was a significant reduction in screen time for children aged 2-5 years following completion.

Impact for families

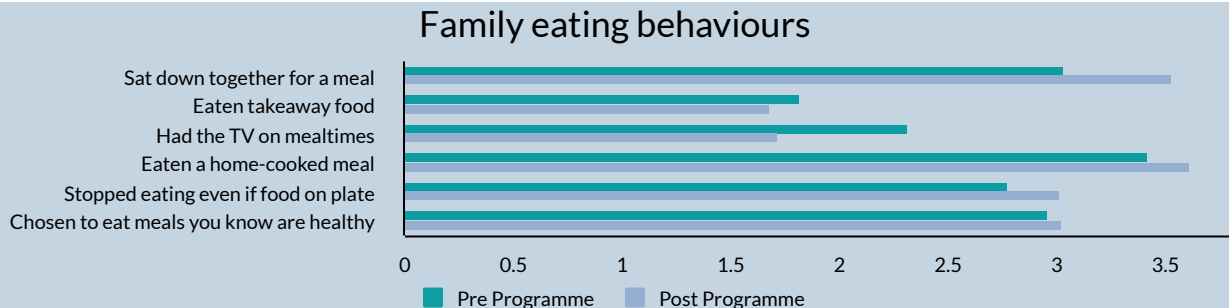
1:1 Programme

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



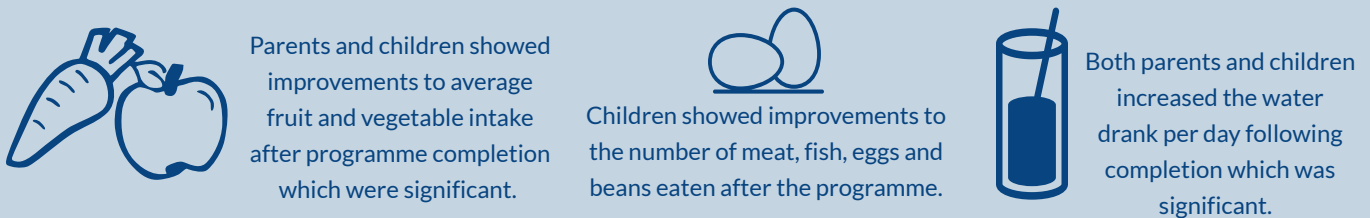
There was a statistically significant improvement to parents confidence levels after the 1:1 programme. This was also found for how well parents feel they generally set boundaries and encourage cooperation at mealtimes and snacktimes, TV and computer games, bedtimes. There was also a significant change in how much time parents have for themselves, how supported they feel and they experience less feelings of isolation. There was no change in feeling stressed and how happy they feel.

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

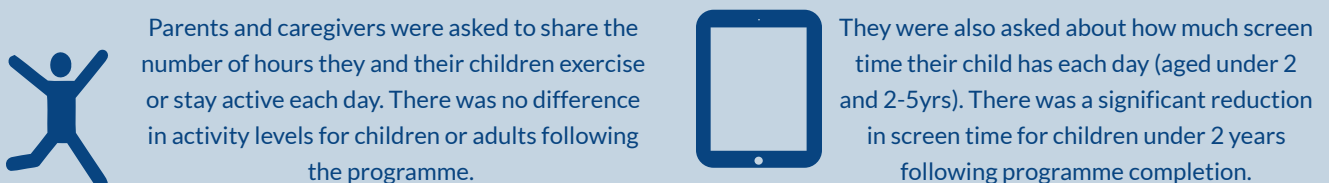


There was a only an improvement in how frequently families sat down together for a meal and a reduction in having the TV on at mealtimes following programme completion (statically significant).

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



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



Context

The Covid pandemic from March 2020 resulted in government restrictions on face-to-face contact and lockdowns which limited the project's capacity to operate as per the service design. The project team have done well to mitigate the risks posed by the pandemic by adapting to virtual delivery, continually supporting families and delivering the key programme messages. There was a pause delivery between March and July 2020 with no group programs offered but only one-to-one sessions.

During this time, there was a shift to virtual delivery which aimed to keep the core messages via implementation of methods such as screen sharing and the use of various communication platforms (i.e. zoom, watts app). There was reduced delivery while online resources were developed, alongside a reduction in participants due to staffing issues and opportunities for project advertising (i.e. posters as venue closures). Alongside this, there were fewer available delivery partners which may have impacted referrals and then subsequent recruitment and delivery factors from the family hub and health visiting team.

To mitigate the impact of the pandemic, HENRY successfully increased promotions using other methods including Facebook, parent champions signing parents up directly and having a timetable sent out to all partners (schools, health visitors) and inviting food banks to support referrals. The shift to virtual delivery enabled more flexibility for parents and also reduced childcare/transport issues. Additionally, as parents and staff were working from home, they were more available and flexible to respond to parents needs and queries. However, often technical issues (i.e. connectivity) and digital poverty (i.e. mobile data and attachments) were unforeseen risks to the project; however the team worked well to support families by sending resources in the post to families.

Comparison of contract periods



1st Contract vs 2nd Contract



Reach



In the current contract, the project met the target for the number of families from a White: Other ethnic group which contrasted to contract one, where the project was in **RED** for this criteria. In relation to engaging families from an Asian: Pakistani ethnic group, the current project was close to target, but the previous contract clearly exceeded the target (+100%). There was an alternate pattern for those from a White: British ethnic group as the project was in **RED** in the current contract period, but exceeded the target in the previous (+100%).

Recruitment



The findings from both contracts were similar with a alternate pattern. For the group programme, the project placed in **RED** across all 3 years in contract 2 (46%) similar to contract 1 which had a higher proportion enrolled (67%). For the 1:1 programme, contract 1 (48%) was in **RED** similar to contract 2 (60%) for enrolment figures.

Implementation



The number of group programmes delivered were in line with the anticipated figures and were similar for the current contract (73%) and previous contract (75%) both situating in **RED**.

Data Quality



In contract 1, data quality was poor and there was an inconsistent approach by facilitators of recording the programmes. In the current contract, the quality of the data has greatly improved with a rating of **GREEN**.

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