



Better Start Bradford Innovation Hub

ESOL for Pregnancy and ESOL with Infants

Final Report

October 2024

This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for Better Start Bradford and ESOL for Pregnancy and ESOL with Infants.

The document provides an overview of project performance and findings from the implementation evaluation including an interpretation of these findings by BSBIH. The design of this evaluation is described in more detail in the Evaluation Plan Summary, which was approved by key stakeholders from the BSBIH and BSB.

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Produced for Better Start Bradford



Executive Summary

Project Background

ESOL for Pregnancy is an antenatal course designed for women with low levels of English language proficiency. The project aims to support women to develop specific language skills that will facilitate their communication with midwives and the national health system more broadly, as well as informing women about pregnancy and birth practices to help them feel empowered in their decision making. ESOL for Pregnancy targets 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). Delivery began in November 2016 and stopped in May 2024. Originally delivered in person, ESOL for Pregnancy was adapted to be delivered online during the COVID-19 pandemic and has been delivered as an online only offer since. The course is delivered as weekly sessions over 6 weeks, led by an ESOL tutor.

Towards the end of the second contract of ESOL for Pregnancy, the ESOL with Infants project was introduced. This course helps parents and carers develop their language skills through sharing books with their children, encouraging interaction with their child, and building awareness of other ESOL provision to further develop their English. Courses are delivered face-to-face in play-based settings within the Better Start Bradford area and consist of 6 weekly sessions led by an ESOL tutor. Parents are encouraged to bring their children. ESOL with Infants is a newly designed programme and is offered to graduates of ESOL for Pregnancy, providing a natural progression route for them. It is also offered to other parents and carers of children under 2 who might benefit from improving their English in an informal way via an unaccredited course. Delivery of the project began in January 2022 and stopped in May 2024.

This report presents findings from the BSBIH's evaluation of both projects, based on data provided by Shipley College across the delivery period.

Evaluation Aims

As newly developed projects, the Innovation Hub originally identified both ESOL for Pregnancy and ESOL with Infants as suitable for Implementation evaluation only. Despite being delivered for a number of years, adaptation of the programme from face to face to online, and ongoing issues with data quality for the ESOL for Pregnancy project has meant that the focus has continued to be on understanding implementation and improving data quality.

The main aims of the evaluation for both projects were therefore to provide a clear picture of project delivery, implementation, fidelity, reach and engagement in the Better Start Bradford area. This was to determine whether the project logic model could be demonstrated in action. The evaluation also sought to establish acceptability of the project to families.

Data Quality

An important part of the evaluation of the ESOL projects is to understand their reach. 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. It is acknowledged that efforts were made by the project to improve data quality, and some progress was made. However, overall the project has been rated as **AMBER** because of limitations to evaluation.



Executive Summary

Key Findings

ESOL for Pregnancy

Recruitment



Participants

Recruitment related to the number of women attending at least one course session.

It was anticipated that 675 women would take part in a course over the lifetime of the project. The project actually recruited 362 (54%).

Implementation



76 courses delivered

The project aimed to deliver 15 courses a year, giving an overall target of 112 courses over the life of the project. The project recorded 76 courses with any attendance.

This is 70% of anticipated.

Satisfaction



Satisfaction was measured via a project satisfaction questionnaire.

It was anticipated that 80% of respondents would have a median score of 4 or more.

While 100% of responses gave a median score of 4 or more, only 65 participants completed a questionnaire (18%) meaning this finding should be interpreted with caution.

ESOL for Infants

Recruitment



Participants

Recruitment related to the number of parents/carers attending at least one course session.

It was anticipated that 205 parents/carers would take part in a course over the lifetime of the project. The project actually recruited 76 (37%).

Implementation



15 courses delivered

The project aimed to deliver 15 courses a year, giving an overall target of 34 courses over the life of the project. The project recorded 15 courses with any attendance.

This is 44% of anticipated.

Satisfaction



Satisfaction was measured via a project satisfaction questionnaire.

It was anticipated that 80% of respondents would have a median score of 4 or more.

Very few responses to the questionnaire were recorded and so this data has not been analysed.

Executive Summary

Key Findings

- The ESOL for Pregnancy project consistently received fewer referrals than anticipated, making it challenging to meet the progression criteria set during service design. While referrals increased during the COVID-19 pandemic, coming much closer to anticipated numbers, rates began to drop again soon after with a general decline in the last two years of delivery
- Referral source data reveals that the introduction of the Perinatal Project Administrators as a referral route into ESOL for Pregnancy may be responsible for the increase in referrals seen in the second contract. This highlights the benefit of dedicated referrers positioned to identify eligible women, and proactively offer the project.
- While enrollee numbers were less than half of anticipated over the life of the project, it should be noted that 82% of accepted referrals went on to enrol. Similarly, 80% of enrollees went on to participate, and of those 82% completed a course, indicating very high levels of engagement and retention once women are in the project.
- While the move to a purely online delivery format initially seemed to coincide with increased engagement at the beginning of the second contract, it's unclear if this mode of delivery is preferable to women given the drop in engagement towards the end of delivery
- Issues of consent and missing data have limited our ability to draw conclusions about the reach of the project, however, where there is data it suggests the project is reaching women from diverse backgrounds who speak a number of different community languages.

ESOL with Infants

- The introduction of the ESOL with Infants project has not met anticipated levels of recruitment or delivery, recording just 29% of the anticipated number of referrals and less than half of anticipated courses (44%).
- The low number of referrals meant that the project never met targets for enrollee, participant, and completion figures. However, transition rates from referral to enrollee, and enrollee to participant were higher than anticipated and 68% of participating parents completed a course suggesting that once in the project, levels of engagement and retention are reasonably high.

Recommendations

Recommendations for practice

- Strengthening referral pathways into ESOL for Pregnancy should be a priority to ensure women who could benefit from the project are able to access it. This is vital to the sustainability of the project and should include work with Maternity as well as other projects and services that work with pregnant women
- Work should be done to understand whether a purely online offer for ESOL for Pregnancy is the preferred delivery mode for women given the decline in referrals post-COVID.
- Given low levels of referrals into ESOL with Infants, further work is needed to understand what demand there is for the service, and/or if dedicated engagement work is needed to ensure families understand the offer and its potential benefits.

Recommendations for evaluation

- Evaluation of this project has been limited because of consistent data quality issues. Data capture should be improved to support the project to continue to monitor and evaluate implementation and reach.
- Once data capture is improved the Theory of Change and Logic Model could be revisited with reference to course content to identify possible project outcomes for further evaluation.

Project background

About ESOL for Pregnancy and ESOL with Infants

ESOL for Pregnancy is an antenatal course designed for women with low levels of English language proficiency. The project aims to support women to develop specific language skills that will facilitate their communication with midwives and the national health system more broadly, as well as informing women about pregnancy and birth practices to help them feel empowered in their decision making. 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).

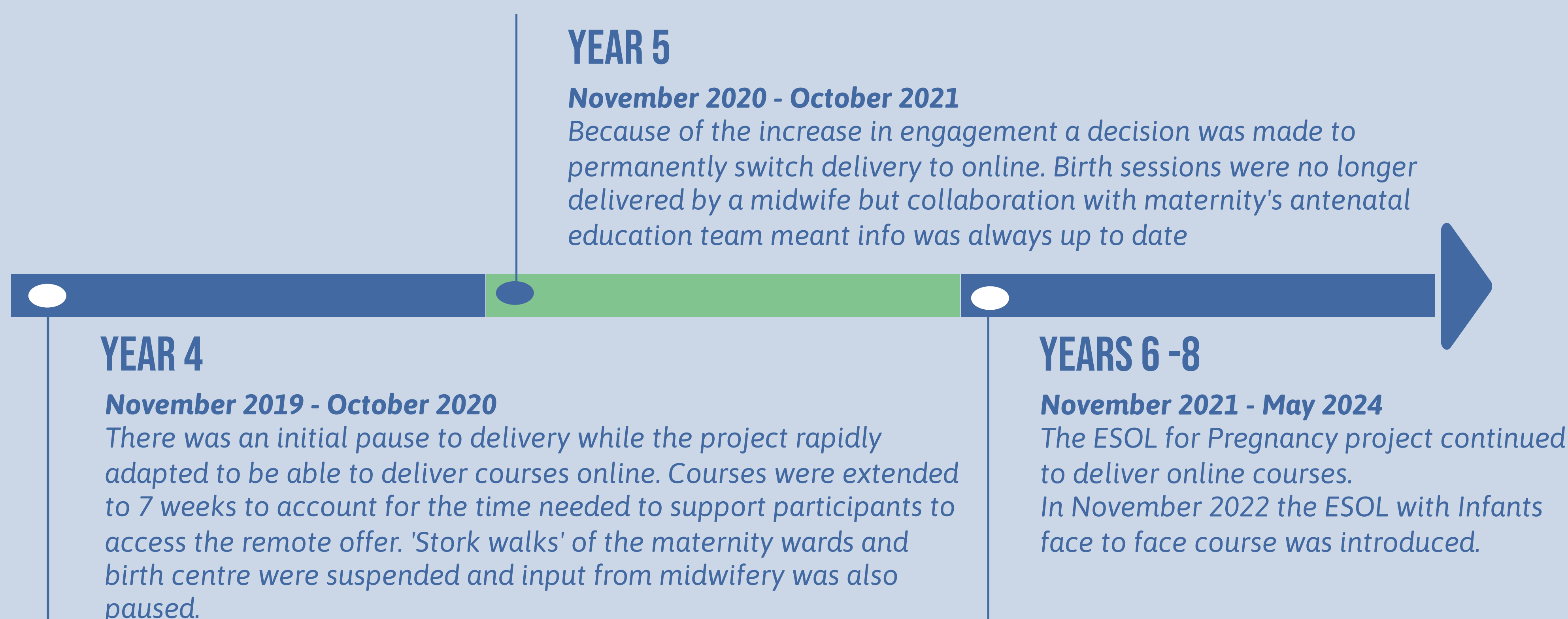
ESOL for Pregnancy delivers topic based sessions including healthy pregnancy, appointments, signs of labour, labour and birth, and post natal checks. Weekly sessions are taught across 6 weeks by an experienced ESOL tutor . When originally service designed it was anticipated that the labour and birth session would be delivered by a midwife, but this was paused in 2020 as a result of COVID-19 and the resulting national lockdown, and never resumed. However, the project work closely with the antenatal education team at Bradford Royal Infirmary to ensure that relevant up to date information is shared with women. The project was also designed to be delivered in person, but was adapted to online delivery during the COVID-19 pandemic and has been delivered this way since. Delivery of ESOL for Pregnancy began in November 2016 and stopped in June 2024

The ESOL with Infants project was introduced in November 2022. This course helps parents and carers develop their English language skills by sharing books with their children, encouraging them to interact with their child, and building awareness of additional ESOL provision to further develop their English. Courses are delivered face-to-face in play-based settings within the Better Start Bradford area and consist of 6 weekly sessions led by an ESOL tutor. Parents are encouraged to bring their children. ESOL with Infants is a newly designed programme and is offered to graduates of ESOL for Pregnancy, providing a natural progression route for them. It is also offered to other parents and carers of children under 2 who might benefit from improving their English in an informal way via an unaccredited course. Delivery of of the project began in January 2022 and stopped in May 2024.

This report presents findings from the BSBIH's evaluation of both projects, based on data provided by Shipley College.

The Impact of COVID-19

As described above, the delivery of ESOL for Pregnancy was significantly impacted by COVID-19 and the associated social restrictions. The detail of this is shown on the timeline below.



Evaluation

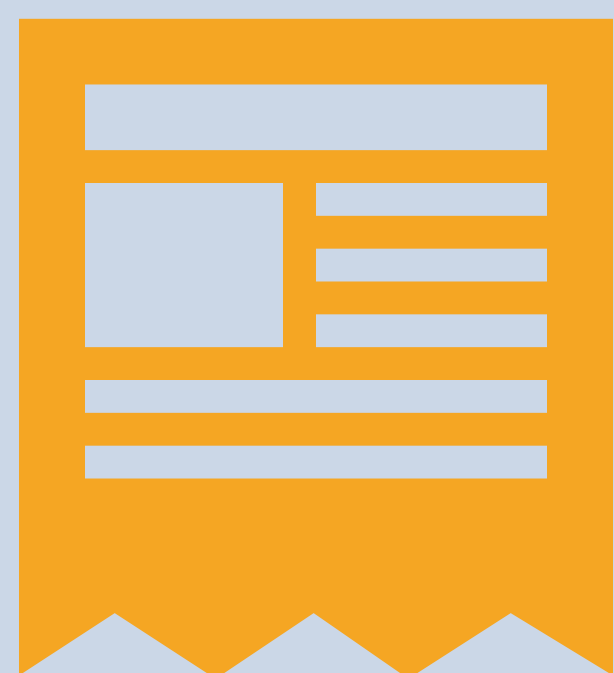
Aims of the evaluation

As newly developed projects, the Innovation Hub originally identified both ESOL for Pregnancy and ESOL with Infants as suitable for Implementation evaluation only.

Ongoing data quality issues identified during the first contract period for ESOL for Pregnancy as well as the adaptations made as a result of COVID-19, meant that the focus remained on implementation moving forward. Plans for evaluation were updated to explore the acceptability of the online offer and there was also a focus on working with the project to improve rates of consent for sharing data and data quality.

The main aims of the evaluation for both projects were therefore to provide a clear picture of project delivery and implementation to determine whether the project logic model could be demonstrated in action. There was a focus on project reach as well as on levels of engagement (including project recruitment into and completion) in the Better Start Bradford area. The evaluation sought to establish acceptability of both projects to families.

Data quality



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

However, the rate of consent to share data with the Innovation Hub, which is collected from families by the project, has consistently been much lower than anticipated. Our ability to deliver planned evaluations is contingent on a working consent procedure and sufficient rates of consent and so there have been significant limitations on evaluation.

Similarly, high proportions of missing demographic data, including ethnicity and language, have made it difficult to confidently report reach across contracts and projects. This again presents a significantly limiting factor for evaluation.

We acknowledge the work the project has done to improve data quality - specifically adding in unique identifiers and retrospectively collecting ethnicity and language information. However, issues persist and for this reason the overall rating of data is **AMBER**.

Evaluation Findings

ESOL for Pregnancy

Were anticipated numbers of women recruited to the project?

How many women were referred into ESOL for Pregnancy?

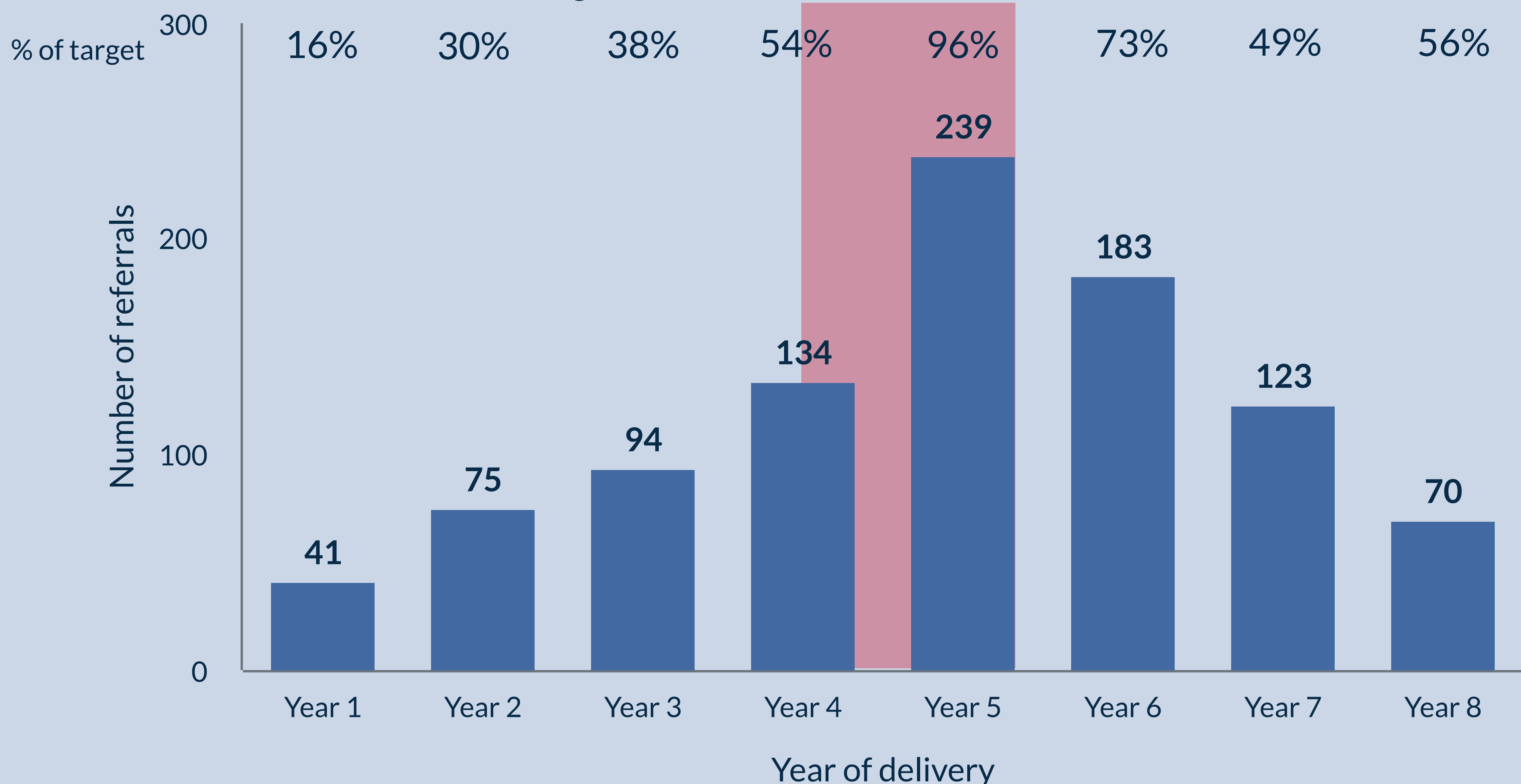
Given estimated rates of eligibility, described on page 4, it was anticipated that the project would receive around 250 referrals each year. Giving an overall anticipated figure of 1,875 referrals.

Across the evaluation period, referrals were recorded for 959 unique women, a little over half of the anticipated number. Annual numbers of referrals and progress against targets is shown in Figure 1.

During the first project contract (Years 1-3) the project struggled to achieve anticipated numbers of referrals, although numbers did increase year on year.

While the project still did not meet anticipated figures in the second contract, referrals did increase. In Year 4 a substantial jump in referrals was recorded, which coincided with the COVID-19 pandemic and a move to online delivery. A further increase was also seen in Year 5 when the number of referrals almost doubled. While an increase in referrals may be indicative of increased interest in the project, or improvements in accessibility because of remote delivery, it is also worth noting that towards the end of Year 5 the project became a focus for the Perinatal Project Administrators (PPAs). The PPAs, a role based at Bradford Royal Infirmary and funded by Better Start Bradford, were tasked with identifying eligible pregnant women using maternity data, and contacting them directly to offer them a referral to the project. It is therefore possible that this proactive offer of support may have seen referrals increase.

Figure 1: Annual number of referrals



The number of referrals remained reasonably high in Year 6, but dropped to around 50% of anticipated in Year 7 and has remained at a similar rate to the end of delivery.

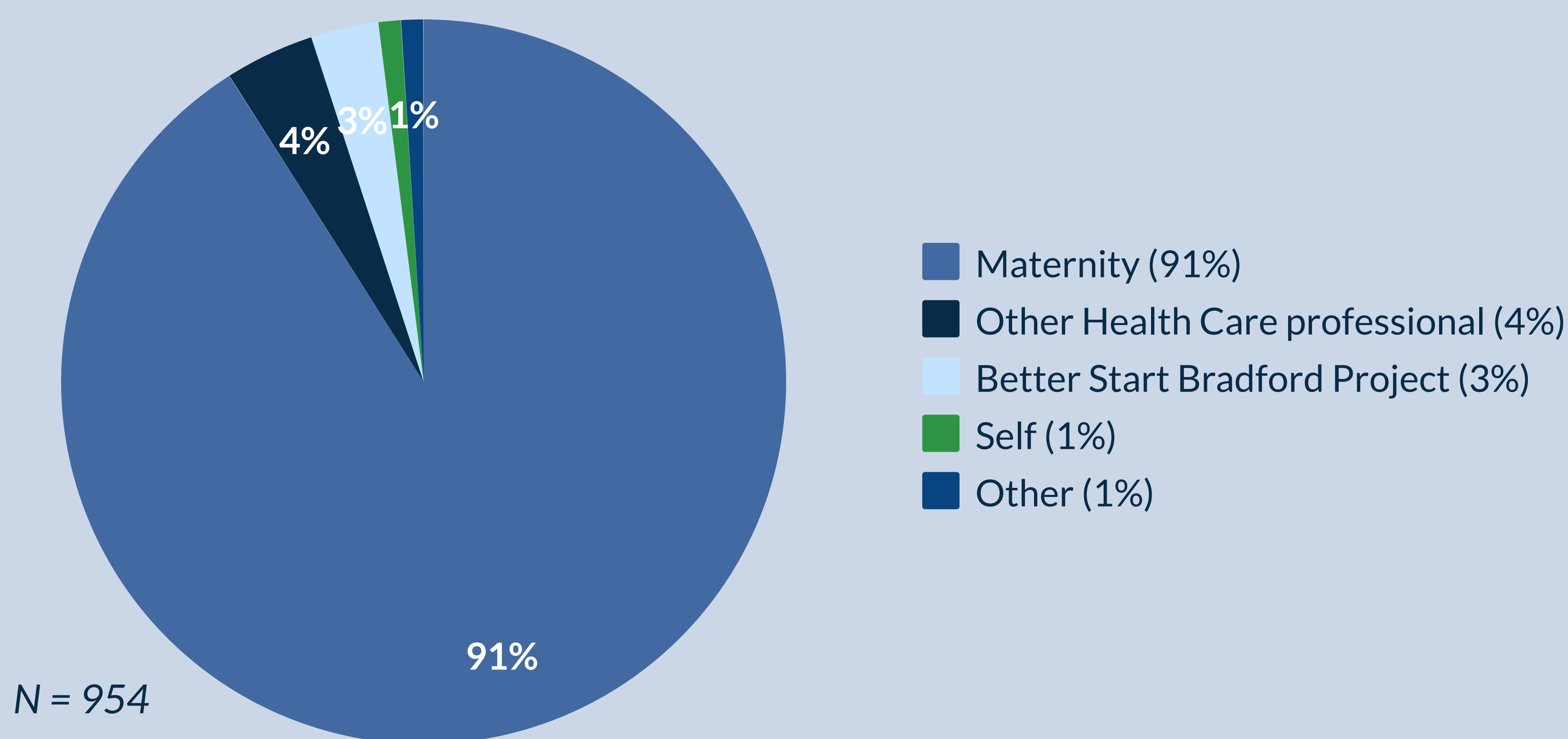
Evaluation Findings

Implementation Evaluation

Where did referrals come from?

Referral source was recorded for 954 referrals. As might be expected, the majority of referrals (91%) were recorded as coming from midwifery teams (including the Perinatal Project Administrators (PPAs) based at Bradford Royal Infirmary). Other referral sources included other health care professionals (4%), Better Start Bradford projects (3%), self referrals (1%) and Children Centres and VCS organisations.

Figure 2: % of referrals by source



While 869 referrals were recorded as being from midwifery teams, the detailed data (including name of referrer) allowed us to identify that the vast majority of these were from the PPA team (85%). This highlights the value of a dedicated team able to identify and contact eligible women. More information is provided below.

Referrals made by the PPAs

The PPAs were able to review reports of women booked by Maternity services at BRI to identify those who might be eligible for ESOL for Pregnancy at time of booking. They then contacted 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 1507 women were identified by the PPAs as eligible for the project. Of these, 1158 (77%) were contacted (a monthly average of 22 women) and offered a referral into the project.

737 women (64% of those contacted) accepted the offer of a referral - a monthly average of 15 women. Reasons for decline included being confident with English, having already done ESOL for pregnancy or another ESOL course.

64%
of contacted
women accept
the offer of a
referral

Evaluation Findings

ESOL for Pregnancy

How many women enrolled onto ESOL for Pregnancy?

Of the 959 women recorded as having been referred, 808 (84%) received a precourse contact from the project and 549 (57%) had referrals recorded as accepted.

259 (27%) referrals were recorded as not accepted and another 16% were recorded as 'declined service'.

Reasons that referrals weren't accepted were only recorded for 105 women. Nearly a third of women (31%) were too late in pregnancy to start a course. Other common reasons included being out of area, no longer being pregnant, and having a language barrier. Over half (51%) were recorded as an 'Other' reason.

Overall, 451 women went on to enrol onto the project (appeared on a course register). This is 47% of all referrals and 82% of accepted referrals. The anticipated figure for the evaluation period was 675. The project therefore achieved 67% of their target,

In the first contract period, the project never achieved more than a third of anticipated figures of enrollees. However, from Year 4 the number of enrolled women substantially increased and exceeded or came close to anticipated figures for the remainder of project delivery.

451

unique women enrolled

67%

of anticipated women enrolled

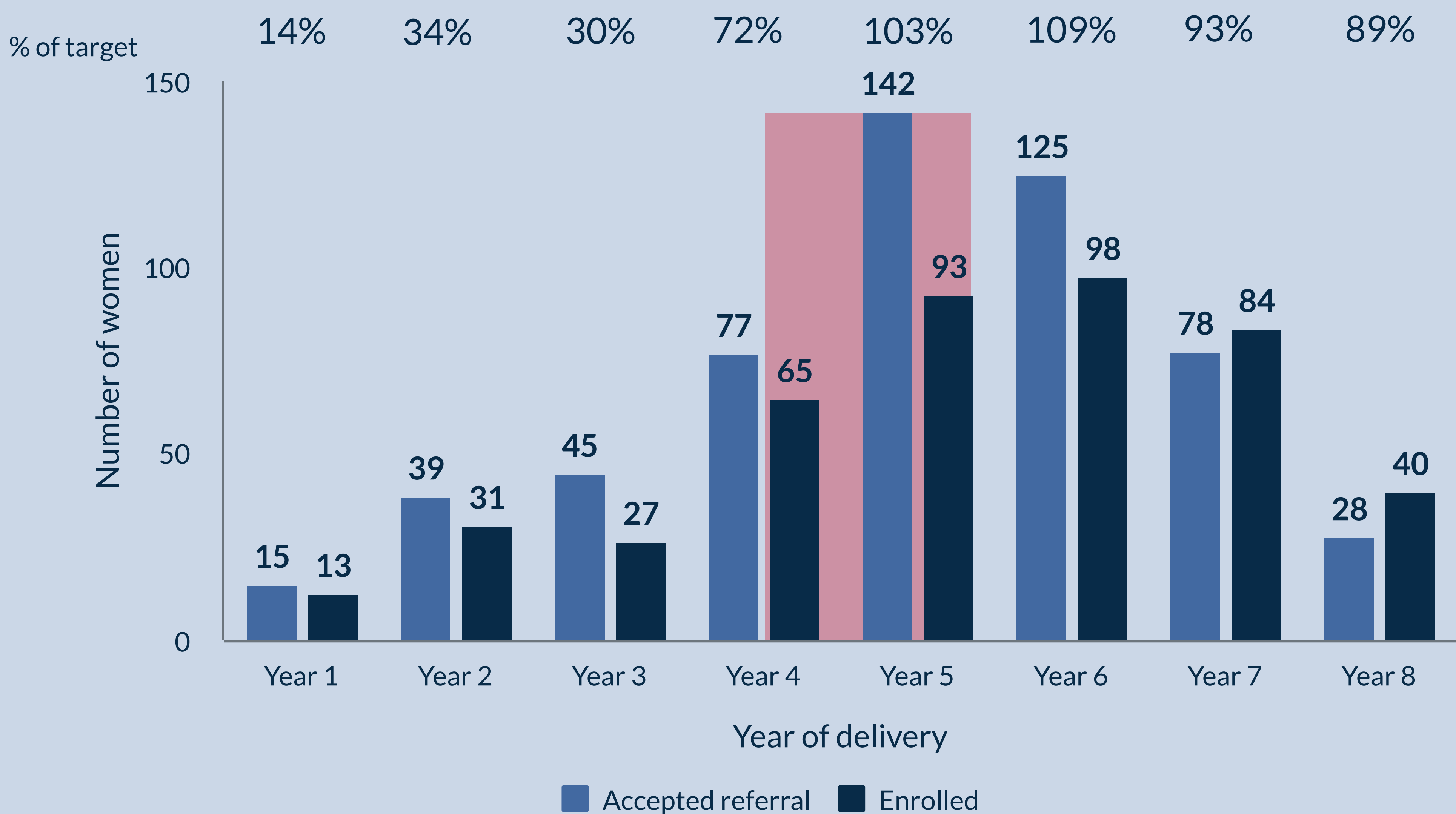


Figure 3: Number of women enrolled

Evaluation Findings

ESOL for Pregnancy

How many women participated and completed?

Of the 451 women that enrolled onto a course, 362 (80%) were recorded as having attended at least 1 session of a programme and were therefore classed as participants.

It was anticipated that 90 women would participate in a course each year. Performance against annual targets is shown in Figure 4.

For the first four years of delivery, completion of a course was defined as attending a minimum of 3 sessions. When the project was adapted to be delivered online, this definition was amended to attending 60% of available sessions. Based on these definitions a total of 297 (82%) participants went on to complete a course.

The contracted anticipated numbers for completion were based on 80% of anticipated participants going on to complete. Annual targets were 72 women per year.

Given that participant numbers never met anticipated levels the project was unable to meet the completion figure of 72 for all but Year 5 when it was exceeded. However, taking 80% of participants as the target, with the exception of Year 7, the project were able to meet or exceed anticipated rates of completion each year.

Of the 65 women who did not complete, the most common reason related to inability to attend sessions (72%). Other reasons related to pregnancy/health complications and lack of access to internet/whatsapp.

Figure 4: % of anticipated participant numbers achieved

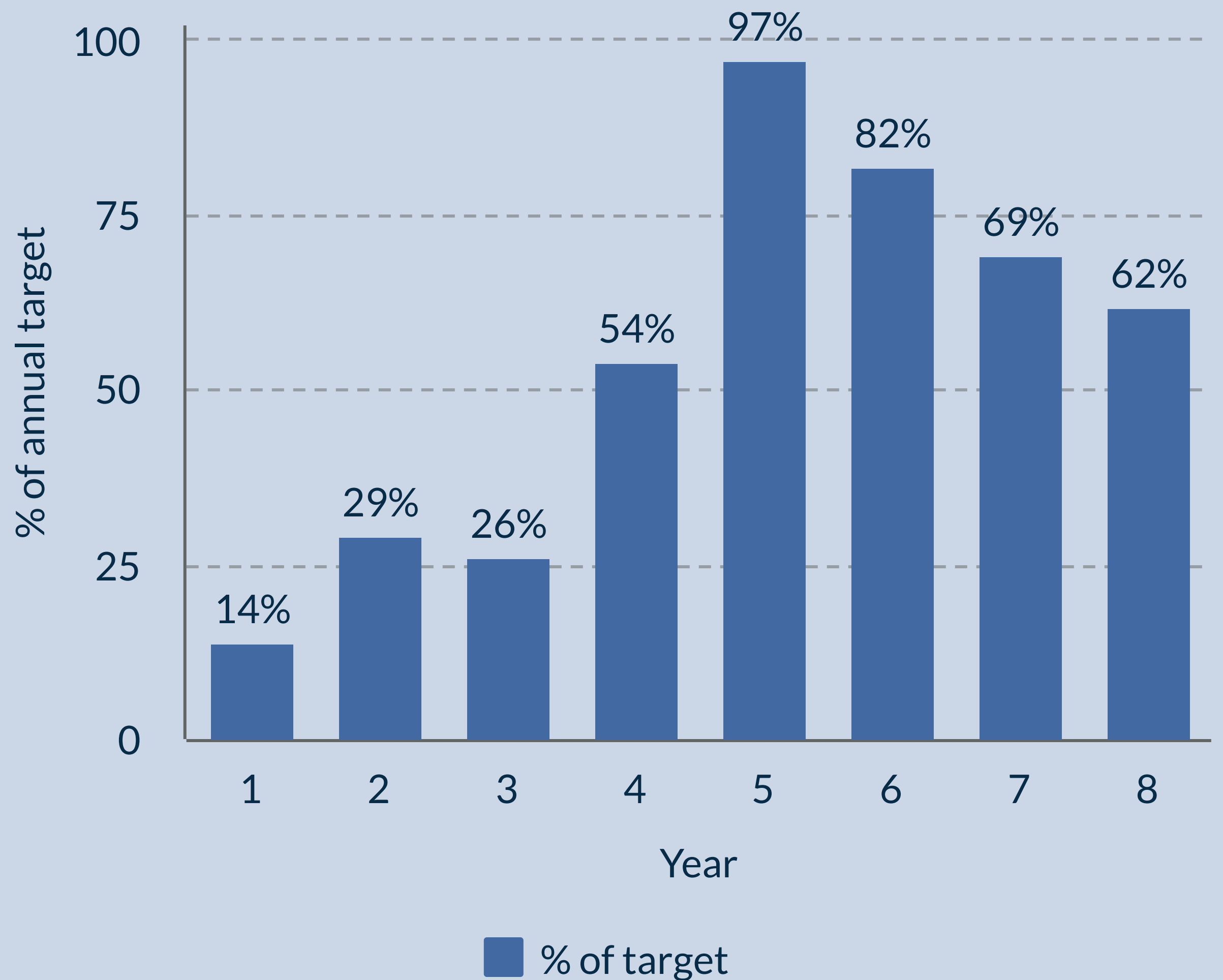
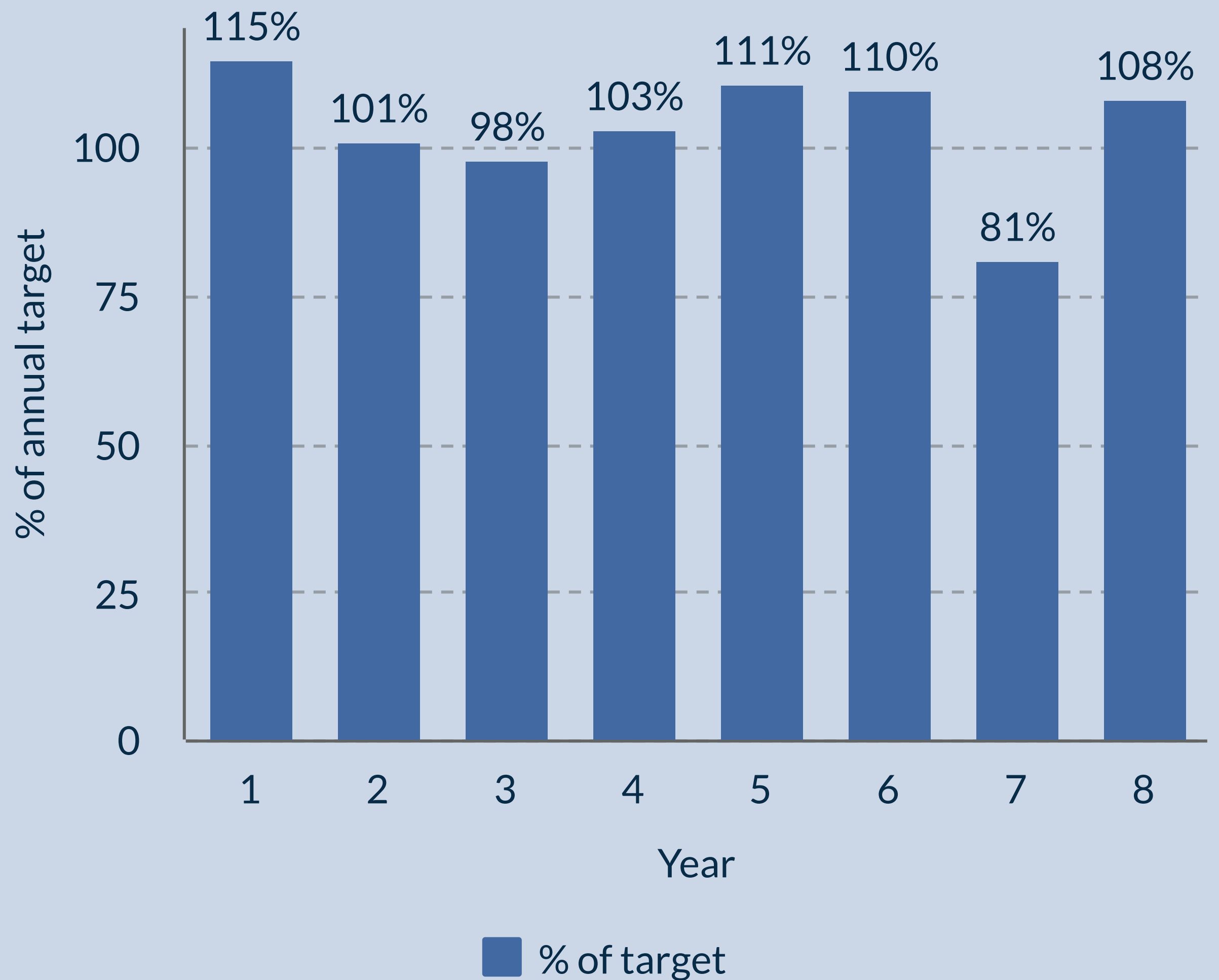


Figure 5: % of anticipated completion rate achieved



82%

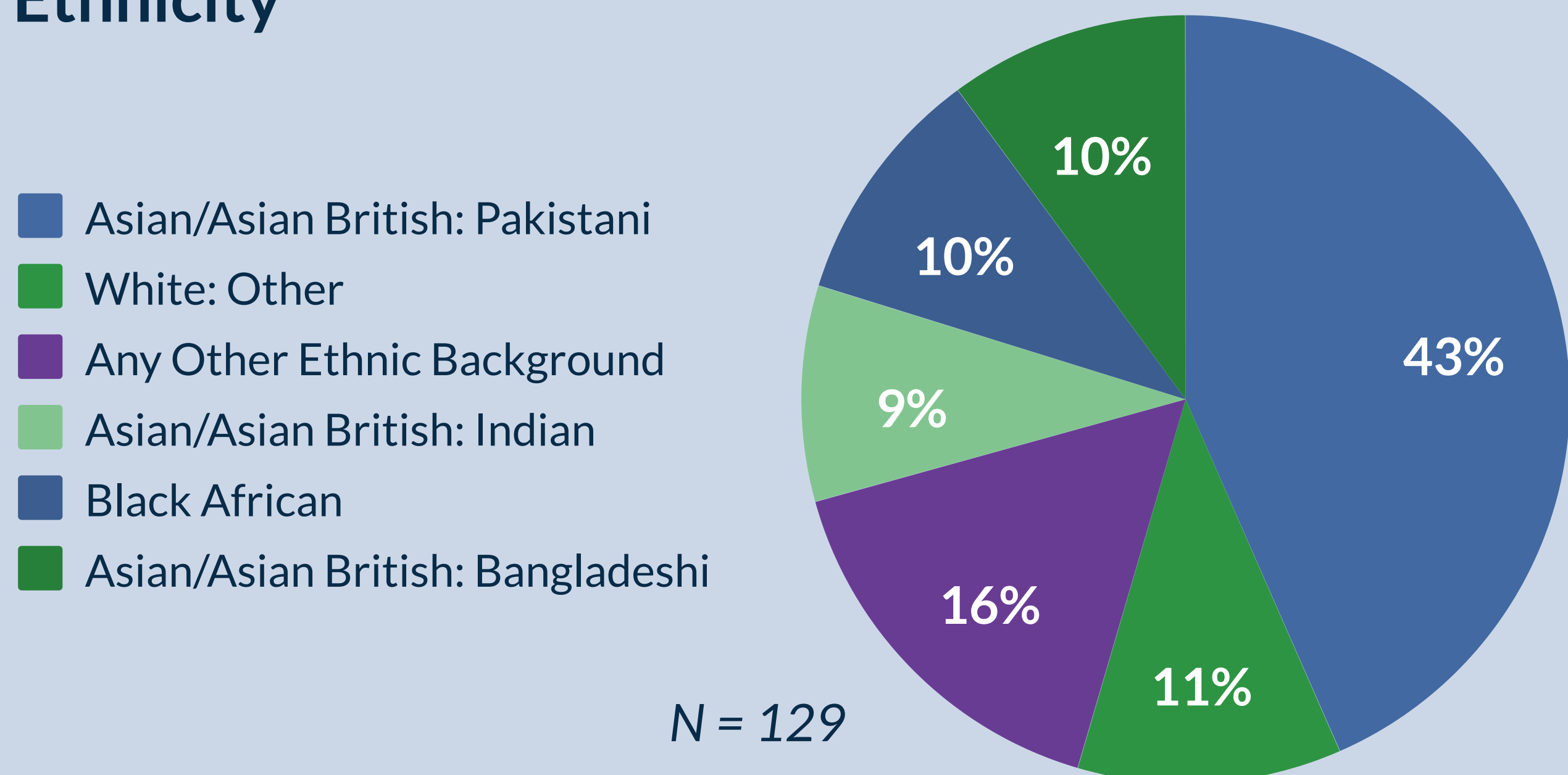
of participants went on to complete the course

Evaluation Findings

ESOL for Pregnancy

Who were the women that took part in the project?

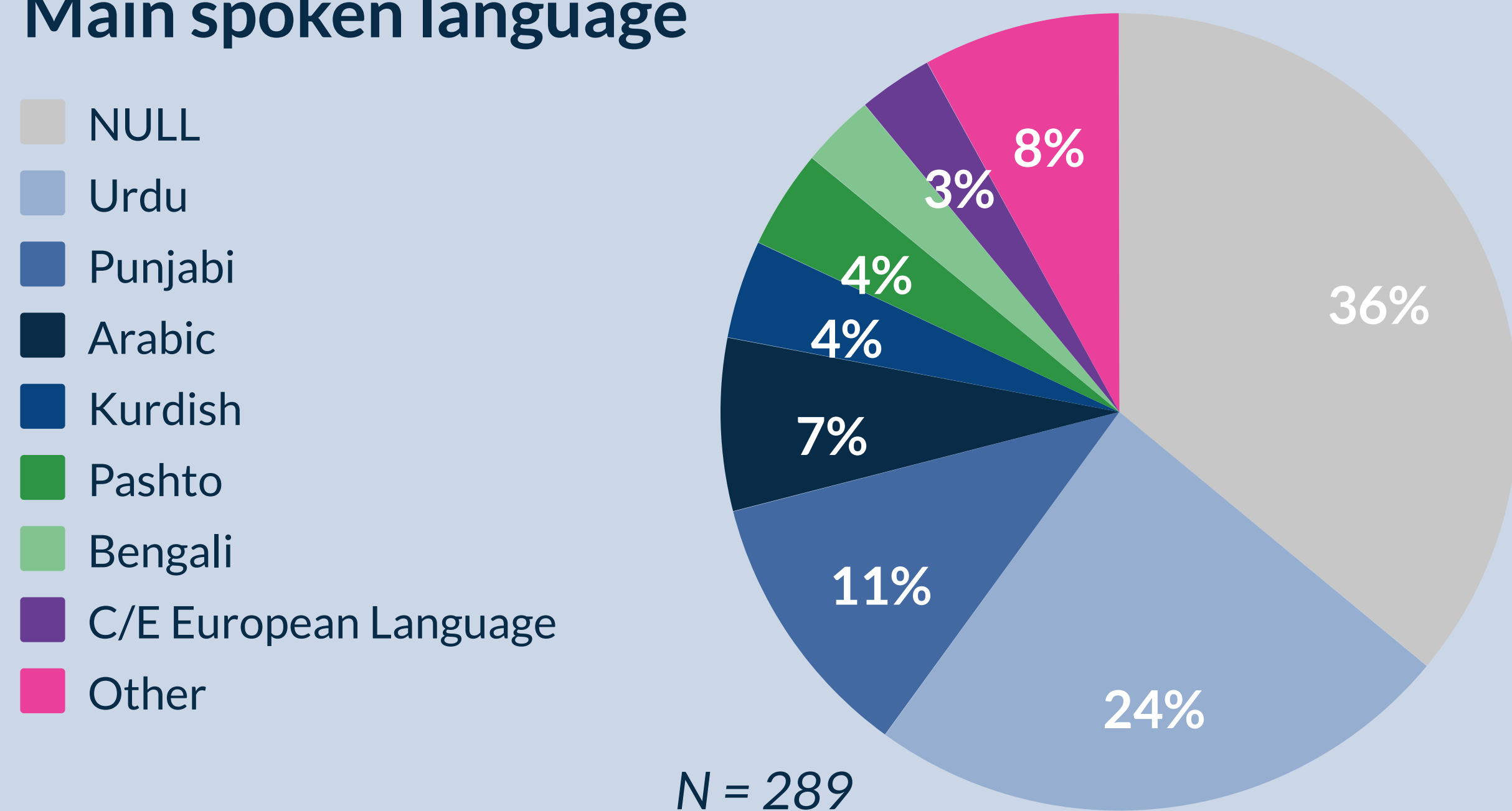
Ethnicity



Ethnicity data was recorded for 129 participants (37%) with nearly two thirds recorded as unknown or missing consent to be shared (63%). Given that this is less than half of those who took part it makes it difficult to be confident in how representative the data is of all the women who participated.

43% of women were of an Asian/Asian British Pakistani background, with 19% coming from Asian or Asian British Indian or Bangladeshi backgrounds. 11% of women were recorded as White Other and 10% were Black African. Nearly a fifth of participants were of an other background (16%).

Main spoken language



Language data was recorded for 184 participants (51%). Nearly a third were recorded as NULL (29%) and the rest did not have consent to share (20%).

Across participants with data, 18 different languages were recorded. Urdu was the most commonly recorded language (24%), followed by Punjabi (11%), Arabic (7%), Kurdish (4%), and Pashto (4%).

Central and Eastern European languages were recorded for 3% of participants and included Romanian, Hungarian, Slovakian, Polish and Czech.

Previous birth pregnancy/birth experience

Data relating to whether it was a woman's first pregnancy or first birth in the UK was only collected from Year 4 onwards.

Of the 300 participants recorded between Year 4 and 8, 25% were recorded as having their first child and 20% would be giving birth in the UK for the first time.

25%

of participants were first time mums

20%

of participants were having their first baby in the UK

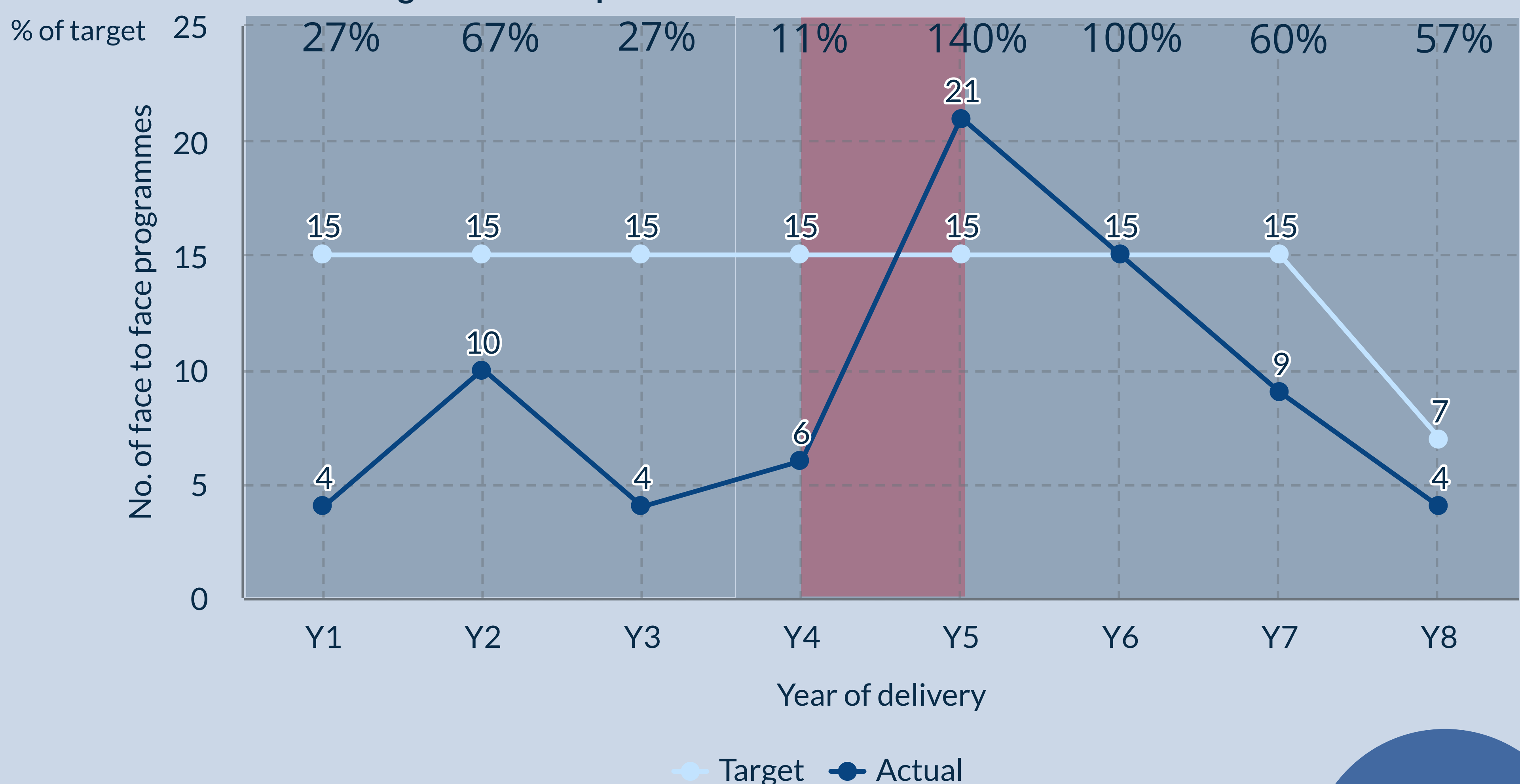
Evaluation Findings

ESOL for Pregnancy

On average, women attended 3.5 sessions. This increased from an average of 3 in the first contract to 4 in the second. However, across the final 6 months of delivery average attendance had increased to 5 sessions,

Was the project delivered as planned?

Figure 6: Anticipated and actual number of courses delivered



How many courses were delivered?

It was anticipated that 15 courses would be delivered each year. This gave an overall target for the evaluation period of 112.

In total 76 courses were recorded as delivered with attendance, 70% of anticipated. A further 17 courses were planned but completely cancelled. The majority of these were in the first contract period and related to low numbers of referrals.

While the project did not deliver the anticipated number of courses in 6 out of 8 contract years, in Years 5 and 6 targets were met or exceeded in line with the surge in referrals across those years.

In total, 299 course sessions were delivered, meaning on average a course consisted of 4 sessions recorded with attendance. A further 35 sessions were recorded as cancelled. 80% of cancelled sessions were in the second contract period and related levels of attendance.

76

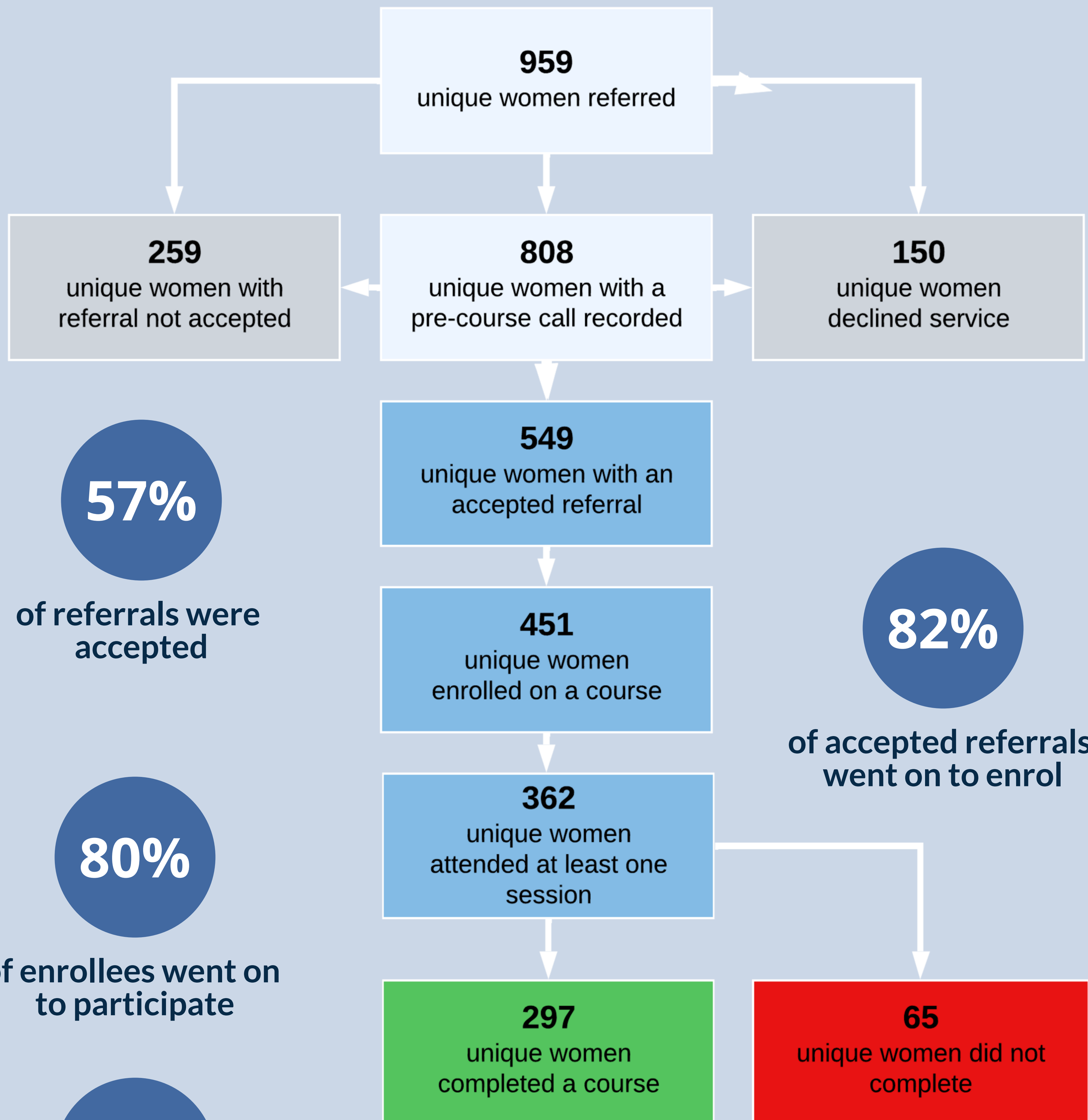
courses delivered

70%

of anticipated courses delivered

Participant Flow Diagram

ESOL for Pregnancy



57%

of referrals were accepted

80%

of enrollees went on to participate

82%

of participants went on to complete a programme

82%

of accepted referrals went on to enrol

Evaluation Findings

ESOL with Infants

Were anticipated numbers of parents recruited to the project?

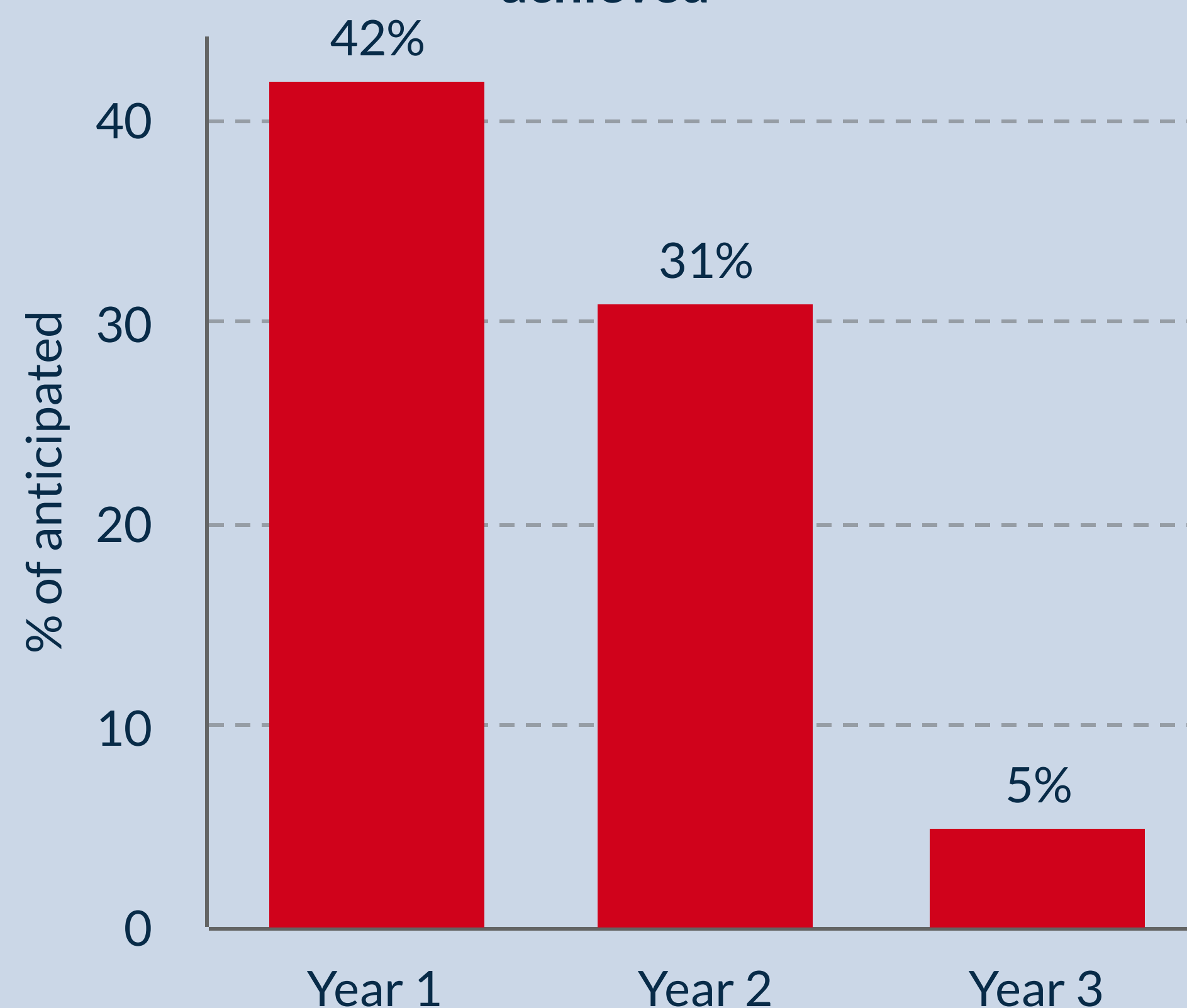
How many women were referred into ESOL with Infants?

While ESOL with Infants was considered to provide a follow on offer for participants from ESOL for Pregnancy, it also targeted other parents and carers of children under 2 who might benefit from improving their English in an informal way via an unaccredited course. It was anticipated that the project would receive around 250 referrals each year. Giving an overall anticipated figure of 575 referrals. It is worth noting that Year 1 was just 10 months of delivery and Year 3 was 6 months.

Across the evaluation period, referrals were recorded for 166 unique parents and carers. 83 in Year 1, 77 in Year 2 and 6 in Year 3. This was 29% of the anticipated number.

166 unique women referred

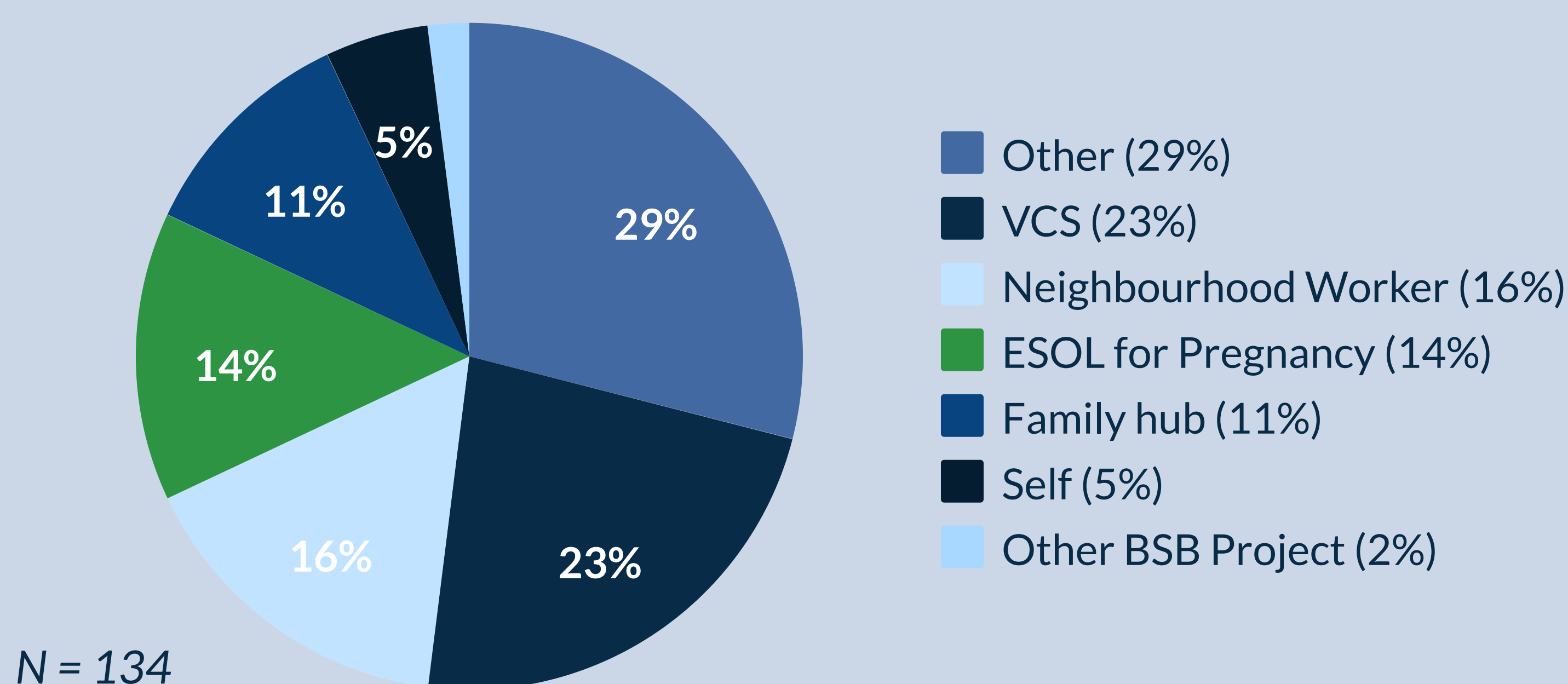
Figure 8: % of anticipated referral numbers achieved



Where did referrals come from?

The most commonly recorded individual referring service was ESOL for Pregnancy (14%). However, Neighbourhood Workers based at West Bowling and BD4 Family were responsible for 16% of referrals. Other Voluntary Sector organisations made nearly a quarter (23%) of referrals. Of these, the Karmand centre and Shine were common referrers. Family Hubs made 11% of referrals. Around a quarter of referrals were simply recorded as 'Other'. Where single referrals were made by an organisation these were grouped with the 'Other' category to avoid identification (29%).

Figure 9: % of referrals by source



While it was not possible from the data to determine how many referrals were accepted, only 9 were recorded as not accepted (5%). Reasons included not being eligible (living out of area or not caring for a child under 2 years), having already done the course, and 'other'.

Evaluation Findings

ESOL with Infants

How many parents took part in ESOL with Infants?

It was anticipated that 288 parents or carers would enrol onto a course. This figure was based on 50% of the anticipated number of referrals going on to enrol.

Of the 166 parents with referrals recorded, 98 appeared on a course register and so can be considered to have enrolled. While this is just over a third (34%) of the anticipated figure, it does represent 59% of referrals, exceeding the expected rate of transition from referral to enrollee.

Anticipated figures for participation were based on around 70% of the anticipated number of enrollees going on to take part in a course. It was expected that 205 parents or carers would participate. Of the 98 who enrolled, 76 went on to participate in a course (78%), with at least one session attended. While this is only 37% of the anticipated number it exceeds the targets of 70% of enrollees going on to take part.

As for ESOL for Pregnancy, the definition for completion of ESOL with Infants was attending at least 60% of sessions. Across the evaluation period, 52 parents met this criteria. This is 53% of enrollees and 68% of participants.

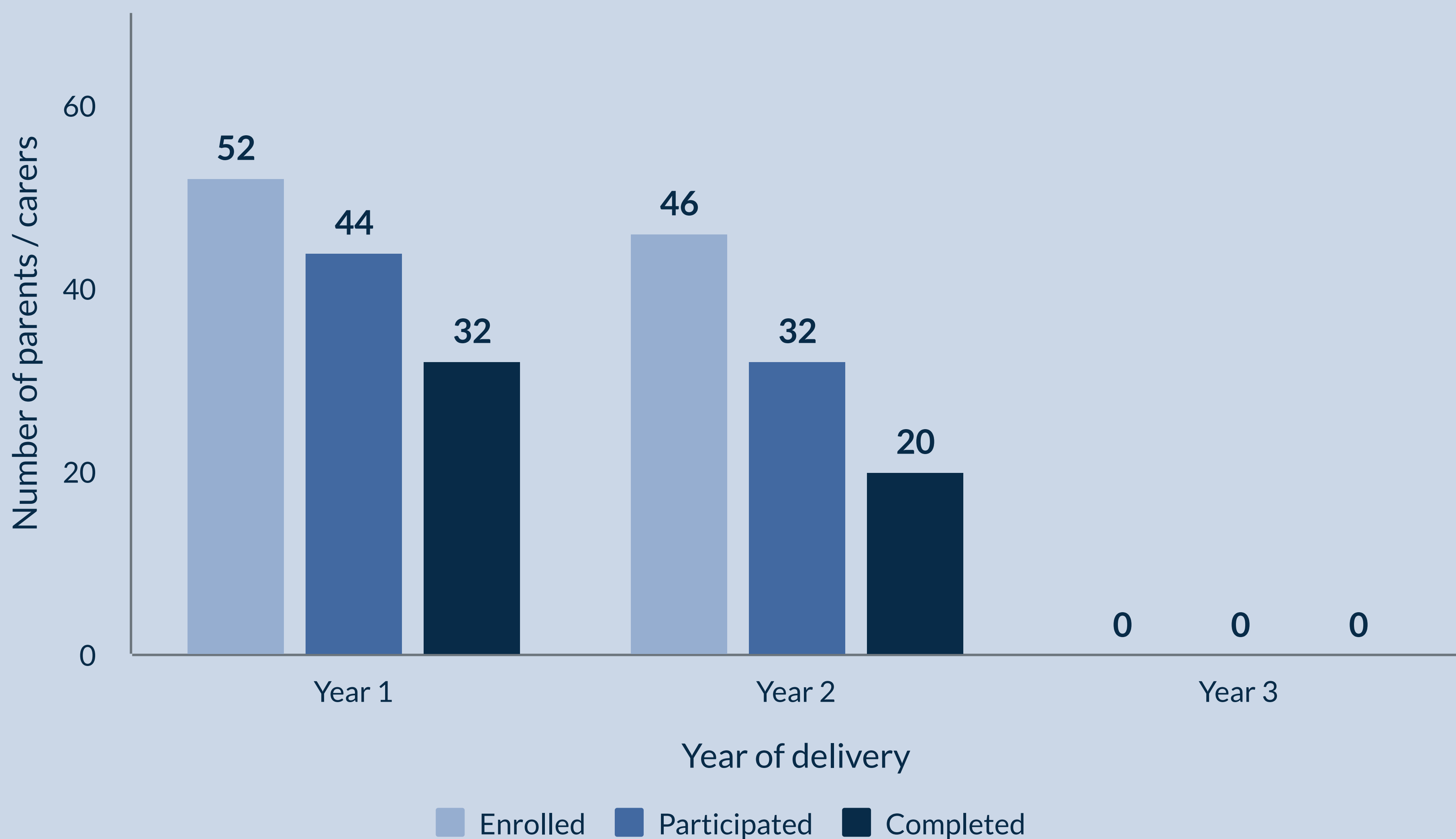
98

**unique parents/
carers enrolled**

34%

**of anticipated
women enrolled**

Figure 10: Number of women enrolled



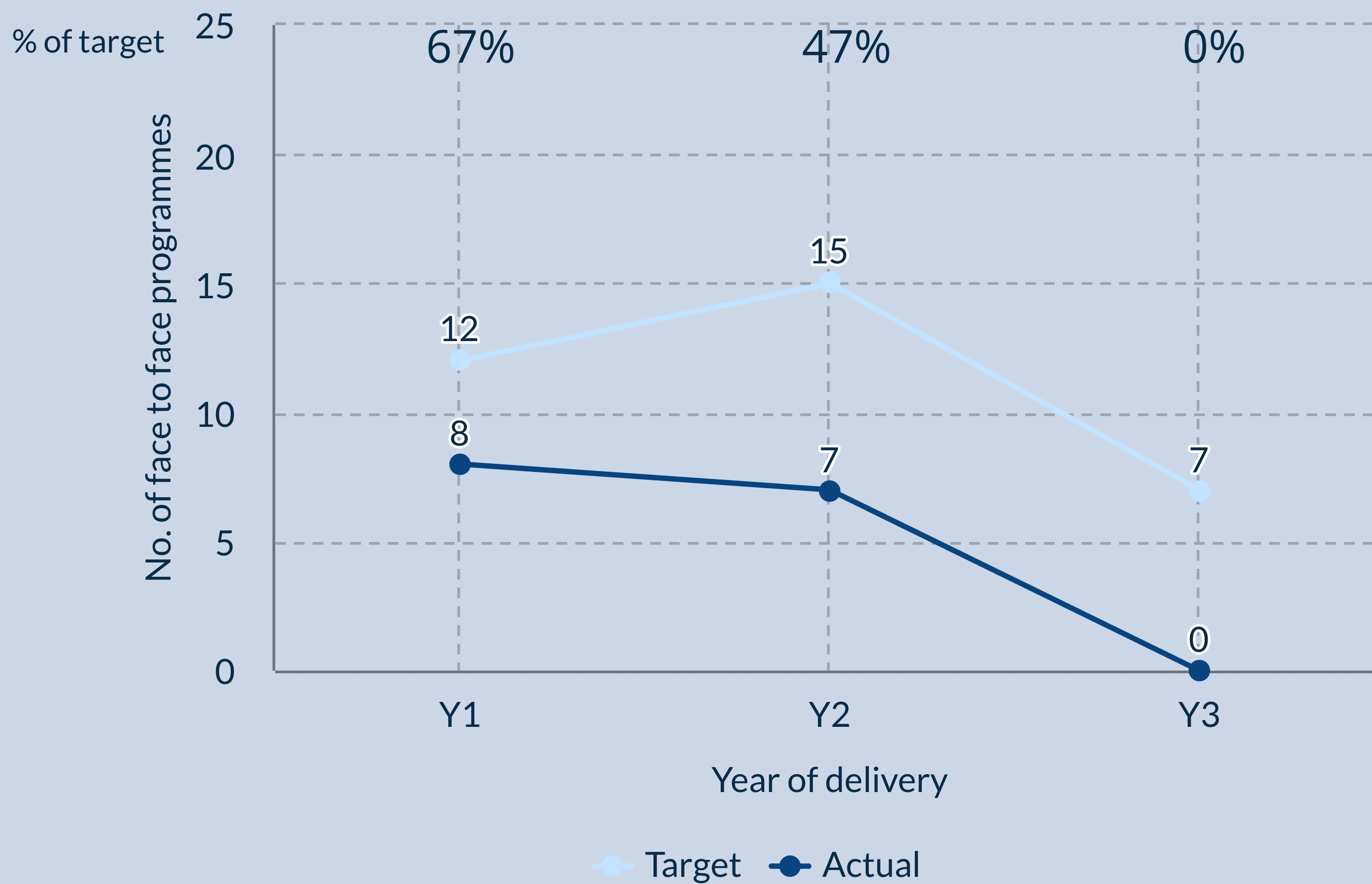
Evaluation Findings

ESOL with Infants

On average, parents and carers attended 3 sessions. This increased from an average of 2.8 in Year1 to 3.3 in Year 2.

Was the project delivered as planned?

Figure 6: Anticipated and actual number of courses delivered



15

courses delivered

44%

of anticipated courses delivered

How many course were delivered?

It was anticipated that 15 courses would be delivered each year. This gave an overall target for the evaluation period of 34.

In total 15 courses were recorded as delivered with attendance, 44% of anticipated.

A further 4 courses were planned but completely cancelled. No courses were recorded in the final year of the contract.

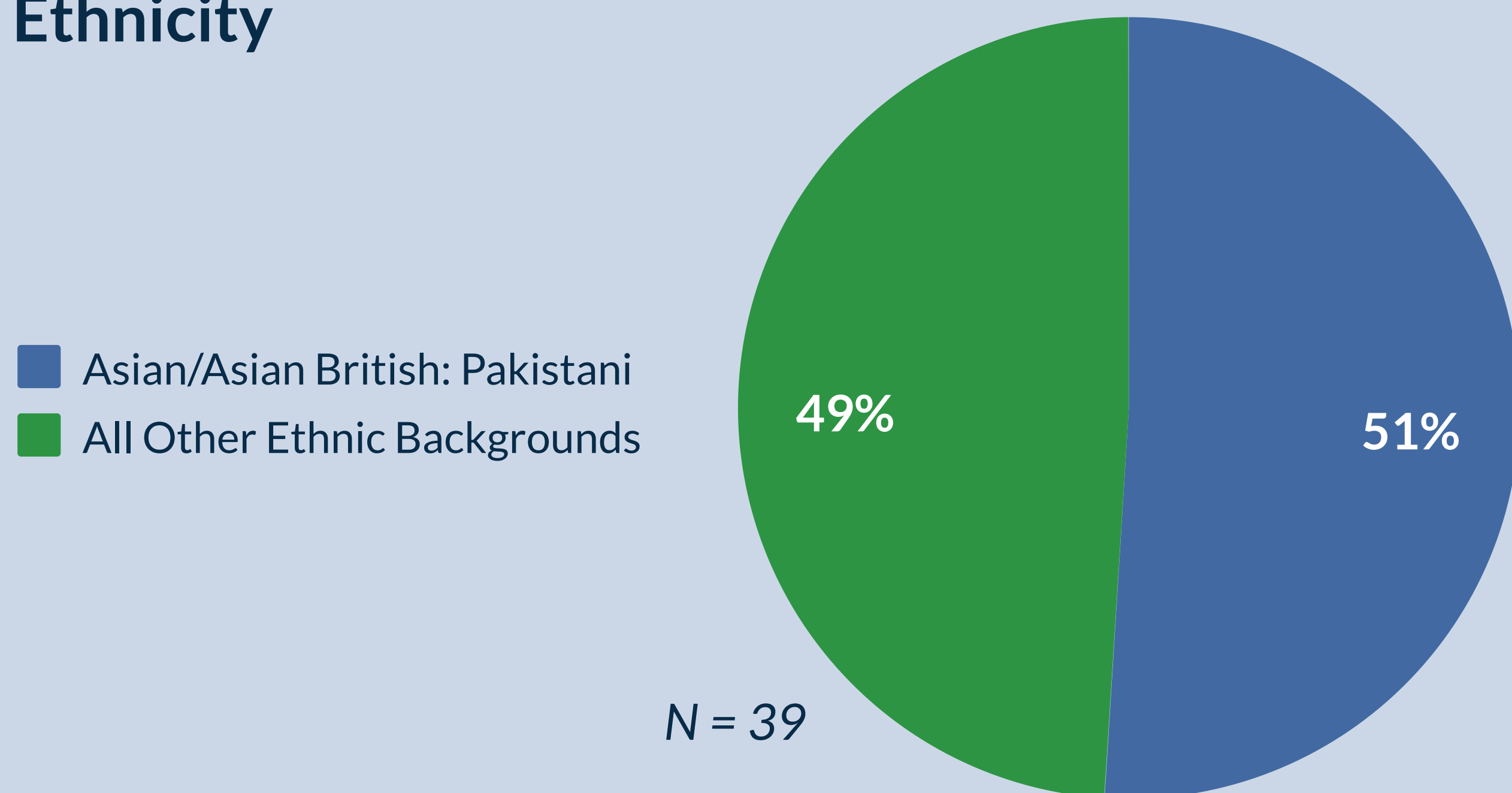
In total, 53 course sessions were delivered, meaning on average a course consisted of 4 sessions recorded with attendance. No sessions were recorded as cancelled.

Evaluation Findings

ESOL with Infants

Who were the women that took part in the project?

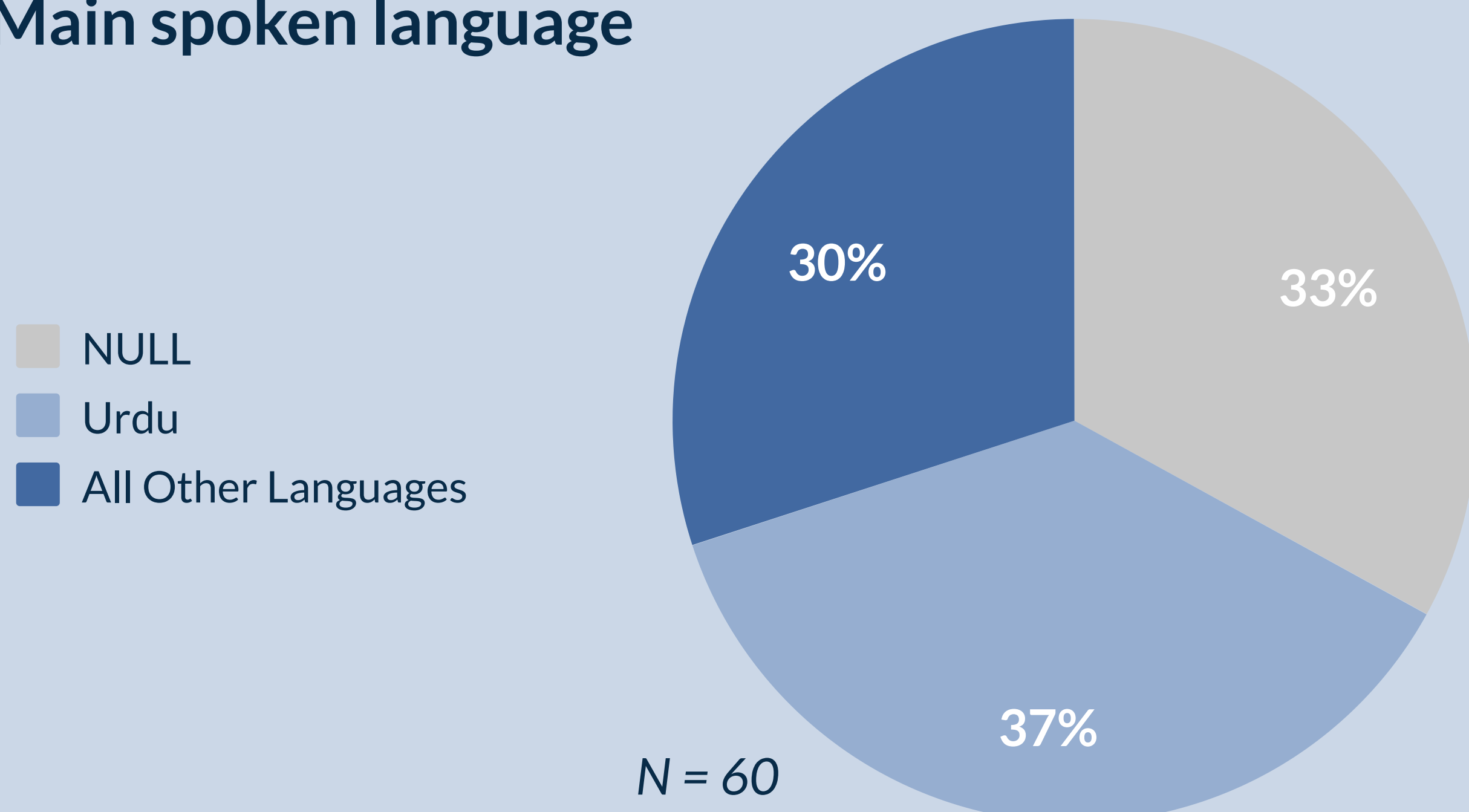
Ethnicity



Ethnicity data was recorded for 39 participants (51%) with the rest recorded as Unknown or lacking consent to share. Again, as this is only half of participants we cannot be confident in how representative the data is of the parents who participated.

Of those with data, just over half (51%) were of an Asian/Asian British Pakistani background. Because of low numbers all other ethnicities have been grouped.

Main spoken language

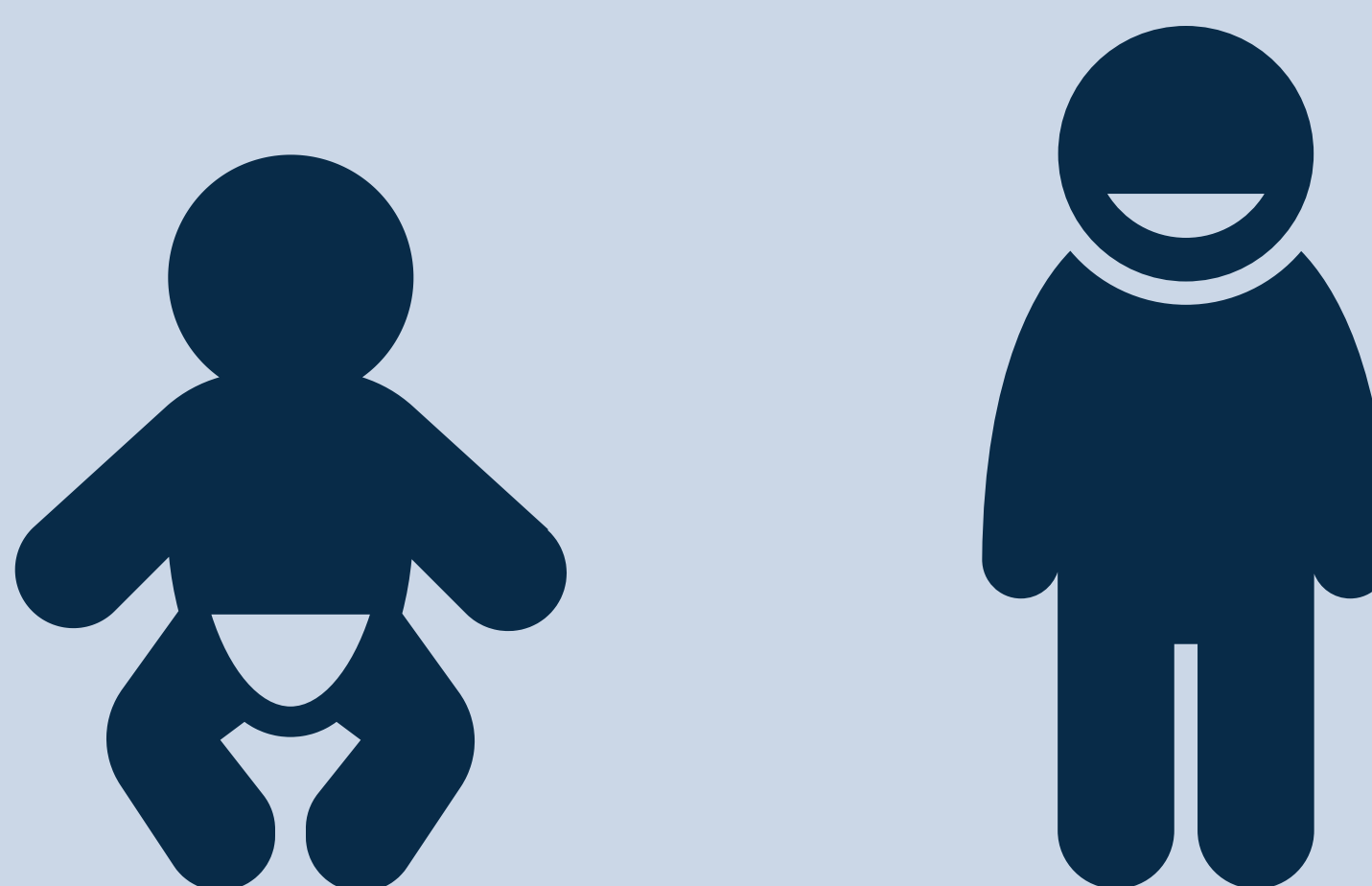


Language data was recorded for 40 (53%) participants. More than a quarter were recorded as Unknown (26%) and a further 22% were missing consent to share.

Across participants with data, 10 different languages were recorded. Urdu was the most commonly recorded language (55%). Because of low numbers all other languages have been grouped.

Child's age

In the first year of delivery the average age of participants' enrolled children was 22 months, with a minimum age of 4 months and a max of 9 years. In the second year the average age was 13 months with a minimum of 2 months and a maximum of 2 years.



Evaluation Findings

Satisfaction



Over the course of the ESOL for Pregnancy project 65 parents and caregivers responded to the satisfaction survey, representing 18% of participating families. Findings are presented below. Given such a relatively low response rate these should be interpreted with caution. Only 5 responses were recorded for ESOL for Infants and so results from these surveys are not reported.

100% of respondents had a median score of 4 or more

99% 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

98% 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 attended the classes. They are very helpful for me. Especially the last courses are better because my pregnancy was on the last weeks in these days. Thank you teacher

Esol for pregnancy good for those woman who first time giving the birth because she has no idea about it.

I suggest to everyone for taking all the classes to get the authentic information about the motherhood as well as pregnancy time period.it is really important for all of us we should achieve the opportunity

We are get lots of useful information and knowledge. Thank you so much ESOL.

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

Evaluation Findings

Conclusions

- The ESOL for Pregnancy project consistently received fewer referrals than anticipated, making it challenging to meet the progression criteria set during service design. While referrals increased during the COVID-19 pandemic, coming much closer to anticipated numbers, rates began to drop again soon after with a general decline in the last two years of delivery. It is unlikely that this is due to a lack of need given that around a third of pregnant women in the Better Start Bradford area are recorded as having little to no English. Instead it is likely to relate to challenges in developing strong referral pathways over the life of the project.
- In support of this is the fact that referral source data shows that the introduction of the Perinatal Project Administrators (PPAs) as a referral route into ESOL for Pregnancy coincided with a significant increase in referrals during the second contract. It's not possible to conclude definitively that the PPAs were the only reason for the surge in referrals, as it may have also reflected increased anxieties about navigating Maternity services amongst pregnant women during COVID 19. However, it highlights the benefit of dedicated referrers positioned to identify eligible women, and proactively offer the project early so that women are able to access the project.
- While enrollee numbers were less than half of anticipated over the life of the project, it should be noted that a large proportion of accepted referrals (82%) went on to enrol onto a course. Similarly, 80% of enrollees went on to participate in at least one session, and of those 82% completed a course, indicating very high levels of engagement and retention. This suggests that once women attend the project, they see a value in the support they receive and in continuing to take part.
- While the move to a purely online delivery format initially seemed to coincide with increased engagement at the beginning of the second contract, it's unclear if this mode of delivery is preferable to women given the drop in engagement towards the end of delivery. It may be that the convenience of accessing a purely online course appealed to women during the uncertainty of COVID-19 but that this is not the preferred mode of delivery for all eligible women. More work is needed to understand this.
- Issues of consent and missing data have limited our ability to draw conclusions about the reach of the project, however, where there is data it suggests the project is reaching women from diverse backgrounds who speak a number of different community languages.

ESOL with Infants

- The introduction of the ESOL with Infants project has not met anticipated levels of recruitment or delivery, recording just 29% of the anticipated number of referrals and less than half of anticipated courses (44%).
- The low number of referrals meant that the project never met targets for enrollee, participant, and completion figures. However, transition rates from referral to enrollee, and enrollee to participant were higher than anticipated and 68% of participating parents completed a course suggesting that once in the project, levels of engagement and retention are reasonably high.
- Work is needed to understand demand for the project and to explore how to develop effective referral pathways.

Evidence

Evidence Review and Rating

During the development of this project BSBIH conducted an evidence review of language courses for pregnant women and parents with young children. It concluded that evidence was lacking with regard to ESOL courses targeting pregnant women and parents.

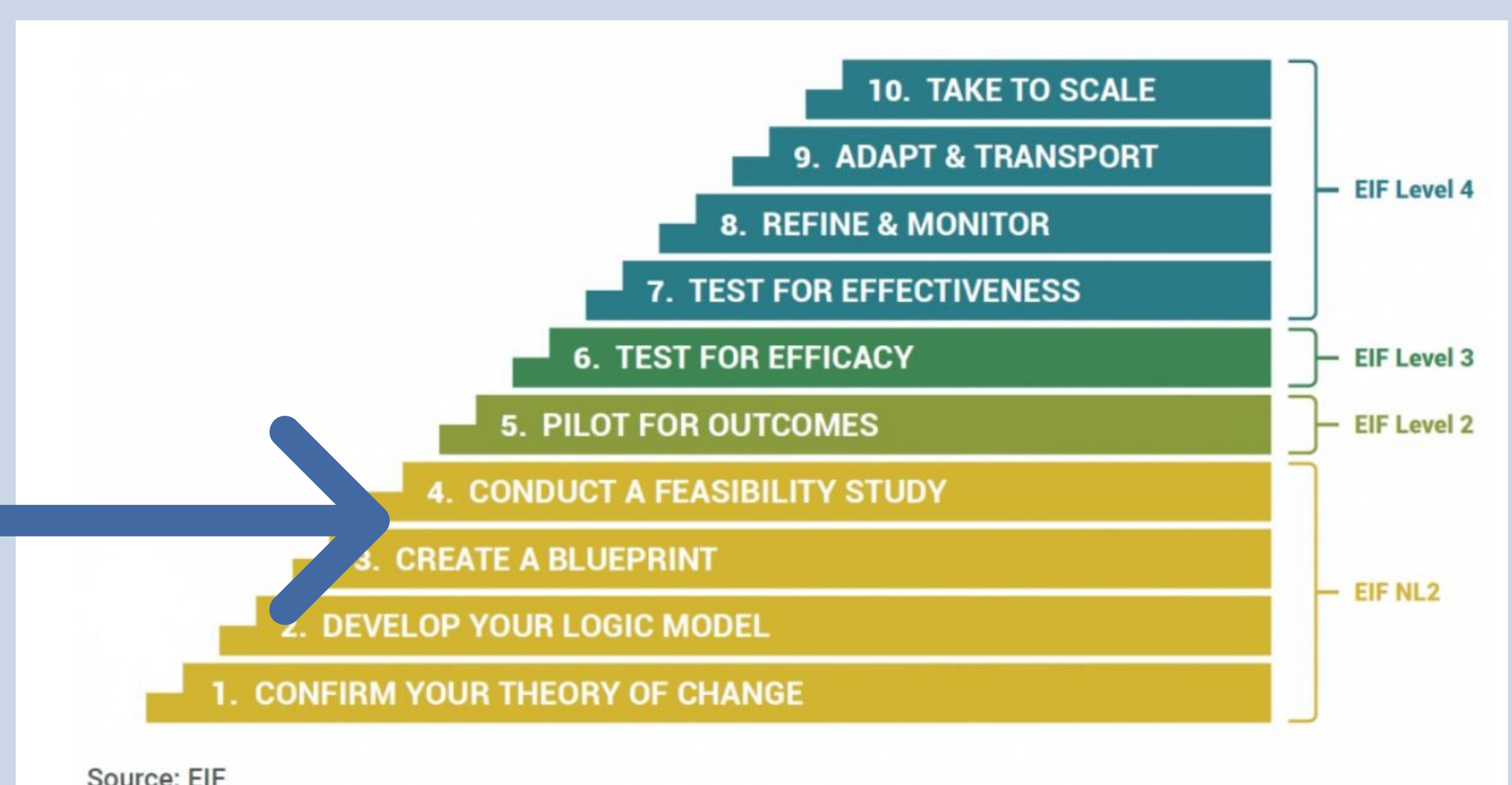
Where evidence of success was available, the structure and focus of the programmes was very different from ESOL for Pregnancy and ESOL for Parents and Toddlers. Generally these were not language courses, but pregnancy or parenting classes aimed at people with limited English proficiency.

Despite the lack of evidence regarding the effectiveness of ESOL programmes for pregnant women or parents, the literature did show that pregnant women and parents with limited English proficiency are lacking in parental confidence and skills to engage with maternity care and children's education, with detrimental effects on children's wellbeing. The review suggested a need for culturally appropriate programmes for pregnant women and parents with limited English proficiency aimed at improving confidence and engagement.

As a projects that had not yet been evaluated, both ESOL for Pregnancy and ESOL with Infants were given a rating of NL2 (see <http://www.eif.org.uk/eif-evidence-standards/>). This highlighted the need for some foundational work to understand the programmes. Given the issues relating to evaluating both projects, it is not yet possible to say there is preliminary evidence of improving outcomes and so both projects therefore remain at a NL2 level.

Further work on the Theories of Change and Logic Models for both projects with reference to the current learning would support further evaluation and identification of appropriate outcome measures.

NL2



Recommendations

Recommendations for Practice

- Strengthening referral pathways into ESOL for Pregnancy should be a priority to ensure women who could benefit from the project are able to access it. This is vital to the sustainability of the project and should include work with Maternity as well as other projects and services that work with pregnant women
- Work should be done to understand whether a purely online offer for ESOL for Pregnancy is the preferred delivery mode for women given the decline in referrals post-COVID.
- Given low levels of referrals into ESOL with Infants, further work is needed to understand what demand there is for the service, and/or if dedicated engagement work is needed to ensure families understand the offer and it's potential benefits.

Recommendations for Evaluation

- Evaluation of this project has been limited because of consistent data quality issues . Data capture should be improved to support the project to continue to monitor and evaluate implementation and reach.
- Once data capture is improved the Theory of Change and Logic Model could be revisited with reference to course content to identify possible project outcomes for further evaluation.

