Better Start Bradford Innovation Hub

Baby Steps
Final Report
May 2024

This is a report provided by the Better Start Bradford Innovation Hub (BSBIH) for Better Start Bradford and the Baby Steps project. This report provides an overview of project performance and findings from an implementation and before-and-after outcome evaluation. The report is based on data collected by the project provider from 01/03/2018 to 07/02/2024. 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. A previous report was produced on Baby Steps in September 2022.

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Produced for Better Start Bradford

Executive Summary

Project background

Baby Steps is a relationship based antenatal and postnatal parenting education programme. The project is particularly suitable for vulnerable and socially excluded parents who often face challenges and 'overload' in pregnancy and early parenting.

Parents enroll before they are 24 weeks pregnant, and involvement with the service begins around the 26th to the 30th week of pregnancy. There are two antenatal home visits and six antenatal programme sessions before the participant's baby is born. After birth, there are three postnatal sessions, and one postnatal home visit.

The targeted programme ran as an in person group based service from March 2018 to February 2020, with online group based delivery beginning in March 2020. The delivery also changed to universal from May 2022 to reach a wider population of women, and because the vulnerabilities in the 'targeted' programme were prevalent in the BSB population.

Aims of the evaluation

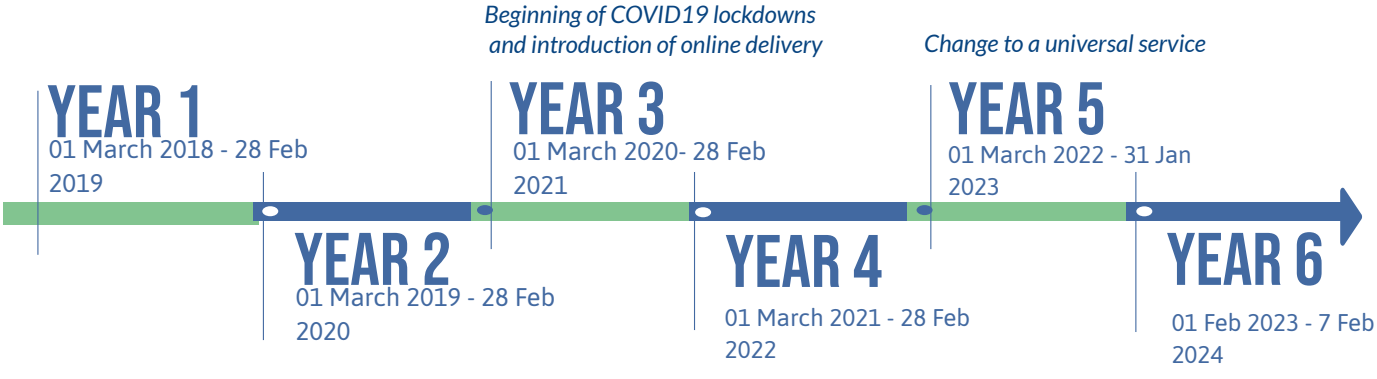
This report presents findings from:

- an implementation evaluation to establish whether the project could be delivered as planned and is acceptable to families and stakeholders
- a before and after evaluation exploring changes in key short term outcomes relating to parent sensitivity and parent mental health
- preliminary analysis of qualitative data from an enhanced evaluation of the project

The project have also worked with BSBIH to develop a plan for a further effectiveness evaluation that will test the causal effectiveness of Baby Steps for improving parent mental health and parent sensitivity. Findings from this evaluation are anticipated to be reported in early 2025.

This report provides an update to findings from the implementation and before and after evaluations delivered in September 2022, collating data from across the whole life of the project so far (1st March 2018 – 7th February 2024).

Overview of Baby Steps delivery timeline and evaluation period



Executive Summary

Key findings of the evaluation

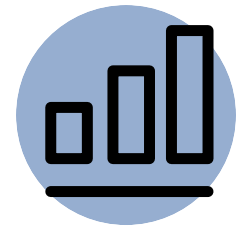
Implementation

Implementation refers to the number of courses delivered in full. 68 full courses were delivered, which is 94% of the total target (see p.6).

Completion

Completion refers to the number of women who completed the course (attending at least 6/9 programme sessions, including one postnatal). 426 women completed the course, 113% of the target (see p.8)

Outcomes



Parental mental health scores improved after partcipation in Baby Steps (see p.13), and a qualitative evaluation found many postive impacts of Baby Steps for parents and facilitators (see p.16)

- Baby Steps have delivered in line with or very close to anticipated targets throughout the majority of their contract period. This specifically relates to the number of courses delivered, and the number of women completing the programme (women who attend at least 6 programme sessions, including one postnatal).
- Retention in the programme remains high for the online version of the course, and a growing number of universal referrals via the Perinatal Project Administrators (PPA) are being received.
- Scores on parent mental health and prenatal attachment questionnaires appear to have improved after participation in the project. Whilst we cannot conclude that Baby Steps is effective from these scores, the findings are compatible with the hypothesis that Baby Steps is effective for parent mental health and sensitivity.
- The qualitative study found that parents benefited in many ways from the different forms of support. Home visits and ongoing assistance were valued by both staff and mothers. Facilitator's expertise and friendly approach created a supportive and safe environment helping mothers to build their knowledge and skills. Meeting face-to-face helped community-building and social support.

Recommendations

Recommendations for practice

- Baby Steps is delivered successfully and with fidelity. It engages vulnerable families, and appears to have positive impacts on parent mental health, which previous perinatal parenting programmes have struggled to do.
- Service delivery should be continued either as universal in areas of high need, or targeted across the district.
- The value of the PPA role in providing timely referrals to the project is clear. Difficulties in embedding this role post Better Start Bradford present a real risk to the project and developing other strong referral pathways will be important moving forward.

Recommendations for evaluation

- The upcoming effectiveness evaluation will reveal whether Baby Steps has a positive impact on maternal mental health and sensitivity in comparison to a control group.
- Further quantitative evaluation could consider the importance of the flexibility of the support offered by Baby Steps in bringing about improvements in maternal outcomes.
- A hybrid of online and and face to face delivery may be preferable for families, and piloting and evaluating such an approach could help to confirm this.

Project background

About Baby Steps

Baby Steps is a relationship based antenatal and postnatal parenting education programme. Originally a targeted offer within the Better Start Bradford programme, the project is particularly suitable for vulnerable and socially excluded parents who often face challenges and 'overload' in pregnancy and early parenting.

Through the Baby Steps programme, parents enroll before they are 24 weeks pregnant, and involvement with the service begins around the 26th to the 30th week of pregnancy. There are two antenatal home visits and six antenatal programme sessions before the participant's baby is born. After birth, there are three postnatal sessions, and one postnatal home visit. Throughout the programme sessions, parents learn about how their baby is developing during pregnancy, and what will happen during labour and birth. They are also prepared for the emotional and practical aspects of being a parent.

The service delivery team are flexible in the support that they offer and specialise in working with vulnerable famies. Outside of the manualised programme, families are supported to buy food, essential items, and are offered emotional support through calls and virtual one-to-one catch ups.

Changes in delivery

- In March 2020, in response to the COVID-19 pandemic, Baby Steps moved to an online delivery model which was adapted to consist of four weekly antenatal group sessions two group sessions delivered postnatally.

- In order to reach a wider population in need, Baby Steps moved from a targeted to a universal offer in May 2022, and continues as a group based virtual offer. Baby Steps was designed specifically for parents experiencing vulnerability or overload, and this in intself might make it harder for these parents to reach out for support. It was therefore decided that a universal and targeted referral pathway for families would ensure a wider reach, whilst also engaging with parents who need the programme most.

- Baby Steps will continue to be funded beyond Better Start Bradford via the Start for Life programme, jointly led by the Department for Education and the Department of Health and Social Care. They will continue the service, and expand the offer to cover the whole Bradford district with funding currently available until March 2025.

Data Quality

The data has consistently been timely and thoroughly complete. However, there has been an issue with questionnaire labelling, particularly in distinguishing between antenatal and postnatal questionnaires. Improving the labelling within the dataset would significantly enhance the evaluation process.

Evaluation findings

Implementation evaluation

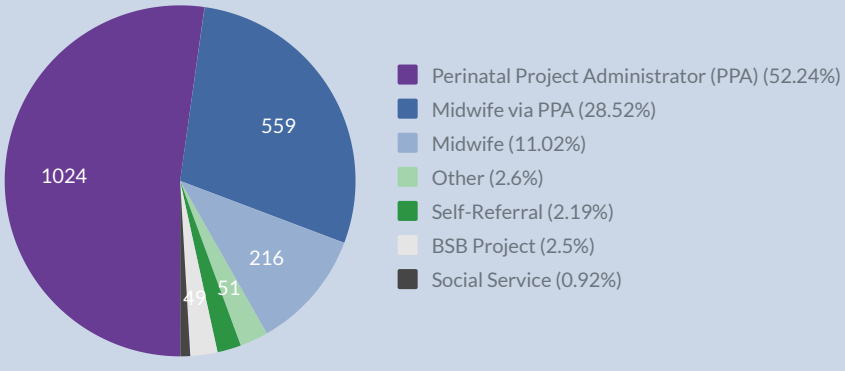
How many referrals have been received?

1960 referrals

There were 1960 recorded referrals in total. There has been a steady increase in the number of referrals received to the service since delivery commenced (*Y1: 172, Y2: 310, Y3:282, Y4: 261, Y5: 363, Y6:572*); reflecting both an increase in demand for Baby Steps service, and an increase in their reach to a wider population since the universal service began.

Where do referrals come from?

Figure 1a. Number of referrals received via different sources



Referral sources were recorded for all referrals. The vast majority of referrals came via Perinatal Project Administrators (PPA) (52%), or via Midwives (*either actioned by a PPA; 29%, or directly; 11%*), reflecting that the referral pathway via PPAs is the main source of referrals for Baby Steps (81%).

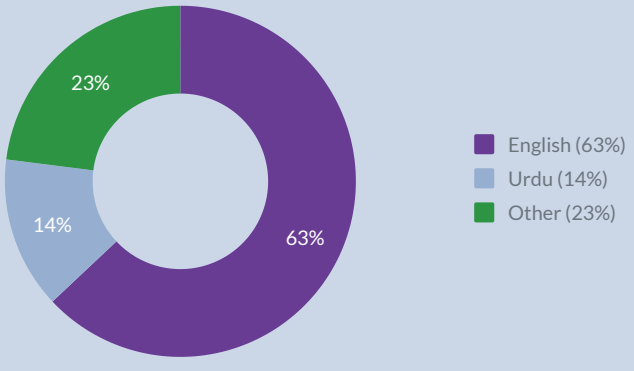
At times there have been staffing issues within the PPA team, and issues with the workflow regarding how referrals are received, both of which have resulted in fluctuations in referral numbers. The value of the PPA role in providing timely referrals to the project is clear. Difficulties in embedding this role post Better Start Bradford present a real risk to the project and developing other strong referral pathways is likely to be important moving forward.

What language do women who are referred speak?

Most referrals were recorded as having English as their spoken language (63%), and a large minority were recorded as speaking Urdu (13%). Many other languages were recorded in 'Other', including Bengali, Pushto, Slovak, and Hungarian.

**Data source is PPA referral data*

Figure 1b. Languages spoken by referrals

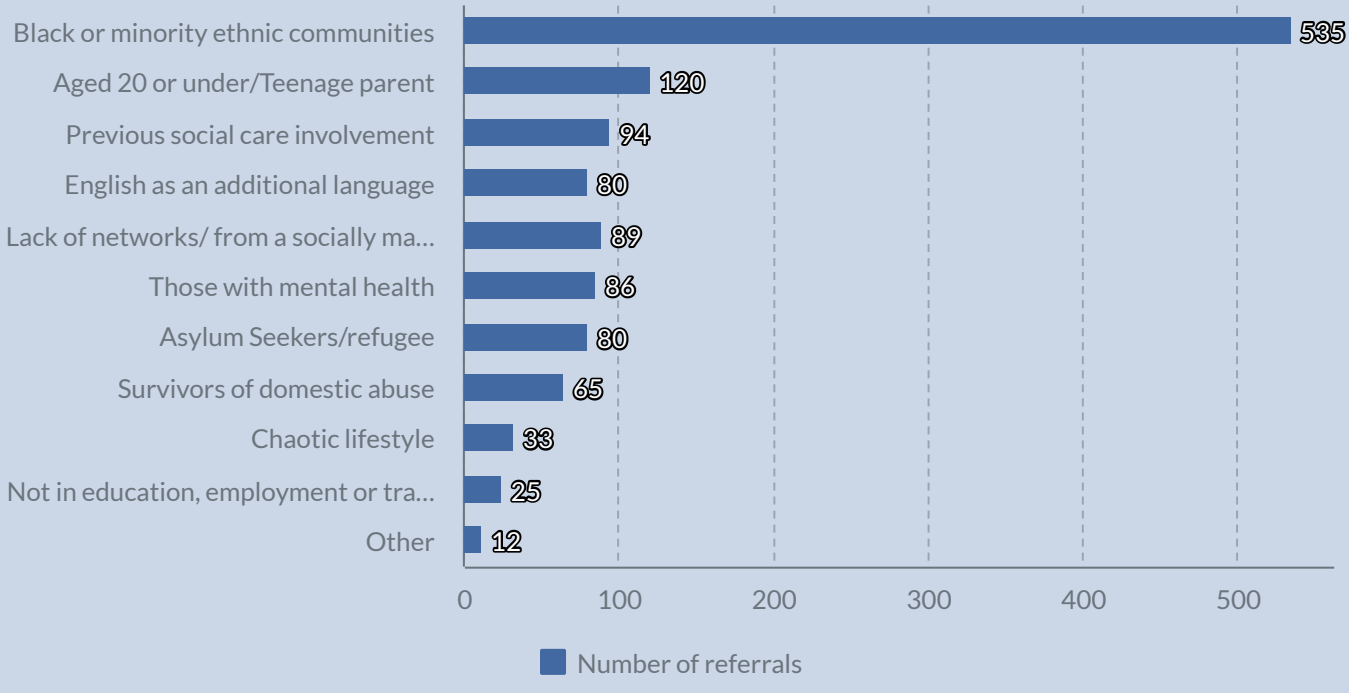


Evaluation findings

Implementation evaluation

Why are people referred?

Figure 2. Number of targeted referrals by referral reason



69% of referrals were 'targeted'

Figure 2 presents the referral reasons per referral. The recorded referral reasons are very broad, and the most common referral reason recorded prior to the beginning of the universal service was 'Disadvantaged/Isolated Black or Minority Ethnic Community'.*

**This terminology is consistent with that used in the Baby Steps referral forms*

Since the universal service began in May 2022, there have been 603 referrals recorded as 'universal'. These are families who were not referred for a specific reason, but agreed to a referral to the programme when offered by their midwife or a PPA. This reflects that Baby Steps are now reaching a wider population of women, who may not have been eligible for the programme prior to the universal delivery adaptation.

31% of referrals were 'universal'

However, the service delivery team have reported that many women recorded as 'universal' would have met criteria to be considered a 'targeted' referrals, as additional needs are often identified during a home visit.

Evaluation findings

Implementation evaluation

How many parents and caregivers enrolled in, participated in, and completed the programme?

Figure 3. Number of enrollees, participants, and completers across year of delivery

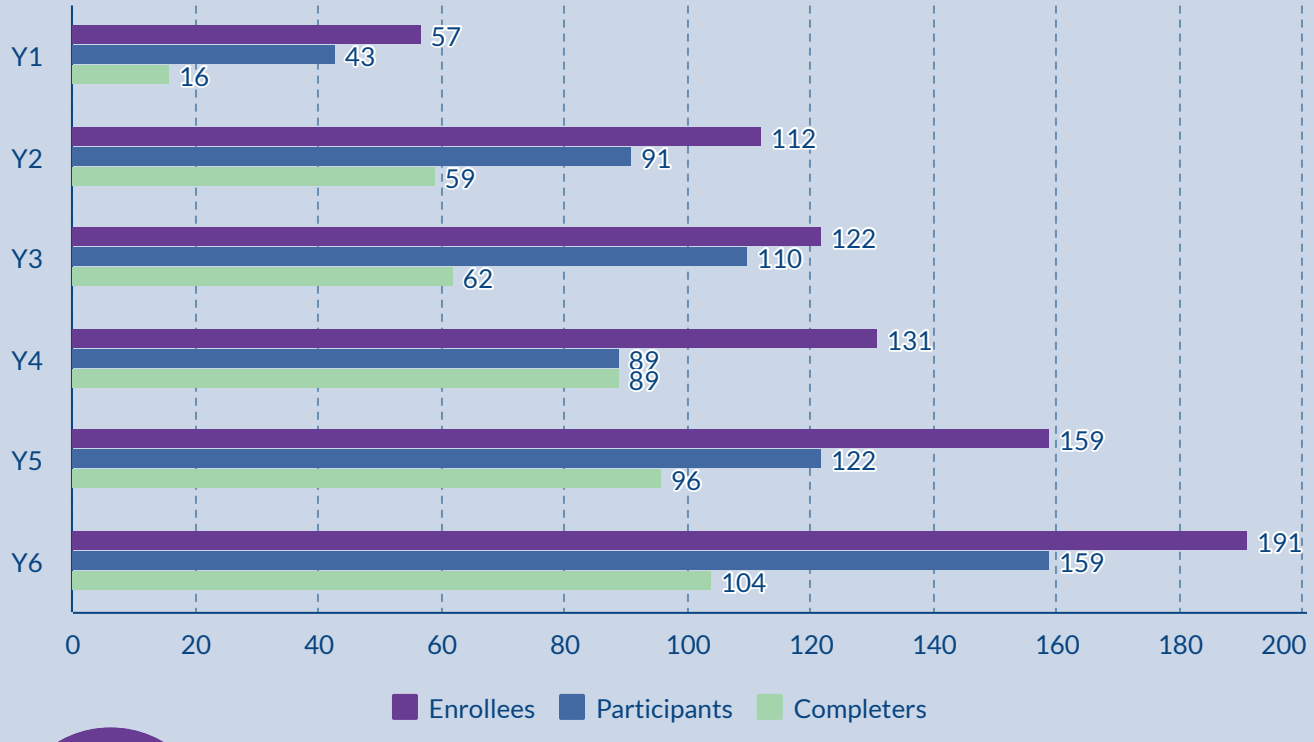


Figure 3 shows the number of enrollees, participants, and completers per year of delivery. An enrollee is a woman who consents to participate in the programme (usually during the home visit). A participant is defined as a woman who attends at least one session. Completers are defined as women who attend at least 6 of 9 programme sessions, including at least one postnatal session.

There were 772 enrollees (39% of referrals), 614 participants (80% of enrollees), and 426 completers (69% of participants). Although the conversion rate between referrals and enrollees is lower than anticipated (this target was set to be 60%), there is a high retention rate once women are participating in the programme.

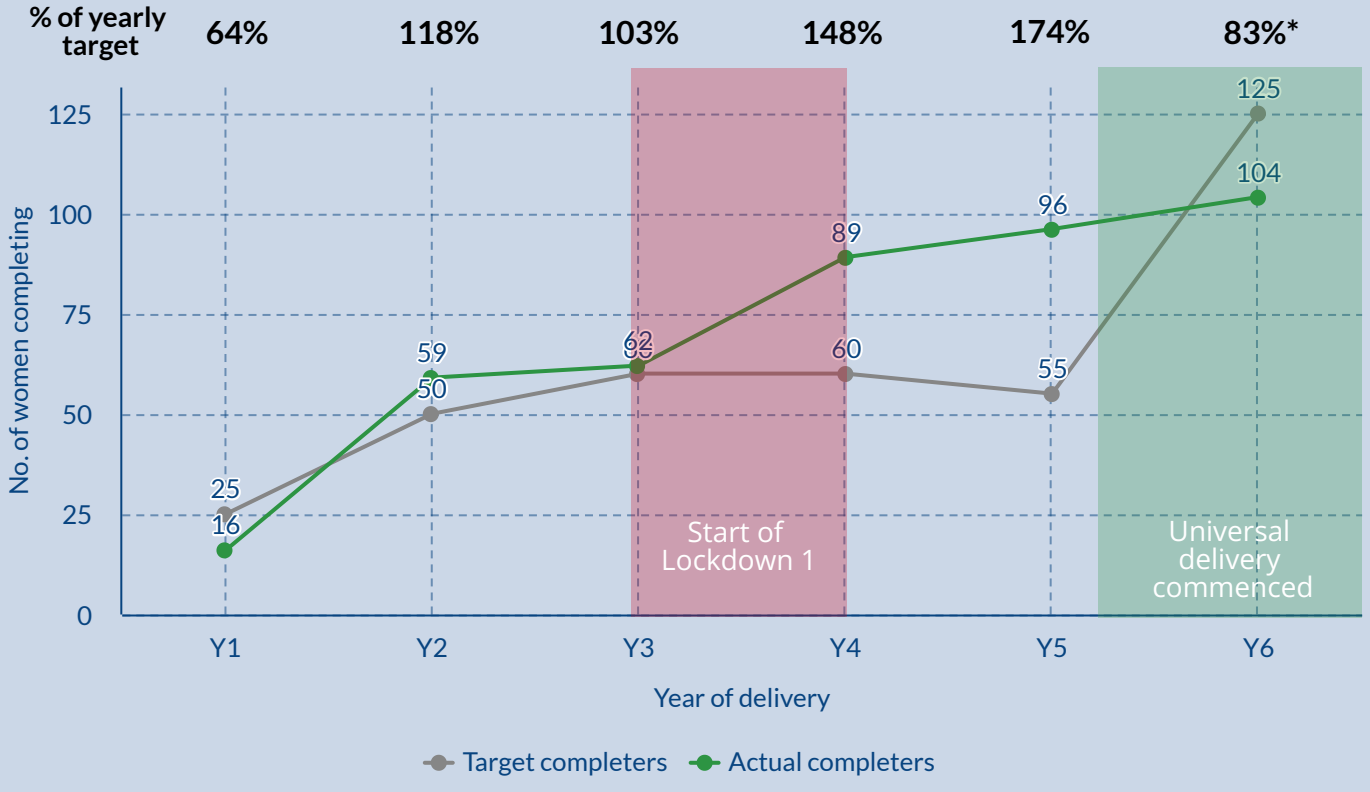
The number of completing women are plotted against yearly anticipated targets on the next page, as this was a key progression criteria throughout the programme.

Evaluation findings

Implementation evaluation

How many parents and caregivers completed the programme?

Figure 4. Number of completers in the programme per year



**Note: Y6 numbers will be updated in a final report appendix. Not all women who may complete in this year will have finished the programme at the time of the data pull.*

426 women completed the course

113% of the total target

Figure 4 shows the target number of completers and the actual number of completers per year. Baby Steps consistently exceeded anticipated targets between Y2-Y5, despite the significant disruption of COVID19 in Year 3.

It was anticipated that approximately 1 in 4 women who participated in the programme would go on to complete a programme, and this target was exceeded.

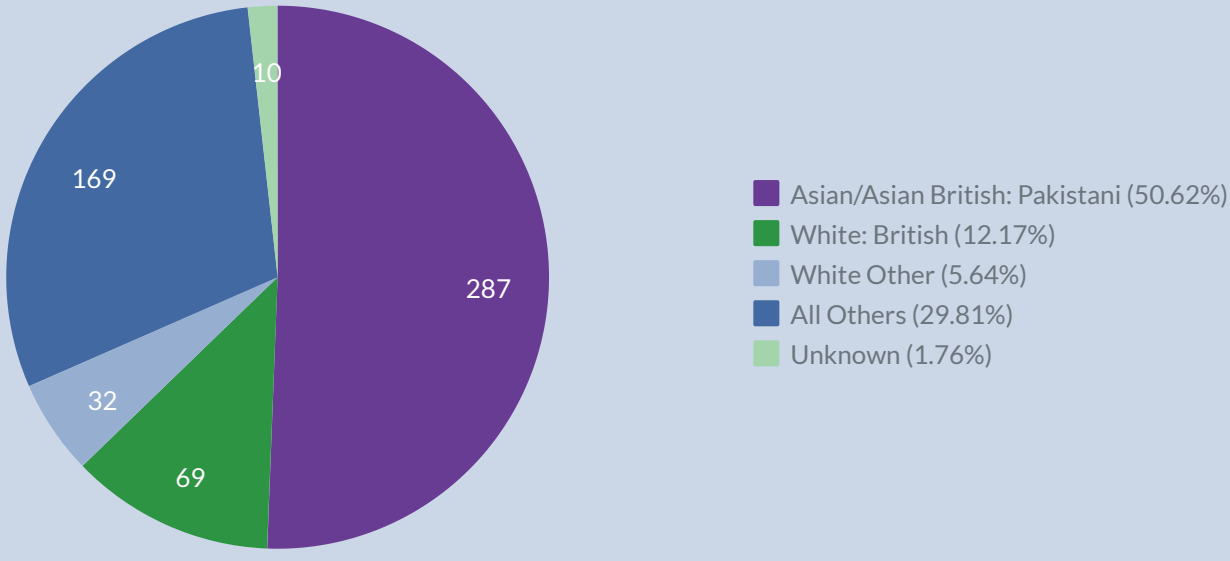
Overall, 426 women have completed the Baby Steps course (113% of the total target, 425). This reflects a higher than anticipated retention rate in the programme, consistent throughout most of the programme's delivery period.

Evaluation findings

Implementation evaluation

Who are the parents and caregivers that participated in the programme?

Figure 5. Participants by ethnic group



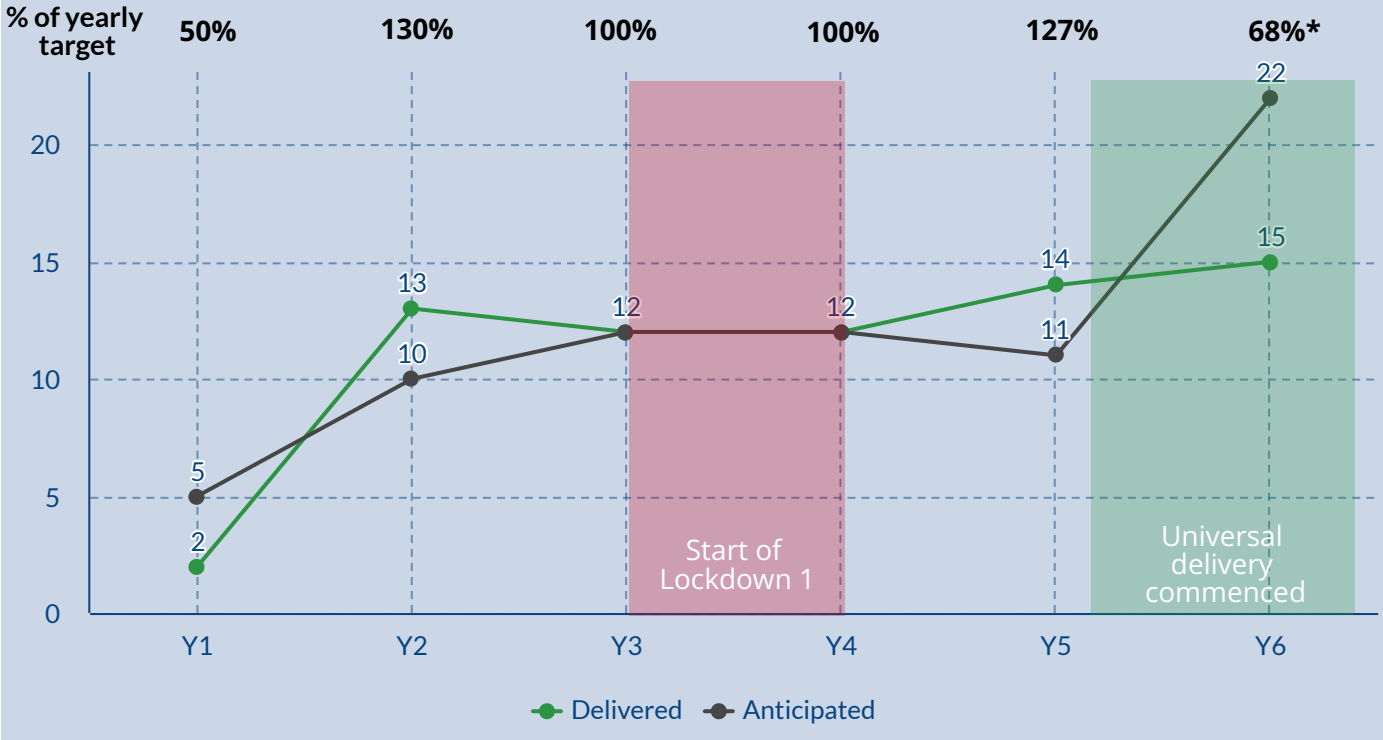
The main ethnic groups represented in the Better Start Bradford maternity population are Asian/Asian British Pakistani (46%), White British (12%), and White Other (8%). Figure 5 shows that Baby Steps successfully engaged with the Asian/Asian British: Pakistani population (109%), the White: British population (100%). The overall engagement with the White Other population (70%) does not appear to be representative of the total population.

Evaluation findings

Implementation evaluation

How many courses were delivered in full?

Figure 6. Number of courses delivered per year



**Note: Y6 numbers will be updated in a final report appendix. Not all courses delivered will have completed at the time of the data pull.*

68 full courses have been delivered

94% of the total target

Figure 6 shows the number of courses delivered per year, with the anticipated targets per year. For a programme to be considered delivered, at least one session needs to have been recorded as taking place with attendance. For it to be considered delivered in full, every session should have been recorded as taking place with attendance. With the exception of Year 1 and Year 6 (see note above), anticipated courses have been consistently met or exceeded throughout the delivery period. In total, 68 full courses have been delivered by Baby Steps (94% of the total target).

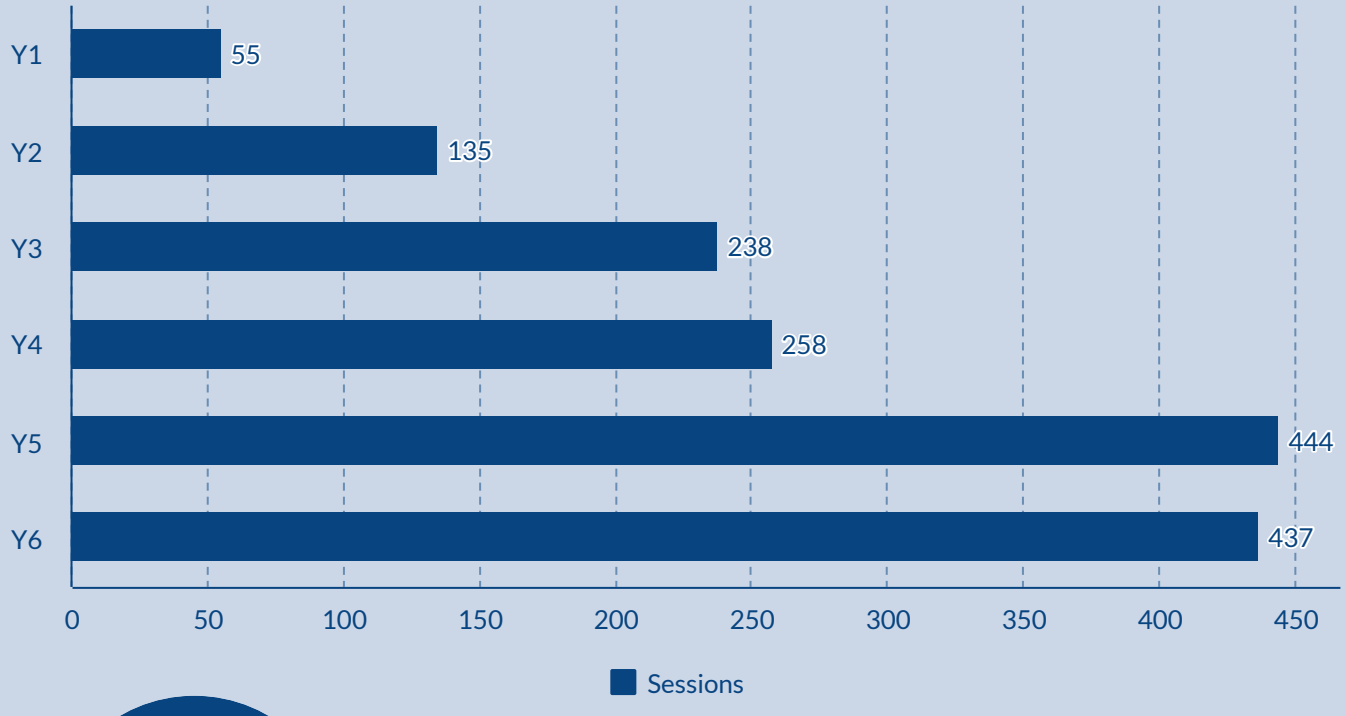
It is also important to note that full courses do not reflect the entirety of Baby Steps' delivery. The delivery team also work one-to-one with women, providing individualised support through 'catch up' sessions (see qualitative evaluation on p.16).

Evaluation findings

Implementation evaluation

How many sessions were delivered?

Figure 7. Number of sessions delivered per year



1567 programme sessions delivered in total

8 women average antenatal group size

6 women average postnatal group size

Figure 7 shows the number of sessions that Baby Steps have provided per year (including catch up sessions, or one-to-one sessions). The number of sessions overall have increased throughout the years, reflecting the increasing demand for personalised, one-to-one support with facilitators.

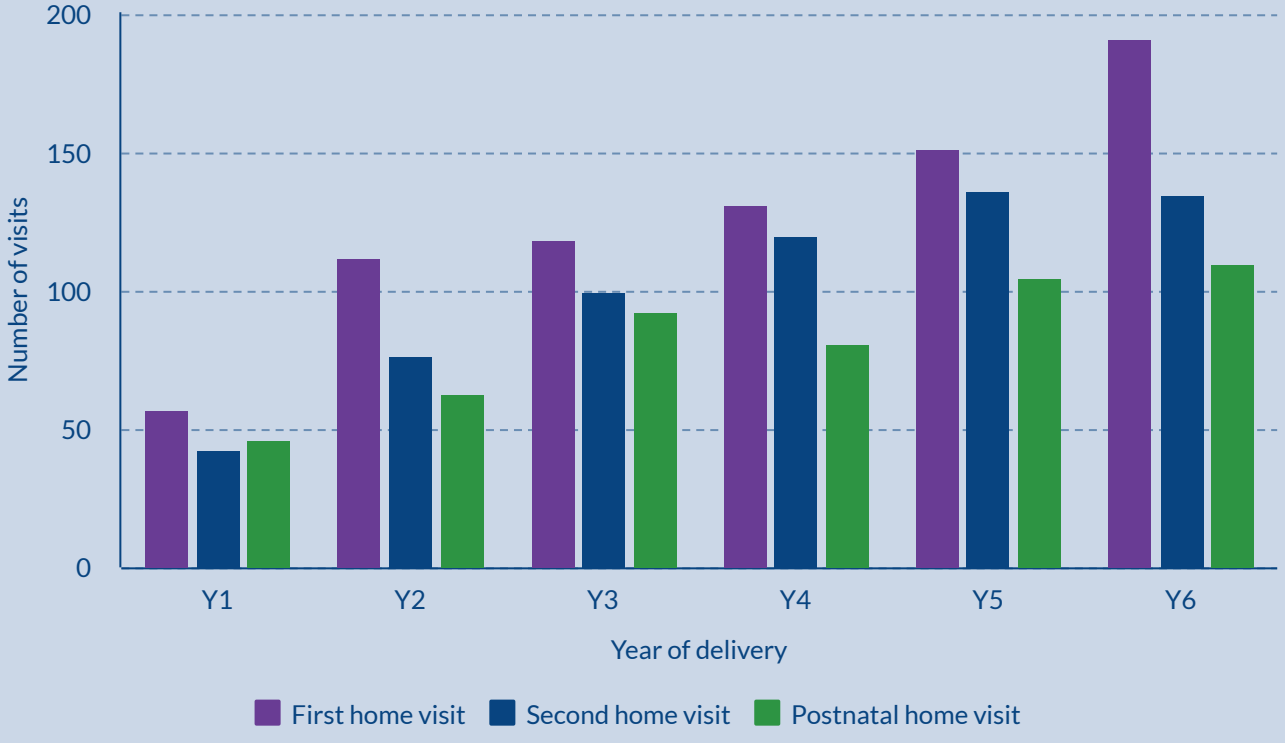
The maximum group size that NSPCC stipulate is 16 parents. On average across the whole contract delivery period, 8 women attended each antenatal group session, and 6 women attended each postnatal group session. These averages were relatively stable across the years, demonstrating that both the in-person and online services successfully recruited women to group sessions.

Evaluation findings

Implementation evaluation

How many visits were delivered?

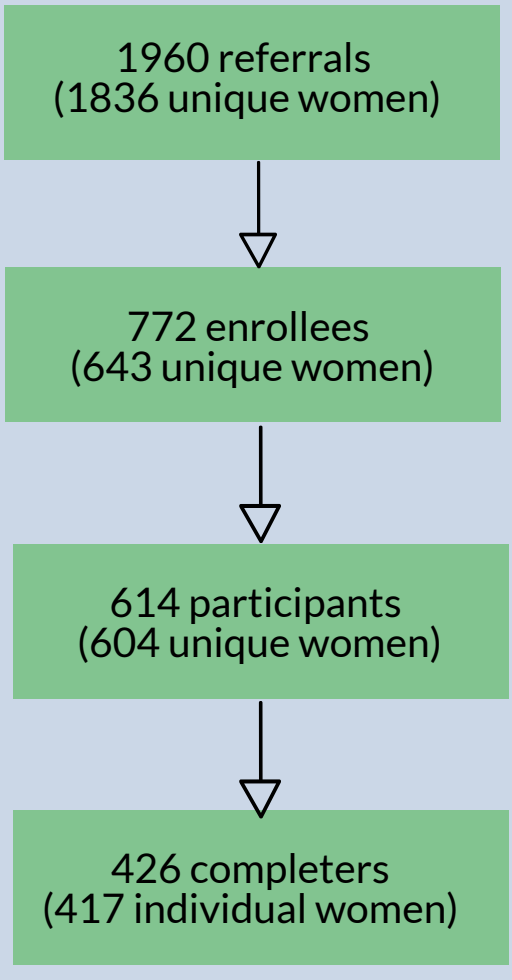
Figure 8. Number of home visits delivered per year



Participating women should receive two antenatal visits before their baby is born. The first visit is usually in the participants home, and the second is usually a virtual appointment where evaluation questionnaires are completed. After the baby is born, and before the postnatal group sessions begin, women are expected to receive a postnatal home visit to re-engage them and complete some of the evaluation questionnaires.

Figure 8 shows the number of home visits per year, where Baby Steps are clearly conducting an increasing number of home visits per year; reflecting both the increasing demand, and the increasing reach of the service. Overall, there were 761 first home visits (99% of enrollees), 661 second home visits (86% of enrollees), and 498 postnatal home visits (65% of enrollees).

Participant Flow Diagram



96 recorded disengagements, majority (19%) recorded as 'declined further service'

Evaluation findings

Before and after evaluation

When and what questionnaires are collected?

Baby Steps collect data at two key timepoints in the programme. The first set of measures are collected at the second antenatal homevisit, before the baby is born and before the programme has begun. The second set of measures are collected postnatally at the last postnatal group session, immediately at the end of the programme. The measures collected relate to:

- Parent mental health (Patient Health Questionaire 9 (PHQ9) and Generalised Anxiety Disorder assesment 7 (GAD7) as measures of depression and anxiety).
- Parent self esteem (Rosenberg Self Esteem Scale (RSES))
- Relationship satisfaction (Couples Satisfaction Index 4 (CSI-4))

To assess parent's relationships with their babies, the Parental Attachment Inventory (PAI) is collected at two timepoints pre-birth, and the Mothers Object Relations Scale (MORS) is collected at two timepoints post-birth.

Baby Steps also collect birth outcomes at the end of the programme.

How many questionnaire measures have been collected?

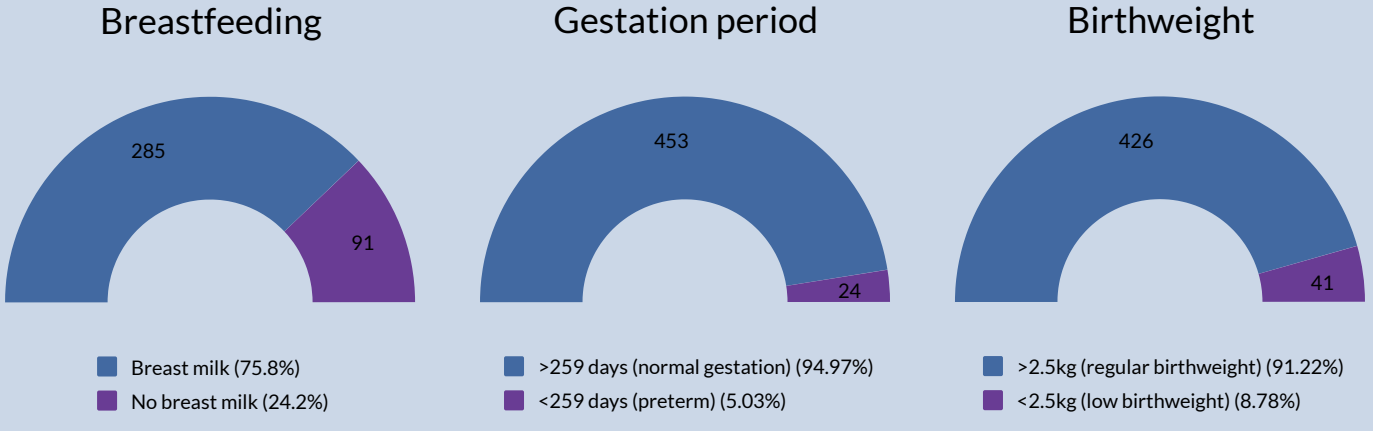
Number of antenatal measures
PHQ-9: 458
GAD-7: 454
CSI: 444
PAI time 1: 253
PAI time 2: 109

Number of postnatal measures
PHQ-9: 247
GAD-7: 245
CSI: 242
MORS time 1: 161
MORS time 2: 38

Note: Not all outcome data could be linked for individual women and the actual questionnaire numbers are higher than those reported here.

What were the birth outcomes for women?

Figures 9-11. Birth outcomes recorded by Baby Steps

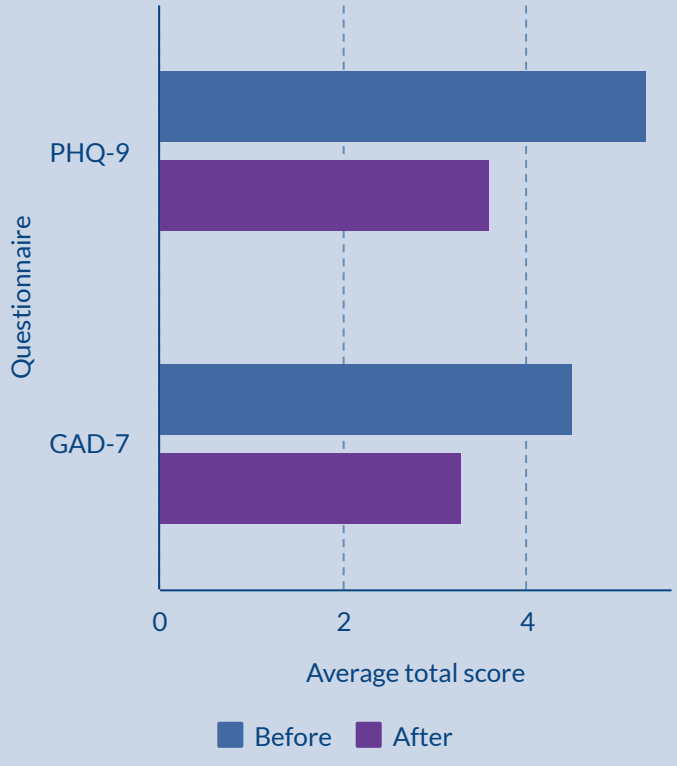


The birth outcomes for women in the programme are presented above. These are collected by Baby Steps at the end of the programme.

Evaluation findings

Before and after evaluation

Were there any changes in parent mental health?



The PHQ-9 is a measure of depression while the GAD-7 measures anxiety.

Mean scores on the PHQ-9 (n=458 before, n=247 after) and GAD-7 (n=454 before, n=245 after) measures are on average 1.3 and 1.1 points lower after participation in the project. A difference of 2 points is usually viewed as clinically significant.

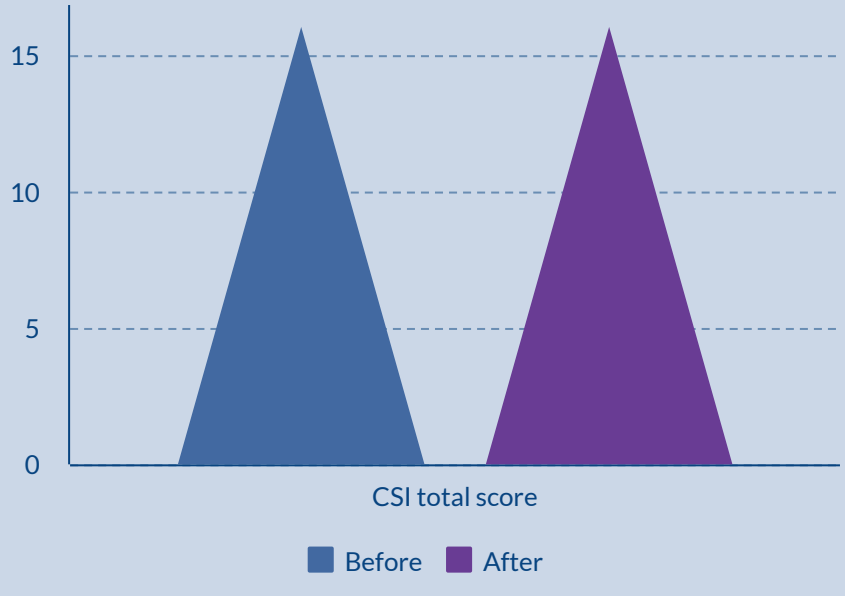
Depression and anxiety scores are therefore lower after participation in the project and this difference is statistically significant. This was consistent when including only women with a complete set of questionnaire (n=187), and when comparing the 'in person' versus 'online' delivery models.

While these results do not tell us that the programme is effective, as there is no control group for comparison, they do give a promising indication that participation in the project may result in improved mental health outcomes. The planned effectiveness evaluation will establish the project is effective in these outcomes.

Were there any changes in couple satisfaction?

The CSI-4 measures relationships satisfaction in four areas; happiness, warmth, reward and satisfaction. We have summed CSI scores for this report.

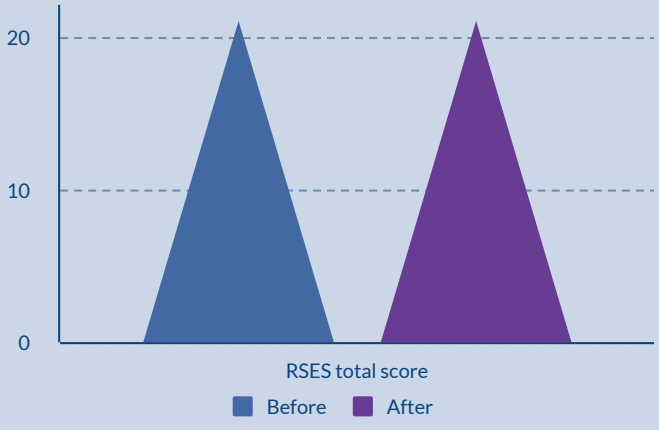
The results from the couples satisfaction index completed by those in a relationship indicate that there are no differences in relationship satisfaction before (n=444) and after (n=242) participation in the project. This was consistent when including only women with a complete set of questionnaire (n=172).



Evaluation findings

Before and after evaluation

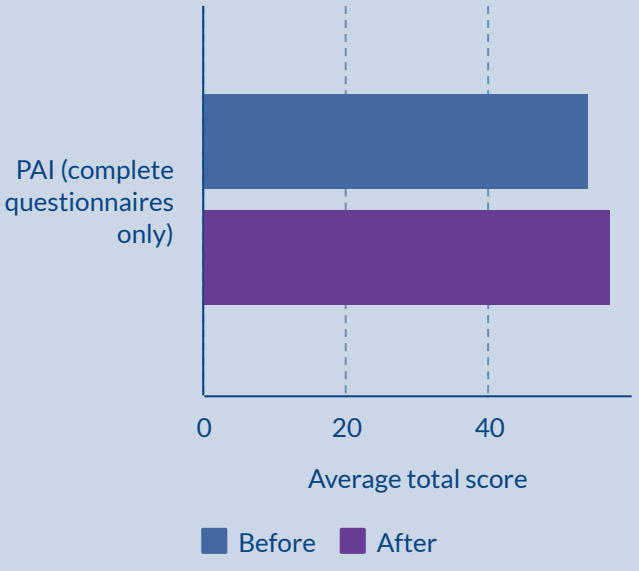
Were there any changes in parent self esteem?



The RSES measures self-esteem using ten items answered from strongly agree to strongly disagree. The minimum score is 0 and the maximum is 30, with higher scores representing higher self-esteem. Mean scores on the RSES (n=462 before, n=249 after) show no change in average self esteem after participation in the project.

Were there any changes in prenatal and postnatal attachment?

The Prenatal Attachment Inventory (PAI) and the Mothers Object Relations Scale (MORS) are validated measured of parent prenatal and postnatal attachment, respectively. These measures were introduced in late 2022 to facilitate the effectiveness evaluation, as the MORS will be the primary outcome for the evaluation.



Higher scores in the PAI indicate higher attachment on average. **When looking at all questionnaires, mean scores on the PAI (n=253 before, n = 109 after) show that scores have decreased by 11 points on average. When including only women with a complete set of questionnaire (n=108), average scores on PAI increase by 3 points on average. Both differences are statistically significant.** This may indicate that women with higher prenatal attachment are more likely to not complete the programme (perhaps because they do not feel they need the support).

We cannot interpret these scores as results from Baby Steps, but they do appear to indicate that for women who stay in the programme, parental sensitivity scores improve.

The MORS questionnaire is collected when the baby is born (n=161) and at the end of the programme (n=38). We have not provided summed scores of these questionnaires as it is not appropriate to combine them (the items represent two seperate scales), and due to the lower completion rate at the last timepoint.

Evaluation findings

Qualitative evaluation

Baby Steps received a qualitative evaluation as part of the enhanced effectiveness evaluation. This aimed to investigate the experiences of Baby Steps practitioners and the parents and co-parents who participated in the project. We explored perspectives on the acceptability and potential impact of Baby Steps, and factors influencing uptake and implementation of the project. 7 staff from the Baby Steps programme and 17 parents who participated in the programme were interviewed. In this report, we consider some of the preliminary findings.

Summary of findings

The qualitative study found that parents benefited in many ways from the different forms of support. Home visits and ongoing assistance were valued by both staff and mothers because they allowed for personalised guidance before and after birth. Facilitator's expertise and friendly approach created a supportive and safe environment helping mothers to build their knowledge and skills. Meeting face-to-face helped community-building and social support.

1. Reasons for participating in Baby Steps

Mothers described being motivated to receive information about pregnancy and taking care of their baby, particularly first-time mums. Decisions to engage were also linked to previous pregnancy experiences, including traumatic birth.

"With it being my first, I wanted to get as much information have, to look after her right. I didn't have any family, […] Even if I had family who were here, I think would have still gone and done the Baby Steps" (Mother)

"I had a traumatic birth experience, labour, and the postnatal wasn't good […] and I was left quite upset" (Mother)

Women, who had recently migrated to the UK, felt they needed to join the programme to receive guidance on the UK's healthcare system and maternity services.

"we had never had such in Nigeria, so it was more or less like I need to learn new things[…]" (Mother)

2. Mothers valued the blend of emotional and practical support

Mothers expressed appreciation for the consistent emotional support, and reassurance they received from Baby Steps practitioners and reported feeling valued and understood.

"they knew what I was going through, so they were always there for me, trying to encourage me […] they were very, very supportive." (Mother)

"they are telling me any time I'm not okay, I can talk to them, I call them […] I feel someone is there, standing with me, helping me, because I'm pregnant, I'm not alone, I have someone who is caring for me, and for the baby." (Mother)

Evaluation findings

Qualitative evaluation

Participants also valued the practical and informational support they received, such as access to resources, and guidance on parenting techniques. Mothers commented on the clarity of the session materials.

"I enjoyed all the sessions, when baby is crying, bathing the baby for the first time, […] they made it easy […] how they presented the material, it was very good, it was very educational because the materials were very indulging" (Mother)

Some parents needed assistance beyond parenting support, with staff emphasising their role in addressing immediate financial and material needs such as provision of household furniture, access to food banks, and additional financial resources.

"I went into a house and this lady had no washing machine and the children had no beds. So we just reach out where we can, really, and just provide. It really is holistic support in every way. just to make it easier for them and this new baby in their family life."(Practitioner)

" […] they also helped us to get the £250 grant which I managed to purchase a steriliser for him, a baby changing table. So, it wasn't just the sessions, they also helped financially as well through vouchers" (Mother)

3. Facilitators of ongoing engagement and delivery

Mothers valued the close relationship they developed with Baby Steps practitioners. Mothers felt the team was caring, and understanding which made them feel safe. Regular check-ups were also helpful, providing ongoing support before and after giving birth.

"made me feel comfortable and I had the sense of I have the support system somewhere, it was constant calls, the constant messages, the classes, the fact that we are able to phone, it was educating, like, an experience where our questions were being answered, our fears[…]they were able to sort of explain better and make you less anxious of what to expect." (Mother)

From the staff's perspective, language support is of vital importance to ensure inclusivity and helps to foster cultural understanding and awareness.

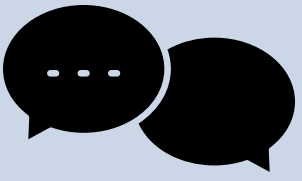
"we ask about family traditions and how it was when you were growing up and thinking about, maybe will you carry traditions on? It gets them talking and because they're from the same culture they can share experiences" (Facilitator)

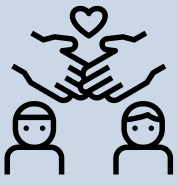
Evaluation findings

Qualitative evaluation

Practitioners provide tailored support to address specific concerns, challenges, and schedules, highlighting the programme's flexibility.

"languages are included[…]if they have dyslexia, we can make sure that the information is easy read and we use lots of pictures. We got the flexibility to be able to tailor it to the family's individual needs." (Facilitator)





Staff mentioned that often families, especially those with complex needs, may be reluctant to engage in services that are perceived as mandatory, due to stigma. They explained that voluntary participation, particularly amongst vulnerable families, promotes autonomy and decision-making.

"They have to work with social services, it is mandatory, whereas with us as Baby Steps, they can choose whether they want to join the programme or not[…] I think there's a stigma around social services" (Practitioner)

"We'll attend meetings if they've got social care involvement[…]The families that we've worked with have had good outcomes, because they've managed to keep the babies with them" (Practitioner)

4. Key components of the programme

Both mothers and practitioners found the home-visits to be really important. They helped set goals and involve the whole family, including partners. During antenatal home visits, practitioners were able to conduct a thorough assessment. Postnatal visits were valuable as mothers could discuss about their baby's development and also get support for their mental health.

"after the baby was born, they brought gifts for the baby, which was really appreciated. They talked about the midwife's visit, the baby's growth, how we were coping, my mental health, and the health visitors, what I need to do about aftercare […] " (Mother)

Mothers recognised the professional skills of practitioners. Pairing practitioners from different professions enriches the programme and supports the development of parents' trust and confidence.

"[…]having somebody,there to ease your concerns, professional help, but in a more friendly way[…]it's like having an informal midwife there who's designated one hour a week just to you, to talk to you and ask you how you're feeling and answer any questions ." (Mother)

Evaluation findings

Qualitative evaluation

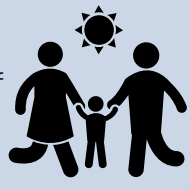
Staff talked about the significance of engaging parents both antenatally and postnatally, which can ensure a smoother, well-supported 'transition to parenthood'. Mothers further described how the availability and accessibility of the service during the perinatal period, created a sense of community and stability

"[…]to support you after birth, so you do have, like, catch up with the team, just to kind of go through anything that you might be dealing with or anything that's concerning you […] That was the main thing, a nice kind of support group, there to kind of educate you about pregnancy and beyond." (Mother)

"once baby's here[…]they've not got a midwife anymore because they've discharged them. The health visitor[…]won't see them again for a number of weeks[…]It's about helping supporting, the transition to parenthood. It doesn't just stop at the labour and birth" (Practitioner)

5. Impact of the project

Some participants highlighted how engagement in the programme has positively impacted their approach to parenting and interactions with their baby and their older siblings; such as the use of more effective forms of communication. The programme had influenced, to an extent, their wider family system, promoting healthier family relations.



"putting the things I learnt into practice has really helped me to be a better parent to my kids. Yes. I'm more in tune to their feelings[…]the impact was really great on me. Not just me, my partner[…]." (Mother)

"there was an exercise involving dads, I had a conversation with my husband[…]when my first one was born and how, I was quite low, there wasn't much communication, and a lot of expectations from me naturally as a mum, and he wasn't as aware of, his role[…] This time round, we just had that open communication[…], "This is how you can help" So it was good because he took on a lot of the role, like he helped give me and the baby some space" (Mother)

Mothers said joining the programme gave them important information about childbirth, which helped them normalise feelings of uneasiness. Facilitators presented evidence-based research and answered questions, making mothers feel more prepared.

"[…]Baby Steps classes are [about] going into labour and, I was very confident in myself that, "Oh, I know this, I know this."[…] they were wonderful, […] She kept checking up on me, she was asking me whether the baby was going to be okay. So it was very, very easy and very comforting to have such support, because it's just me and my partner[…]."

Evaluation findings

Qualitative evaluation

6. Navigating areas of challenge

While mothers recognised the benefits of online participation, many of them expressed their thoughts on how beneficial it would be to attend face-to-face sessions. Some suggested a combination of both formats to help them establish social networks and relationships with other parents.

"more interaction, I would say, or maybe breakout rooms, if we used, like, Zoom or something, to speak with other mums and discuss what was being talked about […] so we can talk about it and feed off each other." (Mother)

Staff discussed the different ways that they have adopted to engage dads/partners in the programme, however participants acknowledged that their involvement still remains a challenging area.

"I don't know if it's confidence thing, I suppose they can just see lots of women on the screen […]I imagine it can feel a little bit awkward for them sometimes, but it is just about directing the questions to them and just making them feel involved as much as possible. I'm hoping that eventually we will include dads in everything, make them feel it's okay[...]" (Practitioner)

Satisfaction

What did women say about the support they received?

This report provides figures for the online satisfaction questionnaires, which 105 parents had completed between February 2021 and February 2024.

98% **of respondents had a median score of 4 or more**

97% of respondents agreed or strongly agreed that the project was helpful to them

97% of respondents agreed or strongly agreed that they were satisfied with the support they received

97% of respondents agreed or strongly agreed that the project gave them useful information

97% of respondents agreed or strongly agreed that the project was easy to access

98% of respondents agreed or strongly agreed that they would recommend the project to family or friends

99% of respondents were happy with the project overall

"I am so thankful for all the support and all the advice what has been given to me all the staff were kind and friendly."

"I would highly recommend Baby steps to new parents and parents with children too, so helpful guided me and helped me with many things."

"Baby steps has been great in providing information to help me during pregnancy. It has been lovely meeting other mums and having a more direct contact with health professionals to ask them burning questions. Gail and Liz are absolute stars and really caring individuals, who genuinely look after the wellbeing of their cohort. Would definitely recommend this course to other expecting mums!"

"Baby steps was so valuable to my birth experience. It provided me with the knowledge and gave me confidence that contributed to a better birth experience. I am so grateful to have had the opportunity to do this course. It has definitely helped me in many ways."

"Baby step project is so helpful for especially new mums like myself. Thank you for the help from start to end."

Evaluation Findings

Conclusion of findings

Implementation evaluation

Baby Steps have delivered in line with or very close to anticipated targets throughout the majority of their contract period. In total, Baby Steps have recieved 1990 referrals, of which 772 enrolled. After enrolling, 614 women went on to participate in the programme, demonstrating a very high retention level. In relation to completion targets, 426 women have completed the programme (113% of the target). Retention in the programme remains high in the online version of the course, and a growing number of universal referrals are being receieved.

The number of full courses delivered was 68 (94% of the anticipated target). This is despite significant disruption throughout COVID-19, and it is also important to note that a full course does not reflect the entirety of Baby Steps' delivery, since they also provide individualised support to women. The qualitative findings revealed that some parents needed assistance beyond parenting support, with staff emphasizing their role in addressing immediate financial and material needs.

Baby Steps have expanded their delivery since moving from a targeted to a universal model, by increasing staffing capacity and therefore increasing delivery targets. The number of women which participate in the programme has grown each year, demonstrating the increasing demand and reach of the service.

Positive impacts

The qualitative study found that parents benefited in many ways from the different forms of support. Home visits and ongoing assistance were valued by both staff and mothers because they allowed for personalised guidance before and after birth. Facilitator's expertise and friendly approach created a supportive and safe environment helping mothers to build their knowledge and skills.

*"they are telling me any time I'm not okay, I can talk to them, I call them [...] I feel someone is there, standing with me, helping me, because I'm pregnant, **I'm not alone**, I have someone who is caring for me, and for the baby." (Mother)*

In line with this, the before and after evaluation shows that average scores on measures of parental depression were lower after participation in Baby Steps (where lower scores are more desirable), and the satisfaction questionnaires indicate women are satisfied with the support they receive. Scores on prenatal attachment were mixed, as they appeared to improve when only examining women who had a complete set of questionnaires (one before and one after). There were no significant differences on the other questionnaires. This demonstrates the value of the future planned effectiveness evaluation, as comparison to a control group will allow us to understand if Baby Steps is effective for improving these outcomes.

Challenges

Whilst the implementation evaluation revealed consistent levels of retention in the online delivery mode of the course, the qualitative evaluation unveiled the nuances of engaging parents online. It also revealed the challenges with involving dads and partners in the programme.

Evidence for Baby Steps

Evidence review and rating

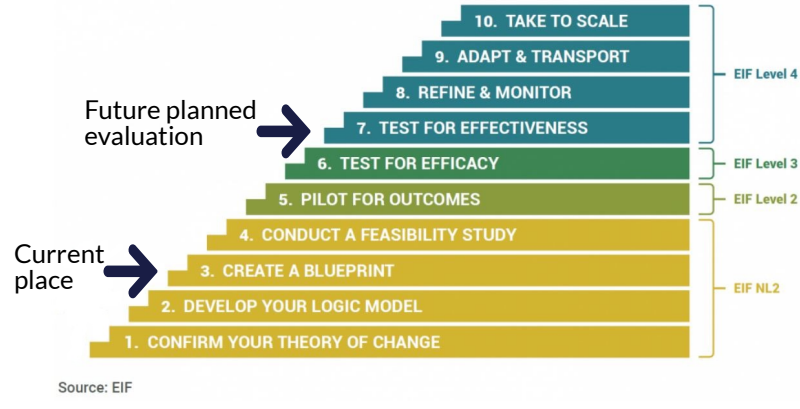
Whilst early parenting programmes have the potential to improve outcomes for disadvantaged parents and their children, there is a mixed evidence base for the effectiveness of them:

- A systematic review and meta-analysis of maternal antenatal parenting education programmes found that programmes had a significant positive effect on maternal mental health outcomes of stress and self-efficacy, but not on maternal anxiety or depression. There was also no evidence that programmes improved maternal physical outcomes or foetal birth outcomes, but caesarean birth rates and epidural anaesthesia rates were lower (Hong et al., 2021).
- A meta-analytic review of online parenting programmes found interventions demonstrated medium sized effects on both parent and child outcomes (Nieuwboer et al., 2013). However, this review combined heterogeneous studies such as targeted and universal programmes, and cognitive, behavioural, and attitude outcomes. Further, this review was published prior to the COVID-19. Since the COVID-19 pandemic, many services (including Baby Steps) have had to adapt dynamically to both the changing guidelines and to service user's willingness to engage with services.

Specifically for Baby Steps, there are currently two key pieces of published research underpinning it:

- In a pre-post study of Baby Steps, Coster et al., (2015) found positive changes in measures of both maternal and paternal attachment and warmth, lower rates of adverse birth outcomes, and reductions in maternal and paternal anxiety. However, this study was not undertaken by independent researchers, and was not designed to ascertain causal effectiveness.
- A qualitative study found that both mothers and fathers felt more confident in their parenting and had developed stronger support networks and communication with their partners and babies (Brookes & Coster, 2014). While this preliminary evidence is encouraging, a robust and independent evaluation of Baby Steps is required to ascertain causal intervention effectiveness.

Baby Steps is therefore currently rated as 'Not Level 2' on the Early Intervention Foundation evidence ladder. If Baby Steps is found to be effective in the planned quantitative evaluation, this could potentially move it to Level 4 on the evidence ladder (pending review by EIF) (Mooney et al., 2023).



Source: EIF

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Recommendations

Recommendations for practice

- Baby Steps is delivered successfully and with fidelity. It engages vulnerable families, and appears to have positive impacts on parent mental health, which previous perinatal parenting programmes have struggled to do.
- Service delivery should be continued either as universal in areas of high need, or targeted across the district.
- The value of the PPA role in providing timely referrals to the project is clear. Difficulties in embedding this role post Better Start Bradford present a real risk to the project and developing other strong referral pathways will be important moving forward.

Recommendations for evaluation

- A quantitative effectiveness evaluation is planned, which will reveal whether Baby Steps is effective for improving maternal mental health and sensitivity in comparison to a control group. See the below reference for further details:

  Mooney, K.E., Bywater, T., Dickerson, J., Richardson, G., Hou, B., Wright, J. and Blower, S., 2023. Protocol for the effectiveness evaluation of an antenatal, universally offered, and remotely delivered parenting programme 'Baby Steps' on maternal outcomes: a Born in Bradford's Better Start (BiBBS) study. BMC Public Health,23(1), p.190.

- Further quantitative evaluation could consider the importance of the flexibility of the support offered by Baby Steps in bringing about improvements in maternal outcomes.
- A hybrid of online and and face to face delivery may be preferable for families, and piloting and evaluating such an approach could help to confirm this.
- Further evaluation could consider the role of dads and partners in Baby Steps, as it was originally designed as a programme for couples.